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Cruz Roja

THE SOCIAL VALUE OF

Reforzando VÍNCULOS.

Reforzando Vínculos: Promoción de la Autonomía en Entornos Comunitarios

Financiado por la Unión Europea NextGenerationEU

GOBIERNO DE ESPAÑA MINISTERIO DE DERECHOS SOCIALES, CONSUMO Y AGENDA 2030

Plan de Recuperación, Transformación y Resiliencia

Report Author: Angélica M. Ferreira

AN EVALUATIVE SROI REPORT

AN EVALUATION WITH A FOCUS ON PARTICIPANTS AND OTHER IMPACTED GROUPS



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The **project Reforzando Vínculos: promoting autonomy in community settings** is financed by the European Union, through the Next Generation EU funds, managed by the Ministry of Social Rights, Consumption and Agenda 2030[1] , through **Royal Decree 1101/2021, of December 10**. In this process, **The Social Consulting Agency** is the entity responsible for carrying out the evaluation.

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Madrid, 2024.

REPORT WRITERS

This report has been led and written by Ms. Angélica Ferreira, a Level 1 accredited SROI practitioner and social impact consultant at The Social Consulting Agency. The full preparation and analysis of the report have been carried out solely by her on behalf of the organization.

TheSocialConsulting Agency

The Social Consulting Agency[2] (TSCA) is a recently created social impact consultancy with consultants accredited in the SROI (Return on Social Investment) methodology.

[1] Ministry of Social Rights, Consumption and Agenda 2030. (n. d.). Web of the Ministry of Social Rights, Consumption and Agenda 2030. https://www.mdsocialesa2030.gob.es/ index.htm.
[2] The Social Consulting Agency. (n.d.) https://www.thesocialconsulting.agency/

Assurance Statement

This report underwent the[3] (Assurance) verification process with Social Value International in February 2025. This process validates that the report complies with the eight principles established in the methodology applied for this analysis.

Compliance with these principles is certified by means of a "seal" visible on the first page of the report, which is only awarded if the document successfully passes the accreditation process.

This report is publicly available in the open access database, both in English and Spanish, through the following link: https://socialvalueuk.org/reports-database/.

This report is presented in Spanish, in observance of Article 3 of the Spanish Constitution (BOE-A-2005-10623), which stipulates Spanish as the official language of the State, reflecting its purpose to serve the public interest, and its state financing of Spain.

Acknowledgments

The preparation of this report has been possible thanks to the participation of the entire team involved in the project, from the Red Cross administration to its extraordinary network of paid staff and volunteers, whose coordination and commitment have been exemplary.

Each person has played a key role in the different stages of this evaluation process. From the team responsible for this report, we would like to express our most sincere gratitude for their dedication, time and effort. We would also like to extend our appreciation to the elderly participants, their families and the organizations that generously shared their experiences and reflections. Their collaboration has been fundamental to the collection of detailed data that have enriched and made this report possible.

[3] Social Value International (n.d.). *Report assurance*. Retrieved from https://www.socialvalueint.org/report-assurance

Inclusive language

With the commitment to ensure respectful, careful and accessible communication, this report has been written using inclusive language, both in form and content. The drafting was carried out and reviewed by the team responsible for the report, ensuring the use of terms and expressions that make diversity visible and avoid gender bias or exclusion.

As a complementary support, we used an artificial intelligence tool[4] specifically trained to detect non-inclusive language, developed by Antonio Carrasco Rodríguez, professor at the University of Alicante, within the framework of an academic project on linguistic awareness and transformation. This tool was used as a second review, in order to identify possible improvements. However, all decisions on the final wording were made by the writing team, applying professional and contextual judgment.

This double review, technical and human, responds to the project's ethical commitment to equity, inclusion and respect for all participants and readers of the report.

Brief summary

This report evaluates the impact of the project **Reforzando Vínculos: Promoción de la Autonomía en Entornos Comunitarios** using the Social Return on Investment (SROI) methodology. This methodology allows us to quantify in economic terms the social value generated by the intervention, providing a comprehensive view of the impacts experienced by participants and other stakeholders.

The Reforzando Vínculos project has been **promoted by the Red Cross and financed by the European Union through the Next Generation EU funds,** managed by the **Ministry of Social Rights, Consumption and Agenda 2030** through **Royal Decree 1101/2021**, of **December 10**. Its implementation has been developed between 2022 and 2024, with a total

[4] The tool used corresponds to the project "*Haz que tu texto tenga lenguaje inclusivo*" *(Make your text have inclusive language*), a chat trained by Antonio Carrasco Rodríguez (University of Alicante), publicly accessible at https://chatgpt.com/g/g-ytxeR8Jqg-haz-que-tu-texto-tenga-lenguaje-inclusivo.

budget of **2,948,173.11€**, of which **1,638,880.00€** correspond to the period evaluated in this report.

The main objective of the project is to contribute to reducing the risk of institutionalization of the elderly participants and to improve their quality of life, fostering their autonomy and strengthening their integration into community support networks. The intervention has been carried out in nine localities in three Spanish regions: **Tegueste**, **El Rosario** and **San Cristóbal de La Laguna (Canary Islands); Sant Celoni**, **Llinars del Vallés** and **Cornellá de Llobregat (Catalonia);** and **Burlada**, **Cascante** and **Tudela (Navarra).**

"Some of them have cognitive limitations, but they have the wisdom of life. They have learned to keep quiet because experience has led them to yield space to younger generations. However, when given the opportunity to express themselves, valuable learnings emerge from those who have already traveled the road that others are just beginning."

Volunteer with Reforzando Vínculos

During its implementation, Reforzando Vínculos has promoted the active participation of the community through partnerships with local organizations and the involvement of different stakeholders. Between **January 2023 and June 2024**, **602 elderly people participated in the intervention**, with a distribution of **83% women** and **17% men**. Within the evaluated sample, the female presence was even higher, reaching 90.6%.

This report offers a detailed analysis of the social impact of Reforzando Vínculos, providing key information for decision making and optimization of future project implementations.

The calculation of the Social Return on Investment (SROI) made for the Reforzando Vínculos intervention shows a significant impact on the generation of social value, showing that, for each euro invested, the intervention generates an estimated return between 3.43 and 3.89 euros.

For each

1€

invested, social value is generated between

3,43€ y 3,89€

This range is established based on different levels of reliability and coverage, allowing decision making to be adjusted according to the degree of risk to be assumed. It reflects data from a ratio that includes only information from a representative sample to a ratio that incorporates groups with a moderate margin of sampling error, which implies a low risk that it does not fully reflect the reality of all stakeholders.

Conservative ratio (€3.43): Based exclusively on extrapolated data from groups with a representative sample, ensuring a reliable measurement of the social impact generated. Represents the voice of **616 people** (**58% of the total population evaluated**), minimizing the risk of overestimating the results.

Inclusive ratio with moderate risk (3.89€): Incorporates information from volunteers, although this group did not reach the minimum threshold of statistical representativeness (**12.54%** sampling error). It considers the voice of **759 people** (**71% of the evaluated population**), which broadens the vision of the social impact generated, although with a small degree of uncertainty.

In economic terms[5], **the Net Present Value (NPV) of the social impact generated by Reforzando Vínculos in a conservative scenario is €4,473,747, which represents more than double the invested value of €1,837,806.**

[5] *In the SROI methodology, the term "economic" refers to the monetized social value, i.e., transformed into economic terms so that it can be compared with the value invested (resources) to calculate the social return. It should not be confused with a cost-benefit analysis, which focuses on the costs saved or incurred.*

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> ***"Perhaps more resources should be invested in projects like this, instead of focusing them solely on IMSERSO, because there are people with physical, cognitive and economic limitations. I don't know if next year it can be sustained in the community without political or institutional support. It's not a big investment compared to all the benefits it brings to the elderly: I've seen them smile again after years of not doing so, and it brings them back to life. But the community needs backing to make it sustainable."***
>
> *Person Volunteering in Reforzando Vínculos*

The analysis of the social value generated by Reforzando Vínculos shows that **91.20%** of the reported impact falls on the elderly participants, which evidences the central role of the intervention in improving their well-being and quality of life. Among the 18 changes identified, none has been classified as a negative impact on this group, which reinforces the effectiveness of the intervention in terms of perceived benefits.

The results show that the most valued changes are related to social integration, autonomy and physical and emotional well-being. The *reduction of the feeling of loneliness* has been one of the most significant impacts, with a social value generated of **€1,539,757.90**, a figure that is almost equivalent to the total investment of the project. This result suggests that the intervention has been key for many elderly participants to improve their sense of companionship and connection with their environment.

Similarly, the *strengthening of the sense of belonging to the local community* has represented a monetization of social value of **€1,521,827.50**, also equivalent to the investment made. This indicates that, in addition to feeling less lonely, the participants have developed a stronger bond with their community, favoring their integration and participation in social life.

The *increase in the support network* has been another of the most relevant effects, since the relationships established throughout the intervention have been perceived as valuable and lasting. Having a supportive environment has reinforced the safety and well-being of the

elderly, facilitating their permanence in the community and promoting the creation of stable bonds.

In parallel, the intervention has favored *improvements in personal autonomy,* with a social value monetization of **€713,436.82**, which has strengthened the ability of participants to manage their daily lives independently. The *feeling of energy and vitality* has also benefited, reflecting a positive impact on physical and emotional well-being and encouraging greater participation in social and community activities.

> ***"The seed is planted, but now we need them to help us walk and be able to grow that little tree that we have started to cultivate with help. Help is critical: it's not just about what they do for us, it's also about us having the capacity and commitment to follow through with this."***
>
> *Older Person Participating in the Reforzando Vínculos intervention*

Furthermore, the impact of the Reforzando Vínculos intervention seems to extend beyond the elderly participants, reaching also other key stakeholders, such as their family members, paid staff, volunteers and entities that cooperate in the community process within the community. Although the social impact on these groups represents a lower percentage (**8.80%**) compared to that generated in the elderly, their contribution is relevant for the sustainability of the intervention. In particular, the most significant impact within these groups is observed in volunteering, which represents **7.21%** of the total social value, highlighting the importance of their role in the implementation and success of the intervention.



These aspects are analyzed in detail throughout the report, which examines how the intervention has influenced each of these groups and identifies opportunities to strengthen their participation and maximize impact in future editions of the intervention.

> ***"In my case, it's been a total change. Before, I hardly left the house. I had been in the village for years, but I knew few people and didn't participate in village life. Now I go to all the activities and even meet up with friends on Sundays for a coffee on our own."***
>
> *Older Person Participating in the Reforzando Vínculos intervention*

The report concludes with a series of strategic recommendations for future editions of Reforzando Vínculos, including the need to extend the duration of the intervention, strengthen community networks, optimize strategies to reduce possible negative impacts, and carry out longitudinal monitoring to more accurately assess its contribution to preventing institutionalization.

Finally, the information gathered in this report not only provides insight into the social value generated by Reforzando Vínculos, but also provides a key evidence base for the continuous improvement of similar interventions. The data reflects the voice of the elderly participants and other stakeholders involved, as well as the impact the intervention has had on their well-being, either by enhancing positive aspects or identifying opportunities for improvement in their quality of life.

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1. INTRODUCTION



"Evaluating the impact of our actions is key to making informed strategic and operational decisions. It allows us not only to assess results, but also to ensure that resources are used efficiently, maximizing social benefit."

Patricia Pólvora (SROI Level 3 Accredited Practitioner Consultant)

This document presents an evaluation report of the Social Return on Investment[6] (SROI) generated by the project **Reforzando Vínculos: Promoción de la Autonomía en Entornos Comunitarios** (hereinafter referred to as Reforzando Vínculos), promoted by the Red Cross, during its pilot implementation with a budget of **€2,948,173.11**[7] . The project was promoted by the Red Cross and financed by the European Union, through the Next Generation EU funds, managed by the Ministry of Social Rights, Consumption and Agenda 2030[8] , through Royal Decree 1101/2021, of December 10.

The intervention aims to contribute to the reduction of the risk of institutionalization of the elderly participants and to the improvement of their quality of life, through the improvement in coping with the consequences derived from situations of reduced personal autonomy, favoring their integration in community support networks.

Glossary of terms

To facilitate understanding of the report, a glossary of terms and abbreviations has been included in the final annexes (see Annex I), where key concepts of the sector and the methodology used are explained.

[6] "Social Return on Investment (SROI)," *Wikipedia*, last modified on [date accessed], https://es.wikipedia.org/wiki/SROI.

[7] *Budget recorded as of February 4, 2025. The allocated budget was €3,000,000.*

[8] Ministry of Social Rights, Consumption and Agenda 2030. (n. d.). Web of the Ministry of Social Rights, Consumption and Agenda 2030. https://www.mdsocialesa2030.gob.es/ index.htm.

1.1 METHODOLOGY APPLIED



"Social Value refers to improvements in the well-being of individuals and the community, and improvements in their abilities to lead productive lives."

Sir Ronald Cohen, "Impact".

The SROI (Social Return on Investment) methodology is an internationally recognized tool for measuring and valuing the social, environmental and economic impact generated by an organization or project. Based on social accounting and auditing principles, it combines qualitative and quantitative techniques to provide a comprehensive view of how activities affect different stakeholders.

SROI enables the translation of social and environmental outcomes into monetary terms, facilitating comparison with the investment made and providing organizations with a better understanding of the total value they create or, in some cases, destroy.

This process requires rigorous data collection, structured analysis and, in many cases, independent verification to ensure the accuracy and credibility of the results.

By providing a clear measure of social and environmental impact, the SROI contributes to greater transparency and accountability, facilitating strategic decision-making and demonstrating the added value of initiatives to funders, partners and society at large.

The eight principles: The methodology is based on eight fundamental principles, designed to ensure inclusive, accurate and transparent measurement of social, environmental and economic impact. These principles ensure that the assessment of the value generated fully and fairly reflects the reality of the stakeholders involved.

Figure 1. Methodological principles of the SROI methodology



Note: The figure shows the methodological principles defined by Social Value International as a framework for the methodology. *Source:* Own elaboration based on the original image of the principles in English by Social Value International.

These eight principles are applied transversally throughout this report, along with ten impact questions that guide the analysis. For ease of understanding, these elements are systematically and visually referenced using the methodology icons translated into Spanish and based on the original image developed by Social Value International.

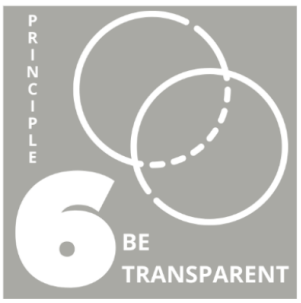
Following these principles, all the information presented on the evaluative process of the Social Value of the preventive intervention methodology is exposed with full transparency.

It is not a new methodology, but a consolidated framework with more than 13 years of application in multiple public administrations and international organizations. Its global recognition lies in its ability to link investment with the social benefit generated, currently with more than 650 accredited professionals worldwide, which reinforces its reliability and usefulness in assessing social impact and optimizing the effectiveness of interventions.

What distinguishes SROI from other impact measurement frameworks is its ability to translate the changes generated in people's lives into a common language, expressed in economic and financial terms, which facilitates evidence-based decision making and communication of the social value created.

Social Value International states; ***"Many people can provide evidence that these activities make a difference, but few clearly explain why it matters. However, few clearly explain why it matters. What would happen if they did not exist? What is the real value of what they do? Social Return on Investment balances this scale, analyzing value, not just cost." -*** A Guide to Social Return on Investment, UK Cabinet Office, 2015 .[9]

1.1.1 Corrective actions during methodological process



The sixth SROI principle, ***"Be transparent"*** (Figure 1), emphasizes the importance of recognizing and communicating possible imperfections in both the methodology and the process of data collection and analysis. This approach allows such issues to be considered when interpreting results and making informed decisions.

Therefore, all the limitations identified from the beginning are presented below, together with any deviation of the process from the established methodology, which have been explicitly documented in the following table.

1.1.2 Complexity, limitations, contingency plan and errors

In this report, the terms "complexities" and "limitations" refer to factors that could have restricted the scope of data collection or analysis, either because they were identified at the

[9] UK Cabinet Office (2015). A guide to social return on investment
http://www.socialvaluelab.org.uk/wp-content/uploads/2016/09/SROI-a-guide-to-social-return-on-investment.pdf

outset or arose during the process. These aspects have been listed in Table 1, ensuring the principle of transparency, as some of them directly impacted the representativeness of the changes observed in certain stakeholder groups and, therefore, should be considered in decision making.

In addition, the same table details the contingency plan activated to mitigate risks and ensure that the data maintained the necessary rigor, according to the risk analysis described in Annex VII. Risk analysis.

It also includes an assessment of the level of risk associated with the representativeness and accuracy of the data, which is key to operational decision making.

Finally, the table identifies possible errors in the analysis, assessing their impact on data quality.

Table 1. Complexities (C), limitations (L) and contingency plan.

Code	Complexity and/or limitations	Expected effects before evaluation (January 2024)	Contingency plan implemented to mitigate impacts (during assessment)	Result and risk stipulated
L1	**Low degree of interest or willingness of families to participate**	Risk of an unrepresentative sample due to low participation of families, either due to lack of interest or time availability.	**Action:** Sensitization of families on the importance of their participation and the benefits of the process. **Result:** The participation of some families was achieved, although in a smaller number than expected.	Mitigated - Medium degree of risk
L2	**Manual data recording**	Manual entry of stakeholder engagement registration data by consulting firms, which could increase the risk of human error in transcription and processing.	**Action:** Ongoing verification and updating of data through cross-checking and process monitoring. **Result:** A sensitivity analysis with a 10% adjustment was incorporated to minimize possible biases in the data.	Mitigated - Low degree of risk
L3	**Low participation in the data collection in one of the territories (Tenerife).**	Data limited to access to persons active and present at the time of collection.	**Action:** Ensure representative data of the territory with the level of participation available. **Result:** Although participation was lower than in other territories, the sample was considered representative.	Mitigated - No risk
L4	**Difficulty in accessing representatives of the "community" group**	Lack of representative data from collaborating entities due to the difficult access to this group.	**Action:** Multiple attempts were made to contact representatives, mostly without success. **Result:** A sufficient sample was not achieved, but the group was nevertheless included in the qualitative analysis.	Unmitigated - Medium degree of risk
C1	**Difficulty in**	Lower quality data due to hearing or cognitive	**Action:** Use of adapted materials, in-depth interviews and explanatory videos to	Partially mitigated -

Code	Complexity and/or limitations	Expected effects before evaluation (January 2024)	Contingency plan implemented to mitigate impacts (during assessment)	Result and risk stipulated
	understanding the forms	problems in some participants.	facilitate understanding. **Result:** A small number of cases with inconsistent responses were identified, so they were discarded after review with family members for greater reliability.	Low degree of risk
C2	**Low representativeness of families in the validation process**	High degree of difficulty in collecting data from families due to their low participation in the intervention itself.	**Action:** IMAP coding system was implemented to facilitate data segmentation and indirect validation of the sample when possible. **Outcome:** Key questions were repeated with the families participating in qualitative interviews and contrasted with the responses of the elderly.	Partially mitigated - Medium degree of risk
C3	**Risk of bias in behavioral responses**	Possible bias in responses due to the presence of professionals in the interviews, which could generate more positive responses to avoid compromising the relationship. This could exclude negative impacts and affect the objectivity of the analysis.	**Action:** Transparency in process description and validation. **Result:** This bias was mitigated by IMAP coding and interviews with proxy questions. Contrasted with "relative valuation" data to analyze possible bias effects.	Mitigated - No risk
C4	**Limited validation**	Difficulty in acquiring data from families due to their low participation in the intervention.	**Action:** Development of highly didactic materials in digital and physical format that could be distributed to families with a simplified response system. **Result:** A minimum number of validation responses were achieved, but within the acceptable margin of error.	Partially mitigated - Low degree of risk
C5	**Possible**	Some older people may have underestimated	**Action:** Follow-up interviews were conducted with comparative questions before	Mitigated - No risk

Code	Complexity and/or limitations	Expected effects before evaluation (January 2024)	Contingency plan implemented to mitigate impacts (during assessment)	Result and risk stipulated
	underestimation of the magnitude of the impact on older participants	perceived changes due to difficulties in self-perception of impact, affecting the measurement of subjective well-being.	and after the intervention, using validated subjective scales. **Result:** We were able to improve the accuracy of the measurement of perceived impact without generating additional biases.	
C6	**Difficulties in monetization of certain changes**	Some changes may have been difficult to monetize due to the lack of references in existing databases, which could affect the estimation of the social value generated.	**Action:** Alternative monetization methods were used using qualitative proxies and expert consultation. **Result:** Although some changes could not be monetized with complete accuracy, the best possible estimate validated in sensitivity analysis was used.	Mitigated - Low degree of risk

Source: Own elaboration.

Table 2. Errors (E) and risks

Code	Errors	Error description	Risk analysis
E1	**Digital bias**	During the data collection process, digital interviews were conducted with the different stakeholders: elderly participants, family members of the elderly participants, paid staff and volunteers of the Red Cross, as well as representatives of the collaborating entities. To mitigate possible biases associated with this (digital) technique, clear instructions and technical support were provided prior to the interview, and interviews were conducted moderated by social interpreters to avoid bias. Clear materials and questions were designed so as not to rely exclusively on written responses. In addition, accessible schedules were planned and, in case of face-to-face interviews, the connectivity of the place was adjusted and the	Low risk

Code	Errors	Error description	Risk analysis
		necessary internet access was agreed with the people involved. Comment: A low level of risk is assigned, since the people interviewed were familiar with digital use.	
E.2	**Behavioral responses**	To mitigate possible behavioral biases, such as the Hawthorne effect and the demand effect, in the responses of family members and participants with a direct relationship with the professionals, indirect questions were implemented. Interviews were scheduled at safe times and places, ensuring privacy and trusting spaces for participants to express their opinion without experimentation bias. Comment: A medium level of risk is assigned because, although the people interviewed were sensitized to the process, some external factors (such as the relationship with professionals) could have affected their responses.	Medium risk
E3	**Subjectivity of qualitative data and triangulation**	To ensure the rigor of the qualitative analysis, the triangulation of data from different perspectives was reinforced: the voice of professionals, family members and participants at different points in the process. This triangulation strategy, combining multiple sources and approaches, was employed to strengthen the validity and depth of the analysis (according to BenZinn, 2017). Comment: The risk is considered low, since contrast data were incorporated in the analysis phase.	Low risk
E4	**Families and community stakeholders could not be consulted on the validation.**	Due to the limitations of the process, the "community" group and family members could not be consulted in the final validation with materials designed for this last step. Comment: Although there were multiple prior consultations with these groups throughout the process, the absence of their validation in the final phase does not represent a significant risk for decision making.	Low risk

Source: Own elaboration.

1.1.3 Implementation of improvements in methodology based on forecast report

For the Reforzando Vínculo intervention, a prognostic analysis was developed in 2023 entitled forecast report on the same intervention: *Informe pronóstico de valor social de la intervención Reforzando Vínculos: Promoviendo la autonomía en entornos comunitarios*[10].

This report anticipated the most relevant changes expected as a result of the program's implementation, based on data collected directly from the stakeholders involved. This approach not only allowed for the projection of potential results, but also sought to establish a solid basis for decision-making in later stages of evaluation.

However, given that the prognostic report was finalized at the end of 2023 and that data collection for the evaluation report began in March 2024, it was not possible to implement substantive improvements related to the intervention before the start of the evaluation.

Nevertheless, this section highlights the recommendations made in the forecast report, particularly those related to methodological and implementation improvements, and their incorporation into this evaluation report. The following table illustrates which of the recommendations included in the forecast report, specifically those related to evaluation, have been effectively implemented in this report.

Table 3. Recommendations from forecast and if applied in this report

Recommendation from the forecast report	Implementation in the evaluative report	Impact on the evaluation
1. To expand the stakeholder analysis beyond the main participant group to	A structured data collection process was designed and implemented for Family members, Paid staff, Volunteers, and Cooperating	This provided a 360-degree view of the project's impact, revealing significant changes in the well-being and capacity of a wider range of

[10] Pólvora, P., and A. Ferreira, eds. 2023. *Forecast Report on the Social Value of the CRERVAECCE Intervention: Strengthening Capacities, Competencies, and Empowerment for the Prevention of Institutionalization and Deinstitutionalization*. The Social Consulting Agency.

validate the initial stakeholder map.	community organizations to analyze the specific changes they experienced.	actors and strengthening the overall analysis.
2. To quantitatively measure the key outcomes that were qualitatively identified in the forecast (e.g., through the "card game").	The outcomes from the forecast were used as a baseline. Quantitative webforms and adapted dynamics were designed to measure how many people identified with each change and their perceived importance (using 1-to-10 scales).	This provided the necessary quantitative data for the Relevance Test and Significance Test, allowing for a robust materiality analysis and the subsequent SROI calculation.
3. To focus the analysis on outcomes related to social capital, as they were identified as potentially the most significant in the forecast.	The qualitative and quantitative analysis was specifically structured to explore changes like 'The feeling of loneliness is reduced,' 'The support network increases,' and 'The sense of belonging to the local community is strengthened.'	This confirmed that the most significant and highly valued outcomes were indeed related to social capital, validating the forecast's initial hypothesis and providing clear direction for future interventions.
4. To proactively investigate and analyze potential negative or unintended outcomes for all stakeholder groups.	Open-ended questions about negative changes were included in the data collection for all groups. This led to the identification of outcomes like 'Increased stress levels (-)' for staff and 'Increased concern about the project's continuity (-)' for families and community organizations.	This provided a more balanced and honest account of the project's value, highlighting areas for improvement and risk mitigation in future iterations, which is a key requirement for a robust SROI analysis.

Source: Own elaboration.

1.1.4 The level of rigor required

The risk analysis carried out, and detailed in the following section, determined, prior to data collection, that the data collected required a degree MEDIUM-HIGH of RIGOR[11] both in dimension completeness ("completeness") as in the dimension precision ("accuracy"), since they would be used to take operational decisions in the implementation of the **"Reforzando Vínculos" intervention model** in other territories in Spain.

A low grade would have increased the risk of ignoring the voices of different stakeholders or not understanding with sufficient accuracy the changes in their lives, while a high grade would have implied an unnecessary use of resources in data collection, without significantly improving decision-making based on this report.

In summary, the data would be used to improve the **"Reforzando Vínculos" intervention**, adjusting, adapting and optimizing activities to maximize positive impacts and minimize negative ones, for which a medium-high degree of rigor would be sufficient.
For more detailed information, see Annex VII.

1.1.5 Relationship with other project evaluations

To provide a comprehensive assessment of the Reforzando Vínculos project, a dual evaluation strategy was implemented. This strategy consisted of two distinct but complementary studies, each with its own specific objectives and methodology. This SROI report constitutes one of these components.

The primary objective of this **SROI analysis** is to understand and measure the social value generated for the project's stakeholders, based on the changes they themselves identified and valued. In parallel, a separate **External Evaluation** was conducted (**Cinquantini, I,. eds., 2024, *Evaluación Externa - Reforzando Vínculos: Promoviendo la autonomía en***

[11] Rigor, according to Social Value International. (n.d.). *Principle 8: Be responsive*. https://www.socialvalueint.org/principle-8-be-responsive

entornos comunitarios). The purpose of the External Evaluation was to assess the project's performance against its stated operational goals and implementation fidelity.
It is critical to note that the **data collection processes for these two reports were conducted entirely independently**. There was no overlap in the gathering of primary data such as interviews or surveys.

However, to enhance the robustness of this analysis, this SROI report refers to some of the final findings and data points from the External Evaluation. This is done for the specific purpose of **triangulating** results and providing additional context. Any such instance is clearly cited in the relevant sections of this report (e.g., sections 4.4.1.1, 4.4.2.1).

This up-front clarification is provided to ensure full transparency and to address the assessor's feedback directly, giving the reader a clear understanding of the relationship between the different evaluation components from the outset.

1.1.6 Initial methodological summary

To provide clarity from the outset, this report adopted a **mixed-methods design** combining qualitative and quantitative approaches under the SROI framework:

- **Qualitative phase**
  - **Purposive sampling** ensured representation across five stakeholder groups: Elderly participants; Family members of elderly participants; Paid personnel; Volunteers; and Entities cooperating in the community process .
  - **Data collection tools** included semi-structured **interviews**, **focus groups**, and an interactive **"card game" dynamic** to map stakeholders' lived experiences into "chains of change" .
  - **Open-ended questions** explored "What changed?", "Why did it change?", "What did that change lead to?" and "Which change mattered most?", with facilitators using real-time digital templates and visual aids to validate findings with participants.

- **Quantitative phase**
  - **Structured questionnaires** administered online or in person to the same groups.
  - **Standardized scales and items** included:
    - **Life satisfaction & happiness** (0–10 Likert "before/after");
    - **Identification** (Yes/No per outcome);
    - **Importance** (1–10 Likert per outcome);
    - **Willingness-to-pay**, **Depth**, **Duration**, **Deadweight**, **Displacement**, **Attribution** (open or scale items).

  - This phase quantified the prevalence, relative importance and potential monetary value of each well-defined outcome, enabling the derivation of social benefits in economic terms .

Accessibility and delivery

All materials (scripts, presentations, cards, digital templates) were adapted for linguistic and cognitive accessibility (e.g. Arabic translations, AI-generated videos, on-site technical support) and delivered via Zoom, Teams or in community venues to minimize participation barriers.

Annexes

Full guides to every open-ended and scale question are provided in:

- **Annex III:** Qualitative and quantitative questions for participants and their families
- **Annex IV:** Qualitative and quantitative questions for paid staff and volunteers
- **Annex V:** Qualitative and quantitative questions for entities cooperating in the community process

1.2 CONTEXT

Impact question 1:

What is the problem we seek to solve?

This section responds to the first impact question of the report, describing the context in which the evaluation was carried out. The evaluation focuses on the project **Reforzando Vínculos: Promoting Autonomy in Community Settings**, an intervention designed to address a key social issue:

The problem addressed: The growing longevity of the population and the increase in situations of vulnerability among the elderly have highlighted the need to **prevent institutionalization and promote deinstitutionalization**. As they age, many people face a reduction in their personal autonomy, often derived from situations that generate physical or cognitive limitations. To address this, it is key for them to be part of a community support network that provides necessary support and guarantees their access to rights.

To address this problem, Reforzando Vínculos has developed actions aimed at strengthening community support networks, fostering social participation and improving access to resources that favor the integral wellbeing of the elderly, promoting their permanence in community environments with greater autonomy and quality of life.

The importance of support networks in healthy aging has been evidenced in multiple studies. A relevant example is the case of Okinawa, Japan, considered one of the *Blue Zones-regions* where people live significantly longer than the world average.

One of the key factors of healthy aging in Okinawa is the concept of *Moai* (模合), which refers to community networks of emotional, social and economic support that accompany people throughout their lives. These strong social connections have been shown to reduce stress, enhance happiness, and contribute to the physical and mental well-being of older people (The Blue Zones: 9 Lessons for Living Longer From the People Who've Lived the Longest. National Geographic Books, 2012).

This approach reinforces the importance of methodologies such as Reforzando Vínculos, which seek to consolidate community strategies of mutual support, reducing the need for

institutionalization and strengthening the permanence of the elderly in environments that favor their autonomy and well-being.

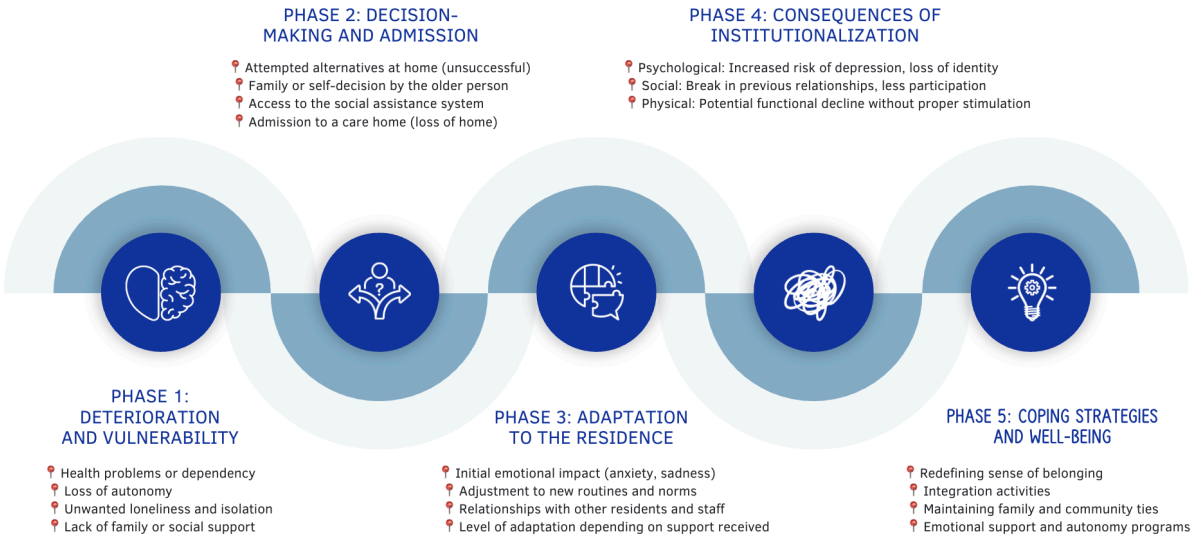
Data supporting the intervention: The need for this intervention is substantiated by recent statistical data reflecting the magnitude of the challenge:

- According to the National Institute of Statistics (INE, 2023)[12] **, 20.1% of the Spanish population is 65 years of age or older**, and this figure is expected to exceed **30% by 2050** due to demographic aging. In addition, Spain has a **life expectancy of 83.2 years**, one of the highest in the world (INE, 2023).
- **More than 2.3 million elderly people live alone in Spain**, and **43% experience unwanted loneliness**, which significantly affects their emotional and physical well-being (Observatorio Estatal de la Soledad No Deseada[13] , 2023).
- **Chronic loneliness increases by 50% the risk of limitations derived from cognitive difficulties and cardiovascular diseases** (*Efectos de la soledad crónica en la salud de las personas mayores*. Revista Española de Geriatría y Gerontología[14] , 2023, 58(3), 112-126).
- **Institutionalization in nursing homes doubles the risk of depression and accelerates functional decline** compared to people living in community with support (*Impact of institutionalization on the mental health of the elderly*. Revista Española de Geriatría y Gerontología[15] , 2023, 58(2), 85-97).

These data support the importance of promoting strategies such as Reforzando Vínculos, which not only address the immediate needs of the elderly in vulnerable situations, but also work to transform their environment so that they can maintain their autonomy in the community for a longer period of time.

[12] National Institute of Statistics, "Population Projections. Years 2024-2074," last accessed March 19, 2025, https://www.ine.es/dyngs/INEbase/en/operacion.htm?c=Estadistica_C&cid=1254736176953&menu=ultiDatos&idp=1254735572981.
[13] State Observatory of Unwanted Loneliness (2023). *Barometer of unwanted loneliness in Spain*. Retrieved from https://www.soledades.es/sites/default/files/contenidos/Informe_Barometro%20soledad.pdf
[14] Spanish Journal of Geriatrics and Gerontology (2023). *Effects of chronic loneliness on the health of the elderly*, 58(3), 112-126.
[15] Spanish Journal of Geriatrics and Gerontology (2023). *Impact of institutionalization on the mental health of the elderly*, 58(2), 85-97.

Figure 2. Institutionalization process of the elderly (UNIR)



Note: The figure represents the main phases of the process of institutionalization of the elderly, highlighting risk factors, consequences and coping strategies. *Source: Own elaboration based on El proceso de institucionalización en la tercera edad, Universidad Internacional de La Rioja (UNIR)* .[16]

There are multiple research studies that analyze the impact of institutionalization on the well-being of the elderly. Among the main concerns identified are the lack of support networks, loss of autonomy, and negative effects on emotional and physical health. It has been documented that the absence of a stable and supportive environment can lead to limitations derived from cognitive difficulties, depression and lower quality of life (Fundación Pilares, 2023).

[16] Gómez Morales, M. (2014). The process of institutionalization in the elderly. International University of La Rioja. Retrieved from

2. SCOPE

The following section details the scope of the evaluation carried out for the Reforzando Vínculos project. The main objective of this project is to contribute to the reduction of the risk of institutionalization of the elderly participants and to increase their quality of life, by improving their coping with the consequences of situations of reduced personal autonomy and favoring their integration into community support networks.

2.1 THE EVALUATED ACTIVITY

Impact question 2:

What is the proposed solution to the problem?

The intervention, led by the Red Cross**, takes place over three years (12/01/2022 - 31/12/2024) and covers nine locations in three Spanish Autonomous Communities:**

- **Canary Islands:** Tegueste, El Rosario, San Cristóbal de La Laguna
- **Catalonia:** Sant Celoni, Llinars del Vallés, Cornellá de Llobregat
- **Navarra:** Burlada, Cascante, Tudela.

The intervention aimed to **support 700 people over the age of 65**, especially those with diminished personal autonomy, by addressing the factors that contribute to institutionalization, among them:

- **Insufficient development of** specific deinstitutionalization **policies** in Spain.
- **Weakening of community support networks**, which increases the risk of isolation and dependence.
- **Difficulties in coping with the consequences derived from a situation of reduced personal autonomy**, such as functional capacity, self-determination and/or access to/exercise of rights.

2.1.1 Objectives of Strengthening Linkages

The project pursues three general and three specific objectives, detailed in the following figure:

Figure 3. General and specific objectives



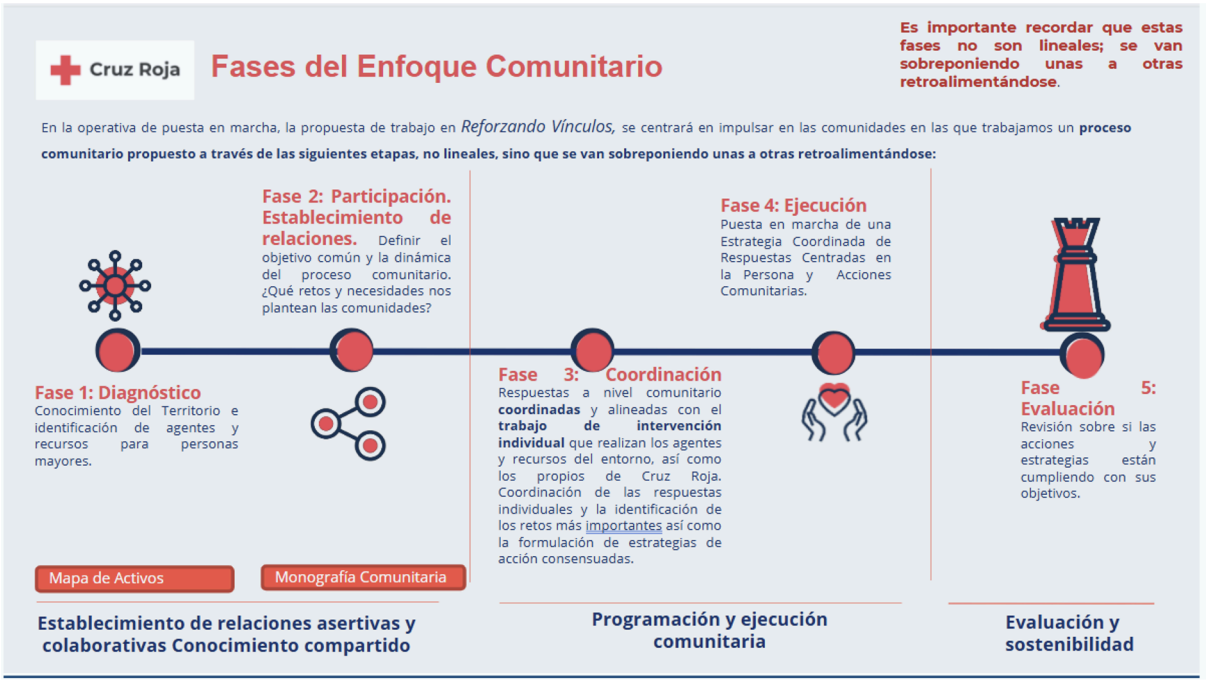
Note: The figure represents the general and specific objectives of the Reforzando Vínculos project. *Source:* Own elaboration based on project objectives, Red Cross.

2.1.2 Reforzando Vínculos Keys

The project applies a **cross-cutting approach** involving various areas of the Red Cross, with the aim of providing **more effective responses to the vulnerability factors of the elderly**. It is structured along the following lines of work:

Community approach:

Figure 4. Reforzando Vínculos community focus



Note: The figure represents the community approach of the project, based on collaboration between institutions, administrations, citizens and technical resources. *Source:* internal project sources.

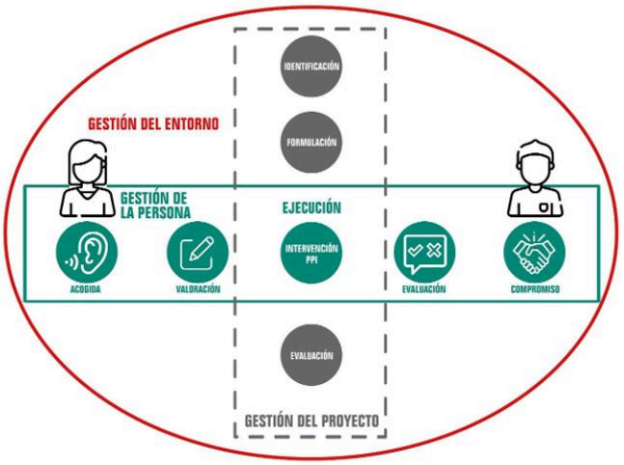
Gender perspective: The project incorporates a gender perspective to identify and address inequalities that affect the autonomy of the elderly. In this sense, we work on:

- Gender differences in vulnerabilities that can lead to institutionalization.
- Inequalities in access to resources, considering the specific barriers faced by men and women.
- Incorporation of the gender perspective in the design, planning and evaluation of actions.
- Application of the gender perspective in the reception and assessment of participants, ensuring an inclusive and equitable approach.

Person-centered intervention methodology: The intervention methodology is based on **personalized attention**, ensuring that the elderly are the central focus of all actions. It focuses on:

- Empowerment and autonomy.
- Use of technology to improve intervention (advanced telecare, voice assistants, multi-video).
- Comprehensive care methodology to strengthen support networks and autonomy.

Figure 5. Approach



Note: The figure represents the person-centered approach within the project. *Source:* Image obtained from the official website of the Red Cross Reforzando Vínculos project. https://www2.cruzroja.es/reforzandovinculos.

Methodology evaluation: The project incorporates a continuous evaluation system, which allows measuring the impact of the actions through:

- Follow-up of participants.
- Evaluation of results and impact generated.
- Collection of qualified data to improve the intervention.

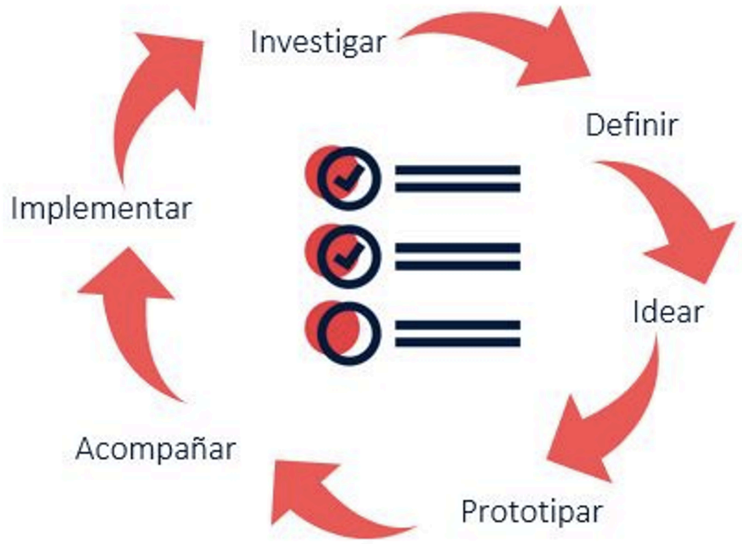
Transfer and scaling of the methodology: The project seeks to generate transfer and scaling actions around four axes:

- **Scalability up:** Processes by which innovation manages to impact public policy.

- **Scalability out:** This refers to the possibility of the project having an impact on a larger number of people, populations, territories or other private or third sector organizations.
- **Deep scalability:** This refers to the cultural impact of the project. This implies a gradual and far-reaching process insofar as its objective is to transform customs, values, languages, imaginaries, knowledge and beliefs.
- **Organizational scalability (within the organization):** Aims to enable the organization responsible for project execution itself to expand its capacity and scope within its structure.

Innovation in Reforzando Vínculos:

Figure 6. Innovation in Strengthening Linkages



Note: The figure represents the focus on innovation within the project. *Source:* Internal project source.

As a pilot project, **lines of innovation and the use of technological tools** have been explored to improve intervention with the elderly. The innovative approach is based on:

- **Research:** Analyze the environment of the people served to identify their needs and the barriers that limit their personal autonomy.

- **Define:** Focus on the problems identified. After analyzing the information and observations gathered, we defined the problem to be explored through innovation methodologies and began to devise how to address it, establishing an objective. In this phase, it was key to involve the people who were going to benefit from the solution, using archetypes and profiles that reflected their behavior to personalize the process.
- **Ideate:** In this phase, the objective was to generate multiple ideas, exploring new alternatives and innovative solutions to recurring problems.
- **Prototyping:** Prototyping adapted solutions. Prototyping allows ideas to be shaped, functioning as an intermediate step before developing the final solution. At this stage, the essential thing was not to validate, but to experiment, explore and adjust the proposals in order to optimize them.
- **Implementation and support**: New methodologies were implemented through a process of experimentation, analysis and iteration. This allowed us to explore the results obtained and make the necessary adjustments to optimize both the direct intervention and its impact on the environment.

When executing the pilot project in communities and neighborhoods where citizens did not have a role as agents of innovation or change, there was also a general narrative that emphasized the negative elements and the feeling that change was not possible. The focus in the innovation process has been community-based, seeking a systemic change based on the community as a whole, making it feel truly empowered to act in a different way.

This has made it possible to connect the community process with the innovation process, resulting in a collective social permission to innovate and experiment.

2.1.3 Activities developed

The Reforzando Vínculos intervention was strategically designed to achieve its objectives through a combination of individualized support and dynamic group and community activities. This dual approach allowed for both personalized attention tailored to specific needs and the creation of social spaces to foster community and reduce isolation. Over the 18-month evaluation period, a total of **11,928 individual activities** and **200 group activities** were delivered.

A detailed breakdown of project outputs

While the individual support sessions were crucial, the 200 group activities formed the cornerstone of the project's community-building efforts. A detailed breakdown of these outputs provides a clear picture of the operational focus of the intervention.

Table 4. Distribution of Group Activities by Type

Activity Category	Sub-category	Number of Activities	Percentage of Total
Information & Awareness-raising		**139**	**69.50%**
	Experiential meetings	110	55.00%
	Telephone calls	26	13.00%
	Visits to awareness-raising spaces	2	1.00%
	Informative session	1	0.50%
Training & Capacity-building		**17**	**8.50%**
	Workshops on transversal skills	15	7.50%
	Trainings on strategic & transversal skills	2	1.00%
Social & Educational		**19**	**9.50%**

Support			
	Support for daily tasks	11	5.50%
	Educational/training interventions	8	4.00%
Distribution of Technological Products		**15**	**7.50%**
	Technological accessories, tablets, SIM cards	15	7.50%
Community Mobilization & Guidance		**7**	**3.50%**
	Activities in recreational, cultural, or sport spaces	3	1.50%
	Social orientation sessions	3	1.50%
	Activities in healthcare centers	1	0.50%
Social Follow-up		**3**	**1.50%**
Total		**200**	**100%**

Note: This table details the direct "outputs" of the intervention. The activities listed here were designed to generate the "outcomes" (changes in well-being) that are analyzed in subsequent chapters. The data has been extracted from the External Evaluation report (Cinquantini, I,. eds., 2024) and the project's monitoring records. *Source:* Own elaboration.

The nature of the activities: from outputs to experiences

Beyond the numbers, it is the nature of these activities that drives change. For example, the "experiential meetings" and "community mobilization" activities often took the form of "Caminatas saludables" (Healthy Walks), "Bingo intergeneracional", "Café-tertulias" (Coffee gatherings), and "Celebración de la Navidad" (Christmas celebrations). The "training workshops" included practical sessions like "Taller de memoria" (Memory Workshops) and "Curso de uso de móvil" (Mobile Phone Usage Courses). These events provided the structure and opportunity for participants to interact and build relationships.

> ***"Thanks to my participation in these activities, I have become more open to talking and relating to other people. Also, I have met new people."***
>
> *Older Person Participating in the Reforzando Vínculos intervention*

Participant involvement and addressing methodological limitations

Data from the 127 surveyed participants shows that the majority (61.5%) engaged in a mix of both group and individual activities, while 51.3% reported that their participation was primarily in group settings. This highlights the perceived importance of these social dynamics.

In response to the assessor's query about time commitment, it is important to note that due to the community-based and flexible nature of the intervention, participation was not measured in standardized 'hours per week'. The support was adapted to the individual's needs, consisting of a combination of regular group activities (with an average duration of 1.16 hours per session) and ad-hoc individual support. The focus of the project's monitoring was on the type and number of activities delivered, as detailed above, rather than on a rigid calculation of time per participant. This person-centered approach is fundamental to the project's methodology.

Justifying the Theory of Change: linking outputs to outcomes

This multi-faceted approach of activities was deliberately designed to generate the "well-defined changes" analyzed in this report. The connection between the activities (outputs) and the results experienced by participants (outcomes) forms the core of our Theory of Change, which is explained in subsequent sections.

This strategic focus on group and recreational activities is validated by the findings of the parallel External Evaluation (Cinquantini, I,. eds., 2024), which independently concluded that these types of interventions were essential for improving the quality of life of the participants.

2.2 THE ORGANIZATION

Red Cross[17] represents the world's largest independent, citizen-based humanitarian movement that has been working with public and private entities for **160 years** to bring humanity and dignity to all people everywhere, at all times and in all circumstances.

In Spain, the Red Cross has more than **250,000 volunteers** and more than **1,400 service points throughout the country**, which annually assist more than **4 million people** nationwide, of whom more than **1.7 million are assisted through social programs**. It has the support of more than **1,360,000 members**, companies and alliances.

Red Cross belongs to the International Red Cross and Red Crescent Movement, present in 192 countries. Always acting under its seven Fundamental Principles: Humanity, Impartiality, Neutrality, Independence, Voluntary Character, Unity and Universality.

2.3. THE SCOPE OF MEASUREMENT

The following section describes in detail the approach used for impact measurement. This approach is agreed with the contracting party and, prior to initiating the process, is validated with representatives of the contracting party to ensure that the scope is as expected.

Measurement objective: The results achieved through impact measurement using the SROI methodology will make it possible to **identify the main impacts that have been generated by the project**, whether positive or negative, intentional or unintentional, and that have contributed to modifying the situations of vulnerability and dependency of the people involved. **This information will be essential to optimize resource management, improve understanding of the problems addressed and more accurately assess the impact of Reforzando Vínculos**.

[17] https://www2.cruzroja.es/

Funding: This report is part of the evaluation process funded within the Reforzando Vínculos project, promoted by the Red Cross and financed by the European Union, through the **Next Generation EU funds**, managed by the **Ministry of Social Rights, Consumption and Agenda 2030**, through **Royal Decree 1101/2021, of December 10.**

Although the total funding of the intervention amounts to **€3,000,000**, the budget considered in this evaluation corresponds exclusively to the measurement period **(January 2023 - June 2024)**. During these **18 months**, the resources allocated to the intervention amount to **€1,638,880.00**, excluding costs associated with equipment.

31,695.28 from the entity's own funds, reflecting the additional investment of the Red Cross in the implementation of the intervention.

Characteristics of the elderly participants: The project is aimed at **people over 65 years of age with different levels of autonomy and risk of institutionalization**.

Inclusion criteria for participants of Reforzando Vínculos:

- **Age:** 65 years or older.
- **Situation of vulnerability:** People in a situation of reduced personal autonomy.
- **Location:** Participants distributed in nine locations in three autonomous communities:
    - **Canary Islands:** Tegueste, El Rosario, San Cristóbal de La Laguna.
    - **Catalonia:** Sant Celoni, Llinars del Vallès, Cornellà de Llobregat.
    - **Navarra:** Burlada, Cascante, Tudela.
- **Diversity of profiles:** People who present some situation of vulnerability that impacts on their personal autonomy from different areas, mainly physical and cognitive, and which in turn influences situations of isolation, loneliness or poor community participation.

In addition to the direct participants, the evaluation incorporates **family members**, **paid staff**, **volunteers** and **organizations that cooperate in the community process**, following the SROI methodology to capture a comprehensive view of the impact generated.

Type of Report: This report constitutes a **social impact assessment based on the Social Return on Investment (SROI) methodology.** Its objective is to **monetize the social value generated by the project intervention and provide a rigorous assessment of its effects on the different stakeholders**, thus allowing a better understanding of its scope and sustainability.

Report Audience: This report is **public in nature** and is intended for a variety of key audiences:

- **Ministry of Social Rights, Consumer Affairs and Agenda 2030:** As a funding body, it will use the findings to evaluate the effectiveness of the project and the feasibility of future investments in similar methodologies.
- **Red Cross:** As the implementing entity, the report will serve as an analytical tool to improve the design and implementation of the intervention methodology.
- **Other actors in the social and academic sector:** Facilitates the dissemination of lessons learned, good practices and key data on deinstitutionalization and the promotion of autonomy in the elderly.

Delimitation of scope: The evaluation focuses exclusively on the **elderly participants registered in the project during the evaluation period and who signed their consent for data collection**.

In addition, consistent with the SROI methodology, the effects on all stakeholders linked to the intervention are considered.

The analysis is limited to the localities where the project was implemented, excluding any impact derived from external programs or factors unrelated to the intervention.

Period under evaluation: January 2023 - June 2024 (**18 months**)

Data collection period: June - December 2024.

This period covers the collection of **qualitative and quantitative** information, **validation of results** and **comparative analysis with previous data**.

2.3.1 Thresholds and Compliance

Principle 8 "Respond appropriately"[18] of the SROI methodology highlights the importance of establishing impact thresholds and targets to enrich risk exploration in decision making regarding the impact generated. They are mainly established for strategic and tactical decision making, once values have been identified in previous assessments. Since this is a first-time assessment, no baseline data was available to establish a compliance threshold based on previous assessments. However, in order to ensure transparency, in line with ***Principle 6 "Be Transparent"*** of the Social Value International standards, it was decided to establish **two key thresholds** for data collection.

These thresholds were designed to ensure:

1. **Representativeness**, ensuring that the sample adequately reflects the diversity of stakeholders.
2. **Significant depth of change**, making it possible to identify relevant transformations in the experience of the elderly participants.

After analysis of the data collected, it was concluded that **the evaluation succeeded in exceeding these thresholds in most of the stakeholders**, thus ensuring the reliability of the results obtained.

Threshold criterion: The threshold criterion for the sample was established as **exceeding the minimum required representativeness**. In the case of the elderly participants, the minimum threshold was calculated considering criteria of geographic diversity (territories where the intervention was implemented), levels of personal autonomy and social

[18] Social Value International (n.d.). *Principle 8: Be responsive*. www.socialvalueint.org/principle-8-be-responsive

vulnerability. As a result, the threshold was exceeded in some of the groups. For other interest groups, a minimum sample was defined to ensure the representation of paid staff, volunteers and family members (see involvement plan).

3. STAKEHOLDERS



Source: Own elaboration based on the original image of the principles in English by Social Value International .[19]

To inform what is measured and how it is measured and valued in a social value account, it is essential to involve the various stakeholders and then involve them in consultation throughout the analysis. In this way, the value and how it is measured will be informed by those people who are affected by the activity or who affect the activity.

This section answers the question:

Who are the key stakeholders who generate or experience changes in their lives as a result of the implementation of the intervention?

According to the **Social Value International standards**[20] and the methodology applied (*A guide to social return on investment*, UK Cabinet Office, 2015)[21] , the different stakeholders are defined as ***"people or organizations that experience changes or that impact the project intervention, either through economic or non-economic resources".*** These

[19] Social Value International (2022). The purpose of the principles of social value and the SVI standards. Recuperado de https://static1.squarespace.com/static/60dc51e3c58aef413ae5c975/t/623c98ac4b918944ef0b75db/1653296439434/The+Purpose+of+the+Principles+of+Social+Value+and+the+SVI+Standards+.
[20] Social Value International (n.d.) www.socialvalueint.org
[21] Social Value Lab (2016). A guide to social return on investment. Social Value Lab. http://www.socialvaluelab.org.uk/wp-content/uploads/2016/09/SROI-a-guide-to-social-return-on-investment.pdf

changes can be positive or negative, intended or unintended, and manifest themselves as a result of the activity in question.

In this section you will learn about the stakeholders involved in this evaluation report, their participation (when and how, in the involvement plan), the tools used for their consultation and other technical aspects such as the calculation of the sample.

3.1 STAKEHOLDERS INCLUDED AND EXCLUDED

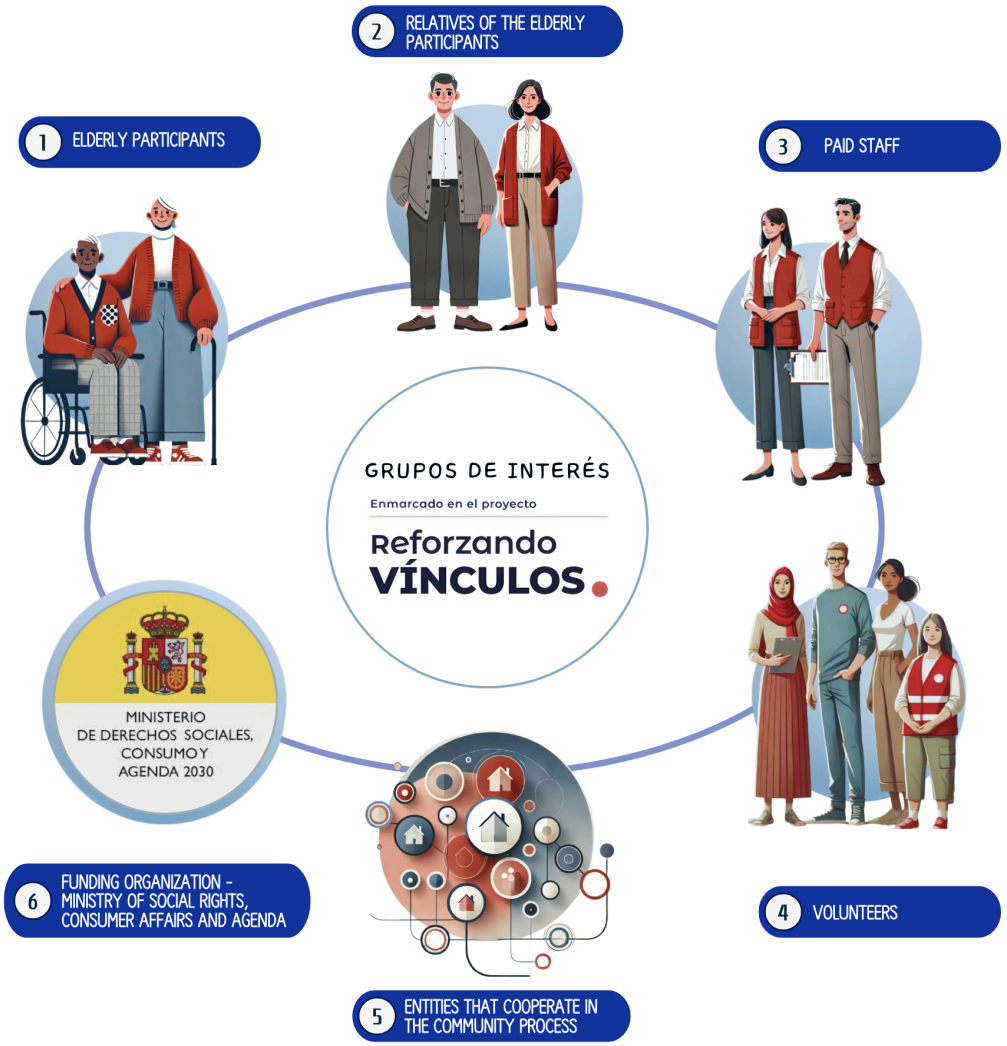


Figure 7. Stakeholders included
Source: Own elaboration.

In the name of the ***6th Principle, "Be transparent"***, which ***"requires that each decision be explained and documented in relation to the various stakeholders***[22] ", a validation process was carried out to define the

[22] Social Value International (n.d.). *Principle 6: Be Transparent*. www.socialvalueint.org/principle-6-be-transparent

groups. The following is not only a list of the groups included (see Table 5), but also a list of the groups excluded (see Table 6). This reduces the risk that decisions will be made based on data in this report without considering a group that may be crucial to the decision-maker, and ensures that the reasons for excluding that group are known.

Table 5. List of stakeholder groups included and their justification

Interest group	Description	Reason for inclusion
Elderly participants 	Elderly participants over 65 years of age, both with and without limitations derived from cognitive difficulties, who are in a situation of vulnerability due to unwanted loneliness, decreased personal autonomy or lack of support networks.	Highly relevant and significant changes disclosed. **Identified**: By family members, paid staff, volunteers, organizations cooperating in the community process, the project and the funder. Receives 100/100 points on a weighting scale exceeding the identified threshold. **Validated:** By 9 people from various stakeholders, with 100% agreement with the inclusion. **Identifies relevant changes:** 70% of the target population is identified with one or more changes.
Family members of elderly participants 	Relatives of elderly participants who maintain contact with the project's professional team, offering support at different levels, from face-to-face accompaniment to telephone contact, but with a willingness to support their family member.	Highly relevant and significant changes disclosed. **Identified**: By paid staff, elderly participants, volunteers, organizations that cooperate in the community process and the project. Receives 72/100 points on a weighting scale exceeding the identified threshold. **Validated:** By 7 people from various stakeholders, with 80% agreement with the inclusion. **Identifies relevant changes:** 89% of the target population identifies with one or more changes.
Paid personnel	The Red Cross paid staff involved in the project, including both the paid staff at Headquarters and the paid technical	Highly relevant and significant changes disclosed. **Identified**: For the project, the organization. Receives 70/100 points on a weighting scale

Interest group	Description	Reason for inclusion
	staff working directly in the intervention. Their work covers the planning, implementation and monitoring of activities, as well as accompanying the elderly and their families, ensuring the development of the intervention methodology in the different territories.	exceeding the identified threshold. **Validated:** By 7 people from various stakeholders, with 80% agreement with the inclusion. **Identifies relevant changes:** 78% of the target population identifies with one or more changes.
Volunteers 	Red Cross volunteers involved in the project, who collaborate in various activities to support the elderly and their families. Their participation can vary from direct accompaniment to community dynamization, contributing to strengthening the support network and promoting social inclusion in the environments where the intervention takes place.	Highly relevant and significant changes disclosed. **Identified**: By the paid staff, the elderly participants and the entity. Receives 69/100 points on weighting scale exceeding the identified threshold. **Validated:** By 7 people from various stakeholders, with 75% agreement with the inclusion. **Identifies relevant changes:** 90% of the target population is identified with one or more changes.
Entities cooperating in the	Entities that cooperate in the community process that	Highly relevant.

Interest group	Description	Reason for inclusion
community process 	participate in the intervention, including social, health, educational and community entities. Their involvement ranges from the provision of resources and services to coordination with the project team to facilitate access to spaces, activities and support networks that contribute to the well-being and autonomy of the elderly participants.	**Identified**: For paid staff and the project. Receives 59/100 points on weighting scale exceeding the identified threshold. **Validated:** By 7 people from various stakeholders, with 70% agreement with the inclusion. **Identifies relevant changes:** 42% of the target population identifies with one or more changes.
Funding Organization - Ministry of Social Rights, Consumer Affairs and Agenda 2030 	The Ministry of Social Rights, Consumption and Agenda 2030 is included as a stakeholder because its impact on the project was significant as it financed the implementation and was the main recipient of the results.	Highly relevant. **Identified**: For paid personnel. Receives 28/100 points on weighting scale exceeding the identified threshold. Does not exceed the 70% threshold. **Validated:** By 7 people from various stakeholders, with 70% agreement with the inclusion. **Financial:** No changes are identified. It is included because it provides vital financial value (input) so that the activity could be carried out.

Source: Own elaboration.

Table 6. Excluded stakeholders and their rationale

Interest group	Reason for exclusion
Relatives and/or caregivers - Paid caregivers of elderly people	ID assigns it on average 9/100 points and does not exceed the threshold. Does not engage. **Lack of relevance**
Family members and/or caregivers - Support networks of older people (neighbors, friends...)	ID assigns it an average of 10/100 points and does not exceed the threshold. Does not engage. **Lack of relevance**
Red Cross Central Entity	It reached the required threshold (51.33%), so it was included in the data collection, but was excluded because of: **Lack of resources and time** **Less relevance within the SROI analysis:** since the SROI methodology prioritizes the social impact perceived by people, organizations have a facilitating role in the intervention, but their impact is not considered a priority in the measurement of social value.
Red Cross Local Entities	It reached the required threshold (74.50%), so it was included in the data collection, but was excluded due to: **Lack of resources and time** **Minor relevance within the SROI analysis**
Public Administration (AAPP)	It reached the required threshold (54.22%), so it was included in the data collection, but was excluded due to:

Interest group	Reason for exclusion
- Local Public Administration (city councils, councils...)	**Lack of resources and time** **Minor relevance within the SROI analysis**
Public Administration (AAPP) - Social Services	ID assigns it an average of 12/100 points and does not exceed the threshold. Does not engage. **Lack of relevance**
Public Administration (PPA) - Health Services	ID assigns him on average 13/100 points and does not exceed the threshold. Does not engage. **Lack of relevance**
Community - paid staff (workers of third sector organizations, paid staff of day care centers...)	ID assigns him on average 37/100 points and does not exceed the threshold. Does not engage. **Lack of relevance**
Community - Senior citizens (non-users)	ID assigns him on average 40/100 points and does not exceed the threshold. Does not engage. **Lack of relevance**
Community - Children and youth	ID assigns him on average 18/100 points and does not exceed the threshold. Does not engage. **Lack of relevance**
Community - Organized	It reached the required threshold (53.82%), so it was included in the data collection, but was excluded because the sample obtained was small and not balanced

Interest group	Reason for exclusion
citizenship (associations...)	in the different territories, which affects its representativeness. **Insufficient sample to be representative**
Community - Unorganized citizenship (neighbors, local businesses...)	It reached the required threshold (56.38%), so it was included in the data collection, but was excluded because due to the nature of the project, it does not establish a direct relationship with this interest group, which limits access to it. Likewise, in the cases where they were asked who else they thought the intervention could impact, in no case was this group mentioned. **Insufficient sample to be representative** **Not identified by any other group**

Source: Own elaboration.

3.1.1 Reasoning and evidence for inclusion and exclusion

In order to facilitate understanding of the **reasons for the selection of the groups included or excluded** in the tables above (Table 5 and Table 6), the seven criteria used for their inclusion are detailed. The rationale for exclusion of those groups that did not meet the criteria is also explained.

Table 7. Inclusion and exclusion criteria

1.Criteria - Identified
How and by whom Prior to data collection, 9 people were involved in 3 focus groups in order to answer the question ***Who impacts us and who do we impact with the Strengthening Linkages intervention? To what degree are these groups relevant? To what degree are the changes experienced expected to be significant?*** The result was a list of groups weighted between 1 and 100 points. **Who were involved** Paid staff (headquarters and technicians) of the Red Cross and the evaluation team.
Involvement and evidence See above who was involved. Groups that exceeded 50 points (out of 100) were included to be evidenced by the identification of changes.
2. Criteria - Validated
How and by whom The initial mapping described in the previous step was validated by representatives of the project (headquarters), prior to the development of the involvement plan (see Table 9) through a focus group in order to answer the question ***To what degree do you agree with the inclusion and exclusion of these groups in relation to the Reforzando Vínculos intervention?*** The groups were validated one by one based on the criteria mentioned in this list. In addition, both paid staff and volunteers were asked to identify the stakeholders they considered impacted through the question: ***Indicate which other stakeholders you consider to have been impacted***. Their responses were quantified in order to validate the groups on the list and ensure a more accurate representation of the impact generated.

Involvement and evidence

All the different stakeholders provided data on which other groups were impacted (apart from themselves). See questions in Annexes III, IV and V.

3. Criteria - identifies relevant changes

How and by whom

The collection of qualitative data (through interviews) and quantitative data (through forms) revealed that the different stakeholders identified in Figure 7 experienced relevant and significant changes.

To evaluate the relevance of these changes, questions focused on the **degree of perceived importance**. Likewise, to determine their significance, questions related to the **depth and duration of the changes** were included. In order to identify the most relevant and significant changes, a threshold of **50-70%** was applied as the average number of people involved who identified with the different changes. This criterion ensured that only those changes that were relevant and significant and representative of the collective experience of the groups evaluated were considered in the analysis. In addition, a data collection and analysis of the resources (inputs) provided by the different stakeholders was carried out to ensure the inclusion of groups that, although not impacted, have a significant impact on the intervention evaluated.

Involvement and evidence

All stakeholders provided data on relevance, significance and resources (inputs), with a threshold established by the evaluation team. Evidence of stakeholder participation, identified on the basis of observed changes. In addition, the representativeness ratios of the sample were ensured, guaranteeing adequate coverage of the groups involved as detailed in the engagement plan).

4. Criteria - Funder

How and by whom

The qualitative (interviews) and quantitative (forms) data collection revealed that the stakeholders identified in Figure 7 provided highly relevant financial or non-financial value (inputs) for the implementation of the activity analyzed. All groups were asked the question: ***What has been your contribution to the Strengthening Linkages intervention?*** Given the crucial impact of these inputs on the implementation and quality of the content, the criterion for inclusion was the role of funders of the activity, regardless of whether they had undergone changes. As a result of the analysis, it was decided to include the main funder in the list of stakeholders and Value Map (see Annex VIII) that take them into account in the total resources (inputs) provided.

Involvement and evidence This criterion was introduced by the evaluation team, following ***Principle 4 "Include only what is material***[23] **"** of Social Value International. It is evident the inclusion of a group that is included for its contribution of resources (inputs), although no changes were generated, in the data presented in Table 27 of "Resources (Inputs), Products (Outputs), and Changes (Outcomes)".
5-7. Criterion - Exclusion due to lack of access to the individual, lack of representative sample or lack of resources.
How and by whom In addition to the previously established criteria, some groups identified prior to the data collection were excluded for different reasons. Among them, lack of access to the necessary people to be surveyed, or an insufficient number of people surveyed, which prevented a representative sample from being formed and did not allow for a high degree of data saturation. These criteria are listed in the excluded groups in Table 6 .
Involvement and evidence This criterion was applied by the evaluation team once the qualitative data collection was completed, following Social Value International's ***Principle 1 "Engage the stakeholder"***[24] , and ***Principle 4 "Include only the material"***. The engagement plan details those groups that did not reach a satisfactory level in terms of sample size, and are therefore excluded under this criterion.

3.1.2 Identification of subgroups

Of the interest groups mentioned in the list of groups included (see Table 3), three of them were initially classified into several subgroups. This division was based on the expectation that they might present significant variations in some of the criteria evaluated:

- Different changes experienced.
- Substantial differences in the depth of the changes experienced.
- Substantial differences in the value assigned to the changes.

For this reason, we worked with the different subgroups that had been included throughout the data collection process. However, it should be noted that the results showed that, in

[23] Social Value International (n.d.). *Principle 4: Only include what is material*. www.socialvalueint.org/principle4-only-include-what-is-material
[24] Social Value International (n.d.). *Principle 1: Involve stakeholders*. www.socialvalueint.org/principle-1-involve-stakeholders

many cases, the differences between subgroups were not significant enough in any of the criteria to justify their maintenance as separate entities, so that no subgroups are presented in this report.

3.1.2.1 Rationale applied to the group of elderly participants

Initially, we considered segmenting the elderly participants into two subgroups: with and without limitations derived from cognitive difficulties because it was estimated that different types of changes would be generated. However, the lack of a clear categorization based on a specialized verification process (such as medical reports) made this differentiation difficult, as levels of impairment could vary and there was no clear line between the two.

During the data collection, the criteria of the personnel of the territory were used to identify people with limitations derived from cognitive difficulties and, in these cases, it was decided to have their relatives answer the questions "on their behalf", since it was considered that they could not participate directly in the evaluation, in order to be able to include "their voice", even if only indirectly.

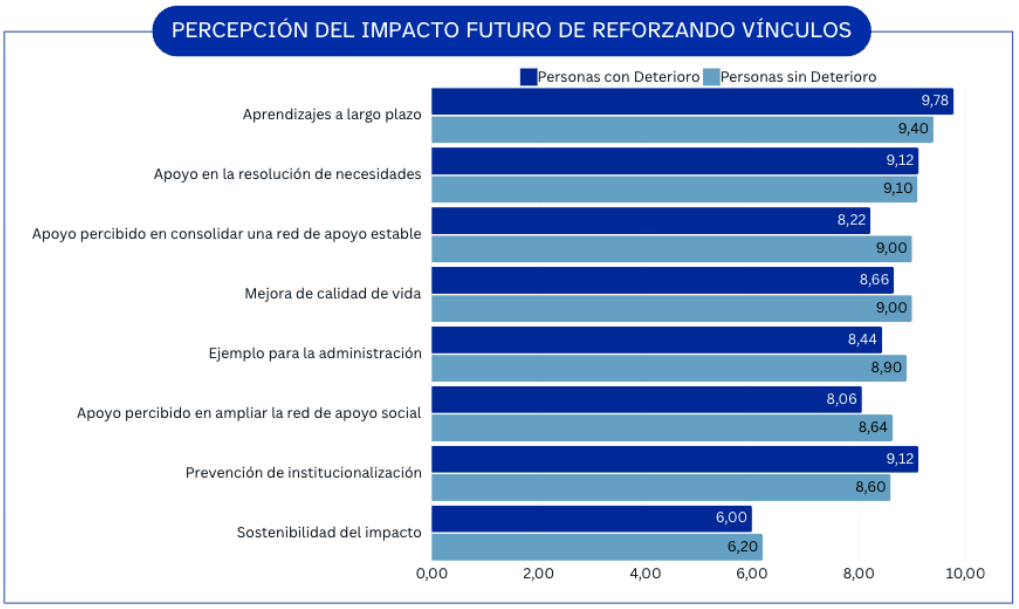
When persons in this condition were identified, data collection was carried out through a quantitative questionnaire addressed to their relatives. This questionnaire included a question asking family members to confirm whether or not the elderly person they were accompanying had limitations derived from cognitive difficulties, which made it possible to analyze the perception of the impact according to this classification supported by the validation of the family members. However, only 9 people validated this condition, which represents a very small sample to draw conclusions about this possible subgroup.

In addition, the analysis of these responses showed some differences in the perception of impact, but not significant enough to justify a formal segmentation in the report. It had been previously established that, if the results showed marked differences between the groups, they would be differentiated in the analysis. However, the data revealed that the perceived effects of the intervention were highly consistent in both cases, so it was decided to maintain a unified analysis, since it was considered that a result presented separately, due to their

similarity, would not have an impact on decision-making.

As an example, Figure 8 shows the perception of the future impact of the Reforzando Vínculos intervention, according to family members of elderly people with and without limitations derived from cognitive difficulties. In general terms, both categories show high ratings and similar trends in all the changes that would be generated in the future. *Prevention of institutionalization* (**9.12** in the group with impairment and **8.60** in the group without impairment), *improvement of quality of life* (**8.66** in persons without impairment and **9.00** in persons with impairment), and *support in resolving needs* (**9.12** in persons with impairment and **9.10** in persons without impairment) are particularly noteworthy. The differences in the evaluation of some factors, such as the *sustainability of the impact* (**6.00** in persons with impairment vs. **6.20** in persons without impairment), are minimal and do not justify a segmented analysis.

Figure 8. Perception of the support offered by Reforzando Vínculos



Source: Own elaboration.

These data confirm that the variability in the perception of impact between the two groups is not significant enough to change the structure of the analysis. In addition, other key factors support the methodological decision to maintain a joint evaluation:

- **Lack of an objective classification:** There was no formal procedure for verifying limitations due to cognitive difficulties, so the only information available came from the subjective perception of family members or from Red Cross systems (data provided by participants or their relatives).
- **Representativeness of the sample:** The number of family members who responded on behalf of elderly people with impairment was not sufficient to guarantee a statistically sound segmentation (only 9 people out of a total of 127 participants).
- **Homogeneous impact:** Family members in both groups agreed that the perceived benefits depended to a large extent on the continuity of the intervention, with no significant differences between them.

For this reason, it was decided to maintain a joint analysis instead of segmenting the elderly according to a condition such as limitations derived from cognitive difficulties.

3.1.2.2 Reasoning applied to the group of relatives of the elderly

During the evaluation, consideration was given to segmenting family members of people with impairment and without limitations arising from cognitive difficulties into two subgroups, under the assumption that their experiences and perceived impacts might differ significantly. However, as detailed in Table 1 of complexities and limitations, a low degree of interest or availability of families to participate was observed, which limited access to a broad and representative sample.

In view of this situation, it was decided to initially carry out the qualitative data collection with accessible and available family members. During this process, it became evident that the changes mentioned by the family members were consistent, regardless of whether their family member presented limitations derived from cognitive difficulties or not. Based on these findings, in the quantitative phase, as mentioned in previous content, a specific

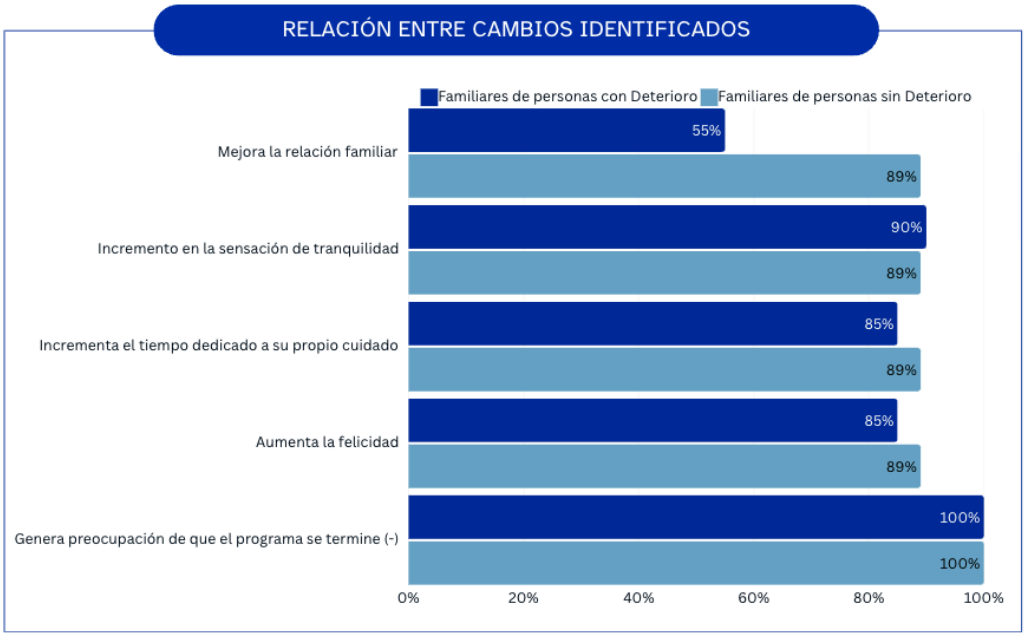
question was included in which family members identified whether or not the elderly family member participating in Reinforcing Links had limitations derived from cognitive difficulties, in order to be able to separate family members' responses.

Analysis of the quantitative data confirmed that the differences in identifying changes between the two subgroups were minimal. Given that no significant variations were observed in the perception of the impacts experienced, it was decided not to carry out a formal segmentation and to maintain the unified analysis for family members of older persons in general.

Figure 9 shows the results of the quantitative survey, in which family members were asked about the changes perceived in their well-being as a result of the Reforzando Vínculos intervention. It can be seen that most of the changes are identified in a similar way by both subgroups, with very close values in each of the dimensions evaluated.

However, a difference stands out in the *perception of improvement in the family relationship*, where **55%** of the relatives of people with limitations derived from cognitive difficulties reported this change, compared to **89%** of the relatives of people without impairment. Despite this variation, the analysis concludes that the general results are consistent between both subgroups, which reinforces the decision not to segment them in the study.

Figure 9. Relationship between changes and number of persons identified - Relatives of persons with and without limitations derived from cognitive difficulties.



Source: Own elaboration.

Given that the benefits and concerns identified are widely shared by family members in general, the joint analysis is maintained. Given that the benefits and concerns identified are widely shared, and the differences observed are not statistically determinant, it was decided to maintain a joint analysis for the group of relatives. This methodological decision was based on two key reasons: first, the total sample for this group of interest already had a high margin of error, and segmenting it into even smaller subgroups would have severely compromised the reliability of the findings. Second, in line with the principle of "Do Not Overestimate Value," presenting conclusions based on such small subgroups would have risked overinterpreting differences that might not be representative of the collective. Therefore, the unified analysis represents the most rigorous and conservative approach.

Additionally, and as a specific analysis for the subgroup with the highest potential burden, the **Abbreviated Zarit Scale**[25] was taken into account. This validated instrument was

[25] Zarit Scale Abbreviated: Zarit, S. H., Orr, N. K., & Zarit, J. M. (1985). *The hidden victims of Alzheimer 's disease: Families under stress*. New York: New York University Press.

applied exclusively to family members of people with cognitive limitations with the aim of analyzing in depth how their perception of burden changed, the results of which are detailed in Section 7.1.3.2.

3.1.2.3 Reasoning applied to the paid personnel group

Initially, the possibility of segmenting this group into two subgroups was considered: paid staff at Headquarters and Technicians. It was hypothesized that their level of interaction with the elderly and other stakeholders could generate differentiated changes. In particular, it was expected that the technical staff, being in direct contact with the participants, would experience a different impact than the HQ team, whose work focuses on strategic planning and management.

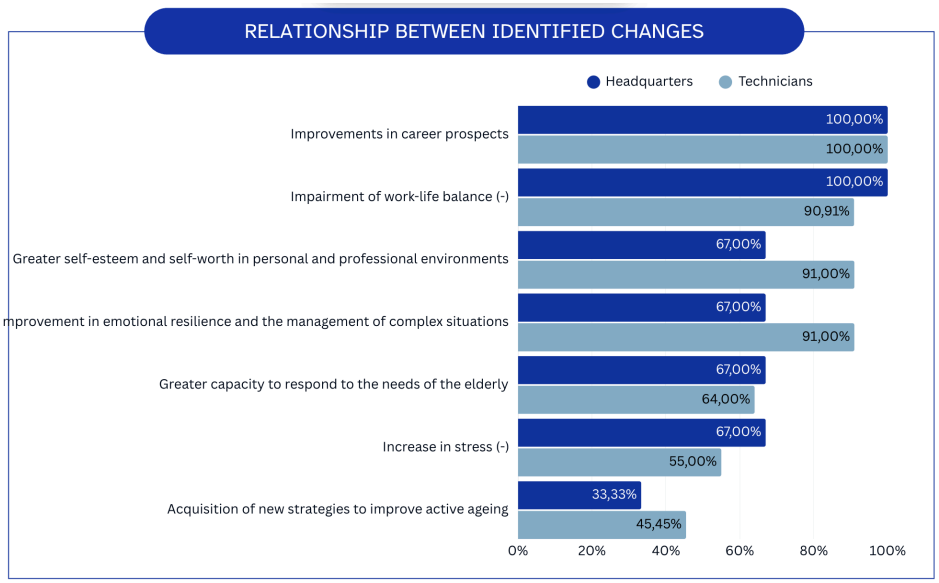
However, analysis of the data collected suggests that, although there are differences in the intensity of some changes, the overall perception of impacts is broadly shared between the two groups. As can be seen in the figure below, the changes identified show very similar trends in both subgroups, presenting the data separately by group would not make any difference in decision making.

Among the changes with the highest coincidence rates are the *improvement in career prospects* and the *impact on work-life balance (-)*, both reported by **100%** of the people surveyed in both groups. Likewise, high rates of coincidence were identified in changes such as *greater self-esteem and self-worth in the personal and professional spheres* and *improvement in emotional resilience and management of complex situations*, with values exceeding **90%** in the group of Technicians and reaching **67%** at Headquarters.

On the other hand, slight differences are observed in the perception of *increased stress (-),* reported by **67%** of the Headquarters personnel and **55%** of the Technicians. There is also a variation in the *acquisition of new strategies to improve active aging*, where **45.45%** of the Technicians identified this change, compared to **33.33%** of the Headquarters staff.

Despite these specific differences, the general trend reflects an alignment in the perception of the changes experienced, which reinforces the decision not to segment the analysis into two distinct groups.

Figure 10. Relationship between identified changes and remunerated personnel



Source: Own elaboration.

3.2 IDENTIFICATION OF STAKEHOLDERS

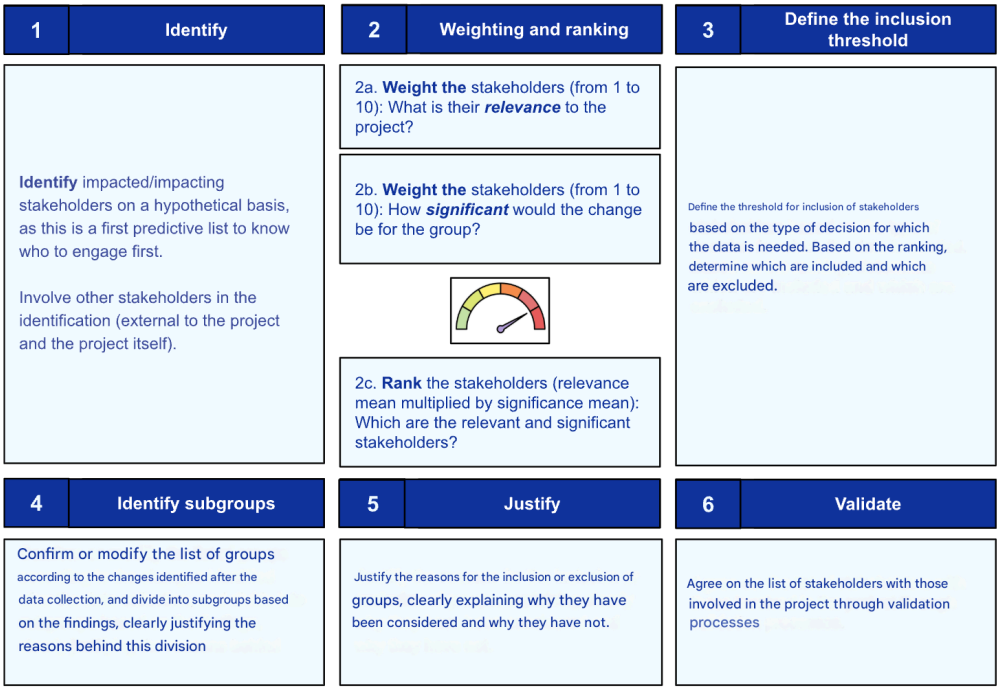
The following figure illustrates the steps taken to identify the different stakeholders listed in Section 3.1: "Stakeholders included and excluded". This process was not only based on the analysis prior to the data collection to determine which groups to include, but also included a specific question for all the different stakeholder groups in order to identify other possible impacted groups, and thus include them in the data collection if necessary.

The question used was: ***"Besides you, who else would you say has been impacted by the activity?"***. This was integrated into both the qualitative phase and the subsequent quantitative form.

This approach made it possible to validate the groups previously identified and, if necessary, to identify new groups according to the frequency with which they were mentioned by the participants.

The process of identifying the different stakeholders was structured in several phases. The first phases were carried out prior to the actual data collection in order to know which groups to count on initially, always open to the possibility that new groups might emerge.

Figure 11. Identification process



Source: Own elaboration.

First, the groups that could impact or be impacted by the intervention were identified, based on hypotheses and experience and data from the prognosis report[26] that had been carried out for the same project in 2023. The relevance and significance of these groups was then weighted and ranked using a scale of 1 to 10, allowing a ranking to be established based on a calculated index. A threshold was then defined to decide which groups to include or

[26] The Social Consulting Agency (2023). *Prognostic report on the social value of the Reforzando Vínculos intervention. Reforzando Vínculos: Promoting autonomy in community settings*. Red Cross.

exclude in the data collection, considering their importance and the rigor required by the study.

After data collection, the list was revised again to incorporate subgroups in case the data showed significant differences in changes within a previously identified group. Finally, the list of groups was validated with the different stakeholders involved through the question **"*Who else was impacted by the activity?*"**, literature review, identification of emerging groups in qualitative interviews and validation with a specific form. This question was answered by **132 people**, with representatives of all the stakeholders involved.

3.2.1 Stakeholders included in the identification of other stakeholders

In reference to the indications of ***Principle 1, "Engage different stakeholders***[27] **",** it is detailed below, at which point in the process which group was involved and how many in the identification of other stakeholders. The total universe can be seen in Section 4.1 Stakeholder Engagement Process, and the questions for each step of the engagement can be found in detail in Annexes III, IV and V and summarized in this table.

[27] Social Value International (n.d.). *Principle 1: Involve stakeholders*. www.socialvalueint.org/principle-1-involve-stakeholders

Table 8. Stakeholders involved in identifying other groups

Stakeholders consulted	# of people involved	Result of consultation (other groups identified)	Process applied and validation
Elderly participants	57	• Family members of elderly participants • Paid personnel • Volunteers	**Method**: Interviews. **Question:** *Which group is relevant and should be included?* Since this group had difficulty understanding the question, it was not asked literally. Instead, the qualitative data collected were analyzed to identify other groups mentioned by them, which allowed their contribution to be included.
Family members of elderly participants	16	• Elderly participants • Paid personnel • Volunteers	
Paid personnel	20	• Elderly participants • Family members of elderly participants • Volunteers • Entities cooperating in the community process • Red Cross - Entity • Funding Organization - Ministry of Social Rights, Consumption and Agenda 2030	**Method**: Focus Group. **Question:** *Which group is relevant and should be included?* **Question:** *To what extent is the inclusion and exclusion of groups valid?* **Method**: Form. In the 2023 forecast[28] , focus groups were conducted where stakeholder weightings were already identified. In this evaluation, the process focused on confirming these results and asking again in the focus groups of the qualitative interviews, ensuring the validity of the information collected.

[28] The Social Consulting Agency (2023). *Prognostic report on the social value of the Reforzando Vínculos intervention. Reforzando Vínculos: Promoting autonomy in community settings.* Red Cross.

Stakeholders consulted	# of people involved	Result of consultation (other groups identified)	Process applied and validation
Volunteers	27	• Elderly participants • Family members of elderly participants • Paid personnel • Entities cooperating in the community process	**Method**: Interviews. **Question:** *Which group is relevant and should be included?* They were asked directly in the qualitative interviews and, subsequently, the data collected were analyzed to identify other groups mentioned, which allowed their contribution to be included.
Entities cooperating in the community process	11	• Elderly participants • Paid personnel • Volunteers	
Funding Organization - Ministry of Social Rights, Consumer Affairs and Agenda 2030	1	• Elderly participants • Paid personnel • Volunteers • Red Cross - Entity	This stakeholder group was not involved, since in the forecast[29] , they themselves predicted that no change would be generated in the organization, but that they would be included for providing funding (input). Even so, certain groups were identified in the funding brief.
TOTAL	**132 people were part of the identification of other stakeholders."**		

Source: Own elaboration.

[29] The Social Consulting Agency (2023). *Prognostic report on the social value of the Reforzando Vínculos intervention. Reforzando Vínculos: Promoting autonomy in community settings.* Red Cross.

3.2.2 Groups excluded from the process of identification of other groups

The two groups from which the least data on identification were collected were older participants and family members of older participants. In the case of older people, although they were asked about the identification of other stakeholders, they faced difficulties in recognizing actors beyond their immediate environment, such as family members, paid staff and volunteers. This was due, in part, to unfamiliarity with the concept of indirect impact, which was addressed in greater depth during data collection. Similarly, families also experienced difficulties in answering this question.

To complement this information, we used data from the 2023 forecast, in which focus groups were conducted with various stakeholders, including paid personnel from each territory, researchers and representatives of the entity promoting Reforzando Vínculos. At that stage, stakeholder weightings had already been identified.

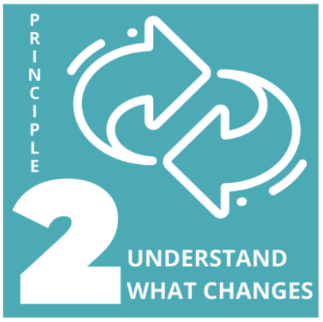
In this evaluation, the process focused on confirming these results and re-consulting the focus groups of the qualitative interviews, ensuring the validity of the information gathered. As a result, the average between the weights of the prognosis and the validation carried out in the evaluation process reflected **85.87%** agreement in the inclusion and exclusion of the groups considered in the analysis.

Thanks to this combination of data, a more precise identification of the relevant stakeholders for the study was achieved.

4. UNDERSTAND WHAT CHANGES

This section answers the question:

What changed for the different stakeholders?



In this chapter dedicated to ***Principle 2 "Understand what changes[30]"*** of the SROI methodology, a detailed description of the welfare changes identified in each stakeholder group is presented. This section details the theory of change, developed in collaboration with the stakeholders themselves and supported by evidence, to explain how these changes are generated. To ensure a comprehensive understanding, an overview of the process undertaken is included, addressing both the identification methodology and the validation of these changes, following Social Value International standards.

According to the principle 2, deciding on a well-defined outcome involves four different stages:

1. Establishing the right level of rigour and detail required for the analysis. Section 1.1.4, The level of rigor required, provides details on this phase.
2. Defining the activity that is causing the outcomes. Section 2.1. Evaluated activity provides details on this phase.
3. Identifying the inputs and outputs, clarity on this is required to provide context for the outcomes. Section 4.3 Theory of change provides details on this phase.
4. Gathering information about the outcomes that are occurring (section 4.2.1 The process of identifying change THE. provides details on this phase), and finally, analyse the gathered information and interpret it in order to create a well-defined outcome. This involves analysing the causality between outcomes by creating a chain of events and then identifying the outcome (point on the change) where value is being created, which is the focus of this section.

[30] Social Value International (n.d.). Principle 2: Understand what changes. www.socialvalueint.org/principle-2-understand-what-changes

Throughout this section and for each interest group:

- Contextualizes and *describes the data collection process* in relation to the changes.
- Description of how the *universe and representative sample were identified*
- Outlines the process by which data-collection *saturation* was reached
- Summarize *the well-defined outcomes* generated
- Includes a *graphical description of how the well-defined outcomes were created* (theory of change, chain of events)

This allows the reader to understand the changes that have been made for all stakeholders.

4.1 STAKEHOLDER ENGAGEMENT PROCESS

This section presents the detailed engagement plan (Table 9) for each stakeholder group to explain how we involved the stakeholder to gather information about the outcomes as mentioned in stage 4 mentioned in previous chapter.

Representativeness analysis: The table below indicates the total number of people under study (target population), the number of people or organizations that were involved in each of the three phases that were carried out (qualitative, quantitative and validation) and whether the data collected by each group is representative (column 2).

Table 9. Involvement Plan

Stakeholder groups and subgroups and their degree of representativeness		Qualitative What changed?					Quantitative Importance/duration/causality?				Validation			
Stakeholders included	Representative	Target population	Sample	%	When	Method	Sample	%	When	Method	Sample	%	When	Method
Elderly participants	•	602	88	15%	Feb 24	Focus Group	127	21.10%	Oct 24	Form	0	0%	Dec 24	Form
Family/caregivers	•	167	15	9%	Feb 24	Focus Group	29	17.37%	Oct 24	Form	0	0%	Dec 24	Form
Professionals - Territory	•	20	14	70%	June 24	Individual interview	14	70%	Oct 24	Form	0	0%	Dec 24	Form
Volunteering	•	143	27	19%	June 24	Individual interview	43	30.07%	Oct 24	Form	0	0%	Dec 24	Form
Entities cooperating in the community process	•	137	9	7%	Sep 24	Individual interview	14	10.22%	Oct 24	Form	0	0%	Dec 24	Form
AAPP - Ministry of Social Rights and Agenda 2030	•	1	1	100%	Sep 24	Individual interview	1	100%	Oct 24	Form	0	0%	Dec 24	Form
		932	**150**	**16%**			**213**	**23%**			**0**	**0%**		

Source: Own elaboration.

4.1.1 Selection of the sample and its representativeness with respect to the target population

How the sample subjects were selected: The study sample was selected by non-probabilistic sampling[31] stratified based on criteria of convenience and accessibility, ensuring the representativeness of the target population segmented by territory and gender.

Only those who obtained signed consent to participate in the evaluation were included and considered the target population (object of study). For the other groups of interest, the contacts provided by the organization with signed consents were considered. This method implies that not all potential subjects have the same probability of inclusion, causing possible biases.

Bias mitigation: Given that this study achieved a high percentage of participation from the members of the different interest groups, it is considered that the possible bias in terms of the degree of representativeness of the target population was minimized by the saturation of the sample itself in the groups whose sample is representative (see Table 9).

Justifications of the sample result: Once data collection was completed, a comparison was made between the sample obtained and the target population to validate its degree of representativeness and assess the risk associated with extrapolating the data to the groups of interest, in case there was a percentage of sampling error.

In addition, it was assessed which data could be extrapolated without the risk of making decisions based on information that was not representative of the entire population studied, which could generate negative impacts on those who were not adequately represented or prevent the optimization of social value.

[31] Valenzuela, M. T., & Vergara, M. (2019). Biostatistics applied to clinical research: basic concepts. Revista Médica Clínica Las Condes, 30(1), 9-14. www.elsevier.es/es-revista-revista-medica-clinica-las-condes-202-articulo-bioestadistica-aplicada-investigacion-clinica-conceptos-S0716864019300045

With this analysis, two social return ratios were presented: a conservative one, which minimizes risk, and another that assumes a margin of uncertainty to facilitate different types of strategic decisions.

How the minimum sample was identified for representativeness: Statistical representativeness criteria were applied to determine the minimum sample required to ensure its validity. This approach took into account the small size of some groups and the voluntary nature of participation, recognizing that reaching 100% of participants was ideal but unrealistic.

A **representative sample calculator**[32] was used to define the minimum size required per group. Once the data had been collected, if the sample size was not reached, the **error ratio**[33] was calculated in order to assess whether the extrapolation of data was justified assuming a reasonable risk, thus ensuring the reliability of the information obtained, as described in the previous section.

The minimum sample was established with an objective margin of error between 5% and 7%. This calculation ensured that, at the quantitative level, the sample adequately reflected the diversity of the population, guaranteeing the statistical validity of the analysis.

However, in the context of an evaluative SROI study, the focus goes beyond a simple margin of error. The essence of an SROI lies in the robustness and consistency of the evaluation, which is achieved by:

- **Data triangulation:** Different sources and methodologies are integrated to validate the results and minimize biases.
- **Robustness of indicators and proxies:** Indicators that accurately reflect the social impact are selected, complemented by sensitivity analyses that evaluate the variability of the results in the face of changes in the hypotheses.

[32] QuestionPro. "Sample Size Calculator." *QuestionPro*. https://www.questionpro.com/es/calculadora-de-muestra.html.
[33] QuestionPro. "Sample margin of error calculator." *QuestionPro.* https://www.

In this sense, although a target margin of error between **5%** and **7%** has been established for the quantitative sample, **the main emphasis of the report focuses on the quality, relevance and consistency of the information**. Furthermore, it is important to note that, for the main analysis group, a margin of error of **7.76%** has been achieved, which is within acceptable parameters for social studies and provides a solid basis for assessing monetized social value. This reinforces the overall robustness of the study, as variability in other groups is compensated for by the integration of multiple sources of information and complementary qualitative analysis.

Table 10. Population studied and sample analysis

Group of interest	Selection method	Sample analysis	Justification and risk level
Elderly participants 	**Type of sample:** Non-probabilistic, under controlled conditions. Each participant voluntarily agreed to collaborate in the research and provided signed informed consent.	**Target population: 602** **Sample obtained: 127** **Target sample size: 149** **Margin of error: 7.76%.**	**Risk level:** Moderate. The margin of error of 7.76% is slightly above the optimal range (5-7%) for social studies, which implies some uncertainty and the need to interpret the results with caution. **Degree of representativeness:** Acceptable. It presents a statistical margin of error that is within the acceptable range for social studies, being representative of the population.
Family members of elderly participants 	**Type of sample:** Non-probabilistic, under controlled conditions. Paid staff in the territory identified family members who met the criteria and were willing to participate.	**Target population: 167** **Target sample size: 91** **Sample obtained: 29** **Margin of error: 17%.**	**Degree of representativeness:** Questionable. The sample of 29 out of a population of 167 fails to adequately capture the diversity of the population, generating a level of error that compromises the reliability of the conclusions. **Risk level:** High. With a margin of error of 17%, which greatly exceeds the recommended maximum limit of 10%, the results present a high risk of inaccuracy, which affects their validity.
Paid personnel	**Type of sample: Type of sample:** All.	**Target population: 20** **Target sample size: 19**	**Degree of representativeness:** Questionable. With a sample obtained of 14 out of a target

Group of interest	Selection method	Sample analysis	Justification and risk level
		**Sample obtained: 14** **Margin of error: 17%.**	population of 20, representativeness is compromised, as the sample does not adequately reflect the diversity of the population. **Risk level:** High. The margin of error of 17% greatly exceeds the recommended maximum limit of 10%, which implies high uncertainty and significant risks in the validity of the results.
Volunteers 	**Type of sample:** Non-probabilistic, under controlled conditions. Paid staff from the territory identified volunteers who met the criteria and were willing to participate.	**Target population: 143** **Target sample size: 84** **Sample obtained: 43** **Margin of error: 12.8%.**	**Risk level:** High. The margin of error of 12.8% exceeds the recommended maximum limit of 10%, increasing the uncertainty and risk of inaccuracy in the results. **Degree of representativeness:** Questionable. It does not present an acceptable statistical margin of error and, therefore, is not considered representative; it is outside the acceptable levels for a social study.
Entities cooperating in the community process 	Non-probabilistic, under controlled conditions. Paid staff from the territory identified community contacts who met the criteria and were willing to participate.	**Target population: 137** **Target sample size: 82** **Sample obtained: 9** **Margin of error: 33%.**	**Risk level:** Very high. With a margin of error of 33%, which greatly exceeds the general recommended limit (maximum 10%), the reliability of the results is compromised, significantly increasing the risk of obtaining inaccurate conclusions. **Degree of representativeness:** Questionable. It does not present an acceptable statistical margin of error and, therefore, is not considered representative of the target population.

Source: Own elaboration.

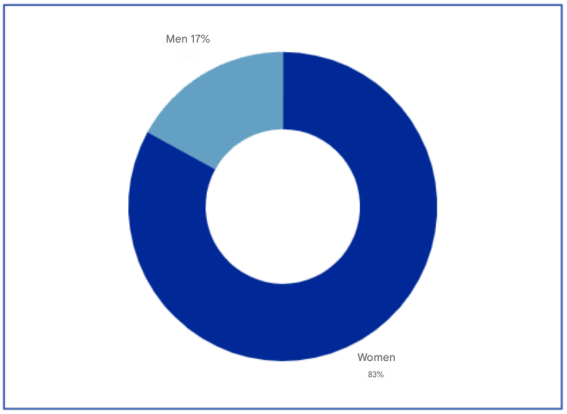
4.1.1.1 Gender-equitable representation

The following figures show the distribution by gender (male/female) in the total number of people who participated in the intervention and in the sample used for the evaluation.

Figure 12 represents the proportion of men and women in the Reforzando Vínculos intervention, with a distribution of **83% women and 17% men**.

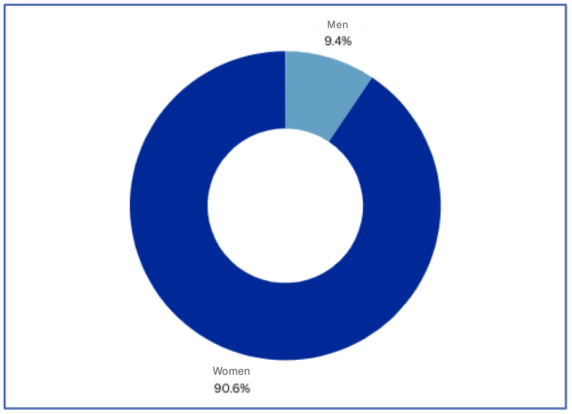
Figure 13 shows the gender composition of the population participating in the evaluation, with a distribution of **90.6% female and 9.4% male**.

Figure 12. Gender distribution in the total project population



Source: Own elaboration.

Figure 13. Gender distribution in the evaluated sample



Source: Own elaboration.

Analysis of the variation between the total project and the evaluated sample: Comparing both figures, it is observed that the evaluation presents a higher proportion of women with respect to the total project. While in the total population **17%** of the participants were men, in the evaluation sample this percentage is reduced to **9.4%**, which represents a decrease of **7.6 percentage points** in male representation.

To analyze the magnitude of this variation, the relative difference in male representation can be calculated: **(17 - 9.4) / 17 * 100 = 44.7%.**

This indicates that in the sample evaluated there was a **44.7%** reduction in the proportion of men with respect to the total project.

Reasons for variation and its impact on representativeness: Several factors can explain this deviation in gender representativeness**:**

- **Increased participation of women in evaluation:** In social programs, it is common for women to have a greater predisposition to participate in studies and evaluation processes.
- **Availability and accessibility:** Factors such as time availability or the perceived relevance of the study may have influenced men's lower participation in the evaluation.

Despite this variation in male representation, the difference does not significantly affect the validity of the study, as the evaluation continues to reflect the demographic trend of the group of interest. Nevertheless, it is important to consider these data in future evaluations to explore strategies to better balance the participation of all segments of the target population.

4.1.1.2 Equity in representation according to locality

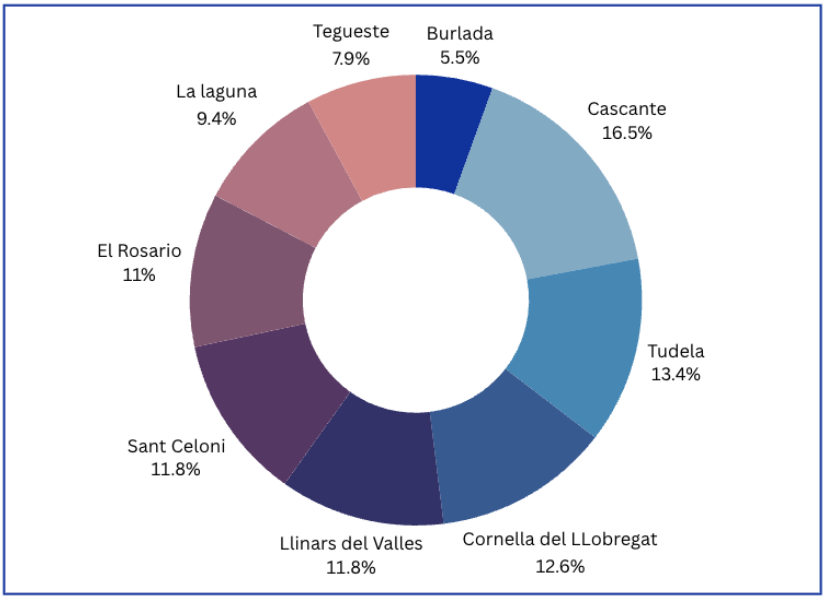
A certain **imbalance** was identified **in the representativeness of the elderly participants within the territories**. This deviation was not necessarily caused by difficulties in data collection, but may also have been related to the absence of participants from certain groups in some territories. While some territories faced greater difficulties due to the lower participation of elderly participants during the study, others exceeded the expected representative sample.

Despite these variations, **the conclusion is that the sample of people who participated in the evaluation represents all the territories**. However, not all territories had a balanced representation. Nevertheless, this imbalance

The study was considered **low risk,** since the variability, although present, does not compromise the overall validity of the study.

The territories with the lowest average representativeness were **Burlada (5.5%)** and **Tegueste** (**7.9%**) (Figure 14), as they presented at least one group with a representativeness of less than 10%, indicating specific areas with low coverage in the evaluation.

Figure 14. Representativeness according to territories in the assessment



Source: Own elaboration.

4.1.2 Stakeholder engagement as a primary source of data

This section details how and when the different stakeholders were involved in the study's data collection. The practical application of the involvement of these groups is described, as well as the research tools used for their participation, specifying who was involved and at what times. The different phases of data collection were carried out in compliance with the **7 standards of Social Value International .**[34]

4.1.2.1 Sources used

Primary sources: The main source of information was the stakeholders involved in the intervention. These key stakeholders provided essential data through **surveys**, **interviews** and **focus groups**.

[34] Social Value International (n.d.). *Social Value International.* www.socialvalueint.org/

Secondary sources: To achieve the desired level of rigor, the primary source was supplemented with data from several additional sources. These sources, listed below, were part of a comprehensive analysis that supported the validation and inclusion of each of the changes:

- *Intentional changes:* An analysis of the project's logical framework[35] was carried out in order to identify the changes that the intervention was intended to achieve.
- *The voice of other stakeholders: In* relation to the changes observed, all stakeholders involved were consulted on who else they thought would experience changes.
- A *desk review* of other SROI reports was conducted .[36]
- Several *international databases* such as HACT, Value Bank New Zealand, Open Social Value Bank, Global Value Exchange and Social Value Report Database reports were studied.

4.1.2.2 Data collection tools and process

The research focused on adapting the tools used to the characteristics of the elderly participants, their family members, paid staff and other stakeholders within the Reforzando Vínculos intervention. Aspects such as the level of understanding and the context of each group were taken into account.

The instruments applied in each phase of the data collection process are described below. The questions included in these forms are listed in Annexes III, IV and V.

Table 11. Tools used for data collection

Tool	Application
Interviews	Individual interviews were conducted, especially with representatives of organizations, the public administration and the implementing entity.

[35] Red Cross - *Logical framework of the Reforzando Vínculos project - Red Cross. "GC2. Contribution to the improvement of the quality of life of the elderly participants".*
[36] *See reports in the list of references.*

groups	Focus groups were used with participants, taking advantage of natural encounters such as activities and workshops. In particular, they were used to address complex questions such as "duration" and "causality", adapting the context. They also served to complete with data on changes in these groups, from the observation of paid staff and volunteers.
Forms	Several types of forms were designed, adapted to each stakeholder group. Some of them could be completed individually, while others required the support and guidance developed for paid staff and volunteers who assisted in the data collection.
Literature analysis	Existing literature and accounting documentation was reviewed to complement the data on resources (inputs), the chain of events in the identification of changes and causalities. In addition, this analysis helped to validate the data obtained through primary sources.

Source: Own elaboration.

4.1.3 Relationship between stakeholder engagement and SROI standards

The following table shows how the stakeholder was involved in each step of the process and to what extent that fulfills Principle 1: "**Involve stakeholder**[37]". It indicates which principle was addressed during each instance of involvement, how many participants were engaged from each stakeholder group, and whether the sample met the criterion of being a representative voice ("Yes"). The table also identifies the question being answered, the method used to collect the data, and provides a brief description of how the process was carried out.

It summarizes, step by step, the moments of involvement for each stakeholder group and the percentage of the sample that contributed data throughout the process. Each chapter of the report subsequently references this data or provides further detail to clarify each step of the data collection process.

Table 12. Involvement of the groups for principle 1

1. Engaging stakeholders	Elderly participants	Family members of	Paid personnel	Volunteers	Entities cooperating in

[37] Social Value International. (n.d.). Principle 1: Involve stakeholders www.socialvalueint.org/principle-1-involve-stakeholders.

		elderly participants			the community process
What: Identify other groups	☑	☑	☑	☑	☑
How many:	127 (21.09%)	29 (17.37%)	14 (70%)	43 (30.07%)	14 (10.22%)
Type of data collected:	Quantitative				
Data collection method:	Focus Groups with follow up by survey				
How:	See Section 3.2 Stakeholder Identification				

Table 13. Involvement of the groups for principle 2

2. Understanding what changes	Elderly participants	Family members of elderly participants	Paid personnel	Volunteers	Entities cooperating in the community process
What: Define the changes	☑	☑	☑	☑	☑
How many:	88 (14.62%)	15 (8.98%)	14 (70%)	27 (18.88%)	9 (6.57%)
Type of data collected:	Qualitative				
Data collection method:	Focus Groups and individual interviews				
How:	See Section 3.3.4 Description of the tools used and the data collection process.				

What changed? - For participants

In order to collect qualitative data on ***What Changes?*** by the elderly participants in the Reforzando Vínculos intervention, different methodological approaches were implemented in the prognostic and evaluation phases.

During the prognosis phase[38] , a card game designed by the intervention team, adapted to the characteristics and needs of the elderly, was used. This tool facilitated the identification of possible changes resulting from the intervention and allowed the participants to express, in a simple and structured way, how they expected the intervention to impact their lives.

However, in the evaluative phase, which used data collected from the forecast, since the data collection period was very close in time, the methodological approach was adjusted to verify whether the predicted changes had actually occurred and to identify new emerging impacts. To this end, the changes collected in the forecasting phase were used as a starting point and a structured validation process was designed into the analysis.

This process included:

- **Verification of the changes that occurred** in each **welfare domain**, comparing them with the predicted changes.
- **The exploration of causes and consequences** of the perceived change.
- **Validation of the chains of events** identified in the forecast, analyzing the pathways through which the change was achieved and whether they were maintained in the evaluation.
- **The identification of other stakeholders** mentioned by the elderly participants, in order to evaluate if there were impacts on actors not initially contemplated in the forecast.
- **The analysis of the resources (inputs) provided**, exploring whether the elderly participants, their additional resources not foreseen in the intervention.
- **Tabs with open-ended questions** about **other possible changes related to each domain of well-being**, following a chain of events methodology, in which each answer led to a new question to deepen the impact generated. All these data were recorded by the interviewer for later analysis.
- **Inquiry into the use of digital tools**, evaluating their level of adoption within the intervention and their impact on the lives of the elderly participants.

[38] The Social Consulting Agency (2023). *Prognostic report on the social value of the Reforzando Vínculos intervention. Reforzando Vínculos: Promoting autonomy in community settings.* Red Cross.

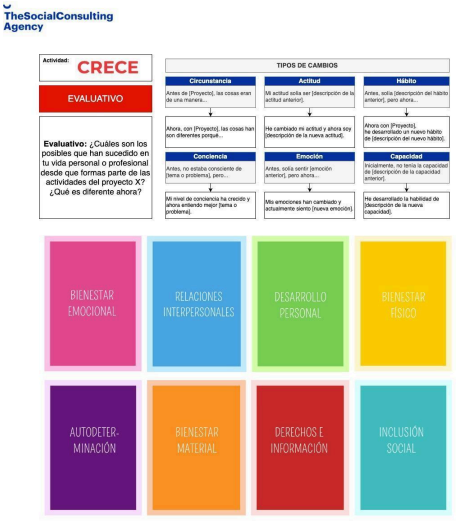
Figure 15. Changes in the SROI evaluation



Source: Own elaboration.

What has changed? - For the rest of the stakeholders

Figure 16. Tab on changes for other stakeholders



Source: Own elaboration.

For the rest of the stakeholders, a detailed introductory sheet was presented at the beginning of the interview. This document explained the objectives of the session, described the types of changes that could have been generated, provided practical examples and presented the domains of well-being used in this report, according to Schalock and Verdugo's methodology.

This approach facilitates the understanding of key concepts and establishes a clear framework for the conversation. It should be noted that this introductory sheet was widely used in the different stakeholder groups interviewed, ensuring methodological consistency.

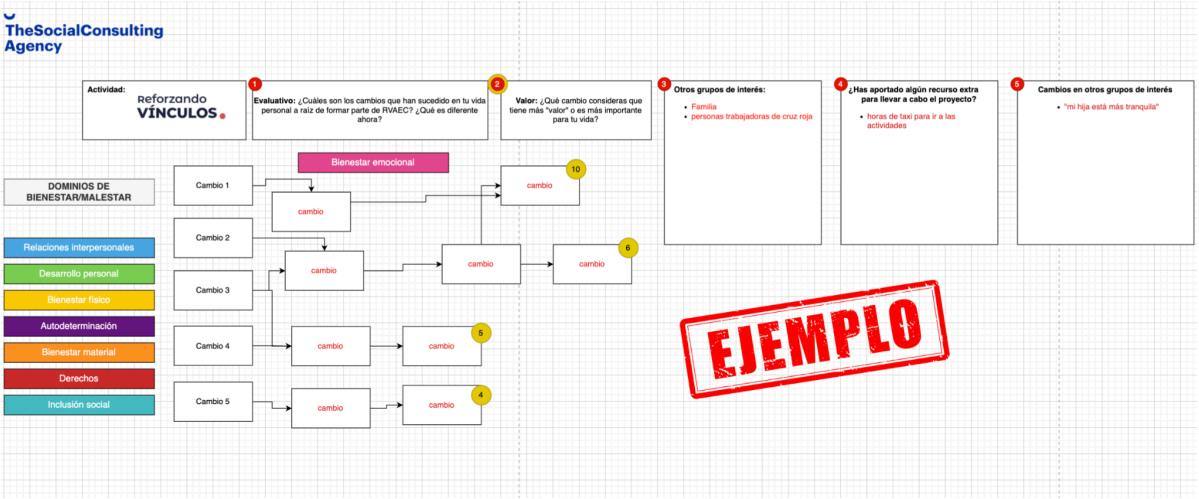
After the introduction, a specific sheet containing the questions for qualitative data collection was used. These questions were formulated in such a way as to be applicable both in the singular (for an individual) and in the plural (for groups), depending on each case. Each is detailed below:

- Identification of changes: ***What changes have occurred in your personal and/or professional life as a result of participating in Reforzando Vínculos?***
- Importance of the changes: ***Which changes do you consider to have more "value" or are more important to you? What importance would you give them on a scale of 1 to 10?*** Although the focus was on gathering qualitative data, the

opportunity was taken to understand from the sample group which of the changes in the chain contained the chain's value.

- Identification of other stakeholders: ***Do you think these changes have also impacted other people or groups? Who might have been affected and what changes do you think they might have had?***
- Contribution of resources (inputs): ***Have you contributed any resources in addition to your time (materials, financial support, etc.) for the Reforzando Vínculos intervention to take place?***

Figure 17. Material addressing "what changes".



Source: Own elaboration.

Table 14. Involvement of the groups for principle 3

3. Value on what matters	Elderly participants	Family members of elderly participants	Paid personnel	Volunteers	Entities cooperating in the community process
What: Identify and value inputs (resources)	☑	☑	☑	☑	☑
How many:	127(21.09%)	29 (17.37%)	14 (70%)	43 (30.07%)	14 (10.22%)

Type of data collected:	Quantitative
Data collection method:	Survey
How:	Questions were asked about the resources provided in both the qualitative interviews and the quantitative forms. See questions in Annexes III, IV. and V.

	Elderly participants	Family members of elderly participants	Paid personnel	Volunteers	Entities cooperating in the community process
What: Understanding how important the change was	☑	☑	☑	☑	☑
How many:	127(21.09%)	29(17.37%)	14(70%)	43(30.07%)	14(10.22%)
Type of data collected:	Quantitative				
Data collection method:	Survey				
How:	Questions were asked about the relative importance of the changes in the quantitative forms. See questions in Appendices III, IV . and V				

Source: Own elaboration.

	Elderly participants	Family members of elderly participants	Paid personnel	Volunteers	Entities cooperating in the community process
What: Understanding the value of change	☑	☑	☑	☑	☑
How many:	127 (21.09%)	29 (17.37%)	14 (70%)	43 (30.07%)	14 (10.22%)

Type of data collected:	Quantitative
Data collection method:	Focus groups
How:	To assess the impact of the changes, older people participated in focus groups where they were offered concrete examples with symbolic and high values, in addition to spaces for open-ended responses. For other interest groups, questions were asked using the methodology of preference in the quantitative forms revealed...

Source: Own elaboration.

To obtain key information about value (importance), a specific educational material was designed for the target groups. This material aimed to facilitate understanding of the questions and to encourage clear and meaningful responses for analysis.

The question was asked through forms: *"How important would you rate this on a scale from 1 to 10?"* A 1 to 10 scale was used. Participants assigned a score that reflected the level of change they had experienced in relation to their initial situation.

Furthermore, to explore *"What value do these changes have for them?"*, options with concrete examples were offered—ranging from symbolic values such as *"2 euros, equivalent to having a coffee with a friend"* to higher values like *"4,000 euros, equivalent to a 15-day vacation."* Open-ended fields were also included so that participants could describe their valuation in their own terms, allowing for open responses.

Table 15. Involvement of the groups for principle 4

4.Only include what is material	Elderly participants	Family members of elderly participants	Paid personnel	Volunteers	Entities cooperating in the community process
What: Understanding how many are identified	☑	☑	☑	☑	☑
How many:	127 (21.09%)	29 (17.37%)	14 (70%)	43 (30.07%)	14 (10.22%)

Type of data collected:	Quantitative
Data collection method:	Survey
How:	Questions were asked on the identification of changes in the quantitative forms. See questions in Appendices III, IV and V.

Source: Own elaboration.

	Elderly participants	Family members of elderly participants	Paid personnel	Volunteers	Entities cooperating in the community process
What: Understanding how much it changes	☑	☑	☑	☑	☑
How many:	33 (5.48%)	29 (17.37%)	14 (70%)	43 (30.07%)	14 (10.22%)
Type of data collected:	Qualitative				
Data collection method:	A combination of focus groups, interviews and Survey				
How:	Focus sessions, telephone calls in certain cases and the use of additional forms, both qualitative and quantitative, were carried out.				

Source: Own elaboration.

To obtain key information about how much change occurred, a specific educational material was designed for the participants. This material aimed to facilitate understanding of the questions and to encourage clear and meaningful responses for analysis. Some of the data collection was collected over phone and some in forms.

A 1-to-10 scale was used. Participants assigned a score that reflected the level of change they had experienced in relation to their initial situation.

	Elderly	Family	Paid	Volunteers	Entities

	participants	members of elderly participants	personnel		cooperating in the community process
What: Understanding how long change lasts	☑	☑	☑	☑	☑
How many:	33 (5.48%)	29 (17.37%)	14 (70%)	43 (30.07%)	14 (10.22%)
Type of data collected:	Quantitative				
Data collection method:	A combination of focus groups, interviews and Survey				
How:	Focus sessions, telephone calls in certain cases and the use of additional forms, both qualitative and quantitative, were carried out.				

Source: Own elaboration.

To obtain key information about how much the change prolonged in time (duration), a specific educational material was designed for the participants. This material aimed to facilitate understanding of the questions and to encourage clear and meaningful responses for analysis. Some of the data collection was collected in focus groups, some in forms.

A 1-to-10 year scale was used. Participants assigned a score that reflected the level of change they had experienced in relation to their initial situation.

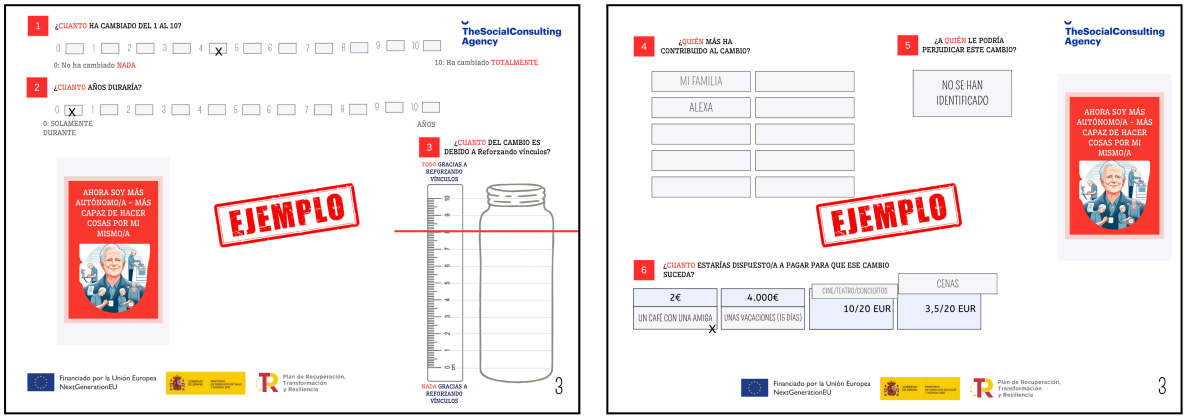
Table 16. Involvement of the groups for principle 5

5. Do not overclaim	Elderly participants	Family members of elderly participants	Paid personnel	Volunteers	Entities cooperating in the community process
What: Setting Deadweight/ attribution/displacement	☑	☑	☑	☑	☑
How many:	127	29 (17.37%)	14 (70%)	43 (30.07%)	14 (10.22%)

	(21.09%)				
Type of data collected:	Quantitative				
Data collection method:	A combination of focus groups, interviews and Survey				
How:	To assess these causality factors, specific questions were included in the surveys for each group. For the Elderly participants, due to the abstract nature of the concepts, an adapted visual methodology was used: a "bottle exercise" where they physically indicated the proportion of change attributable to the project. For all other stakeholder groups, direct questions were used in the quantitative forms.				

Source: Own elaboration.

Figure 18. Material for determining the duration of the change and identify changes for "Elderly participants".



Source: Own elaboration.

To assess ***how much of the change is due to Reforzando Vínculos and how much is not*** (dead weight), a visual exercise with a bottle was designed. Participants were asked to fill it with water up to the level they considered representative of the direct contribution of the intervention. If the level of the bottle did not reach 100%, they were asked to specify other factors or actors that contributed to the change experienced (attribution), answering the question ***Who or what else contributed to the change experienced?***

Additionally, To evaluate ***whether the changes experienced may have negatively affected other people or groups*** (displacement), we asked whether the changes experienced had positively or negatively influenced other people in their environment.

Principle 6 "Be transparent"[39] addresses how transparency of the data. This principle concerns the overall treatment of data; therefore, the stakeholder was not directly involved in actions to comply with this principle. However, the stakeholder was involved in Principle 7 — Verifying the results — which demonstrates transparency of the data towards the stakeholders.

Table 17. Involvement of the groups for principle 7

7. Verify the result	Elderly participants	Family members of elderly participants	Paid personnel	Volunteers	Entities cooperating in the community process
What: Validation	☑	☐	☑	☑	☐
How many:	3 (0.5%)	0(0%)	10 (50%)	3 (2.10%)	0 (0%)
Type of data collected:	Quantitative				
Data collection method:	Survey				
How:	The final validation was carried out through educational materials adapted to each interest group -such as fictitious newspapers, illustrated letters and explanatory posters- presenting the changes identified, their relative importance and chains of events, allowing their validation through simple scales and accessible channels such as WhatsApp, forms or direct contact.				

Source: Own elaboration.

Do the identified changes correctly represent your experience and perception of what has changed?

[39] Social Value International. (n.d.). Principle 6: Be transparent www.socialvalueint.org/principle-6-be-transparent.

Specific and tailored materials were developed for each stakeholder group to validate the changes identified and their importance. The validation materials developed are described below:

Table 18. Materials adapted to validate changes and significance

Stakeholders	Material	Description	Figure
Elderly participants 	**Validation of changes: Imaginary newspaper (press release) -** A fictitious news item presenting the changes identified by the elderly participants in an imaginary town called "Valleluna".	A newspaper format material was used to facilitate the understanding of the changes. The press release related how the people of the village had experienced and perceived the changes thanks to the intervention, inviting the elderly participants to validate whether it reflected their experience.	See Section 12.1.1 Validation by different stakeholders
	Validation of the importance of the changes: Newspaper pastime - Glass bottles representing the changes in well-being.	In the hobbies section of the newspaper, each bottle represented a change in well-being identified by the elderly participants. The level of importance assigned to each change was reflected in the blue color of the bottles, and participants validated whether they agreed.	
Family members of elderly participants 	**Validation of changes: Imaginary newspaper (press release) -** A fictitious news item presenting the changes identified in the family members of the elderly participants in an imaginary town called "Valleluna".	A newspaper format material was used to facilitate the understanding of the changes. The press release told how the people of the village had experienced and perceived the changes thanks to the intervention, inviting the participants' relatives to validate whether it reflected their experience.	See Section 12.1.1 Validation by different stakeholders

Stakeholders	Material	Description	Figure
	Validation of the importance of the changes: Newspaper pastime - Glass bottles representing the changes in well-being.	In the hobbies section of the newspaper, each bottle represented a change in well-being identified by the elderly participants. The level of importance assigned to each change was reflected in the blue color of the bottles, and participants validated whether they agreed.	
Paid personnel 	**Validation of changes:** Fictitious Letter - Personalized reflection based on your experiences.	A fictitious letter was designed to summarize the experiences of paid staff during the intervention. Written as if addressed to someone close to them, it validated the changes from a personal and professional perspective.	See Section 12.1.1 Validation by different stakeholders
	Validation of the significance of changes: Glass bottles - Evaluation of changes in well-being.	Similar to the previous validation material, the bottles represented important changes for the paid staff. The blue color indicated the level of importance assigned by the group, who compared and reflected on whether they agreed with this assessment.	
Volunteers 	**Validation of changes:** Fictitious advertisement - Inspiring and focused on volunteering.	A fictional advertisement encouraged participation in volunteering, highlighting the achievements of Reforzando Vínculos and capturing how the changes had impacted the volunteers.	See Section 12.1.1 Validation by different stakeholders
	Validation of the importance of the changes - Glass Bottles: Reflection on the changes identified.	The same format was used for the bottles, where each one represented a change identified by the volunteers. This material invited them to reflect on whether the changes had been correctly assessed according to their experience.	
Entities cooperating in the community process	**Validation of changes:** Fictitious letter - Personalized reflection based on	A fictitious letter was designed to summarize the experiences of the entities that cooperate in the community process during the intervention. It was written as if it were addressed to another	See Section 12.1.1 Validation by

Stakeholders	Material	Description	Figure
	your experiences as a partner organization.	organization that is thinking of collaborating with Reforzando Vínculos, which allowed validating the changes from an organizational perspective.	different stakeholders
	Validation of the significance of changes: Glass bottles - Evaluation of changes in well-being.	In the same way as before, for validation, bottles representing important changes were presented parallel to those of the entities cooperating in the community process. The blue color indicated the level of importance assigned by the group, who compared and reflected on whether they agreed with this assessment.	

Source: Own elaboration.

4.1.4 Data Protection

To guarantee the **protection of the identity** of the respondents, a security protocol was established based on the confidentiality and anonymization of the data. This protocol was applied at all stages of the data collection and analysis process, ensuring that the identity of the participants could not be traced.

The criteria applied were as follows:

- **Signing of consents:** All interviewees and respondents signed an informed consent, ensuring that they understood the purpose of the study and the use of their data.
- **Use of a coding system:** A structured coding system was used to anonymize the responses. This code was composed of different elements that made it possible to classify the participants without compromising their identity:
  - **Group of interest (GoI):** Identifies to which group the respondent belongs (e.g., participants, family members, staff, volunteers, etc.).
  - **Autonomous Community (CCAA):** Indicates the region in which the participant is located.

- **Respondent number:** Represents the number assigned to each participant within their interest group and region.
- **Gender:** Coded as XY for males and XX for females.

Example of coding structure: A code such as "11/01/15/XX" is interpreted as follows:

- 11 → Interest group to which the person belongs.
- 01 → Autonomous Community.
- 15 → Number of respondents within the group and community.
- XX → Sex (female sex in this case).

This system made it possible to organize and analyze the data without exposing sensitive information of the people involved in the study, ensuring compliance with ethical and legal standards on data protection.

This system made it possible to organize and analyze the data without exposing sensitive information of the people involved in the study, ensuring compliance with ethical and legal standards on data protection.

Table 19. Data protection table

Degree of protection	Type of stakeholder	Justification	Protection management
High	Elderly participants	• High degree of vulnerability	Coding Consent
Medium	Family members of elderly people, paid personnel, volunteers, etc.	• Protected by protection clauses (covenants) or participated voluntarily	Coding Consent
Under	Entities cooperating in the community process		Consent

Source: Own elaboration.

4.2. IDENTIFICATION OF WELL DEFINED OUTCOMES (CUALITATIVE)

The questions are answered below:

What changed?

What changes did the intervention generate in the different stakeholders?

The changes documented in this report are linked to each stakeholder group that has directly experienced them. To ensure accurate representation, each group is described individually, allowing for a detailed analysis of the impact generated by the intervention.

The process of identifying and validating these changes is detailed in Section 4.1, where evidence of the methodological design applied to capture intended and unintended changes, both positive and negative, is presented. These changes can also be seen reflected in the Value Map in Annex VIII. To be noted, the Value Map only includes the changes that were material.

Information on the changes experienced comes directly from the stakeholders involved. Various data collection methodologies were used (see Section 4.1.2.2, Table 11).

4.2.1 The process of identifying change THE

A purposive sampling strategy was employed to ensure representation across all predefined stakeholder groups (see section 3.3.1 for group definitions, selection criteria, and participant numbers). The number of focus groups and interviews was limited once data saturation was reached (see section 4.3 for details).

The table below summarizes the number of participants and the method used for each stakeholder group during the qualitative data collection phase. All participants provided written informed consent prior to their sessions. The table specifies the data collection method used and the number of participants involved for each stakeholder group.

Table 20. Number of groups and participants engaged

	Elderly participants	Family members of Elderly participants	Paid staffs	Volunteer individuals	Organizations cooperating in the community process
Number of focus groups (4-8 participants)	10	0	4	4	0
Number of individual interview	0	15	1	5	9
Type of data collected:	Quantitative				
Data collection method:	Focus Groups and individual interviews				
Sample:	88 (14.62%)	15 (8.98%)	14 (70%)	27 (18.88%)	9 (6.57%)

Source: Own elaboration.

At this stage of the evaluation, only qualitative data was collected to understand "what changed" for the different stakeholders.

Description of the data collection process

To ensure a rich data collection process, a hybrid online methodology was implemented. Most sessions were convened over online platforms like Zoom or Teams, but participants gathered in person at various community centers and local offices where the audiovisual equipment had been previously set up. This ensured digital barriers did not prevent participation.

Facilitators guided the sessions using a presentation to explain the concepts of "change" and the well-being domains. During the discussion, a digital template was used to map the "chains of events" in real-time, allowing participants to see their contributions being documented and to validate the flow of the conversation.

A key tool used, especially with the **'Elderly participants'**, was a **"card game" dynamic**. This method, originally developed during the project's forecast phase, was employed to facilitate the identification of outcomes. The cards contained simple concepts and images related to different aspects of life, helping participants to articulate the changes they had experienced in a structured, accessible, and engaging way, overcoming potential communication barriers. For other stakeholder groups, the conversations were guided by framework sheets that structured the discussion around different well-being domains and types of change.

As shown in the table, most data were gathered via focus groups. Those were convened over Zoom or Teams (online platforms).

Figure 19. Example of focus group online session



Source: Own elaboration.

Each respondent joined from a dedicated room in a community facility (e.g. library, assembly hall, organisation space or bar) where audio-visual equipment had been installed and tested in advance. Before each session began, the facilitator confirmed that every participant could

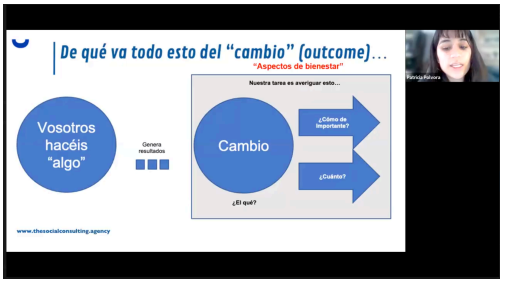
see and hear the evaluator clearly. Seating was arranged in a semi-circle so that all participants were equally visible and had equal access to the facilitator; this minimized the risk of dominant voices overshadowing others and ensured that each respondent had their own “voice”.

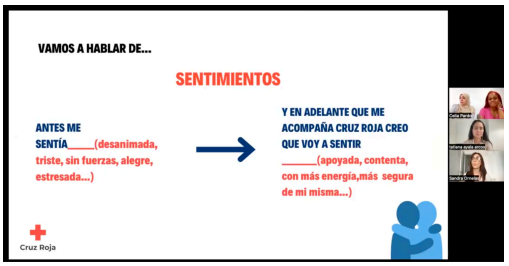
In cases where language barriers arose, a translator or bilingual participant assisted—an approach judged preferable despite the potential for bias, because it allowed the speaker’s perspective to be heard directly. The representatives of the organization were not “in the room” to avoid biased answers, but remained nearby outdoors to provide technical assistance, emotional support or a private exit if needed.

Sessions opened with reminders of the voluntary nature of participation, assurances of confidentiality and an explanation of the concept of “change” (with examples).

Figure 20 - material used to explain the concept of change







Source: Own elaboration.

All interview preparation materials were translated into Arabic, as it was one of the most significant language barriers for some stakeholder groups. AI-generated videos were

developed and scripted in collaboration with Arabic speakers, and the presentation materials included key terms written in Arabic. These efforts ensured that no respondents were excluded due to language-related issues.

Figure 21 - material used to overcome language barrier



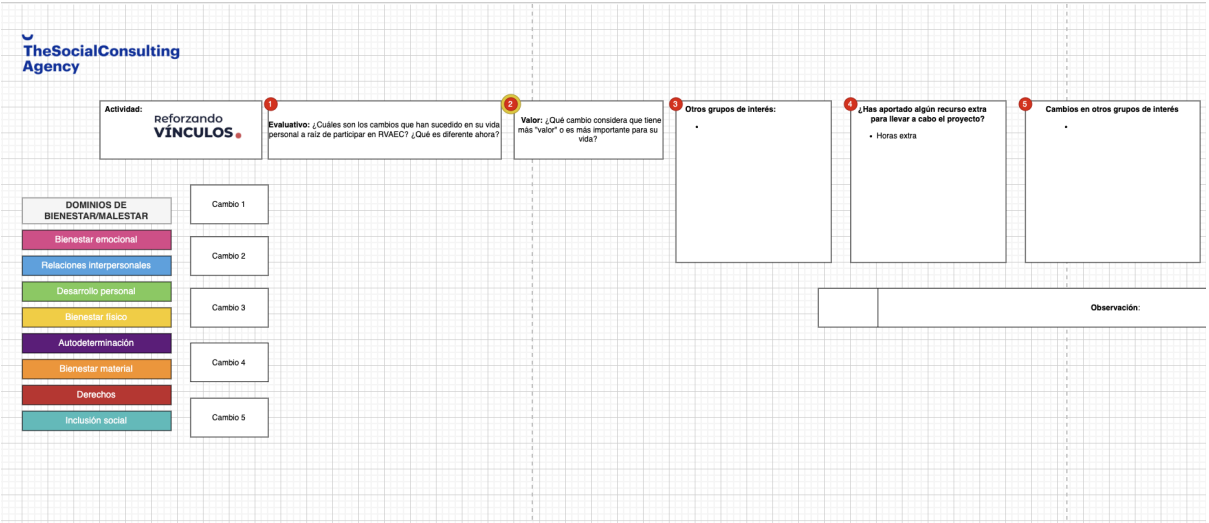
Source: Own elaboration.

During the sessions, the respondents were shown a brief presentation introducing the evaluated activity and the well-being framework that would guide discussion (see graphic above), emphasising the importance of capturing positive and negative, intended and unintended outcomes. The facilitator asked an open question: "***What changed as a consequence of your participation in the program***"? And proceeded domain by domain to guide the discussion in case it was needed: "***What changes have you experienced in this area (e.g. relationships) as a consequence of your participation in the program***?" and then, "***What did that change lead to***?" to capture the chain of events and the well-defined outcomes.

For the complete lists of open-ended and scale questions used in each session with our stakeholder groups, see Annex III: Qualitative and quantitative questions for participants and their families, Annex IV: Qualitative and quantitative questions for paid staff and volunteers, and Annex V: Qualitative and quantitative questions for entities cooperating in the community process.

All responses—whether intended or unintended, positive or negative—were mapped in real time on a digital template.

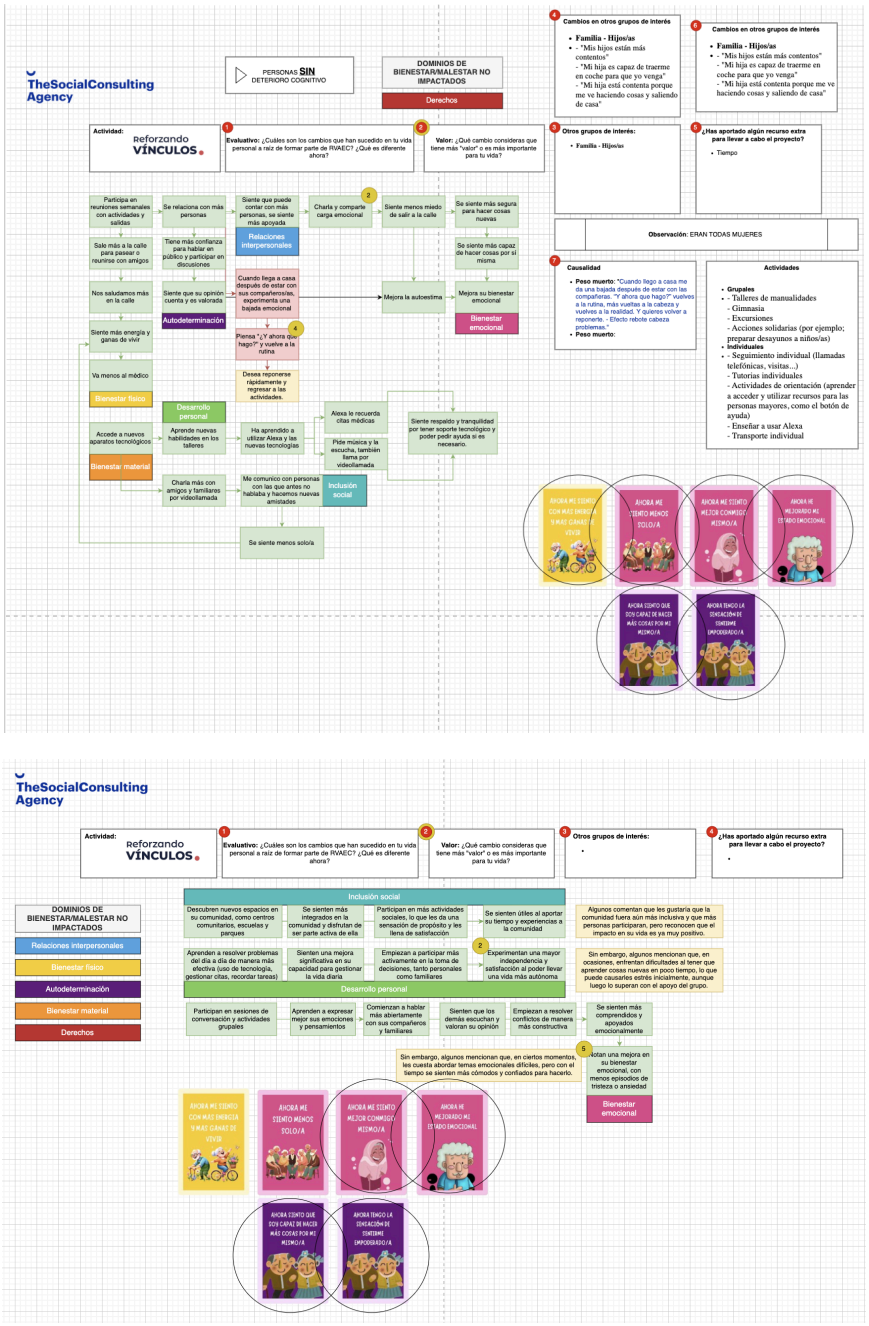
Figure 22 - template used to outline the chain of events



Source: Own elaboration.

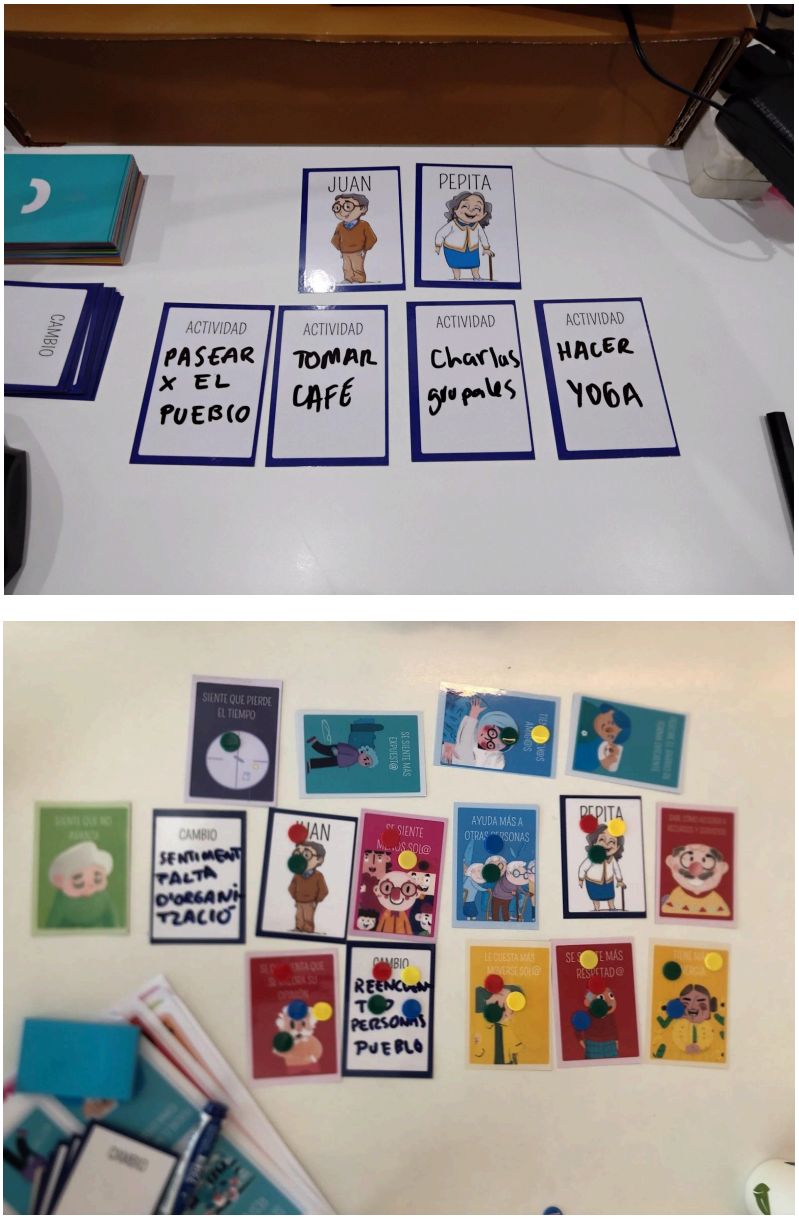
The facilitator drew each link in the "chain of change," continuously verifying understanding ("***Am I correct in hearing that…***?"), probing downstream effects (**"*What did this lead to*?"**) and annotating any impacts on other stakeholder groups or external inputs. At each step, the question "***Has anyone else experienced this***?" was asked to surface divergent perspectives and to ensure comprehensive coverage, including "***What changes might we have missed***?" When participants began to repeat previously noted changes, the facilitator introduced forecasted changes from earlier program predictions to validate or discard them, thereby completing the change chain.

Figure 23 - example of material used to capture the chain of events



Source: Own elaboration.

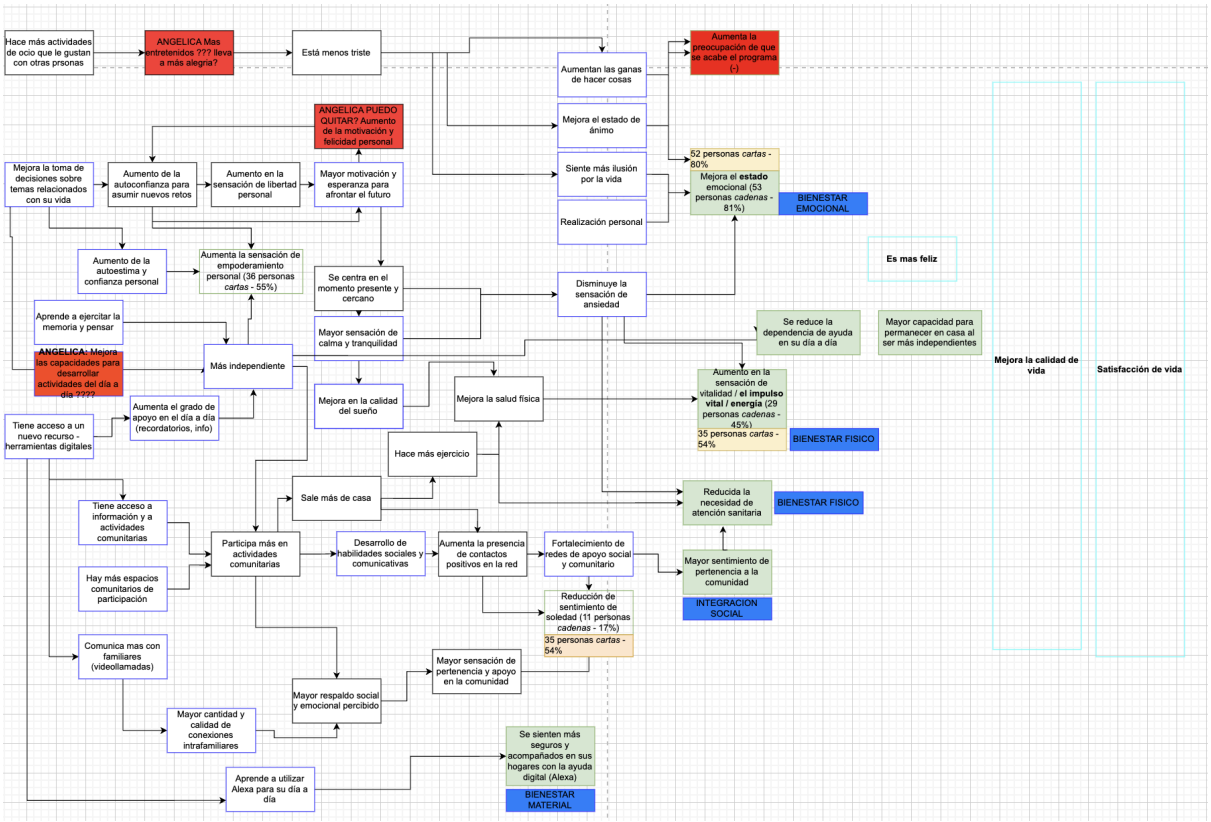
Figure 24. Materials for the card exchange game



Source: Own elaboration.

Once no further changes emerged, participants were invited to indicate which change in the chain of events held most value for them; this prioritisation exercise allowed outcomes to be weighted by stakeholder importance even in this qualitative data collection phase.

Figure 25 - example of material used to validate the chain of events



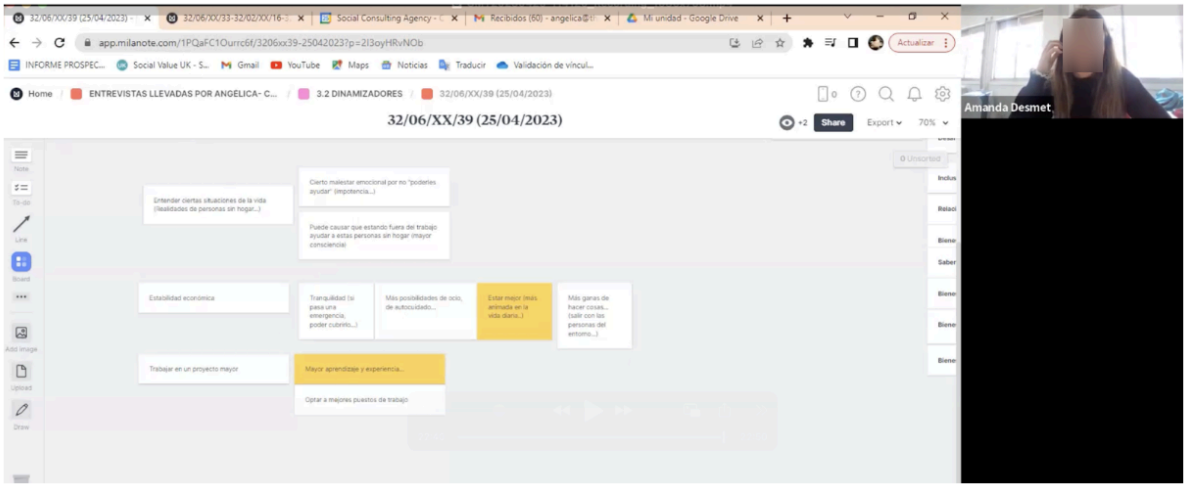
Source: Own elaboration.

Throughout the process, the facilitator exercised judgment to consolidate similarly worded responses while checking back with respondents when ambiguity arose. It was noted that hearing others' observations sometimes inspired new reflections, and that generic outcomes (e.g. "increased life satisfaction") required further probing ("***What led you to this change***?") to anchor them in concrete experiences. When participants mentioned changes affecting other groups, the facilitator recorded these but immediately refocused the discussion ("***What did that mean for you***?") to capture stakeholder-specific impacts.

In instances where online focus groups were impractical—such as with people experiencing homelessness, individuals with mental-health challenges or public-sector representatives unable to commit to a group time—semi-structured one-to-one interviews were conducted instead. These followed the same core script and well-being-domain framework, with

materials adapted for linguistic and cultural accessibility and a prior confidentiality briefing, to elicit both expected and unexpected changes.

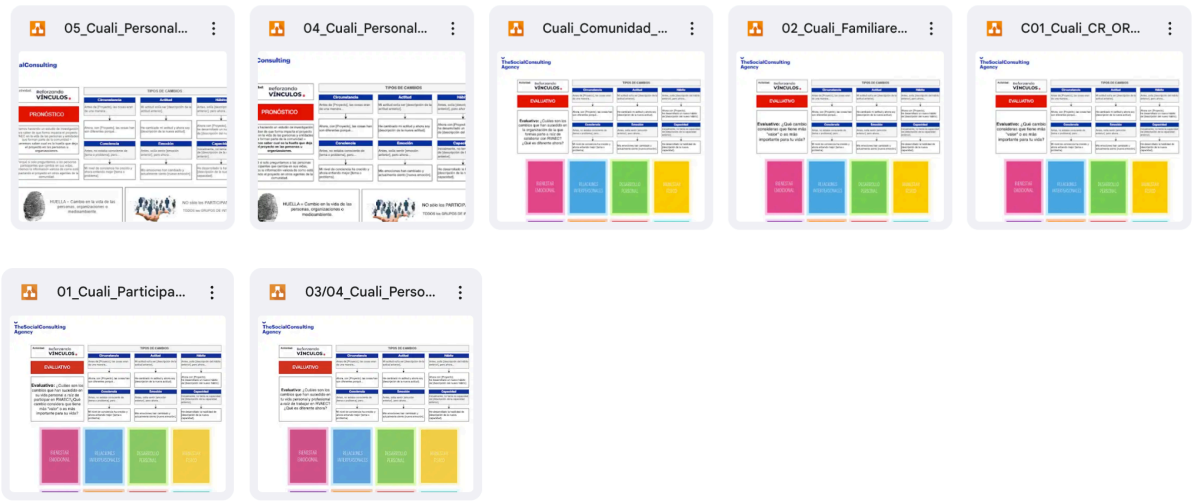
Figure 26 - material used to capture the chain of events



Source: Own elaboration.

By using this process, the outcomes were identified for all stakeholders, assuring that the changes were understood and recorded properly in the chains. Once all chains were outlined, they were consolidated into one single change per stakeholder group.

Figure 27 - example of consolidation of chain of events



Source: Own elaboration.

This final step marked the conclusion of the data collection and analysis phase regarding "what had changed" for the different stakeholder groups.

4.3 HOW SATURATION OF DATA WAS DETERMINED

According to Principle 1: "Involve Stakeholders", "…the levels of involvement must be adequately justified...". In the qualitative phase of stakeholder engagement, which aims to understand the changes experienced, it is therefore essential to apply the concept of thematic saturation. Saturation is the point at which no new significant information, themes, or insights are emerging from additional interviews or focus groups. Applying this qualitative research concept is fundamental to ensuring the rigor, relevance, and efficiency of the stakeholder consultation process, giving confidence that the most important changes have been captured.

For this report, the evaluation team designed a proactive sampling strategy with the aim of achieving thematic saturation. The initial sample size proposed for the qualitative phase was deliberately set higher than the minimum expected. This allowed for the data collection process to be flexible; if saturation was achieved early, before the entire planned sample was consulted, no additional interviews would be required, thus ensuring an ethical and efficient use of stakeholders' time. An agreement was also established with the organization to assist in recruiting additional participants if the saturation point was not being reached with the initial sample.

The determination of the saturation point for each stakeholder group was based on the informed professional judgment of the facilitators leading the sessions. This judgment was made through real-time analysis, where facilitators would note the point at which new themes ceased to emerge and participants began to repeat or confirm previously stated changes.

For the core stakeholder groups—**'Elderly participants'**, **'Paid staff'**, and **'Volunteers'**—this process yielded a rich and consistent dataset. After a series of focus groups and interviews, the facilitators consistently reported reaching a clear point of thematic saturation. The same key outcomes, such as the reduction in loneliness for participants or the increase in professional skills for staff, were mentioned repeatedly and with similar emphasis. This gives the team high confidence that the most significant changes for these well-represented groups have been thoroughly captured.

However, it is important to transparently acknowledge that achieving the same level of saturation with the **'Family members'** and **'Cooperating community organizations'** groups proved more challenging. As documented in the project's risk log (Table 1), there was a "low degree of interest or availability to participate" from the **'Family members'** group, resulting in a smaller number of respondents than expected. Consequently, while valuable insights were gathered, the team could not definitively conclude that every possible theme for this group had been exhausted. A similar challenge was faced with the **'Cooperating community organizations'**; "difficulty in accessing representatives" from this group also led to an insufficient sample size to confidently claim full saturation.

Despite these limitations, the evaluation team made a professional judgment that the core analysis remained valid. It was assessed that the majority of the most significant changes were sufficiently saturated through the well-represented groups, many of whom also spoke about the impact on families and community partners. Furthermore, the findings from these smaller samples were triangulated with qualitative data from other stakeholders and the project's own monitoring data, providing a degree of validation. The team therefore proceeded with the analysis, acknowledging this limitation within the report.

To confirm the saturation in the main groups, the lead facilitator conducted a final comparative analysis of the outcome chains, coding all identified changes from every interview and focus group to verify repetition and consistency. As a final validation step, one or two additional sessions were conducted to confirm that no new significant information was emerging.

Figure 28 - example of analysis of qualitative data

Incluir	En Inglés	Cambios (outcomes) bien definidos		Estudios	Outputs	Informes	Otros	Cadenas	Pos/Neg	Subjetivo/objetivo	Dominio	Tipo de cambio	Tipo		MAYORES
		Se siente más valorado/a	26							#¿NOMBRE?	Bienestar Emocional	Emocional	Social	5	26
	Feeling anxious	Siente menos ansiedad o (más tranquilo/a)	12							#¿NOMBRE?	Bienestar Emocional	Circunstancia	Social	1	8
	People to rely on	Se siente más apoyado/a	14							#¿NOMBRE?	Inclusión Social	Circunstancia	Social	1	12
		Aumenta la red social	21							#¿NOMBRE?	Relaciones Interpersonales	Circunstancia	Social	12	25
	Feeling things done	Ahora siento que la vida tiene más valor	3							#¿NOMBRE?	Bienestar Emocional	Actitud	Social	3	26
		Mejora el autocuidado de la salud mental	3							#¿NOMBRE?	Desarrollo Personal	Hábito/Comportamie	Social	1	6
			2							#¿NOMBRE?	Relaciones Interpersonales	Circunstancia	Social	0	1
		Surgen conflictos con otras personas dentro del programa (-)	1							#¿NOMBRE?	Relaciones Interpersonales	Actitud	Social	0	1
		Incremento en la participación en actividades y ocio	0							#¿NOMBRE?	Inclusión social	Hábito/Comportamie	Social	0	34
	Life satisfaction	Más satisfecho/a con la vida	12							#¿NOMBRE?	Bienestar Emocional	Emocional	Social	7	21
Cadena		Más motivado/a para involucrarse en actividades	3							#¿NOMBRE?	Bienestar Emocional	Circunstancia	Social	2	12
		Mejora en las habilidades comunicativas	2							#¿NOMBRE?	Desarrollo Personal	Capacidades	Social	0	2
	Hapiness	Más feliz	7							#¿NOMBRE?	Bienestar Emocional	Emocional	Social	5	13
	Local community in	Mayor integración en la comunidad local	8							#¿NOMBRE?	Inclusión Social	Emocional	Social	2	10
		Es más autónomo/a	0							#¿NOMBRE?	Desarrollo Personal	Capacidades	Social	0	0
		Confía más en poder tener un trabajo	2							#¿NOMBRE?	Desarrollo Personal	Circunstancia	Social	0	1
	Trust in others	Confía más en otras personas	0							#¿NOMBRE?	Bienestar Emocional	Emocional	Social	0	0
			0							#¿NOMBRE?	Desarrollo Personal	Actitud	Social	0	0
	Loneliness	Disminución del sentimiento de soledad	103							#¿NOMBRE?	Bienestar Emocional	Circunstancia	Social	3	5
		Aumenta la motivación de estudiar	1							#¿NOMBRE?	Desarrollo Personal	Actitud	Social	0	0
			0							PENDIENTE	Relaciones Interpersonales		Social	0	0
		Aumenta la empatía hacia otras personas	0							#¿NOMBRE?	Desarrollo Personal	Actitud	Social	0	0
	Loneliness	Mayor percepción de soledad fuera de las actividades	0							#¿NOMBRE?	Bienestar Emocional	Circunstancia	Social	0	13
		Incrementa en la eficacia de la memoria y habilidades	1							#¿NOMBRE?	Desarrollo Personal	Circunstancia	Social	1	10
			0							#¿NOMBRE?	Desarrollo Personal	Capacidades	Social	0	10
		Mejora la calidad del sueño	0							#¿NOMBRE?	Bienestar Fisico	Hábito/Comportamie	Social	0	6
		Cuidada más de nietos/as	0							#¿NOMBRE?	Relaciones Interpersonales	Circunstancia	Social	0	6
			0							#¿NOMBRE?	Bienestar Fisico	Circunstancia	Social	0	5
		Hace más actividad física	0							#¿NOMBRE?	Bienestar Fisico	Hábito/Comportamie	Social	0	5
		Acepta mejor su vulnerabilidad	1							#¿NOMBRE?	Bienestar Emocional	Conciencia	Social	1	1
		Mejora el autocuidado de la salud física	1							PENDIENTE			Social	0	0
		Reducción del consumo de sustancias y mejora en la salud	1							PENDIENTE			Social	0	0
		Incremento en el sentido de pertenencia y conexión con un	0							PENDIENTE	Inclusión Social		Social	0	0
	Satisfaction with he	Mejora la condición física	1							PENDIENTE	Bienestar Fisico		Social	0	0
			0							PENDIENTE	Desarrollo Personal		Social	0	0
		Se reducen los síntomas de las enfermedades mentales	0							PENDIENTE			Social	0	0
		Mayor satisfacción económica	100							PENDIENTE	Bienestar Material			0	0
		Mayor satisfacción con su situación de vivienda (hogar)	100							PENDIENTE	Bienestar Material			0	0
															233

Source: Own elaboration.

To confirm the saturation in the main groups, the lead facilitator conducted a final comparative analysis of the outcome chains, coding all identified changes from every interview and focus group to verify repetition and consistency across groups. The evaluator also compared these findings with the project's forecast report and other similar SROI reports to ensure the key themes were robust. As a final validation step, one or two additional sessions were conducted with the main groups, which confirmed that no new significant information was emerging.

4.4 WELL DEFINED CHANGES IDENTIFIED BY EACH STAKEHOLDER

This section presents the analysis carried out to identify and evaluate the **most relevant welfare changes** for decision making with respect to each stakeholder group with a chain of events, supported by figures and conclusions that support the reasoning.

Understanding and improving the well-being of citizens, employees and customers has long been a key objective for governments, employers and businesses[40] . The World Happiness Report, published annually by the United Nations Sustainable Development Solutions Network (UN SDSN), has since 2012 assessed global progress in citizen well-being, defined primarily as the self-reported assessment of life as measured by the Cantril scale[41] through the Gallup World Poll .[42]



Likewise, employers have been using indicators such as job satisfaction and happiness for decades to assess the well-being of their workers, key elements for predicting customer satisfaction, labor retention and productivity[43] . In Spain, the National Institute of Statistics (INE)[44] has been collecting data on the well-being of citizens since 2013, in order to take such data into account for public policy decision-making.

The results, analysis and conclusions presented in this chapter are based on the concepts of global satisfaction with life and the indicator of happiness as a state of well-being and fulfillment, proposed by the INE. These concepts are used to evaluate the impact of Reforzando Vínculos in improving people's well-being.

The concept of "life satisfaction" refers to a person's perception of his or her own life as a whole and includes both objective aspects (such as income level, employment situation or health) and subjective aspects (emotions, expectations, personal relationships, etc.). In turn,

[40] Sustainable Prosperity. (2023) https://www.sustainableprosperity.org.
[41] Cantril, H. (1964). The Pattern of Human Concerns. New Brunswick, NJ: Rutgers University Press.
[42] Gallup. (n.d.). Global Research. https://www.gallup.com/analytics/318875/global-research.aspx.
[43] De Neve, J.-E., and Oswald, A. J. 2012. "Estimating the Influence of Life Satisfaction and Positive Affect on Later Income Using Sibling Fixed Effects." *Proceedings of the National Academy of Sciences USA* 109 (49): 19953-19958. https://doi.org/10.1073/pnas.1211437109.
[44] National Institute of Statistics (INE). (n.d.). *Survey of quality of life and subjective well-being.* https://www.ine.es.

the Sherlock-Verdugo wellbeing domains are integrated[45] , allowing more specific changes to be addressed and generating more precise data to effectively support decision making.

In relation to the monetization of welfare changes[46] , and in line with the methodology used in this report, in the UK 1.0 WELLBY (equivalent to 1 point on a welfare scale from 0 to 10) is valued at between GBP 10,000 and GBP 16,000, with an average of GBP 13,000. This social value provides a monetary benchmark to contextualize the importance of measuring these indicators of welfare improvements.

> ***"My relatives say that I am happier, that I talk more, that I am more eager to do things and to collaborate. I am more cheerful and happy."***
>
> *Older Person Participating in the Reforzando Vínculos intervention*

4.4.1 Overall life satisfaction and happiness

The measurement of "life satisfaction" and "happiness" is not an arbitrary choice. These indicators are internationally recognized as key measures of subjective well-being. Their use aligns with high-level assessment frameworks, such as the United Nations **World Happiness Report**, which uses life self-assessment as a pillar for measuring social progress.

At the national level, the relevance is even more direct. **Spain's National Institute of Statistics (INE)** systematically collects data on citizens' well-being, including life satisfaction, in order to inform and guide public policy decision-making. By adopting the same scale as the INE, this report not only evaluates the impact of Reforzando Vínculos, but also allows **contextualizing and comparing the results of the project with the average of the Spanish population**, offering a unique perspective on the magnitude of the change generated.

[45] Schalock, R. L., and Verdugo, M. Á. 2002. *Calidad de vida: Manual para profesionales de la educación, salud y servicios sociales (Quality of life: A handbook for professionals in education, health and social services)*. Alianza Editorial. https://dialnet.unirioja.es/servlet/libro?codigo=98116

[46] *Nature*. 2024. "Measuring the Monetary Value of Life Satisfaction: A Framework for Policy Application." *Humanities and Social Sciences Communications*. https://www.nature.com/articles/s41599-024-03229-5.

Description of the tool: the INE Scale

The tool used is a direct adaptation of the life satisfaction scale used by the INE in its quality of life surveys. **It is an 11-point Likert-type scale, ranging from 0 to 10**, where 0 represents no satisfaction and 10 represents the highest degree of satisfaction. This instrument measures the overall perception that a person has of his or her life as a whole, covering both objective aspects (economic situation, health) and subjective aspects (relationships, emotions and expectations).

Scale administration: retrospective approach

To measure the change generated by the intervention, the scale was administered using a **retrospective pretest-posttest** design. This methodology, recognized in the evaluation of social programs, consists of asking participants at a single point in time (after the intervention) about their current state and about how they remember their state before the intervention.

Specifically, the following two questions were asked to the elderly and their family members:

1. ***"Before participating in Strengthening Links, how satisfied or satisfied were you with your life in general?"***
2. ***"After you participated in Strengthening Links, how satisfied or satisfied are you with your life now?"***

This approach allows us to capture the perception of change directly from the perspective of the person who experienced it, providing a clear and comparable measure of the project's impact on their subjective well-being.

4.4.1.1 Life Satisfaction and Happiness - Elderly Participants Surveyed

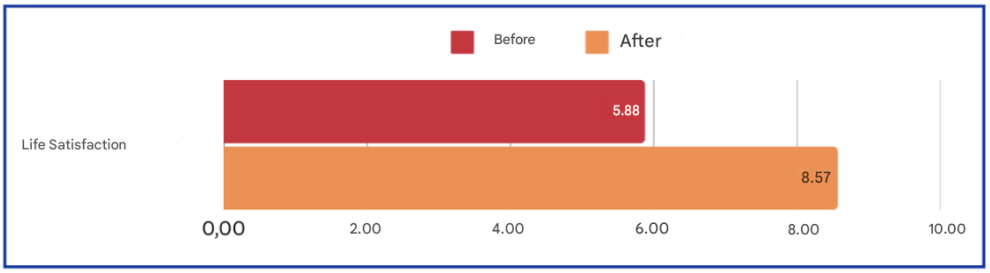
Given the high degree of importance of this indicator nationally and internationally in the evaluation as indicated above, two questions were included to measure the perception of life

satisfaction before and after the Reforzando Vínculos intervention. To this end, the surveyed elderly participants were asked to respond on a scale of 0 to 10, where 10 represents the highest degree of satisfaction, to the following questions:

- ***Before participating in Reforzando Vínculos, how satisfied were you with your life in general?***
- ***After participating in Reforzando Vínculos, how satisfied are you with your life now?***

The results of the responses of **127 participants**[47] reflect a significant change in the life satisfaction of the elderly. Before the intervention, the average score was **5.88 out of 10**, while after their participation in Reforzando Vínculos it increased to **8.57**. This **increase of 2.69 points** not only shows a notable improvement but also places the participants above the national average of life satisfaction in Spain, which was **7.2** at the end of 2023[48] . It should be noted that this group started from a considerably lower situation -1.32 points below the national average-, which makes the improvement even more significant, as it went from a level well below the average to well above it.

Figure 29. Degree of satisfaction with life of elderly people surveyed before and after Reforzando Vínculos.



Source: Own elaboration.

[47] *This represents a representative sample of 21.10% of a total study population of 602 people.*

[48] *The European average during 2022 was 7.1 out of 10 according to Newtral. "How satisfied are Spaniards with their life?" Last modified on January 30, 2024. https://www.newtral.es/espanoles-satisfechos-vida/20240130/. in 2023, in Spain life satisfaction reached 7.2 points, reflecting an increase of only 0.1 points. INE (National Statistics Institute). "Quality of life indicators." Accessed 2024.*

In addition, in order to know the relevance they assigned to life satisfaction, they were asked: ***On a scale of 1 to 5, 5 being the highest degree of importance, how important is it for you to feel satisfied with your life?***

The mean obtained was **9.52 out of 10** on the scale used to measure the degree of importance. This data suggests that life satisfaction is an aspect highly valued by the elderly participants surveyed and that the intervention has contributed to improving it significantly.

To strengthen the rigor of the data presented in this impact measurement report, two complementary sources were consulted. The first refers to the information gathered by the project itself through the application of the FUMAT scale[49] , used to evaluate the fulfillment of objective *OG2: to contribute to the improvement of the quality of life of the elderly participants.* This scale measures aspects closely related to general wellbeing and the results show that 76% of the participants experienced an improvement in their quality of life, which shows that there has been an improvement in most of the participants . [50]

The second source consulted was the *External Evaluation - Reforzando Vínculos: Promoting autonomy in community settings*[51] , which shows that, in general, the participants perceive that the objective GC2 (*contributing to the improvement of the quality of life of the surveyed elderly participants*) has been met. This was also the objective with the highest level of satisfaction, since 100% of the responses were in the "very much" and "somewhat" categories, which reinforces the consistency of the impact identified from other sources.

Happiness before and after the intervention: In addition to life satisfaction, the **level of happiness** of the surveyed elderly participants was assessed using the following questions:

- ***Before participating in Reforzando Vínculos, how happy were you in general?***
- ***After participating in Reforzando Vínculos, how happy do you feel now?***

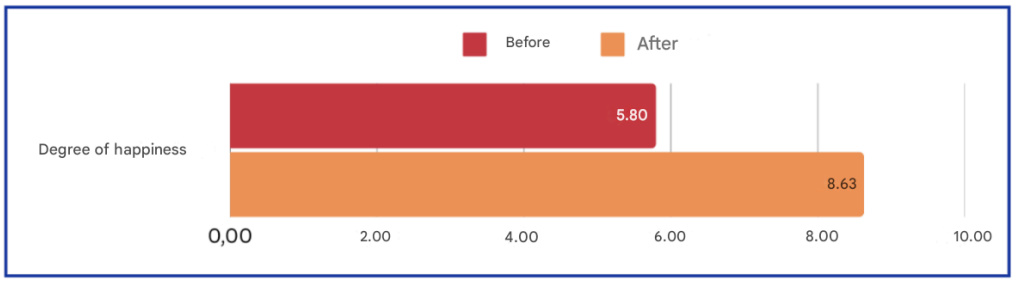
[49] Verdugo, M. A., Gómez, L. E., & Arias, B. (2009). *Assessment of quality of life in the elderly: The FUMAT Scale*. Salamanca: INICO.
[50] *Red Cross - Logical framework of the Reforzando Vínculos project: Of the total of 253 people who completed the FUMAT questionnaire in the pre- and post-intervention phases, valid information on the quality of life index was obtained in 225 cases, of which 171 showed an increase in this index, reflecting a significant improvement in their perception of well-being.*
[51] Cinquantini, I,. eds. 2024. *External Evaluation - Reforzando Vínculos: Promoting autonomy in community settings*. Final evaluation. The Social Consulting Agency.

- ***On a scale of 1 to 5, with 5 being the highest degree of importance, how important is it for you to feel the happiness that is generated because of your participation in Reforzando Vínculos?***

The results show a considerable increase in happiness levels. Before the intervention, the average happiness of the participants was **5.80 out of 10**, while after participating in the intervention it increased to **8.63 out of 10**, showing an **increase of 2.83 points**.

> ***"My whole family is very happy to see me happier. Now, with the Alexa, whenever they come over they always see me with music, asking her for recipes or calling a friend I hadn't seen for years because I didn't leave the house much either."***
>
> *Older Person Participating in the Reforzando Vínculos intervention*

Figure 30. Comparison of happiness of elderly respondents before and after Reforzando Vínculos.



Source: Own elaboration.

In terms of the importance that the participants attach to happiness, the score obtained was 4.84 out of 5, which is equivalent to **9.68 out of 10** on the scale used. This reflects that happiness is an essential aspect in the lives of the elderly participants surveyed, as is overall satisfaction with life, and that the Reforzando Vínculos intervention has had a positive impact on their emotional well-being.

4.4.1.2 Life satisfaction and happiness - Surveyed relatives of elderly participants

Questions were included to measure the perception of life satisfaction of the family members surveyed before and after their family member's participation in Reforzando Vínculos. To this end, they were asked to respond on a scale of 0 to 10, where 10 represents the maximum degree of satisfaction, to the following questions:

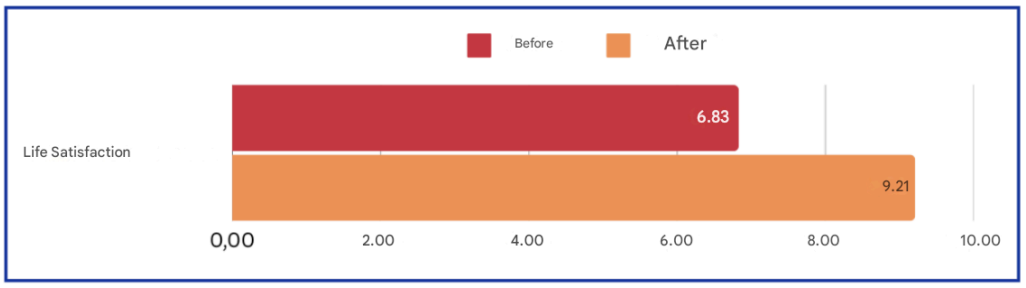
- ***Prior to your family member's participation in Reforzando Vínculos, how satisfied were you with your life in general?***
- ***After your family member's participation in Reforzando Vínculos, how satisfied are you with your life now?***

In addition, in order to know the relevance they give to life satisfaction, they were asked:

- ***On a scale of 1 to 5, with 5 being the highest degree of importance, how important is it to you to feel more satisfied or fulfilled with your life as a result of your family member's participation in Reforzando Vínculos?***

The results, from the **17.30%** of the families surveyed[52] , reflect a positive change in their life satisfaction. Before the intervention, the average score was **6.83 out of 10**, while after their family member's participation in Reforzando Vínculos, it increased to **9.21**, an **increase of 2.38 points** on the satisfaction scale. However, it is important to note that this interest group does not have a complete representative sample. The margin of sampling error is **17%**, so caution is advised when making decisions based on these data, as it cannot be assured that they reflect the experience of all families within this group.

Figure 31. Degree of family satisfaction surveyed before and after Reforzando Vínculos



Source: Own elaboration.

[52] *29 families surveyed out of a total of 167.*

Likewise, when asked about the importance of feeling satisfied with their life, the mean obtained was **9.58 on a scale of 1 to 10**. This suggests that life satisfaction is an aspect highly valued by family members, so having increased life satisfaction as an effect of the Reforzando Vínculos intervention is of high value.

This increase also reflects not only the positive impact of Reforzando Vínculos on the elderly participants but also on their immediate environment. The improvement in the life satisfaction of the family members surveyed could be related reduced concerns about their family member's well-being, the perception of a greater support network, and the peace of mind derived from their involvement in the community.



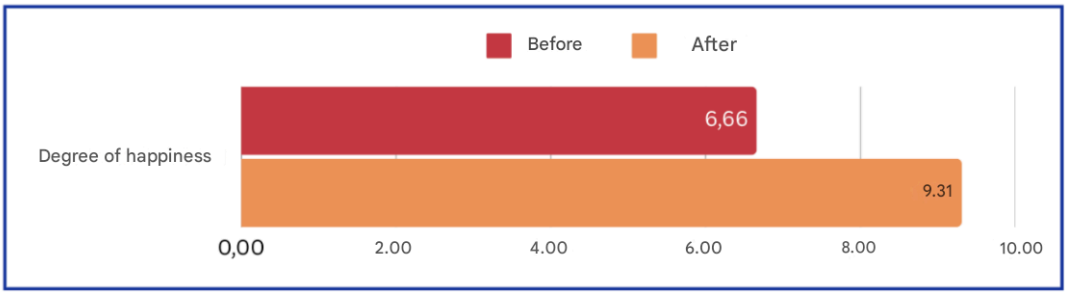
> ***"We feel more at ease knowing that she is participating in activities and that she is accompanied. This program has not only helped her, but it has given us peace of mind for the whole family."***
>
> *Family Member of an Elderly Person Participating in the Reforzando Vínculos intervention*

Happiness before and after the intervention: In addition to life satisfaction, the level of happiness of family respondents was assessed using the following questions:

- ***Before your family member's participation in Reforzando Vínculos, how happy were you in general?***
- ***After your family member's participation in Reforzando Vínculos, how happy do you feel now?***
- ***On a scale of 1 to 5, with 5 being the highest degree of importance, how important is it for you to feel the happiness that is generated because of your family member's participation in Reforzando Vínculos?***

The results show a significant increase in happiness levels. Prior to the intervention, the average happiness of family respondents was **6.66 out of 10**, whereas, after their family member's participation in the intervention, the score increased to **9.31 out of 10**, reflecting **an increase of 2.65 points**.

Figure 32. Happiness of family members surveyed before and after Reforzando Vínculos.



Source: Own elaboration.

In terms of the importance they attach to happiness, the score obtained was 9.58 out of 10 on the scale used. This reinforces the relevance of this indicator for the family members surveyed and suggests that the positive impact of Reforzando Vínculos transcends the direct participants, influencing the emotional well-being of their environment.

4.4.2 Results - Elderly surveyed participants

Based on the data collection, with a representative sample of **127 elderly participants** (equivalent to **21.10%** of the population studied)[53] , **eight changes were identified as relevant**, each with a varying degree of importance.

However, before analyzing these changes, it is necessary to contextualize the characteristics of the elderly participants surveyed in the evaluation.

[53] *The total population studied was 602 people.*

4.4.2.1 Respondent characteristics - Elderly surveyed participants

Gender distribution: The majority of the evaluation respondents are **women** (**90.6%**), while **men** represent **9.4%** of the sample. Compared to the total distribution of project participants, there is a **44.7% reduction in the proportion of men** within the sample analyzed. The reasons behind this difference are explained in detail in Section 4.1.1.1 Equal representation in terms of gender.

Territorial distribution: The evaluation includes responses from all the localities where the project was implemented, although with an unequal distribution. As shown in Figure 14, **Cascante** is the territory with the highest representation (**16.5%**), followed by **Tudela (13.4%**) and **Cornellà de Llobregat (12.6%**). Other localities such as **Sant Celoni** and **Llinars del Vallès** present similar levels of participation, while **Burlada** has the lowest presence in the sample.

This distribution reflects the **territorial diversity** of the project and **ensures the representativeness** of different local contexts within the evaluation.

Limitations derived from cognitive difficulties: Another relevant aspect in the analysis of the data of this group of interest is the presence of limitations derived from cognitive difficulties. According to the data reported by the project, the information on whether or not a person presented limitations derived from cognitive difficulties was based on the organization's records[54] , based on statements by the person him/herself or, in cases where cognitive difficulties existed, by a close relative.

Based on these data, it was estimated that **38.54% of the participants presented some degree of limitations derived from cognitive difficulties**. In these cases, the voice of the elderly with the presence of limitations derived from cognitive difficulties was collected

[54] *Internal IMAP logging system (question: Has the person noticed or has anyone around him/her indicated that lately he/she has more trouble than before in, for example, following a conversation, remembering the shopping list, finding his/her way around the street, or writing?*

through their relatives[55] , who participated in the process on their behalf. For the identification of the sample, an effort was made to ensure the representativeness of this group in order not to exclude their perspective in the assessment of the changes associated with the intervention.

Types of activities carried out: In addition to the demographic characterization, the type of activities in which the surveyed elderly participated in the intervention was analyzed. According to project records, a total of **11,928 individual activities** and **200 group activities** were carried out. However, looking at the distribution of participation reported by the respondents (see Figure 33), it is evident that the majority (**61.5%**)[56] have participated in both group activities and individual support. Some **51.3%** reported having participated mainly in group activities, while **16.2%** received support exclusively at the individual level. These data suggest that the majority of participants have combined both types of intervention.

The *External Evaluation - Reforzando Vínculos: Promoting Autonomy in Community Settings*[57] delves into the analysis of the type of activities developed within the framework of the project, especially highlighting the need for group and recreational activities. A significant part of the responses collected in this report -both from the elderly participants and their relatives and community agents- highlights the importance of this type of activities.

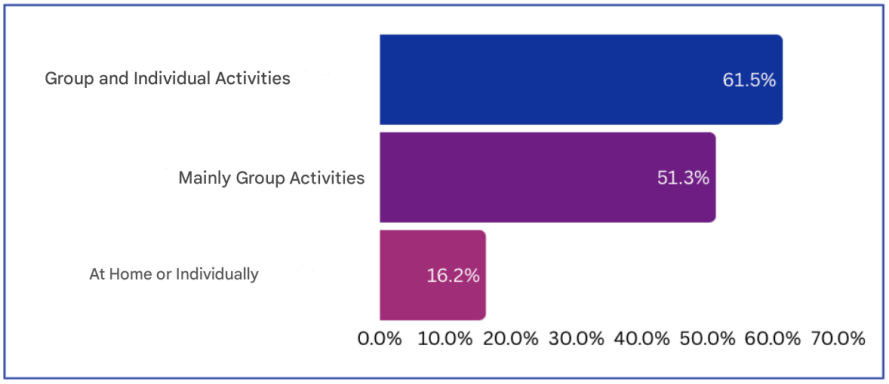
The older persons surveyed expressed their desire to participate in joint proposals that would not only allow them to enjoy and be entertained, but also to learn and interact socially. This data also supports the perception expressed by the participants that group activities were the ones that mainly contributed to the improvement of their autonomy, as detailed in Section 4.4.2.3.

[55] *We included questions from a scale aimed at primary caregivers, with the objective of detecting possible differences between family members of participants with limitations derived from cognitive difficulties and those whose family members do not present cognitive difficulties (ZARIT synthesized scale).*
[56] *A total of 127 people, representing 21.10% of the population studied, make up a representative sample.*
[57] Cinquantini, I,. eds. 2024. *External Evaluation - Reforzando Vínculos: Promoting autonomy in community settings*. Final evaluation. The Social Consulting Agency.

> ***"Thanks to my participation in these activities, I have become more open to talking and interacting with other people. Also, I have met new people."***
>
> *Older Person Participating in the Reforzando Vínculos intervention*

The activities promoted by the intervention, such as excursions, gym sessions or handicraft workshops, represented a valuable opportunity to strengthen the motivation, emotional well-being and physical health of those who participated, which supports the changes experienced, as described in the following sections.

Figure 33. Type of activities carried out by the surveyed elderly participants.



Source: Own elaboration.

Living arrangements: The analysis of the living arrangements of the surveyed elderly participants reveals significant differences in their living environments. As shown in Figure 34, **46.5%** of the elderly surveyed live alone, while **29.9%** share their home with one other person. A smaller group resides with two or more people, representing **9.4%** for those who live with two people and **5.5%** for those who live alone, but have daily support at home.

The rest of the sample is distributed in different living arrangements, with **3.1%** living with four people, another **3.1%** with more than five, and **2.4%** sharing a household with three people.

The sample was not large enough to allow a detailed analysis of whether the changes described in the following sections are related to the living situation of the participants. Therefore, it is not possible to draw firm conclusions regarding possible links with aspects such as unwanted loneliness or level of autonomy.

However, there are studies that indicate that cohabitation could have an impact on the improvement (or non-improvement) in the autonomy of the elderly. For example, the study *Family relationships and autonomy in the elderly: a view from cohabitation*[58] suggests that the cohabitation of the elderly with family members can have both positive and negative effects on their autonomy, depending on the dynamics generated in the home.

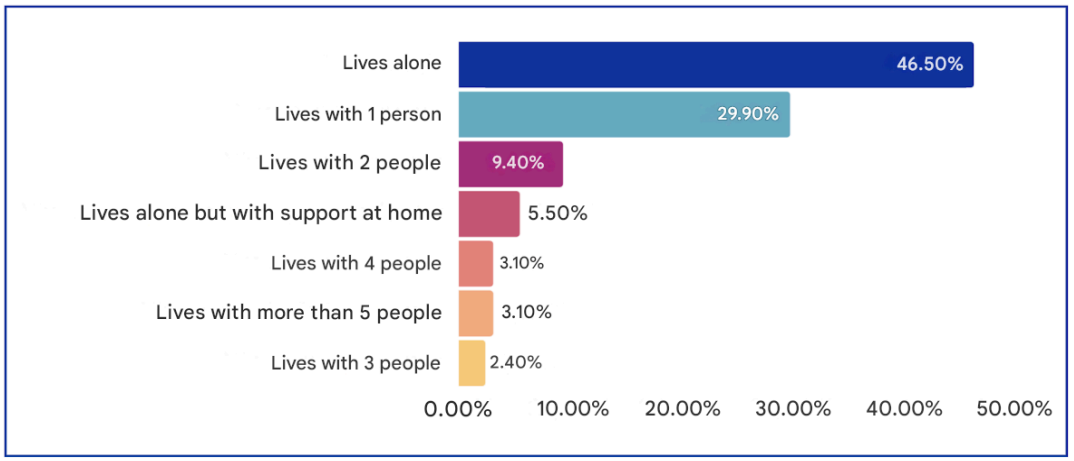
On the one hand, coexistence based on overprotective attitudes or on limiting active participation can accelerate the loss of autonomy and foster situations of dependency. On the other hand, when the family environment is characterized by respect, support and the promotion of decision making and routines, coexistence can favor adaptation to the aging process and strengthen the autonomy of the elderly, which could have been an interesting data to analyze in depth, with a representative sample.

Likewise, according to the *Research on the experience and perception of unwanted loneliness: Responses in the community setting*[59] , living alone increases the incidence of feeling loneliness compared to living with a partner or family members. The study provides results that show that **17%** of people living alone reported feeling lonely directly, compared to **4%** and **8%** of those living with a partner or family members, respectively. When applying the De Jong Gierveld scale (DJG)[60] , in this study indirectly, these percentages increase to **53%** for those living alone, compared to **37%** and **43%** for those living with a partner or family members.

[58] Hernández, L. M., González, M. A., & Martínez, R. (2019). *Family relationships and autonomy in older adults: a view from coexistence*. Revista América Latina en Línea, 6(2). Retrieved from https://portal.amelica.org/ameli/journal/660/6603260006/html/
[59] ISEAK Foundation. 2024. *Research on the experience and perception of unwanted loneliness: Responses in the community*. ISEAK Foundation.
[60] De Jong Gierveld, J., & Van Tilburg, T. G. (2006). A 6-item scale for overall, emotional, and social loneliness: Confirmatory tests on survey data. *Research on Aging, 28*(5), 582-598. https://doi.org/10.1177/0164027506289723

Therefore, there could be a relationship between the housing and living situation and the changes identified by the participants, which are addressed in the following chapters. This possible connection invites further consideration of how the conditions of the environment in which the elderly respondents live may influence their well-being and the perceived effects of the project.

Figure 34. Living situation of the surveyed elderly participants.



Source: Own elaboration.

4.4.2.2 Changes Identified - Elderly Participants Surveyed

As detailed in Figure 35, **eight relevant changes** have been identified, each with a varying degree of importance.

Importance of the changes: To visually represent the importance of the changes identified, a star system was used, based on a scale of 1 to 5, which was later converted to a range of 1 to 10, following an approximation criterion:

- If the value obtained on the scale from 1 to 10 is equivalent to 4.1/5, 4 stars are assigned.
- If the value is 4.7/5, it is rounded up to 5 stars.

This method makes it possible to visualize in a simple way which changes were perceived as most important by the participants.

The relevant changes, identified by the surveyed elderly participants, were the following: *the feeling of loneliness is reduced, personal autonomy is increased, there is a greater sense of energy and vitality, the sense of belonging to the local community is strengthened* and *the support network is increased*.

According to the data revealed by the **127 respondents**[61] , the changes that contributed most to *improving their quality of life* (in line with objective OG2, *Contribution to the improvement of the quality of life of the elderly participants of the project*[62]) were *having expanded their support network* (**71.65%**), *increased energy and vitality* (**70.08%**) and *reduced feelings of unwanted loneliness* (**70.08%**). These were followed by *increased feelings of belonging to the community* (**60.63%**) and *feeling happier* (**67.72%**).

To a lesser extent, the *increase in the perception of personal autonomy* (**41.73%**) was also related to the improvement in quality of life, thus indicating that it is not the improvement that contributes most to quality of life, according to their perception, since it is below those previously mentioned.

Finally, the support received through digital tools for coping with their vulnerability factors was linked to a lesser degree (**20.47%**) with an improvement in quality of life. However, participants associate the use of these tools with advances in their sense of autonomy, as shown in Figure 92, where **47.2%** indicated *having increased their degree of autonomy* thanks to the benefits generated through advanced telecare, voice assistant and multivideo technology.

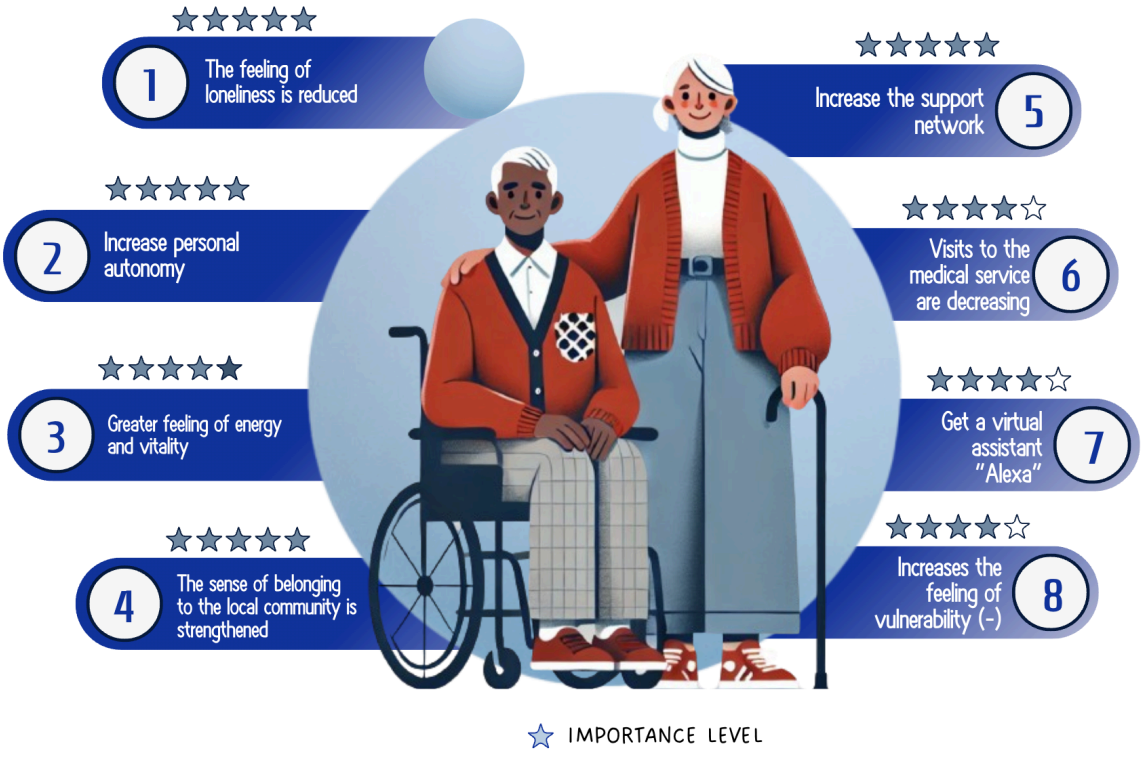
This indicates that "obtaining" this technological support is not, in itself, associated to a high degree with direct improvement in quality of life, but it is perceived as a relatively important

[61] *This figure corresponds to 21.0% of a total of 602 people out of a total of 602 people in the population studied.*
[62] Red Cross - *Logical framework of the Reforzando Vínculos project - Red Cross.*

instrument to favor personal autonomy, an aspect that, in turn, is considered as an intermediate contributor to the improvement of quality of life.

The data collected clearly show which aspects of well-being the participants surveyed most strongly linked to improvements in their quality of life, which supports one of the intended effects of Reforzando Vínculos. However, as will be detailed in the following sections, not all of these improvements are valued in the same way: the participants themselves assign different levels of importance and social value to each of them, which are described below.

Figure 35. Relevant changes - Elderly participants



Source: Own elaboration.

4.4.2.3 Process of constructing the chain of events with elderly participants surveyed

To comply with **Principle 2 ("Understand what changes")**, the construction of the chain of events was approached as a structured qualitative research process, carried out through

participatory dialogue sessions (focus groups). The objective was to co-create a visual and logical map that would represent the change from the perspective of the elderly participants. The credibility and rigor of this process were guaranteed through the systematic use of the interview protocol defined in **Appendix III.I, "Qualitative Questions for Participants"**. This script was the tool that allowed the analyst to structure the dialogue and ensure consistency across groups. The sessions were conducted until a **point of theoretical saturation** was reached, meaning that the inclusion of new participants no longer generated significantly new categories of change or insights, thus deeming the sample sufficient for the study's objectives. The process was developed in the following phases:

1. Identification and description of changes as a starting point

The dialogue began by using **Block B ("Identification")** from the interview script (Appendix III.I). Instead of starting with an abstract question, the analyst would propose a potential change drawn from the forecast[63] (e.g., "increased socialization") and use the in-depth question, *"Can you describe a specific moment when you noticed that change?"*, to catalyze the conversation.

- **Analyst's judgment:** The strategic decision was to use the script to move from simple confirmation of a change to obtaining **rich narratives and concrete examples**. These personal stories became the essential raw material for defining the first links in the chain of events, ensuring that each change was anchored in lived experience and not in theoretical concepts.

2. Building links through the analysis of causes and consequences

Once a change was identified and described, the next step was to establish its causal connection within the chain. To do this, the dialogue was guided by **Blocks C ("Causes")** and **D ("Consequences")** of the script (Appendix III.I). Questions like *"What do you think is the reason for that change?"* made it possible to connect the change to a previous activity or

[63] The Social Consulting Agency (2023). *Prognostic report on the social value of the Reforzando Vínculos intervention. Reforzando Vínculos: Promoting autonomy in community settings.* Red Cross.

result. In turn, the question *"What effects has this change had on other areas of your life?"* was key to identifying the subsequent links in the chain.

- **Analyst's judgment:** The analyst's active role was twofold. First, to **synthesize and visually organize** the connections in real time. When similar concepts arose (e.g., "more confidence going out" and "less fear of the outdoors"), their unification into a single consensus-based concept was proposed. Second, and more importantly, the analyst **verbalized the causal logic for immediate validation**: *"So, if I understand correctly, participating in the workshop (activity) made you feel more confident (intermediate outcome), and that in turn has allowed you to go out alone more often (final outcome). Does that reflect your experience?"*. This iterative validation judgment ensured that each link in the chain was co-created and confirmed by the participants themselves.

3. Discovery of emerging impacts and their integration

The semi-structured nature of the dialogue, although guided by the script in Appendix III.I, allowed for the emergence of unforeseen results. Participants were actively encouraged to share any other changes not covered by the initial questions.

- **Analyst's judgment:** When an unforeseen change emerged, such as the *"obtainment of an 'Alexa' virtual assistant"*, the analyst's judgment was to facilitate a dialogue to **classify and integrate this change into the existing chain**. It was collectively determined that it was not an end in itself, but an "immediate result" that contributed to the final outcome of "increasing personal autonomy," thus maintaining the coherence of the causal model.

4. Identification of the final outcome and attribution of qualitative value

The culminating step was to determine which of the final changes was the most significant. This process was guided by **Block E ("Meaning")** of the qualitative script (Appendix III.I). The main question, *"Of all the changes we have discussed, which do you consider the most important or significant for you?"*, was followed by the indispensable in-depth question, *"Why do you choose that change over the others?"*.

- **Analyst's judgment:** The most important decision here was to **interpret the qualitative justifications beyond a simple vote count**. The responses revealed that although practical changes like "getting an 'Alexa'" were appreciated, the emotional impact of the **"reduction of loneliness"** was consistently described as the most profound and transformative. Therefore, it was judged that the latter represented the main social value, a nuance that would be crucial for the weighting phase.

The process described generated multiple individual chains of events, one for each dialogue session. The figure presented below (Figure 36) is an **aggregated model that synthesizes and represents the most common and significant change pathways** identified across all the groups. Each step of the dialogue was structured by the interview protocol detailed in Appendix III.I, and each interpretation was validated in real time. This approach ensures that the final value map is not an analyst's abstraction, but a **robust and faithful model of how the elderly participants, as a group, experienced and valued the change in their own lives.**

Next, the findings will be described in relation to the identified changes that contain value for the participants, represented in the blue boxes of the chain of events in Figure 36.

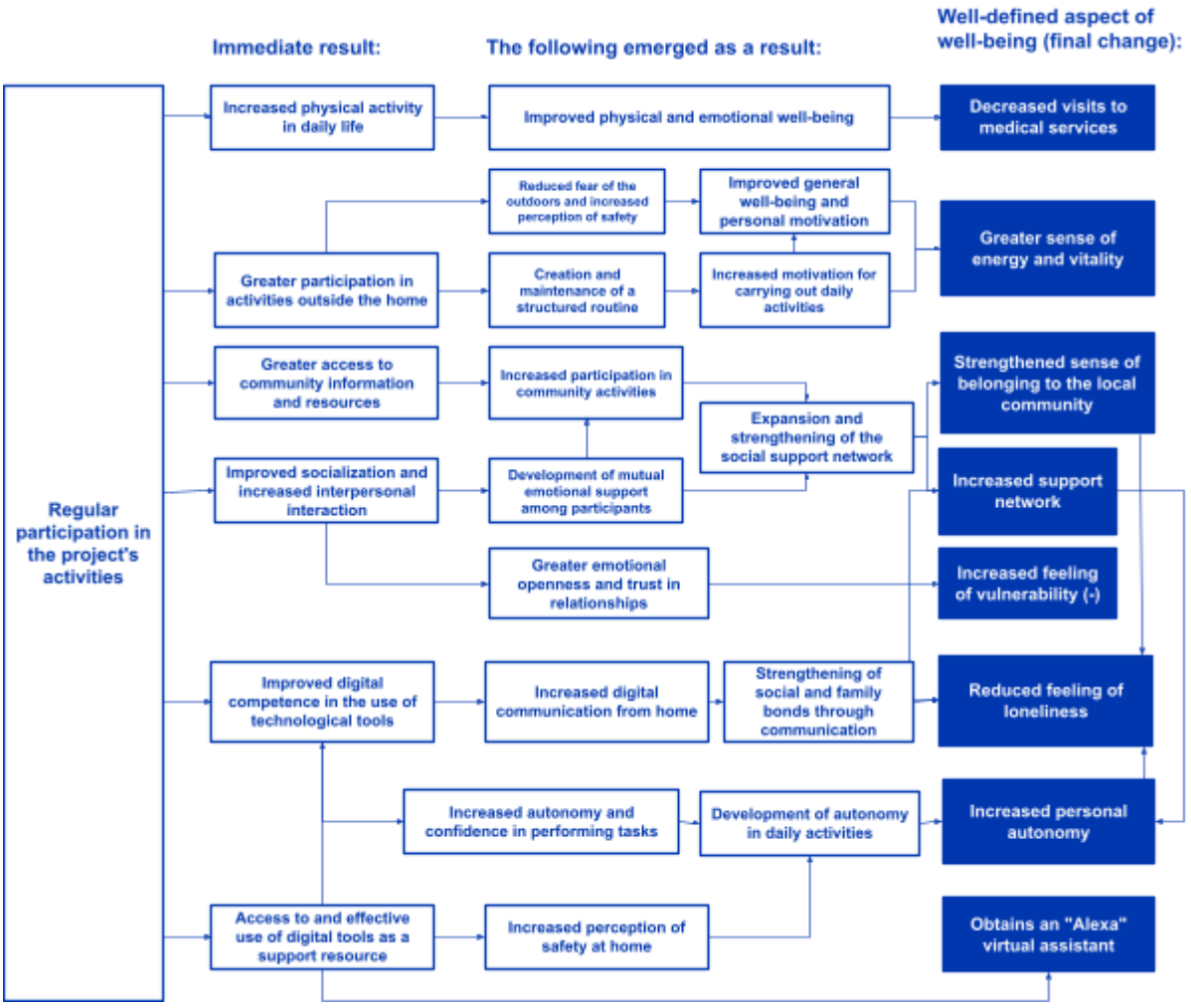
Table 21. The theory of change - Elderly participants

Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	As a result, stakeholders say they:	Well-defined outcomes to be measured
Group activities: A total of 200 group activities were carried out, which included experiential encounters, workshops ("Memory Workshop," "Mobile Phone Use Course"), and community mobilization events ("Health Walks," "Intergenerational Bingo"). 88 participants were involved in the qualitative focus groups to map these changes. Individual activities: A total of 11,928 individual support	Time dedicated to the activities: In SROI accounting, the time of the primary beneficiaries is not counted as an input. However, 7.1% of surveyed participants reported out-of-pocket expenses (transport, family accompaniment time), with an extrapolated value of €11,266.12 for the entire group.	The project's activities and inputs generated the following direct outputs: 76% of participants experienced a measurable improvement in their quality of life, according to the FUMAT scale. 58.97% of participants experienced an improvement in their self-determination and access to rights. Increased physical activity, creation of a structured	The participants' daily routines, their level of social connection, their sense of safety, and their overall emotional and physical well-being.	"have gotten a support group that helps me live life better every week." and "In my case, it has been a total change. I barely left the house before... Now I go to all the activities and even meet up with friends on Sundays for a coffee on our own."	Reduced feeling of loneliness. Increased personal autonomy. Greater sense of energy and vitality. Strengthened sense of belonging to the local community. Increased support network.

Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	As a result, stakeholders say they:	Well-defined outcomes to be measured
activities were conducted. The project also provided technological tools like advanced tele-assistance and "Alexa" virtual assistants to 233 participants.		routine, and access to new digital tools.			
Analysis of the chain of events: The chain of events for elderly participants demonstrates a powerful pathway from activity to profound wellbeing. The initial engagement in structured group and individual activities acts as the primary catalyst, breaking routines of isolation. This leads to immediate results like increased physical activity and social interaction. These initial changes build upon each other to create crucial intermediate outcomes, such as improved physical and emotional well-being and a stronger, more diverse support network. The analysis clearly shows that the most significant final outcomes—reduced loneliness and increased autonomy—are not isolated events but the culmination of this entire process. The project successfully creates an upward spiral where feeling better physically and socially empowers participants to become more independent and integrated into their community.					

Source: Own elaboration.

Figure 36. Chain of events - Elderly participants



Source: Own elaboration. Note: The figure shows how regular participation in the project's activities triggers: Immediate results (e.g., "increase in physical activity"). In turn, these lead to intermediate changes (e.g., "improvement in physical and emotional well-being"), which branch into different impact pathways. Finally, the well-defined final outcomes (marked in dark blue), such as "reduction in the feeling of loneliness" or "increase in personal autonomy," capture the essential social value identified by the participants.

Comments on the analyst's role:

Each phase of the construction required discerning between multiple personal narratives. The analyst applied criteria of **consistency** (the repetition of the same idea across different groups) and **causal coherence** (ensuring each link reflected a clear cause-and-effect relationship).

When responses overlapped or seemed too generic, the analyst used **probing questions** to anchor the change in concrete examples (e.g., *"Can you describe an exact moment when you noticed it?"*).

These decisions—the **analyst's judgments**—ensure that the resulting chain of events is not a mere diagram, but a robust and validated map of how *Reforzando Vínculos* generated value in the lives of older people.

4.4.2.4 Well-being domains and types of change - Elderly survey participants

The following figures show the grouping of the different changes according to the welfare domains defined by the Sherlock-Verdugo welfare domains[64] , thus facilitating the understanding of the specific domains impacted by the changes generated. The following figures present the changes by typology.

For this interest group, the changes identified are mainly concentrated in the domains of **emotional wellbeing (25%)**, **physical wellbeing (25%)** and **social inclusion (25%),** followed by **self-determination (12.5%)** and **material wellbeing (12.5%). No changes were identified in the domains of personal rights or personal development**, indicating that the intervention has had a greater impact on the emotional, physical and social spheres, but has not generated significant transformations in the exercise of rights or in the personal growth of the surveyed elderly.

However, the results of the[65] project itself offer relevant data in relation to wellbeing, information and the exercise of rights. A **total of 58.97%** of the participants experienced an improvement in their self-determination and access to rights and **39%** participated in informative activities on the exercise of these rights.

[64] Schalock, R. L., and Verdugo, M. Á. 2002. *Calidad de vida: Manual para profesionales de la educación, salud y servicios sociales (Quality of life: A manual for education, health and social services professionals)*. Alianza Editorial. https://dialnet.unirioja.es/servlet/libro?codigo=98116
[65] Red Cross - *Logical framework of the Reforzando Vínculos project - Red Cross.*

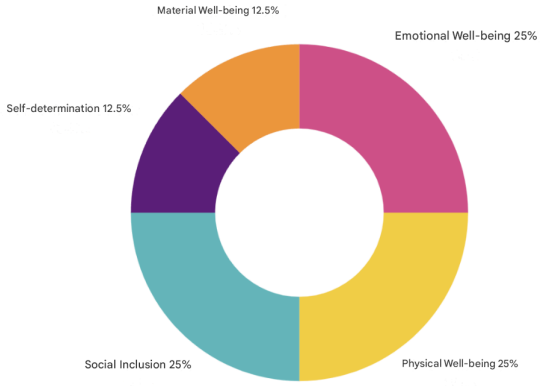
These moderately significant to high percentages do not indicate a discrepancy with the findings in this report, but rather reinforce the logic of the chain of events (see Figure 36) in which increased knowledge of one's rights contributes to the development of other aspects of well-being in the dimensions of self-determination and social inclusion. This means that the social value generated is found in those changes that, for the participants themselves, are of greater relevance and are related to key areas of well-being.

However, this reinforces that the changes evidenced by the project's own data in terms of participation and change in awareness are necessary for high-value transformations to be generated in areas of well-being significant to this stakeholder group, as they are part of a chain of events that contributes to achieving those changes most valued by the surveyed participants themselves.

In terms of **the typology of changes**, **circumstances** represent **50%** of the changes identified, while **emotional** changes comprise **37.5%** and changes in **capabilities** constitute **12.5%**. No changes have been identified in the categories of awareness, attitude and habits/behavior, suggesting that the changes of high relevance have been more focused on structural aspects of the participants' lives, thus being aligned with what was intended in the objective *Improved inclusion of older people in the community support network .*[66]

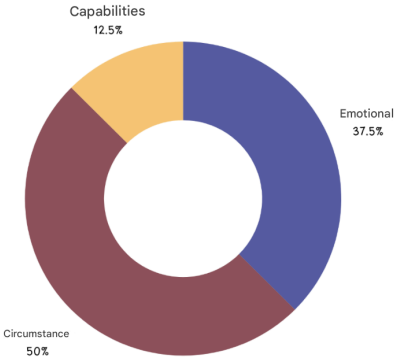
[66] Red Cross - *Logical framework of the Reforzando Vínculos project - Red Cross.*

Figure 37. Distribution of changes in well-being - Elderly participants



Source: Own elaboration.

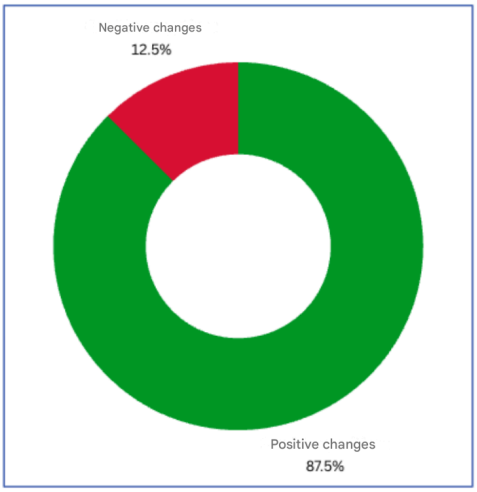
Figure 38. Distribution of types of changes - Elderly participants



Source: Own elaboration.

4.4.2.5 Relationship between positive and negative changes - Elderly surveyed participants

Figure 39. Positive and negative changes - Elderly participants



Source: Own elaboration.

In this interest group, the vast majority of the changes identified were positive. However, **one negative change was identified**, representing **18.90%** of the total responses in the quantitative phase: *Increased sense of vulnerability*, with the lowest mean importance compared to the rest of the changes.

This feeling of vulnerability is related to the social dynamics of the intervention. Some older people mentioned that, when participating in group activities where they had to share personal aspects in talks or meetings, they felt exposed. This was especially true in encounters with people from their community or locality whom they knew by sight, but with whom they had not interacted closely before. The need to talk about themselves and share experiences in a group setting generated discomfort in some cases.

On the other hand, in the qualitative phase, isolated negative changes were identified. These isolated cases were related to internal problems among participants, cited on some occasions during the interviews but without significant recurrence, which reinforces the idea that these changes did not have a generalized impact within the group of interest.

Additionally, in the qualitative phase, some people mentioned *concern and uncertainty about the continuity of the project*. However, due to its low appearance in the interviews and its absence in the quantitative survey, this change was not included in the quantitative phase. Although for some participants the possible termination of the intervention represented a concern, the lack of recurrent mentions prevented it from being considered a relevant change in the study.

The analysis shows that the negative changes were minimal compared to the positive changes and those identified did not represent a significant barrier to participation in the intervention.



> ***"I now leave the house daily to go to Respite Care and participate in activities at the Retiree Club and Red Cross. I'm much more active, even though I carry a lot of grief inside because of the loss of my children."***
>
> *Older Person Participating in the Reforzando Vínculos intervention*

4.4.2.6 Conclusions - Elderly participants surveyed

The analysis of the changes experienced by the elderly participants in Reforzando Vínculos suggests a positive impact on emotional well-being, autonomy and social integration, showing that social value is provided where the project was intended to generate improvements. However, areas with less impact are identified, suggesting opportunities for improvement in aspects such as material well-being, personal development and digitalization.

Positive impacts and alignment with Reforzando Vínculos: The changes most identified and valued by seniors were:

- *Increase in the support network (100%)*
- *Reduction of the feeling of loneliness (99%)*
- *Strengthening of the sense of belonging to the local community (99%)*
- *Increased sense of energy and vitality (96%)*
- *Increase in personal autonomy (88%)*

These changes, with **importance scores between 9.02 and 9.48 out of 10**, reinforce the alignment of the intervention with its purpose of fostering social support and autonomy as a key strategy to prevent institutionalization.

From a methodological perspective, the relevance test confirmed that these five changes are "well-defined", as they exceeded the **70%** threshold of the relevance index and met at least two of the four additional criteria evaluated.

Identification of negative changes and their impact: Although the vast majority of changes were positive, **18.90% of the participants reported an increase in the feeling of vulnerability**, with the lowest importance score (**8.00/10**). This feeling was linked to participation in group activities, where some older people reported feeling exposed by sharing personal experiences in an environment with strangers or acquaintances with whom

they had no previous bond. This suggests the need to adjust participatory dynamics to ensure a safer and more comfortable space.

In addition, in the qualitative phase, internal problems among participants and concern about the continuity of the intervention were mentioned, although their low frequency and lack of validation in the quantitative phase prevented their consideration as relevant changes. Nevertheless, it suggests the need to monitor possible barriers to participation and improve communication about the stability of the intervention.

Areas with less impact and aspects not aligned with the intervention: Despite the advances in autonomy, social integration and emotional well-being, there are areas where the intervention has not represented significant transformations:

- **Material well-being and access to resources**: Only **12.5%** of the changes are in this area, either because the project does not focus on it, or because the value of the project's contribution (digital tools) was not valued. Another reason could be that at the time of data collection only a low percentage of respondents had used the technology provided.
- **Personal development and personal rights**: no relevant changes are highlighted in these domains, which indicates that the stakeholder does not perceive that the value provided by Reforzando Vínculos lies in the knowledge itself, but in the effects that such knowledge generates.

4.4.3 Results - Surveyed relatives of elderly participants

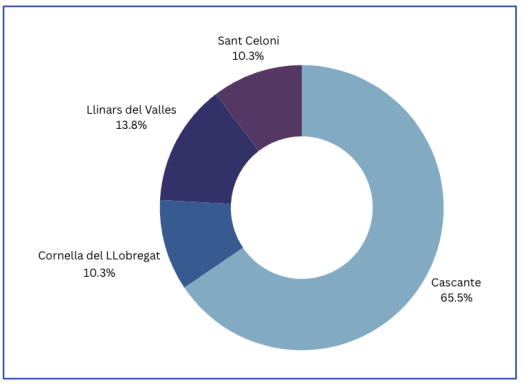
Through the data collection, with the participation of **29 relatives of elderly people** belonging to a total of **167** families (representing **17.37%** of the population studied), **five changes relevant to them were identified**, each with a varying degree of importance. It should be noted that this sample has a margin of error of **16.59%**, so the report recommends caution in interpreting the results because, although they are moderately representative, they cannot be considered fully representative of all family members.

In order to better understand the findings, the characteristics of the family members participating in the evaluation are contextualized.

4.4.3.1 Respondent characteristics - Family respondents of elderly participants

Territorial distribution: The sample of surveyed family members participating in the evaluation does not include all the localities where the intervention was implemented. **The territories with the highest representation in the sample correspond to Cascante, Llinars del Vallès and Sant Celoni, followed by Cornellà de Llobregat.** However, some localities such as **Burlada**, **El Rosario**, **La Laguna** and **Tegueste** are not represented in the evaluation.

Figure 40. Territorial distribution of participating family members



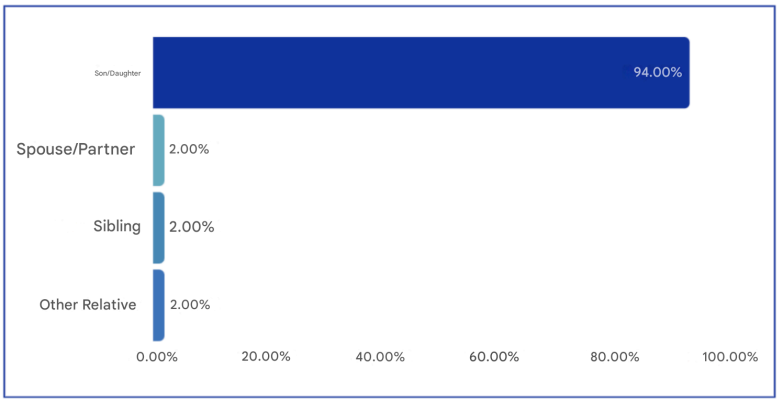
Source: Own elaboration.

This distribution suggests that the participation of family members in the quantitative phase of this impact evaluation was not homogeneous in all territories. Table 2 details the limitations and complexities of the study that explain these variations.

Relationship with the elderly person: The evaluation shows that the vast majority of the family members surveyed are sons or daughters of the elderly person, while other family ties, such as spouses, siblings or more distant relatives, are significantly less represented.

This reflects the fact that the responsibility for care and accompaniment falls to a large extent on the children, which may condition their perception of the intervention and the changes experienced.

Figure 41. Relationship of family members with the elderly person.

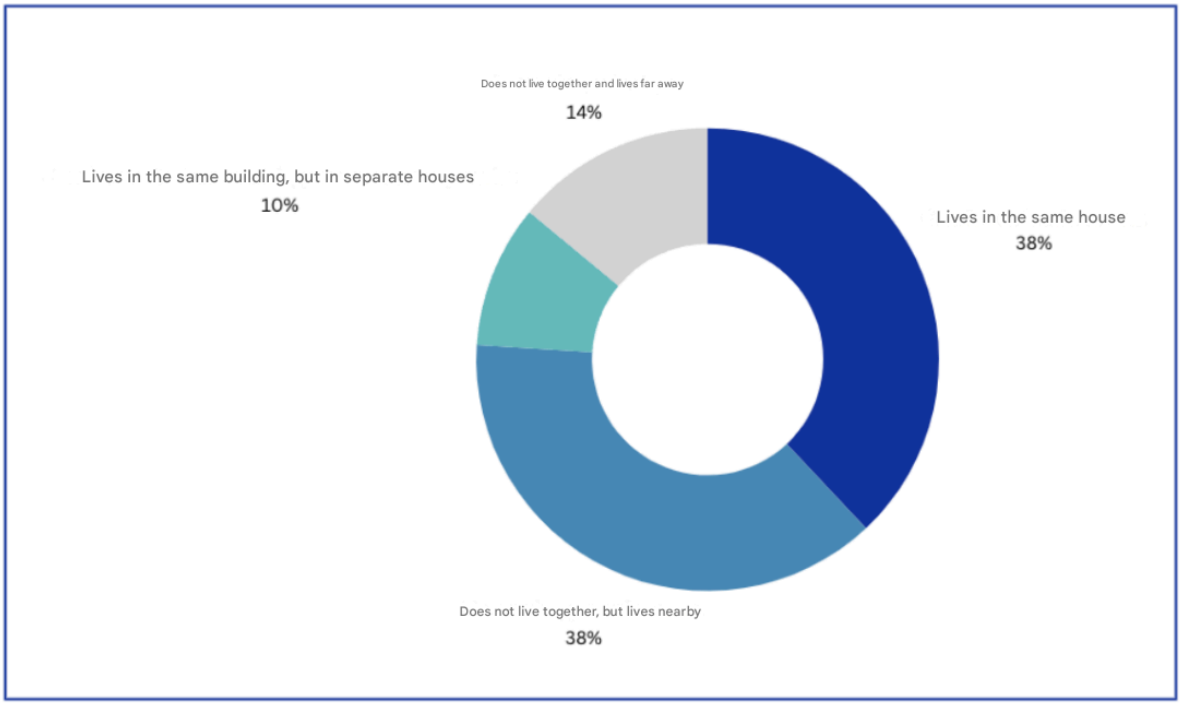


Source: Own elaboration.

Cohabitation with the elderly person: In terms of cohabitation, the sample reveals a balance between those who live in the same house with the elderly person and those who, although not living together, reside nearby, facilitating frequent contact. A smaller group lives in the same building, but in separate dwellings, while a smaller percentage resides far from the older person.

This distribution, although based on responses from only 29 individuals, suggests that while a portion of family members have a direct caregiving role, many others play a supportive role from a distance, which may influence how they perceive the changes experienced due to the intervention.

Figure 42. Modality of cohabitation between family members and the elderly



Source: Own elaboration.

Care of participants with limitations derived from cognitive difficulties: Another relevant aspect in the analysis of the data of this group of interest is the presence of limitations derived from cognitive difficulties in the elderly person (participant of Reforzando Vínculos). According to the data reported by the project[67] , the information on whether or not a participant had limitations derived from cognitive difficulties was based on the organization's records, based on statements made by the person him/herself or his/her family member. Based on these data, **it was estimated that 38.54% of the participants reported limitations derived from cognitive difficulties**.

For the identification of the sample, we sought to ensure the representativeness of this group in order not to exclude their voice. Therefore, we sought to ensure that the total sample of family members included those who had major participants with limitations derived from

[67] *Internal IMAP logging system (question: Has the person noticed or has anyone around him/her indicated that lately he/she has more trouble than before in, for example, following a conversation, remembering the shopping list, finding his/her way around the street, or writing?*

cognitive difficulties. This condition was validated by means of a question[68] included in the questionnaire: ***Would you say that your relative suffers from some type of limitations derived from cognitive difficulties (with or without diagnosis) that makes him/her dependent on you?***

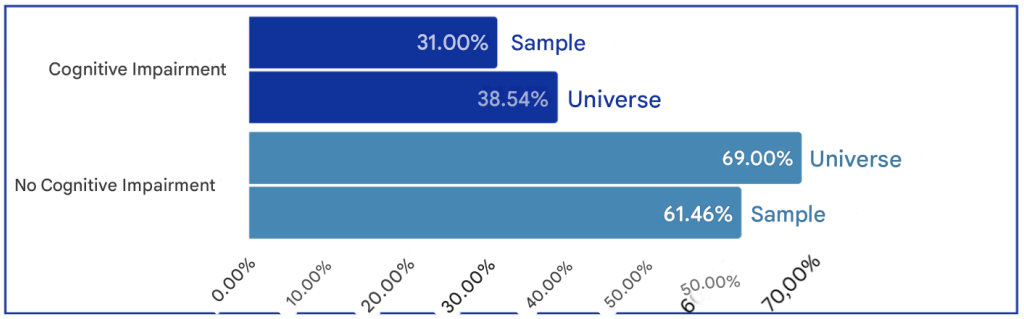
The reasons for wanting to ensure their "voice" were that this condition may increase the burden of care and modify the perception of the changes associated with the intervention. According to the *World Alzheimer Report 2019*[69], caregivers of people with limitations derived from cognitive difficulties experience a greater emotional and physical burden, presenting elevated levels of stress, anxiety and burnout compared to those who relate to people without limitations derived from cognitive difficulties. In addition, they face social and occupational isolation, as many caregivers reduce their working hours or quit their jobs and their support network is affected. The report also highlights the economic impact of unpaid informal care, which represents a substantial part of the total cost of dementia and falls mostly on close relatives.

Therefore, it was hypothesized that this subgroup could experience changes different from those experienced by caregivers of family members without limitations derived from cognitive difficulties. However, in the qualitative data collection, in which responses were collected from 29 family members, 9 of whom indicated that their family member had limitations derived from cognitive difficulties, representing **31%,** and therefore representative in relation to the situation described above, there was no evidence of a significant difference in the responses that could claim a significant difference.

These results can be consulted in detail in Section 3.1.2.2.

[68] *We included questions from a scale aimed at primary caregivers, with the objective of detecting possible differences between family members of participants with limitations derived from cognitive difficulties and those whose family members do not present cognitive difficulties (ZARIT synthesized scale).*
[69] Alzheimer's Disease International (ADI). (2019). *World Alzheimer Report 2019: Attitudes to dementia*. Alzheimer's Disease International. Retrieved from https://www.alzint.org/resource/world-alzheimer-report-2019/

Figure 43. Relatives of people with and without limitations derived from cognitive difficulties.

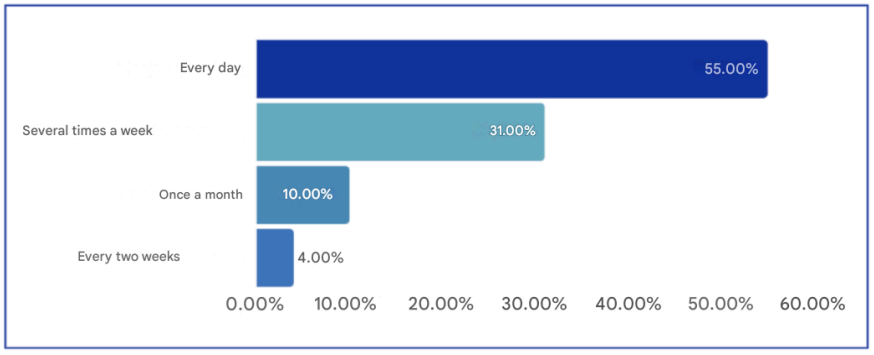


Representativeness of the sample. Source: Own elaboration.

However, the **17% margin of sampling error** suggests that there could be some limitation in the representativeness of the sample, which implies a possible risk that the results do not reflect with complete accuracy the reality of the family members as a whole. Therefore, it is recommended that the findings be interpreted with caution if they are to be used to make specific decisions regarding family members with participants with limitations derived from cognitive difficulties.

Frequency of visits to the elderly person: Regarding the frequency of visits, more than half of the family members surveyed maintain daily contact with the elderly person, while another important group visits several times a week. A smaller group visits their relative more frequently, either once a month or every two weeks.

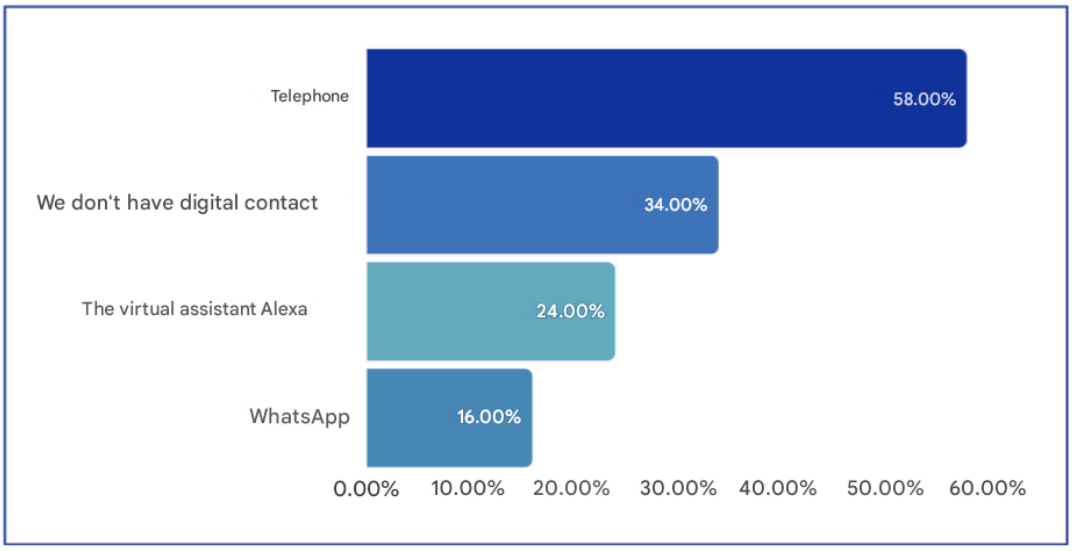
Figure 44. Frequency of visits to the elderly person.



Source: Own elaboration.

Digital communication channels: In addition to face-to-face contact, family members also use digital media to communicate with the elderly person. The telephone is the most commonly used medium, followed by virtual assistants and messaging applications such as WhatsApp. However, a considerable percentage of respondents indicate that they have no digital contact with their elderly relative.

Figure 45. Digital channels of communication with the elderly person.



Source: Own elaboration.

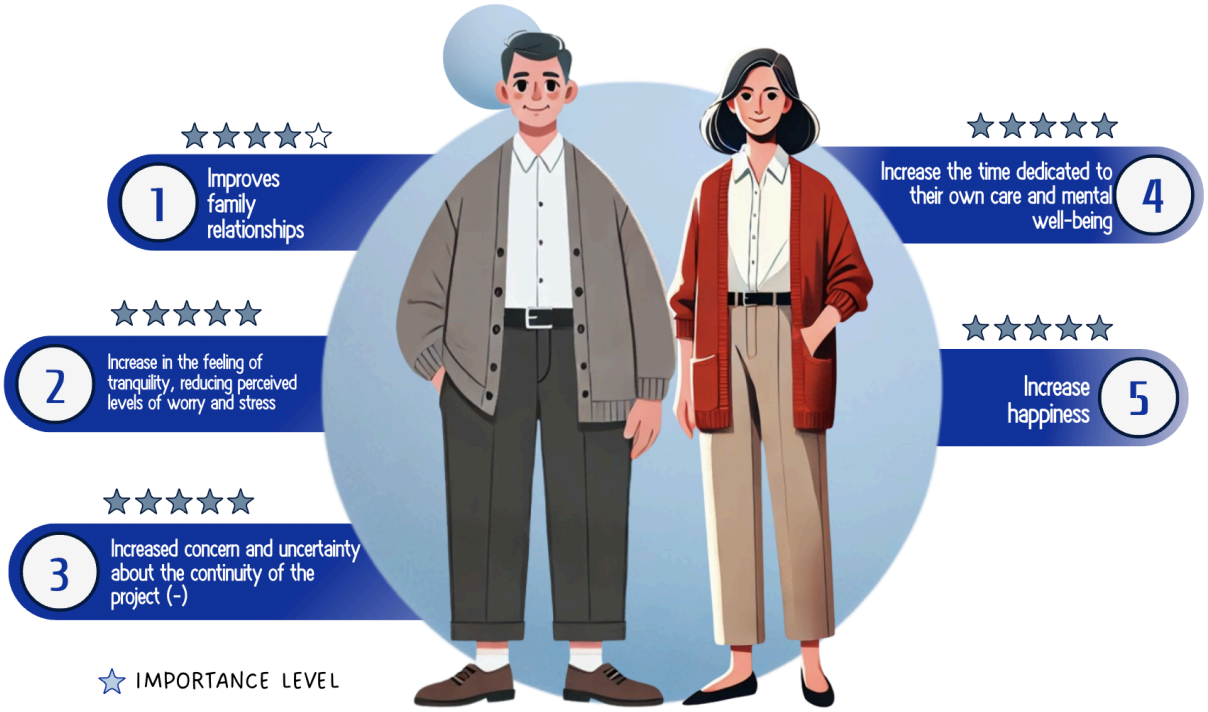
It is important to highlight that those who make use of virtual assistants and video to communicate with the older person tend to complement these media with WhatsApp and phone calls, integrating different tools in their communication. In contrast, another significant group limits itself to a single channel, either exclusively the telephone or no digital tools at all, which could be related to technological barriers or a preference for face-to-face communication.

4.4.3.2 Changes Identified - Surveyed family members of participating seniors

Once the characteristics of the family members participating in the study have been presented, we proceed to analyze the changes identified in the evaluation. As detailed in

Figure 46, **five relevant changes** have been identified, each with a varying degree of importance.

Figure 46. Relevant changes - Relatives of elderly participants.



Source: Own elaboration.

4.4.3.3. Process of constructing the chain of events with family members of elderly participants surveyed

The construction of the chain of events for family members had a dual strategic objective: on one hand, to **triangulate and validate** the changes reported by the elderly participants; and on the other, to identify and understand the **second-order effects (derived value)** that the intervention generated within the family unit.

The process was based on in-depth interviews (individual and group), guided by the specific protocol in **Appendix III.I, "Qualitative Questions for Family Members of Participants"**. The interviews were conducted until a **saturation point** was reached, at which no new

significant categories of change emerged, thus ensuring the representativeness of the findings. The main challenge was to guide the conversation so that family members articulated the value experienced by themselves, and not just that of the older person they care for.

1. Isolating the family member's own change

The starting point of each interview was **Block B ("Identification")** of the script (Appendix III.I), with the key question: *"What changes have you experienced as a family member...?"*. Frequently, the initial responses focused on the well-being of the older person ("*I am calmer because he/she is happier*").

- **Analyst's judgment:** The crucial methodological decision was to **actively redirect the conversation** to isolate the derived value. In response to an answer focused on the other person, the analyst used a specific probing question: *"I completely understand that joy. And that peace of mind that seeing them well gives you, has it allowed you, in your day-to-day life, to do something different or feel different?"*. This judgment was essential to move beyond empathy and begin mapping tangible changes attributable to the family member, such as "getting time back for hobbies" or "reducing emotional tension."

2. Construction of the derived value chain

Once a family member's own change was identified, its causal logic was constructed using **Blocks C ("Causes")** and **D ("Consequences")** of the script (Appendix III.I). It was explored how changes in the older person (the cause) generated new results in the family member's life (the consequence).

- **Analyst's judgment:** The analyst acted as a "value translator." The chain was verbalized for validation: *"So, if I understand correctly, the fact that your mother socializes more [change in the participant] has allowed you to reduce your worry [immediate result for the family member], and that in turn has improved the quality of your own rest [final outcome for the family member]. Is that right?"*. Additionally, similar concepts (e.g., "less stress," "less overwhelmed") were unified under a consensus-based term to give robustness to the aggregated model.

3. Data triangulation and validation of changes

To reinforce the validity of the analysis, **Block G ("Observation of changes")** from the script (Appendix III.I) was used, where family members were asked to describe the changes they had directly observed in the older person.

- **Analyst's judgment:** The responses to this block were not used to build the family member's chain but as a **triangulation tool**. The observations from family members were cross-referenced with the narratives of the elderly participants themselves, collected in their focus groups. The high degree of consistency between both sources gave greater reliability to the changes identified as the origin of the value chains.

4. Prioritization of value and mitigation of social desirability bias

The final step was the attribution of value, guided by **Block E ("Meaning")**. A high risk of **social desirability bias** was detected, where family members felt they should value the happiness of their relative more than their own well-being.

- **Analyst's judgment:** To counteract this bias, the prioritization question was reformulated as a **forced and personal choice**: *"Both changes are important, but if the intervention could only guarantee one of the two for you tomorrow, which would have a greater impact on your personal quality of life: [seeing your relative happier] or [having three hours of free time for yourself per week]?"*. This methodological judgment was key to obtaining a more honest and accurate weighting of the value created directly for the family member.

The analysis of this stakeholder group generated a set of derived value chains. The figure presented below (Figure 47) is an **aggregated model that synthesizes the most significant change pathways for family members as a group**. This process, which combined the active redirection of the conversation with data triangulation and bias mitigation, made it possible to build a robust value map that is essential for understanding the holistic impact of the project.

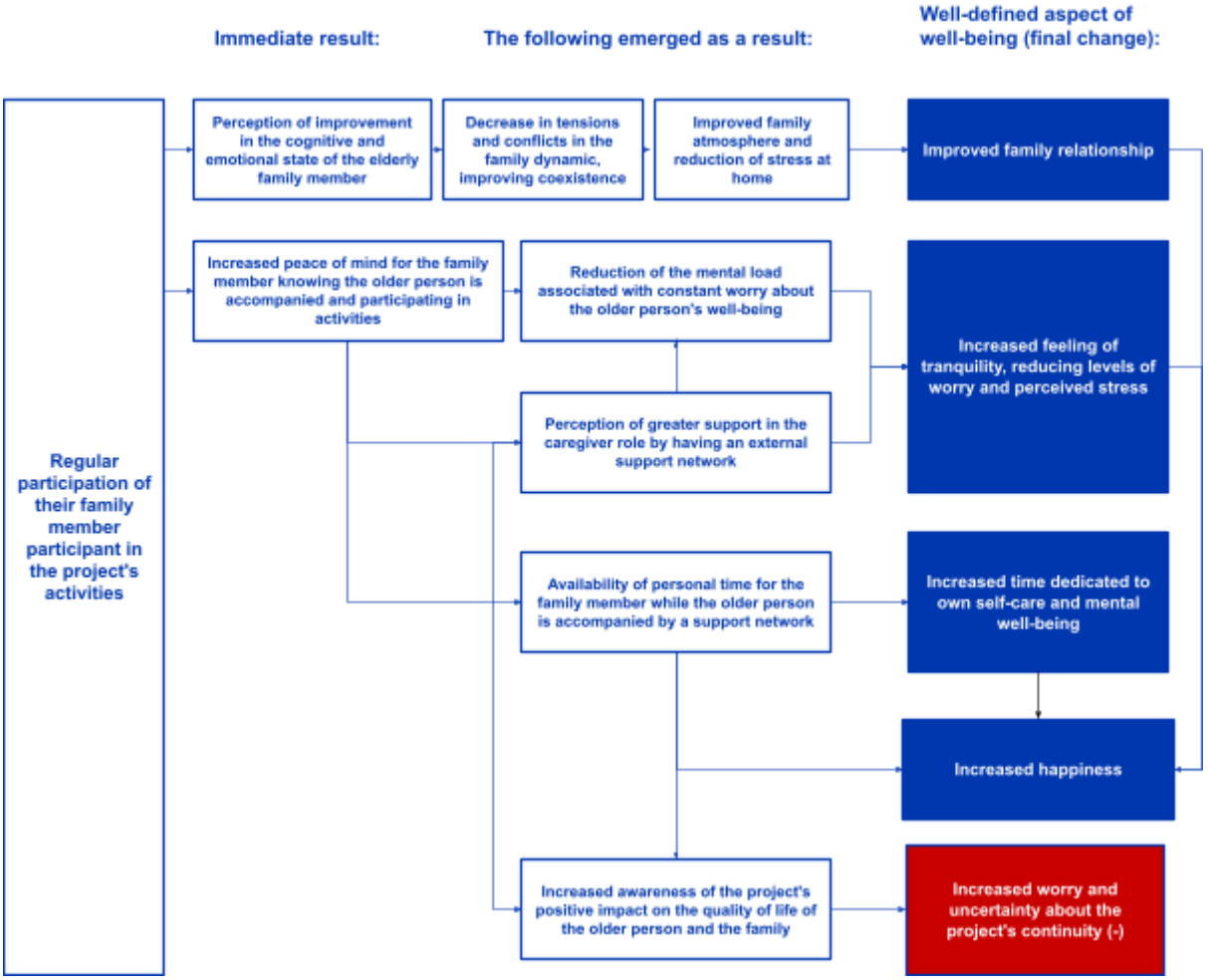
Table 22. The theory of change - Family of elderly participants

Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	As a result, stakeholders say they:	Well-defined outcomes to be measured
Group activities: Family members were involved through 15 focus group sessions to construct the chain of events and provide qualitative data. Individual activities: They also participated in individual quantitative data collection via structured forms, with 29 family members completing this stage. Additionally, 16 family members were involved in the initial process of identifying other impacted stakeholders.	Time dedicated to the activities: A subset of family members (10.3%) reported providing additional support. These non-financial contributions, including accompaniment time and transport costs, have a combined financial proxy value of €1,554.08.	The project activities and the family members' inputs generated the following direct outputs: Triangulated data that validated the changes reported by the senior participants. Awareness among family members of the project's positive impact on their relative's quality of life. 412 senior participants received technology that facilitated new channels of communication with their families.	The family members' level of stress and worry, the quality of their family dynamics, and their overall sense of well-being.	"feel calmer knowing that [our relative] participates in activities and is accompanied. This program has not only helped her, but it has given peace of mind to the whole family."	Improved family relationship. Increased feeling of tranquility, reducing levels of worry and perceived stress. Increased worry and uncertainty about the project's continuity (-).

Analysis of the chain of events: The chain of events for family members demonstrates a clear "ripple effect," where the value created for the primary participant extends to their immediate support network. The core of the change lies in the reduction of the family member's emotional and mental burden. By seeing their senior relative active, social, and supported, the family member's constant worry decreases. This initial change in tranquility is the catalyst for all other positive outcomes, such as improved family dynamics and more time for self-care. The analysis also captures a key negative outcome: the success of the project creates a new dependency, leading to significant concern about what will happen when the project ends. This highlights that the value created is perceived as both significant and fragile.

Source: Own elaboration.

Figure 47. Chain of events - Family members of elderly participants.



Source: Own elaboration.

4.4.3.4 Domains of well-being and types of change - Surveyed family members of elderly participants

The following is a classification of the changes identified according to the **well-being domains** established by the Sherlock-Verdugo well-being domains[70] , which allows a better understanding of the specific areas affected by these changes.

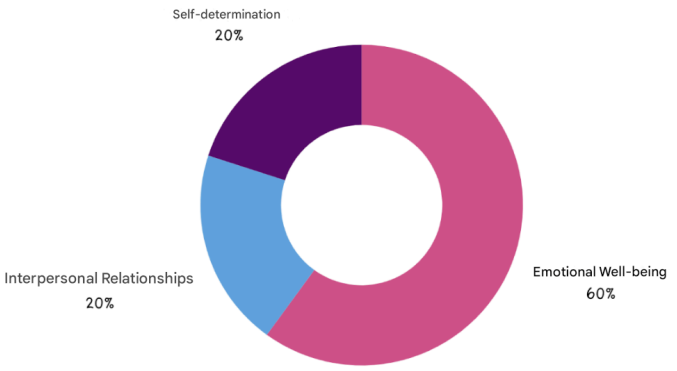
For this interest group, the changes identified are mainly concentrated in **emotional well-being (60%),** followed by **interpersonal relationships (20%)** and **self-determination (20%).** It is important to note that **no changes were identified in the domains of physical well-being, material well-being, personal rights, social inclusion and personal development.** This suggests that the intervention has had a limited impact on aspects such as access to material resources, the exercise of rights or the social participation of family members.

As for **the typology of the changes**, they are equally divided between **emotional** changes, changes in **habits** and changes in **circumstances**, which indicates that the intervention has mainly influenced emotional stability and day-to-day changes, reflecting adjustments in the way in which family members organize their time and resources to attend to their own well-being and that of their family members.

Likewise, in terms of the types of change, no transformations related to **awareness**, **attitude** or **capabilities** have been identified, indicating that, although the intervention has generated effects on emotional well-being and family dynamics, it has not promoted structural changes in the way in which family members perceive their role or their abilities to cope with their situation. Graphical representations of the typologies of changes are shown below:

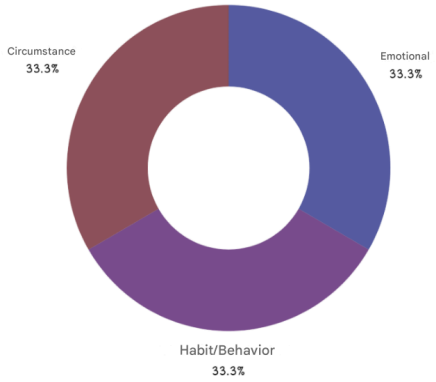
[70] Schalock, R. L., and Verdugo, M. Á. 2002. *Calidad de vida: Manual para profesionales de la educación, salud y servicios sociales (Quality of life: A handbook for professionals in education, health and social services)*. Alianza Editorial. https://dialnet.unirioja.es/servlet/libro?codigo=98116

Figure 48. Distribution of welfare changes



Source: Own elaboration.

Figure 49. Distribution of types of changes



Source: Own elaboration.

4.4.3.5 Relationship between positive and negative changes - Surveyed family members of elderly participants

The analysis of the changes identified by the family respondents of the elderly participants in Reforzando Vínculos shows that **the vast majority of the changes experienced were positive.**

However, a negative change was identified: the *increase in concern and uncertainty about the continuity of the project (-)*, reported by **100%** of the people surveyed **(29** people). This change is attributed to the lack of certainty about the permanence of the intervention and its possible impact on the lives of the elderly participants and their families.

> ***"Reforzando Vínculos has been exceptional and incredible. There is no substitute for what has been created here."***
>
> *Family Member of an Elderly Person Participating in the Reforzando Vínculos intervention*

Despite the identification of this negative change, no other adverse impacts were mentioned during the qualitative interviews. On the contrary, most family members expressed a high degree of gratitude towards the Red Cross and positively valued the resources and support offered throughout the intervention.

4.4.3.6 Conclusions - Family members of elderly participants



Analysis of the changes experienced by the family members of the elderly participants in the Reforzando Vínculos program suggests that the intervention has had a positive impact on their emotional well-being, *reducing stress* and *strengthening family ties*. Although the primary focus of the intervention is the elderly, the results reflect that their immediate environment has also experienced benefits, suggesting that the support provided has had an impact on family dynamics and overall perceptions of well-being.

Positive impact on emotional and family well-being: The *reduced stress* and *increased sense of calm* identified by family members highlight the value of the intervention as an indirect support resource for them. The fact that participants report more time for self-care and mental well-being indicates that the intervention has generated breathing spaces in the emotional and organizational burden associated with caring for their elderly family members.

In addition, the *improvement in the family relationship* reinforces the idea that the intervention not only works with the elderly person, but also influences the immediate environment, promoting a more positive coexistence and a greater understanding of the needs of those involved in the intervention.

Concern about the continuity of the intervention: The change most identified by family members was *concern about the continuity of the project (-)*, with one of the highest importance scores. This indicates that, although the intervention has been positively valued, uncertainty about its permanence generates concern among families.

> ***"My mother is happier, especially more accompanied. Now she has goals every day, like getting up early to go to the respite classroom. She also leads a healthier life."***
>
> *Family Member of an Elderly Person Participating in the Reforzando Vínculos intervention*

Final conclusion: Reforzando Vínculos has succeeded in generating positive impacts on emotional well-being and family dynamics, reflecting that the benefits of the intervention extend beyond the elderly. However, concerns about the continuity of the project suggest the need to strengthen communication about its sustainability. While the focus of the intervention is correctly oriented towards the elderly, future consideration of ways to strengthen the role of family members could contribute to the consolidation of the results obtained.

4.4.4 Results - Paid personnel surveyed

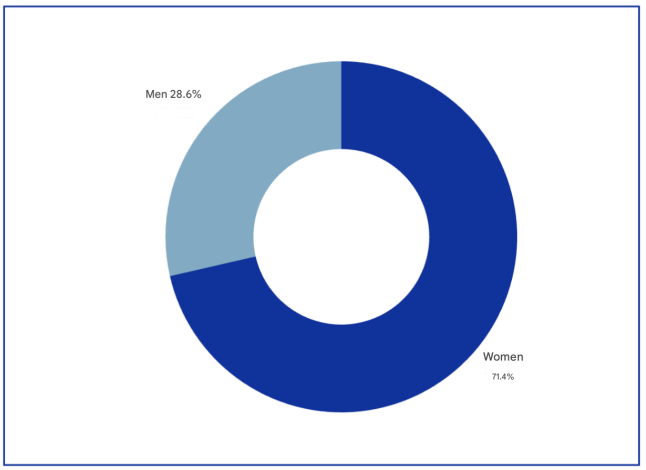
Through the data collection, with a representative participation of **14 professionals** (**70% of the total population studied**), **seven relevant changes** were identified, each with a varying level of importance.

However, before analyzing these changes, it is necessary to contextualize the characteristics of the paid staff surveyed in the evaluation.

4.4.4.1 Respondent Characteristics - Paid Staff Surveyed

Gender distribution: The majority of the evaluation respondents are **women (71.4%),** while **men** represent **28.6%** of the sample. This distribution is consistent with the gender composition of the total universe, with **women** representing **75%** and **men 25%**. Therefore, the sample can be considered to be representative in terms of gender.

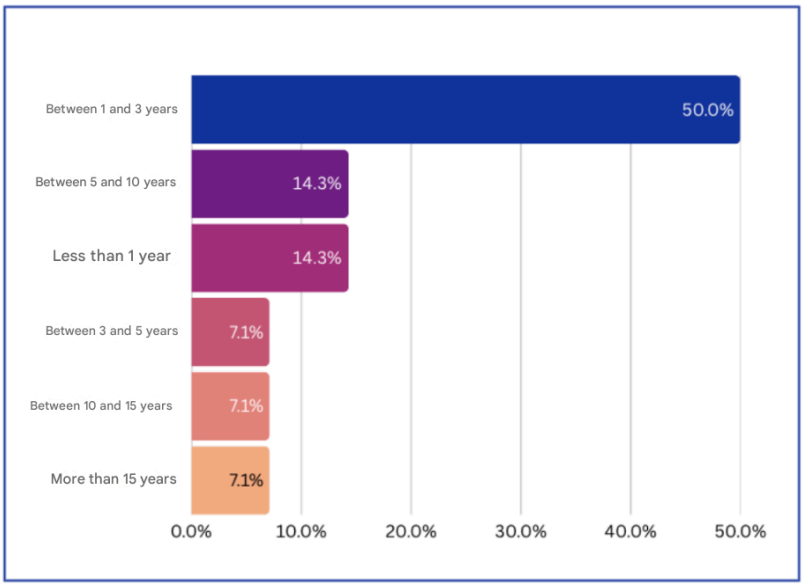
Figure 50. Gender distribution of paid staff surveyed in the sample.



Source: Own elaboration.

Length of time with the Red Cross: 50% of respondents have been **with the Red Cross for between 1 and 3 years**, followed by **14.3%** who have **been with the Red Cross for between 5 and 10 years** and another **14.3%** with **less than 1 year**. A smaller percentage **(7.1%)** have worked **between 10 and 15 years**, **between 3 and 5 years**, or **more than 15 years**.

Figure 51. Red Cross seniority of paid staff surveyed.



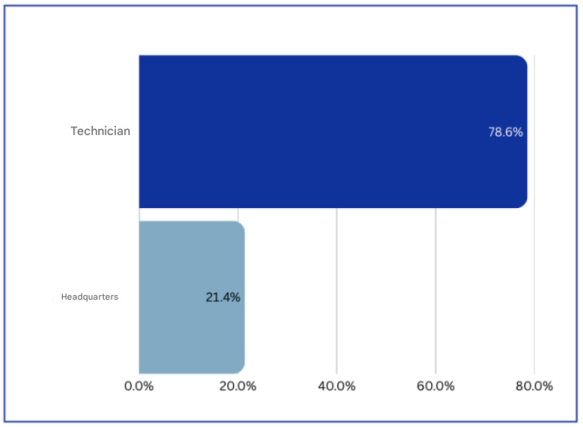
Source: Own elaboration.

Relationship with the Reforzando Vínculos project: 100% of respondents were working on the project at the time of the evaluation, indicating that the sample represents only those with an active link to the initiative.

Roles within the organization

Of the people surveyed, **78.6%** occupy the role of **technician** within the organization, while **21.4%** belong to the head office.

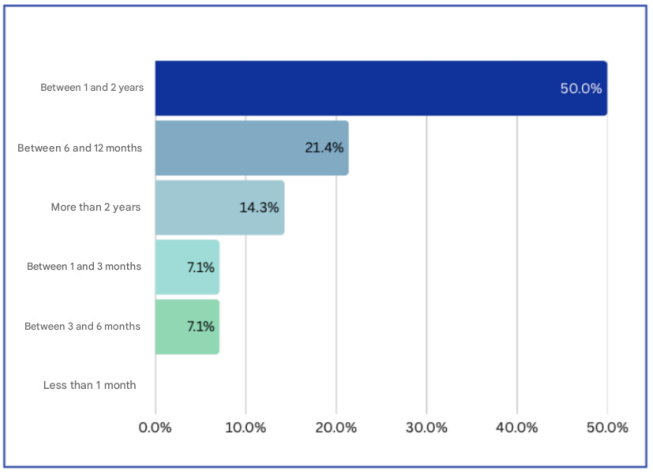
Figure 52. Roles within the organization of the surveyed paid staff.



Source: Own elaboration.

Time of specific dedication to the project: In terms of time worked in Reforzando Vínculos, **50%** of the people surveyed have been with the project **for between 1 and 2 years**, while **21.4%** have been with the project **for between 6 and 12 months**. Some **14.3%** have participated for **more than 2 years**, **7.1% between 1 and 3 months**, and another **7.1% between 3 and 6 months**.

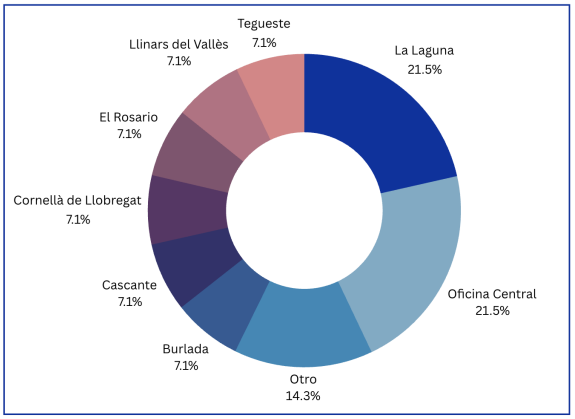
Figure 53. Time spent on the Strengthening Linkages project - Paid staff surveyed.



Source: Own elaboration.

Territorial distribution: The responses reflect a geographical diversity in the implementation of the project. The localities with the highest representation in the sample are **La Laguna** and the **Central Office** (**both with 21.4%**), followed by the option **"Other"** (**14.3%**). **Burlada**, **Cascante**, **Cornellà de Llobregat**, **El Rosario**, **Llinars del Vallès** and **Tegueste** each had **7.1%** participation**. No responses were recorded from Sant Celoni or Tudela.**

Figure 53. Territorial distribution of the surveyed paid personnel



Source: Own elaboration.

4.4.4.2 Changes Identified - Paid staff surveyed

The changes identified are illustrated in the following image, where the stars highlight those considered most significant according to the perception of the paid staff, in accordance with the analysis based on the criteria described in Figure 54.

The paid staff surveyed identified several relevant changes in their experience within the project. On the one hand, they highlighted *improvements in their career prospects and professional development*, which allowed them to *strengthen their skills and capacity to respond to the needs of the elderly through community intervention*. However, they also noted *an increase in stress levels*, due to the demands and responsibilities of their work, which generated an additional challenge to their well-being at work.

Figure 54. Relevant changes - Of paid personnel



Source: Own elaboration.

> ***"This experience has helped me to get to know myself better and better, discovering facets I was unaware of and learning to value others that previously went unnoticed."***
>
> *Person who is part of the paid staff of the Reforzando Vínculos intervention.*

4.4.4.3. Process of constructing the chain of events with paid staff surveyed

The process was based on group interviews, guided by the specific protocol defined in **Appendix IV.I, "Qualitative Questions for Paid Staff and Volunteers"**. The sessions were conducted until a **saturation point** was reached, where no new categories of change emerged, thus considering the sample sufficient for the purposes of the analysis. The process was structured into the following phases:

1. Identification of professional and personal changes The conversation began with **Block B ("Identification")** of the script (Appendix IV.I), which directly asks: *"What changes have you observed in your way of working, in your skills, or in your life after participating in these activities?"*. The in-depth question, *"Can you describe a specific situation in which you noticed that change?"*, was key to anchoring the responses in real work experiences.

- **Analyst's judgment:** The strategic decision was to focus the conversation on tangible and observable changes. If a professional mentioned a generic change like "I have learned a lot," the analyst used probing questions to specify: *"What specific skill have you improved? In what task or situation do you now apply that learning differently? How has that affected your day-to-day life, even outside of work?"*. This judgment was crucial to move from generalities to specific outcomes, such as "improved group management skills" or "increased personal resilience."

2. Construction of the chain of change Once a change was identified, its origin and effects were explored using **Blocks C ("Causes")** and **D ("Consequences")** of the script (Appendix IV.I). The aim was to understand which element of the project (e.g., "collaborative work," "feedback") had driven the change and how this, in turn, had affected their performance and well-being.

- **Analyst's judgment:** The analyst focused on building a cause-and-effect logic. For example, the chain was verbalized for validation: *"So, the need to coordinate with other entities [cause] led you to develop new inter-institutional communication skills [professional outcome], and that, in turn, has reduced your stress level when managing complex cases [personal outcome]. Is that correct?"*. This judgment allowed for connecting the project's activities with a tangible strengthening of the team's capabilities and well-being.

3. Linking own change with the impact on participants A distinctive step in this analysis was the triangulation of impact. **Block H ("Observation of changes")** from the script (Appendix IV.I) was used, which asks staff about the changes they observed in the participants.

- **Analyst's judgment:** The key decision was not only to record these observations but to explore the connection between the professional's change and the participant's change. The analyst posed bridging questions such as: *"And this change you've noticed in your ability to [e.g., facilitate workshops], how do you think it has influenced the elderly participants' ability to [e.g., feel more confident to participate]?"*. This judgment made it possible to sketch out a "meta-chain" that demonstrates how the team's development translates into greater social value for the end beneficiaries.

4. Prioritization of value Finally, the most significant change for the individual was determined using **Block E ("Meaning")**. The question *"Among the changes you experienced..., which do you consider the most important or significant for you?"* was fundamental.

- **Analyst's judgment:** Here, the judgment consisted of interpreting the reasons for the choice. It was assessed whether the change was important for its impact on work efficiency (operational) or for its effect on the development of skills and long-term well-being (strategic/personal). It was considered that the latter represented the highest value in terms of human capital development and personal sustainability in the role.

The resulting figure for this stakeholder group is an **aggregated model that synthesizes the most significant change pathways experienced by the paid staff**. This process demonstrates how the execution of the intervention not only generates value for the beneficiaries but also produces valuable outcomes for the implementing team itself, strengthening their professional capabilities and personal well-being.

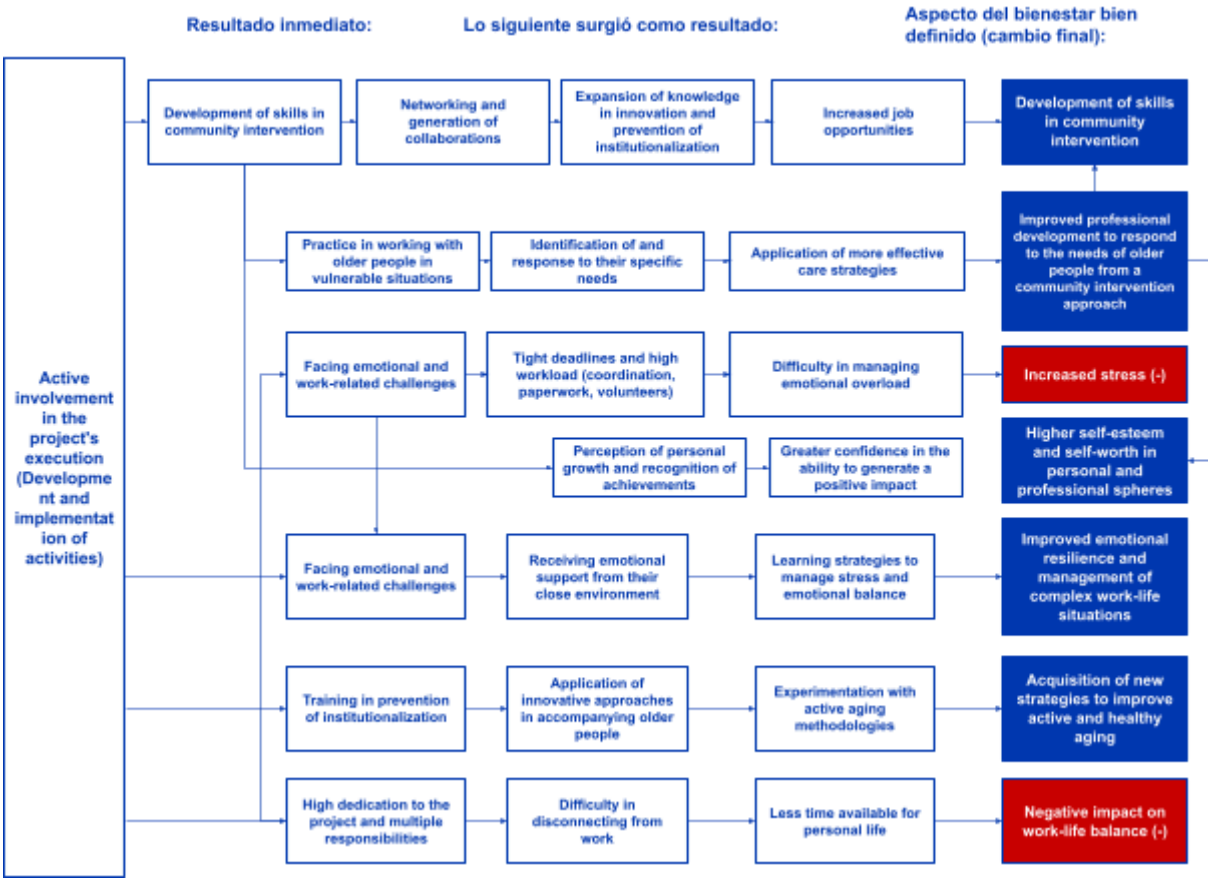
Table 23. The theory of change - Paid staff

Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	As a result, stakeholders say they:	Well-defined outcomes to be measured
Group activities: Staff engaged in collaborative work, including participating in at least two knowledge transfer actions, coordinating with partner entities, and leading group activities for participants. Individual activities: Staff's role included the development and implementation of the project's interventions, direct work and support for participants, and managing volunteers.	Time dedicated to the activities: Beyond their contracted hours, 57.1% of surveyed staff reported working uncompensated overtime. This amounts to a contribution of 649 additional hours, with a financial proxy value of €10,152.36. Including other personal expenses, the total non-compensated input from staff is €10,327.36.	The project activities and the staff's inputs generated the following direct outputs: 50% of contracted staff showed improved qualifications for personalized intervention with older people. 60% of the team showed improved skills for intervening from a community approach. Enhanced networking and generation of new professional collaborations.	The professional skills, career outlook, and personal resilience of the staff.	found the experience helped them "to know myself more and better, discovering facets I didn't know and learning to value others that previously went unnoticed."	Improved career prospects. Improved professional development to respond to the needs of older people from a community intervention approach. Increased stress (-).

Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	As a result, stakeholders say they:	Well-defined outcomes to be measured
		Expansion of knowledge in social innovation and prevention of institutionalizatio n.			
Analysis of the chain of events: The chain of events for paid staff reveals a dual-edged impact. On one hand, the hands-on, challenging nature of the project—including networking, direct practice with vulnerable groups, and high responsibility—serves as a powerful catalyst for significant professional development. This leads to tangible outcomes like enhanced skills in community intervention and improved career prospects. On the other hand, these same demanding conditions (tight deadlines, high workload, emotional complexity) directly contribute to the main negative outcomes for this group: increased stress and a negative impact on work-life balance. The analysis clearly shows that the professional growth experienced by staff comes at a personal cost, highlighting a key area for organizational improvement in future interventions.					

Source: Own elaboration.

Figure 55. Chain of events - Paid personnel



Source: Own elaboration.

Additional results - Validation of findings

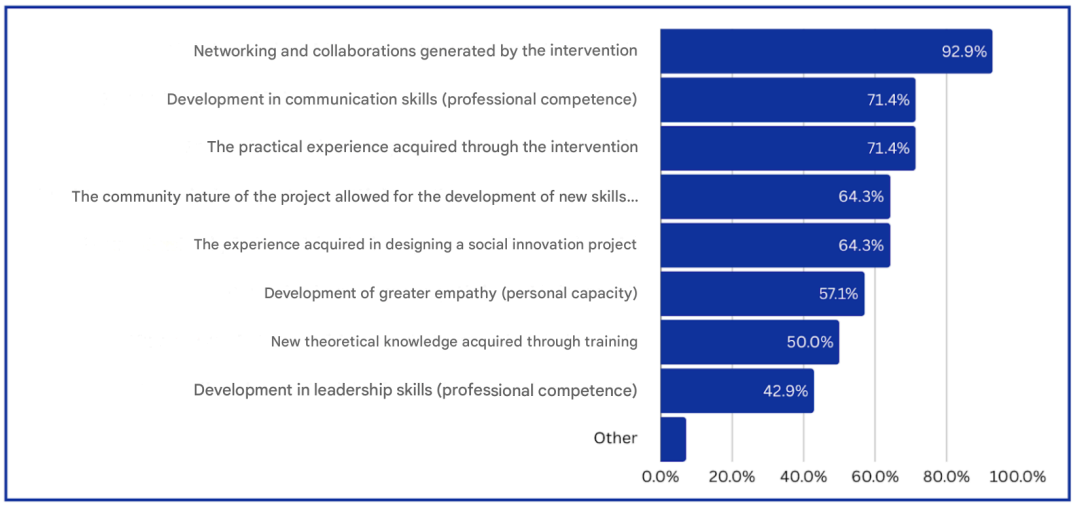
Additional questions were then incorporated into the data collection, allowing us to delve deeper into the perception of the paid staff surveyed on the changes experienced in their professional development, emotional well-being and coping strategies within the project.

***Improved career prospects*:** The project records show a high level of participation by paid staff in actions organized to strengthen their skills. They report that all paid staff surveyed have participated in at least two actions aimed at transferring knowledge and learning. In addition, **50%** of the people hired as part of the project team show an *improvement in their qualifications to intervene in a personalized way with the elderly*, as a result of the training received during the project. Likewise, **60%** of the team shows an *improvement in their competencies to intervene from a community approach*, reflecting a strengthening of key capacities for the implementation of the intervention model.

These results could be part of the following improvements identified in this area in which **92.9%** of the paid staff surveyed consider that networking and the collaborations generated by the intervention have been the **main factors that have boosted their professional development**.

They are followed by the *development of communication skills* and *practical experience acquired through the intervention* (**71.4%** in both cases), which highlights the importance of the combination of theoretical learning and applied experience. Likewise, **64.3%** mention the community nature of the project and experience in the design of social innovation projects as key elements in their professional growth.

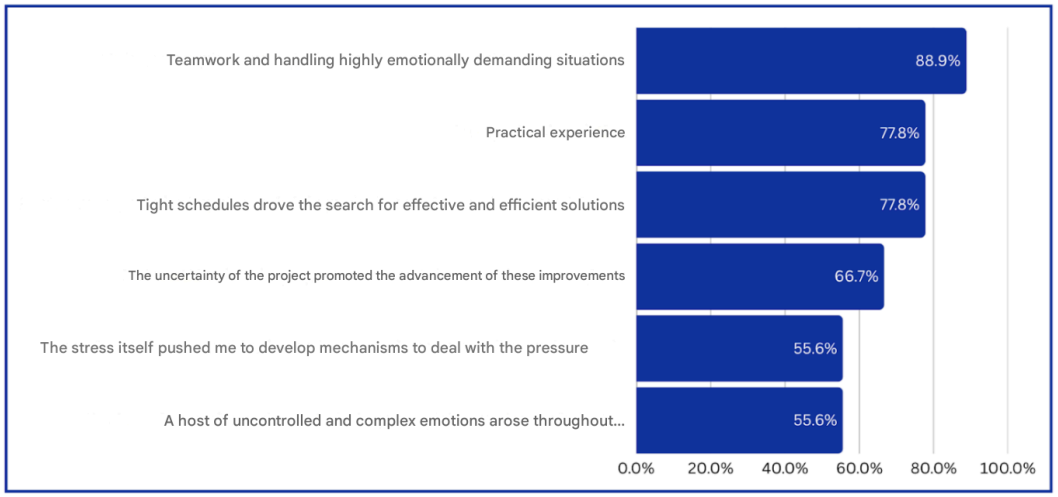
Figure 56. Question about improvements in career prospects.



Source: Own elaboration.

Improved emotional resilience and management of work-personal balance in complex situations: **88.9%** of the paid staff surveyed indicated that the ability to handle emotionally demanding situations has been a key factor in their development during the project. In addition, **77.8%** highlight practical experience and the search for effective solutions in the face of tight timescales as key elements in improving their resilience. Project uncertainty has also been a driving factor (**66.7%**), followed by the development of personal coping mechanisms to deal with stress (**55.6%**).

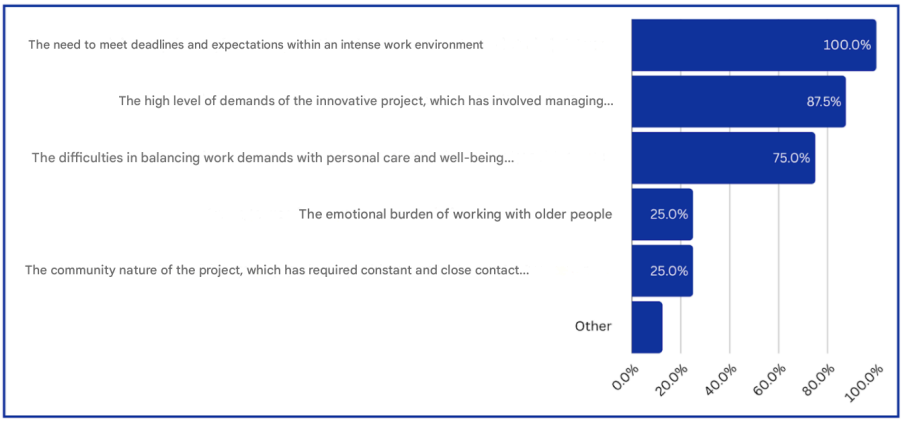
Figure 57. Question on emotional resilience and work-personal balance.



Source: Own elaboration.

***Increased stress level*: 100%** of the paid staff surveyed indicate that the need to meet deadlines and expectations within a context of intense work has been the main factor behind the *increased stress*. **87.5%** cite high project demands and managing multiple responsibilities as key elements in this perception. Other factors include difficulties in balancing work life with physical and mental well-being (**75%**) and the emotional burden of working with older people (**25%**), reflecting the need to implement support strategies to mitigate the emotional impact of the project.

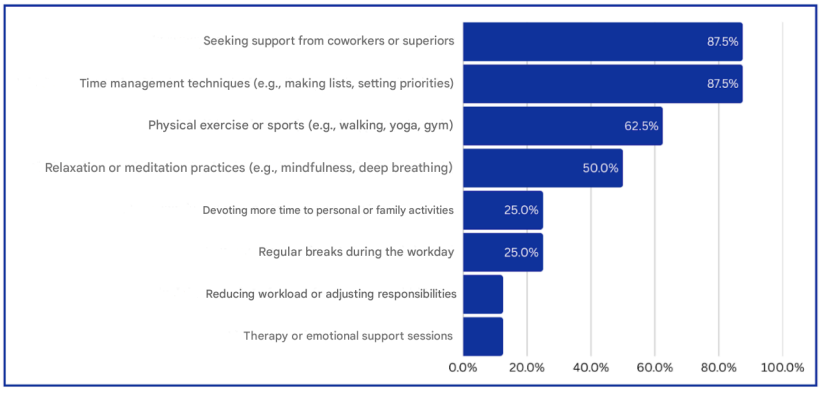
Figure 58. Question about factors contributing to stress.



Source: Own elaboration.

Greater dedication to the needs of the elderly in the community setting at the professional or personal level: To manage the stress generated by the intervention, **87.5%** of the paid personnel surveyed have sought support from colleagues or superiors and have implemented time management techniques. In addition, **62.5%** have resorted to physical exercise as a self-care strategy. Other actions have included relaxation or meditation practices (**50%**), as well as dedicating more time to personal or family activities (**25%**). These data underscore the importance of active strategies to maintain the well-being of the professional team.

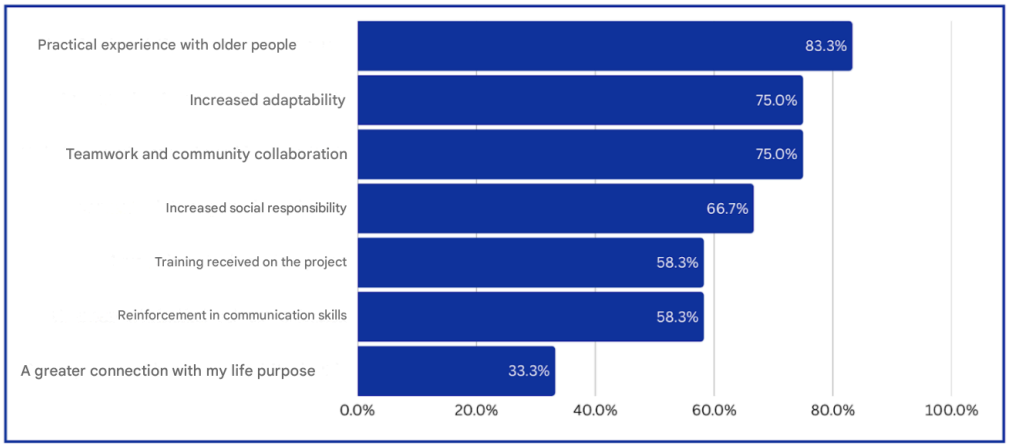
Figure 59. Question about strategies to reduce stress.



Source: Own elaboration.

Acquiring new knowledge, perceptions, ideas and strategies to prepare for active and healthy aging in life: **83.3%** of the paid personnel surveyed consider that practical experience with older people has been the most relevant factor in *acquiring knowledge to promote active aging*. **Seventy-five percent** highlight the *increase in their adaptability and team collaboration* as essential aspects, while **66.7%** mention the *development of social responsibility*. The training received and the reinforcement of communication skills were mentioned by **58.3%** of the participants, highlighting the positive impact of the project in preparing for active aging.

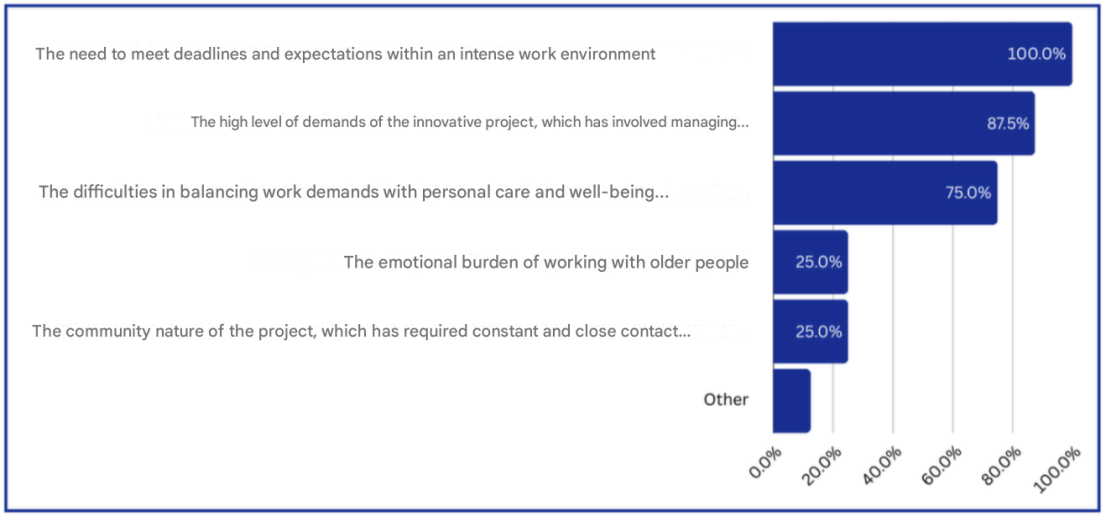
Figure 60. Question about the impact of the project



Source: Own elaboration.

Strengthening of self-esteem and recognition of their own value in the personal and professional spheres: **84.6%** of the paid personnel surveyed identify participation in an innovative project as a key factor in strengthening their creativity and self-esteem. Likewise, **84.6%** highlight opportunities for collaboration and teamwork as elements that have strengthened their self-worth. Other influential factors include the practical experience in social project management and the community connection generated through the intervention (**76.9%** in both cases). These results suggest a positive impact of the project on the participants' perception of their professional and personal value.

Figure 61. Question about self-esteem and personal and professional recognition.



Source: Own elaboration.

4.4.4.4 Welfare domains and exchange rates - Paid staff surveyed

The graphs below represent the **classification of the changes identified** according to the wellbeing domains established by the Sherlock-Verdugo wellbeing domains[71] , which allows a better understanding of the specific areas affected by these changes. In addition, the typology of the changes identified is presented, making it possible to differentiate whether they are emotional, behavioral, circumstantial or other types of changes.

For this stakeholder group, the changes identified are mainly concentrated in **emotional well-being (57.14%),** followed by **personal development (28.57%)** and **physical well-being (14.29%).** This indicates that the intervention has had a significant impact on the perception of subjective well-being of the surveyed paid staff, as well as on their professional growth and their ability to better manage their emotions in the workplace.

[71] Schalock, R. L., and Verdugo, M. Á. 2002. *Calidad de vida: Manual para profesionales de la educación, salud y servicios sociales (Quality of life: A handbook for professionals in education, health and social services)*. Alianza Editorial. https://dialnet.unirioja.es/servlet/libro?codigo=98116

As for **the typology of changes**, **emotional** changes represent **28.57%**, suggesting that the intervention has influenced the emotional stability of the professionals, especially in self-esteem and stress management. Changes in capabilities also account for **28.57%,** reflecting the development of professional and coping skills in complex situations.

Circumstances represent **14.29%**, linked mainly to work-life balance. Changes in **awareness** account for **14.29%**, indicating greater recognition of opportunities for professional growth. Finally, changes in **habits/behavior** also account for **14.29%**, evidencing adjustments in the way professionals implement strategies for active and healthy aging.

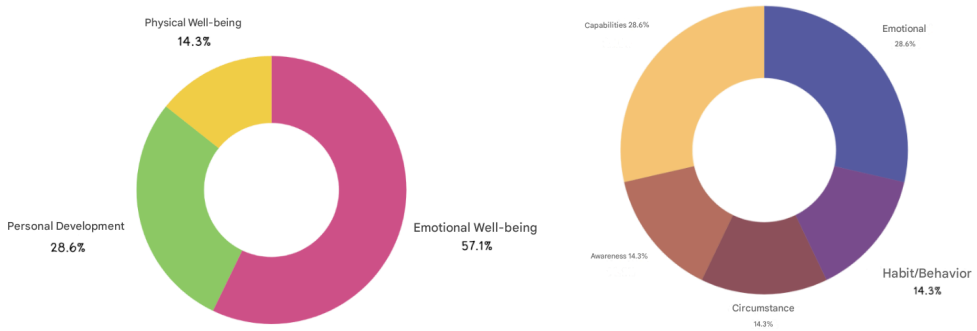
It is important to note that no changes have been identified in the domains of material well-being, personal rights and social inclusion. This suggests that the intervention has not generated direct impacts on the perception of economic stability, the exercise of labor rights or social inclusion.

Likewise, no changes in attitude have been identified, suggesting that the intervention has had a greater impact on the **capabilities**, **awareness** and **emotional state of** the professional respondents, but has not generated significant modifications in the way they perceive their role or in their willingness to change.

These findings suggest that the intervention has contributed significantly to the professional and emotional development of the surveyed paid staff, although there are opportunities for improvement in aspects related to work-life balance and the practical application of strategies for long-term job stability.

> ***"I have understood the importance of being able to reconcile family and work life in a healthy way, something I didn't value so much before."***
>
> *Person who is part of the paid staff of the Reforzando Vínculos intervention.*

Figure 62. Distribution of changes in welfare and types of changes - Paid staff.



Source: Own elaboration.

4.4.4.5 Ratio of positive to negative changes - Paid staff surveyed

Two negative changes were identified (28.57%): an increase in stress and an impact on work-life balance. These changes were related to workload and the challenges of balancing professional responsibilities with personal life. In particular, the *increase in stress* was identified by **50%** of the respondents (**7 out of 14**), with a degree of **importance of 8.26 out of 10**, indicating that, although it did not affect the majority, it did have a significant impact on a group of working people.

On the other hand, the *impact on the work-life balance* was the least recurrent negative change, reported by **42.86%** of the employees (**6 out of 14**), with a degree of **importance of 8 out of 10**.

Despite the presence of these negative changes, **no other relevant adverse impacts were identified in the qualitative interviews**. In contrast, a high degree of satisfaction with the learning acquired, the professional development achieved and the positive impact of the intervention on their job growth was highlighted.

In general terms, the experience of the surveyed paid staff with respect to the intervention has been positive, with benefits in their self-esteem, professional capacity and job prospects.

However, the presence of stress and difficulties in work-life balance suggest the need to explore strategies to better manage the well-being of workers in future editions of the intervention.

4.4.4.6 Conclusions - Paid staff surveyed



Analysis of the changes experienced by paid staff in the Strengthening Linkages intervention shows a positive impact on their professional development and emotional well-being, although challenges were also identified in terms of stress and work-life balance. These findings suggest that **the intervention has had significant effects on the perception and performance of professional people**, with opportunities for improvement in the management of work wellbeing.

Positive impact on professional development and emotional well-being: The changes most identified and valued by paid staff were:

- *Improved career prospects* (**100%**) with an **importance** score **of 9.14/10**.
- *Higher self-esteem and personal and professional self-worth* (**93%**), with a rating of **8.57/10.**
- *Improved emotional resilience and management of complex situations* (**79%**), with a score of **8.30/10.**
- *Greater capacity to respond to the needs of the elderly through community intervention* (**86%**), with a rating of **9.00/10.**

These results indicate that the intervention has contributed significantly to the development of key skills and competencies in the care of the elderly. In addition, the strengthening of self-esteem and emotional resilience reflect a positive impact on the professionals' perception of their own performance and well-being in the work environment.

Presence of stress and difficulties in work-life balance: Although the intervention has generated positive effects, two negative changes were identified that affected part of the team:

- *Increased stress (-)* (**50%**), with a score of **8.26/10**.
- *Affect on work-life balance (-)* (**42.86%**), with a rating of **8.00/10.**

These data suggest that the workload and emotional demands of the job may represent a challenge for some employees, suggesting the need to strengthen self-care and psychosocial support strategies in the workplace.

4.4.5 Results - Volunteer Respondents

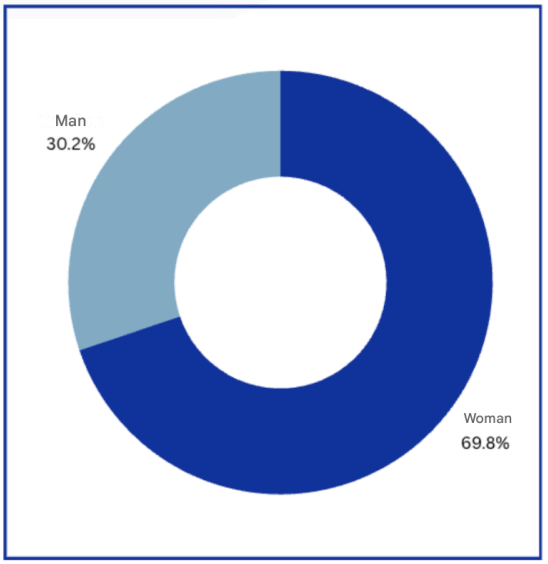
From the data collection process, in which **43 volunteers** participated, representing **30.07%** of the total study population of **167 people,** seven key changes were identified, each with a different degree of importance. The sample has a **margin of sampling error of 12.8%**, which implies that, although the results are valuable and provide an indicative view, there is a small possibility that they do not accurately reflect the reality of the volunteer population as a whole. It is therefore recommended that the data be interpreted with some caution when making specific decisions related to this group of interest.

Before analyzing these changes, it is necessary to contextualize the characteristics of the volunteers in the evaluation.

4.4.5.1 Characteristics of Respondents - Volunteer Respondents

Gender distribution: The majority of the surveyed volunteers are **women**, **69.8%,** while **men** represent **30.2%** of the sample. This distribution reflects a higher female presence in the surveyed volunteers of the Reforzando Vínculos project. However, due to the absence of gender data on the total population of volunteers in the project, **it is not possible to establish with certainty the degree of representativeness of the sample with respect to that population**.

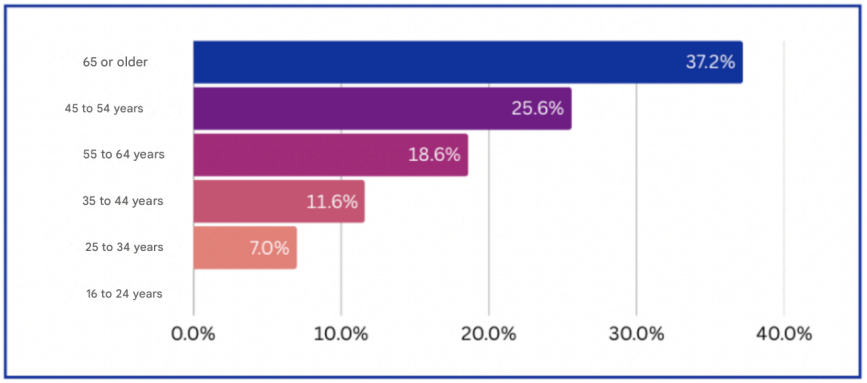
Figure 63. Gender distribution of volunteers



Source: Own elaboration.

Age distribution: **37.2%** of the volunteers surveyed in the sample are 65 years of age or older, which shows a significant participation of older people in the project. **25.6%** of the respondents are in the **45 to 54 age range**, followed by **18.6%** in the **55 to 64 age group**. The **35 to 44** and **25 to 34** age brackets account for **11.6%** and **7%**, respectively, while no responses were recorded in the **16 to 24 age group**.

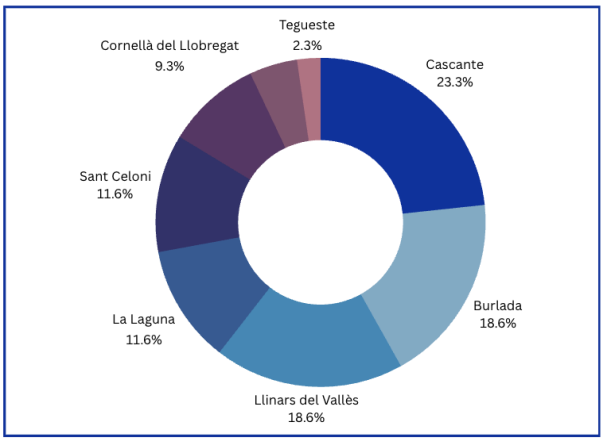
Figure 64. Age distribution of volunteers



Source: Own elaboration.

Territorial distribution: The responses reflect a **geographical diversity** in the implementation of the surveyed volunteers within the project. **Cascante** is the locality with the highest representation (**23.3%**), followed by **Burlada** and **Llinars del Vallès**, both with **18.6%**. **La Laguna** has **11.6%** representation, while **Sant Celoni** and **Cornellà de Llobregat have 9.3%** each. Finally, **El Rosario** and **Tegueste** have a smaller presence, with **4.7%** and **2.3%,** respectively, and no responses were recorded from Tudela.

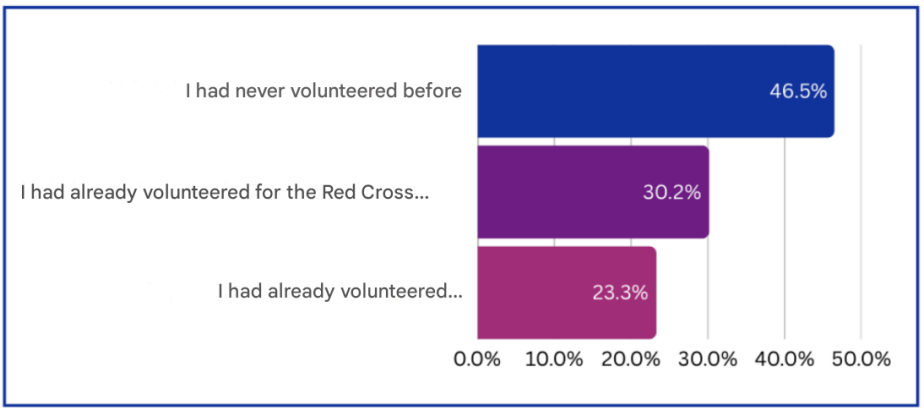
Figure 65. Territorial distribution of volunteers



Source: Own elaboration.

Previous volunteering experience surveyed: Prior to joining Reforzando Vínculos, **46.5%** of the people surveyed had not previously volunteered, suggesting that the project has been a gateway for new volunteers. Some **30.2%** had already participated in volunteering within the Red Cross, while **23.3%** had previous experience in other organizations.

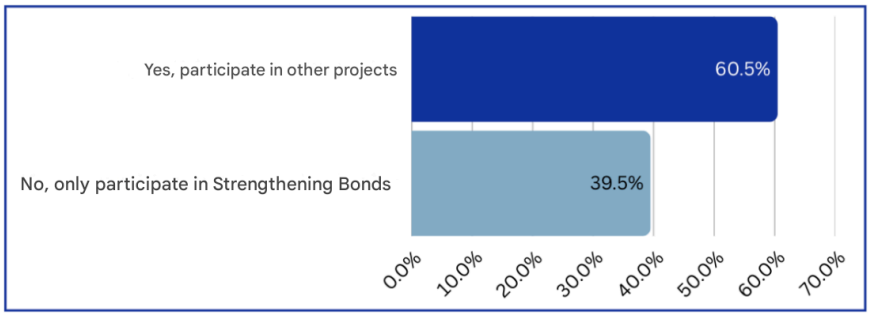
Figure 66. Previous volunteer experience



Source: Own elaboration.

Participation in other volunteer projects surveyed: **60.5%** of respondents had participated in other volunteer projects in addition to Reforzando Vínculos, while **39.5%** were dedicated exclusively to this project. This indicates that a significant portion of the volunteering respondents were engaged in multiple social initiatives.

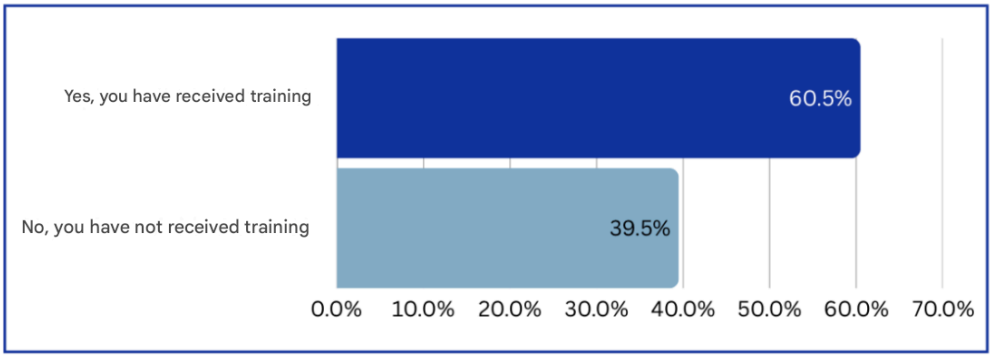
Figure 67. Participation in other volunteer projects



Source: Own elaboration.

Access to training within the Red Cross: Of those surveyed, **60.5%** have taken some training organized by the Red Cross as part of their participation in the project, while **39.5%** have not received specific training. This suggests that a majority have had access to training tools that complemented their volunteer work.

Figure 68. Access to Red Cross training



Source: Own elaboration.

4.4.5.2 Changes Identified - Volunteers Surveyed

The following image highlights, by means of stars, the most significant changes according to the perception of the volunteers, in line with the analysis detailed in Figure 69.

Volunteers identified several positive changes throughout their participation in the project. They highlighted *an increase in their personal satisfaction and sense of purpose*, as they felt an active part of an initiative with social impact. They also experienced *a strengthening of their sense of belonging to the local community*, which allowed them to establish stronger and more meaningful ties. In addition, they *improved their empathy towards the challenges of aging*, developing a greater understanding of the needs and realities of older people. Finally, they reported *an improvement in their professional skills and competencies* through community intervention, which contributed to their personal and professional growth.

Figure 69. Relevant changes - Volunteers



Source: Own elaboration.

> ***"Spending time on a new activity has helped me become more organized, appreciate the opportunity to have gained a new friend, and make my family understand that this is important to me."***
>
> *Person who is part of the Reforzando Vínculos Volunteer intervention*

4.4.5.3 Chain of events - Volunteer respondents

The construction of the chain of events for the volunteer team focused on understanding the personal, social, and skill-based changes these individuals experienced as a result of their contribution to the project. The objective was to make visible and value the impact that the volunteer action had on those who performed it.

The process was based on group interviews, guided by the interview protocol defined in **Appendix IV.I, "Qualitative Questions for Paid Staff and Volunteers"**. The sessions were conducted until a **saturation point** was reached, where the conversations no longer yielded new categories of change, thus indicating the sufficiency of the sample. The process was structured into the following phases:

1. Identification of personal and skills-based changes The dialogue began with **Block B ("Identification")** of the script (Appendix IV.I), asking: *"What changes have you observed in your way of working, in your skills, or in your life after participating in these activities?"*. The goal was for volunteers to articulate changes that are often subtle and personal in nature.

- **Analyst's judgment:** The challenge was to move the conversation beyond generic responses like "I feel good helping." The analyst used probing questions to specify: *"That feeling of usefulness, has it translated into greater self-confidence? Have you developed any specific skills, like patience or active listening, as a result of your volunteering?"*. This judgment was key to transforming altruistic feelings into identifiable outcomes, such as "increased self-esteem" or "development of social skills."

2. Construction of the volunteer's chain of change Once a change was identified, its causal logic was explored using **Blocks C ("Causes")** and **D ("Consequences")** of the script (Appendix IV.I). The objective was to connect the specific volunteer action with the resulting personal or skills-based change.

- **Analyst's judgment:** The analyst facilitated the connection between the task and the internal change. For example, the chain was verbalized for validation: *"So, if I understand correctly, the act of accompanying the elderly in the workshops [cause] has allowed you to develop greater empathy [result], and that has made you feel more connected to your community and its realities [final outcome]. Is that right?"*. This iterative validation process helped volunteers to articulate and become aware of their own process of change.

3. Linking own change with the impact on others Block H ("Observation of changes") from the script (Appendix IV.I) was used, where volunteers were asked about the changes they had observed in the participants, to explore their own perception of effectiveness and contribution.

- **Analyst's judgment:** The key decision was to use these observations to reinforce the volunteer's own outcome of "feeling of usefulness and purpose." By connecting their action to a visible positive result in another person, the importance of their role was validated. Questions like *"Seeing that change in the person you were accompanying, what did that make you feel about your contribution?"* were crucial for consolidating this link in the chain.

4. Prioritization of the intrinsic value of the experience The final step was to determine the most significant change for the volunteer, using **Block E ("Meaning")**. The question *"Among the changes you experienced..., which do you consider the most important or significant for you?"* made it possible to identify the core of the value created.

- **Analyst's judgment:** For this group, the judgment consisted of differentiating between **instrumental value** (e.g., "gaining experience for my CV") and **intrinsic value** (e.g., "feeling part of something bigger," "personal growth"). It was observed that, while practical skills were appreciated, the most profound and consistently prioritized value was related to **personal development, increased social awareness, and a feeling of community connection.**

The resulting figure for this stakeholder group is an **aggregated model that synthesizes the most significant change pathways for the volunteer team**. This analysis demonstrates that the project not only delivered value to its beneficiaries but also functioned as a platform for the personal and civic growth of its volunteers, generating a virtuous cycle of social value.

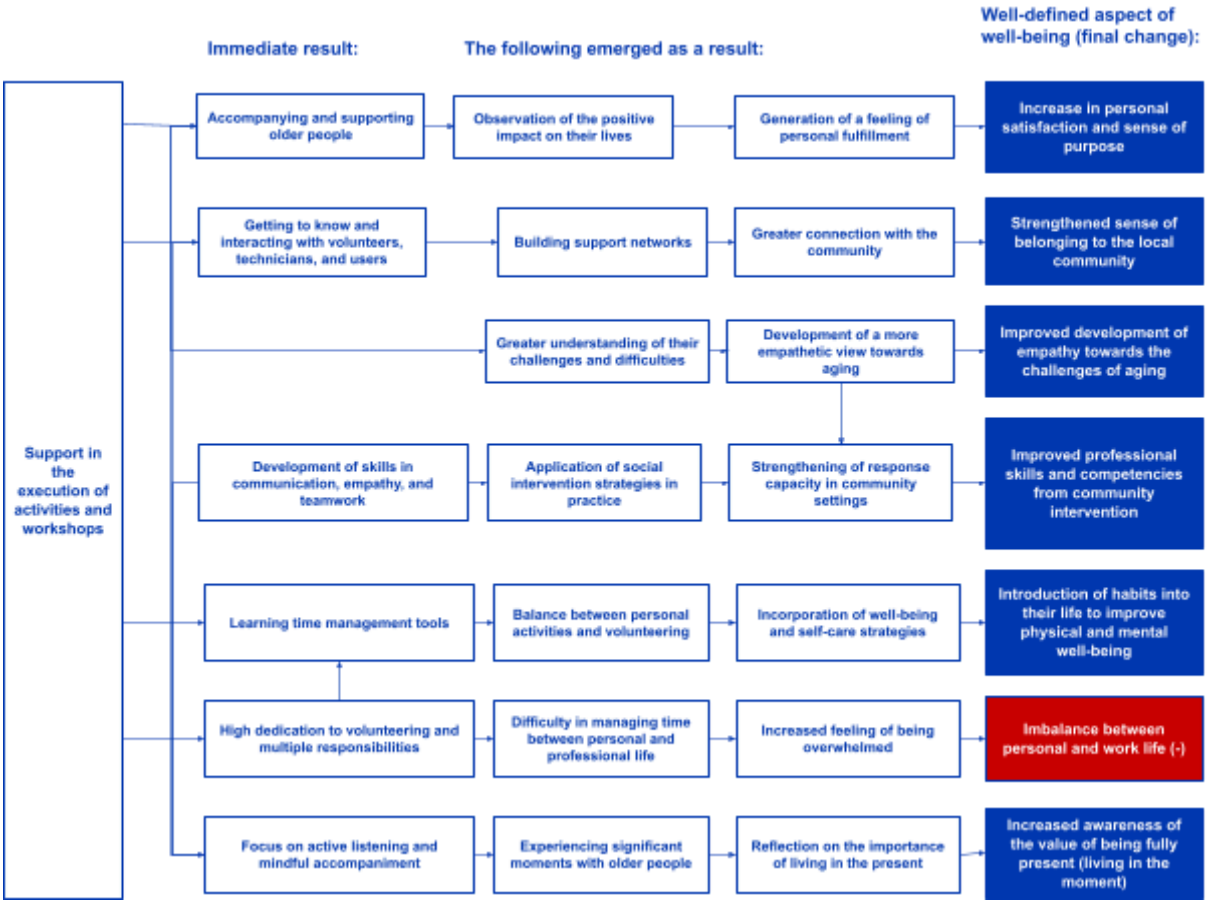
Table 24. The theory of change - Volunteers

Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	As a result, stakeholders say they:	Well-defined outcomes to be measured
Group activities: Volunteers supported the execution of the project's 200 group activities, including intergenerational workshops, community events, and training sessions for participants. Individual activities: The core of their work involved providing individual accompaniment to older participants during activities and social outings. Additionally, 60.5% of surveyed volunteers participated in	Time dedicated to the activities: Over the 18-month evaluation period, volunteers contributed a total of 7,600.27 hours. This non-financial contribution has a financial proxy value of €118,887.54. They also contributed €9,086 in out-of-pocket expenses (transport and materials), bringing their total input value to €127,973.54.	The activities and inputs from volunteers generated the following direct outputs: An average of 215 active volunteers supporting the project. Development of skills in communication, empathy, and teamwork. Direct observation of the positive impact of their work on the lives of the elderly participants. Increased knowledge and interaction with participants and	The volunteers perspective on aging, their understanding of community needs, and their own sense of purpose and personal skills.	"feel good seeing how the older people have changed their social habits and are so happy... I feel that my work has served to make their lives more beautiful."	Increase in personal satisfaction and sense of purpose. Strengthened sense of belonging to the local community. Improved development of empathy towards the challenges of aging. Improved professional skills and competencies from community intervention.

Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	As a result, stakeholders say they:	Well-defined outcomes to be measured
training sessions organized by Cruz Roja to build their skills.		the professional staff.			
Analysis of the chain of events: The chain of events for volunteers shows a clear pathway from practical action to profound personal change. The initial activities of accompanying participants and supporting workshops directly lead to the development of soft skills and a deeper understanding of the realities of aging. This increased awareness and empathy acts as a key intermediate outcome, which in turn generates the most significant final outcomes for this group: a powerful sense of personal fulfillment and purpose, and a stronger connection to their local community. The analysis reveals that the project functions as a platform not only for delivering services but also for the personal and civic growth of the volunteers themselves.					

Source: Own elaboration.

Figure 70. Chain of events - Volunteers



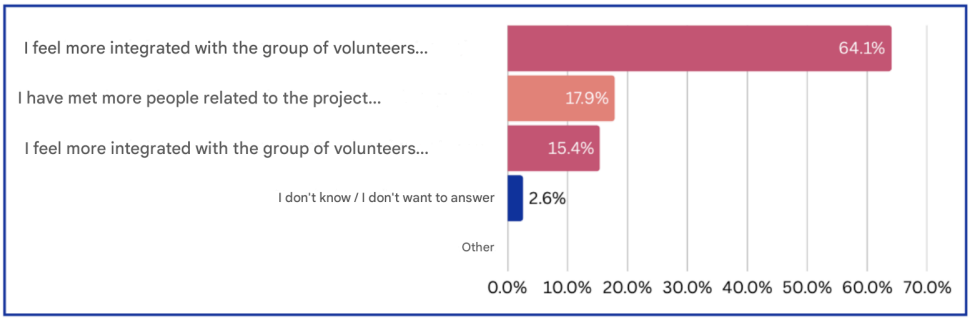
Source: Own elaboration.

Additional results - Validation of findings

The following are the findings obtained from complementary questions addressed to the volunteers, in order to deepen their perception of the changes experienced as a result of their participation in Reforzando Vínculos.

Perception of integration in the community: The data show that **64.1%** of the volunteers have experienced a *greater sense of belonging* in the community and within the volunteer group, which reinforces the positive impact of the initiative on social cohesion. Some **17.9%** have expanded their network of contacts with people linked to the project, while **15.4%** have strengthened their integration specifically within the volunteer group.

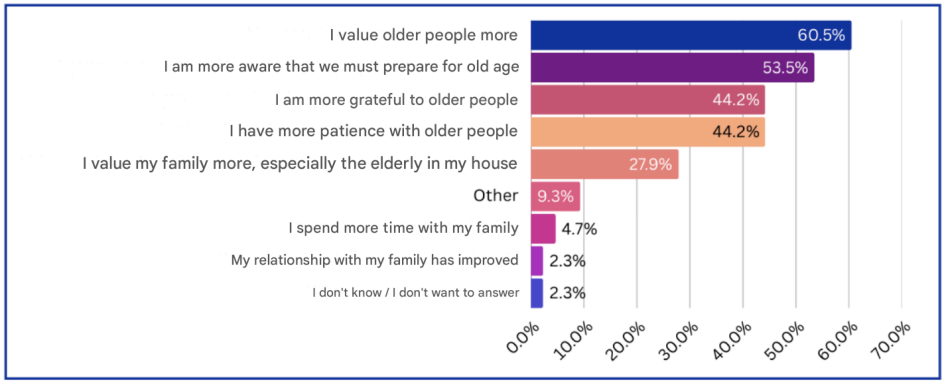
Figure 71. Impact of volunteering on community integration.



Source: Own elaboration.

Changes in the perception of older people: **60.5%** of the people surveyed say they value older people more, while **53.5%** have become more aware of the importance of preparing for old age. Likewise, **44.2%** of the people surveyed said they have developed greater gratitude and patience towards this population group, reflecting a transformation in the volunteers' attitude towards aging.

Figure 72. Change in perception about the elderly.



Source: Own elaboration.

Factors that contributed to the acquisition of skills: Acquiring a new perspective on the challenges faced by older people is the most noted factor (**39.5%**) in the development of competencies among the surveyed volunteers. This is followed by interaction with project participants (**31.6%**) and practical experience gained in volunteering (**15.8%**), suggesting that the combination of theoretical training and field experiences is key to strengthening volunteer skills.

Figure 73. Factors that have contributed to capacity building.

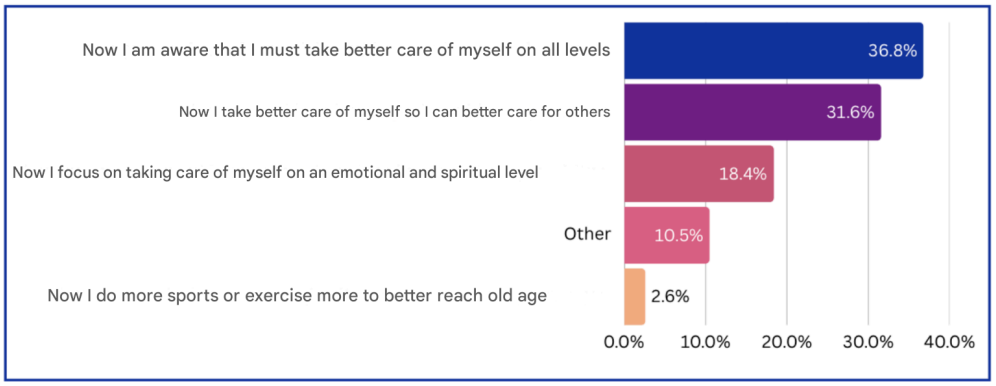


Source: Own elaboration.

Impact on personal health and wellbeing: **36.8%** of the people surveyed have developed a greater awareness of the importance of taking care of their health at all levels. Some **31.6%** indicate that they now take better care of themselves in order to support others, while

18.4% have strengthened their emotional and spiritual well-being. These findings indicate that participation in volunteering not only benefits the community, but also has a positive impact on the self-care of those who participate in the intervention.

Figure 74. Impact of volunteering on personal well-being.



Source: Own elaboration.

4.4.5.4 Well-being domains and types of change - Volunteer Respondents

The graphs below represent the categorization of the changes identified according to the domains of well-being established by the Sherlock-Verdugo well-being domains[72] , which allows for a better understanding of the specific areas affected by these changes. This categorization facilitates the understanding of the specific areas impacted by the intervention on the volunteers. In addition, the changes are presented according to their typology, differentiating between emotional, attitudinal, capacity, behavioral, awareness and situational changes.

For this stakeholder group, the changes identified are mainly concentrated in **personal development (57.14%),** followed by **social inclusion (14.29%), physical well-being (14.29%)** and **self-determination (14.29%).** This suggests that the intervention has had a

[72] Schalock, R. L., and Verdugo, M. Á. 2002. *Calidad de vida: Manual para profesionales de la educación, salud y servicios sociales (Quality of life: A handbook for professionals in education, health and social services)*. Alianza Editorial. https://dialnet.unirioja.es/servlet/libro?codigo=98116

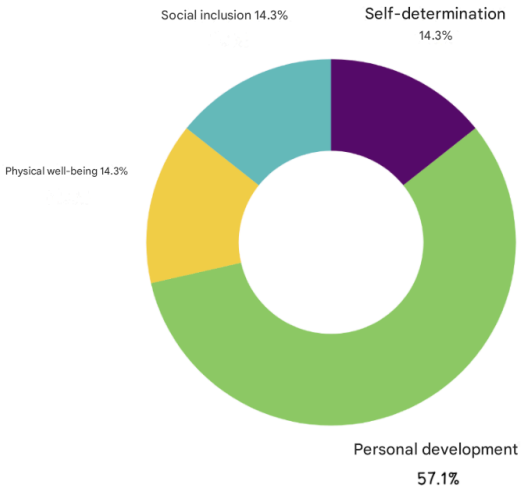
significant impact on the volunteers' perception of personal growth, as well as on their social integration and their ability to better manage their physical well-being and autonomy in decision-making.

It is important to note that **no changes have been identified in the domains of emotional well-being, material well-being, personal rights and social well-being**.

In terms of **the typology of changes**, **emotional** changes represent **28.57%**, indicating that the intervention has influenced the emotional well-being of the volunteers, particularly *personal satisfaction* and *sense of belonging to the community*. **Attitudinal**, **skill**, **habit/behavior**, **awareness** and **situational** changes are evenly distributed (**14.29%** each), reflecting a variety of impacts ranging from learning and skill enhancement to changes in perception of present time and management of personal well-being.

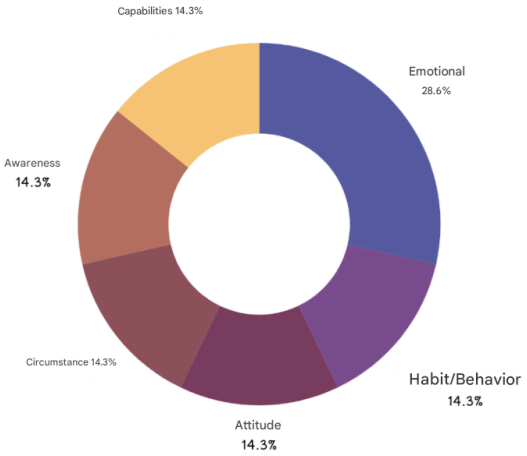
Likewise, in terms of types of change, **no transformations have been identified in the attitudinal dimension** beyond the perception of aging and empathy with the challenges associated with this process. This suggests that, although the intervention has generated an impact on the way in which volunteers experience their work and their capabilities, it has not promoted significant changes in the way they perceive their role in society or in their involvement in social dynamics outside volunteering.

Figure 75. Distribution of changes in well-being - Volunteers



Source: Own elaboration.

Figure 76. Distribution of types of changes - Volunteers



Source: Own elaboration.

4.4.5.5 Relationship between positive and negative changes - Volunteer respondents

The analysis of the changes experienced by the volunteers in Reforzando Vínculos reveals that the intervention has had a mostly positive impact. Of the seven changes evaluated, **six correspond to positive transformations (85.71%), while one has been identified as negative (11.63%).**

The only negative effect reported was *work-life imbalance (-)*, mentioned by only **5 of the 43 volunteers (11.63%).** This result suggests that, although most of the volunteers surveyed were able to integrate their work into the intervention smoothly, a small percentage perceived difficulties in balancing their commitment with other responsibilities. In the qualitative interviews, these difficulties were mainly linked to lack of time and the need for better organization on the part of the volunteers themselves, who in some cases took on more tasks than they could effectively manage within their availability.

Despite this minority perception, no other relevant adverse impacts were identified in the interviews. On the contrary, volunteers emphasized the satisfaction derived from their participation, the development of new competencies and the strengthening of a sense of purpose and belonging.

In general terms, the experience of the volunteers in Reforzando Vínculos has been highly positive, highlighting improvements in their personal satisfaction, their integration into the community and the development of key skills.

> ***"This project is having a very large social and community impact, not only on the people involved, but also on their environment."***
>
> *Person who is part of the Reforzando Vínculos Volunteer intervention*

4.4.5.6 Conclusions - Volunteer Respondents

Analysis of the changes experienced by the volunteers surveyed in Reforzando Vínculos suggests that their participation has had a significant impact on their personal development, their integration into the community and their perception of aging. Although the intervention is designed primarily to improve the well-being of older people, the findings suggest that the volunteer experience has had a positive impact on those who collaborated in the initiative, reinforcing their sense of purpose and generating key learning.



Personal development and sense of purpose: One of the most outstanding effects of the intervention on the volunteers has been the *strengthening of their personal satisfaction and sense of purpose*, which indicates that their work in the intervention not only benefited the elderly, but also provided them with greater motivation and fulfillment in their role as volunteers. This change, highly valued and with a high relevance index, reflects that the intervention has succeeded in

aligning the expectations and motivations of the volunteers with the objectives of the intervention.

Similarly, improved empathy for the challenges of aging stands out as a key impact, showing that participation in the intervention has enabled volunteers to develop a greater understanding of and sensitivity to the needs and experiences of older people. This suggests that the intervention has not only had an effect on the volunteers' direct action, but also on their mindset and the way they perceive aging and care in the community.

Impact on the community and professional learning: Another relevant aspect has been the *strengthening of the sense of belonging to the local community*, which indicates that volunteering has not only served as a platform to support the elderly, but also to generate ties among the volunteers themselves and foster their integration into community networks. This finding reinforces the idea that volunteer initiatives not only impact the direct beneficiaries, but also contribute to strengthening the social fabric and human capital of the community as a whole.

On the other hand, the development of professional competencies and skills stands out as an additional benefit for the volunteers, especially in those tasks related to community intervention. This suggests that the experience in Reforzando Vínculos has not only been an altruistic activity, but also a learning space in which volunteers have been able to acquire and reinforce skills applicable both in their work within the intervention and in other personal and professional areas.

> ***"I have seen how volunteering can positively impact those who participate. In particular, a fellow volunteer who suffers from depression has found these activities to be a great help in helping her cope."***
>
> *Person who is part of the Reforzando Vínculos Volunteer intervention*

Presence of a negative change and opportunities for improvement: Despite the overall positive impact, a negative change was identified, the *work-life imbalance (-),* reported by a

small percentage of the volunteers surveyed **(11.63%**). This finding indicates that, although most of the volunteers managed to manage their time effectively, some faced difficulties in balancing their commitment with other responsibilities. According to the interviews, this situation was mainly due to lack of time and the need for better personal organization on the part of the volunteers, suggesting that the intervention could explore strategies to optimize the planning and distribution of volunteer tasks.

Final conclusion: Participation in Reforzando Vínculos has had a positive impact on the volunteers surveyed, strengthening them both personally and in their community integration. The results show that volunteering has been an enriching experience that has favored their sense of purpose, the development of their empathy and the acquisition of new skills.

However, the challenge of balancing personal life and volunteering, although rare, highlights the importance of considering mechanisms that facilitate the organization of time and the distribution of tasks within the intervention. This could improve the sustainability of volunteer engagement and ensure that the experience remains rewarding and accessible to all those interested in participating.

Overall, the intervention not only appears to have benefited the elderly participants, but also suggests that it has generated significant social value for the volunteers surveyed, consolidating its impact on the community and reinforcing its potential as an initiative that promotes both mutual aid and personal growth for its members.

4.4.6 Results - Entities cooperating in the community process surveyed

Due to the innovative nature of the activities of Reforzando Vínculos at the community level, it was decided to include the value generated for the organizations that acted as community agents and collaborators in the project. According to the Social Value International glossary[73] , organizational changes are defined as ***"changes in an organization's resources,***

[73] Social Value International. 2023. SVI Glossary 2.0. https://www.socialvalueint.org.

capacity or circumstances" that generate or destroy value. This value is mainly associated with material well-being (economic capital) and, strictly speaking, is not considered social value.

The project promoted an important activation of the community fabric around the care and accompaniment of the elderly. According to the data recorded by the project[74] **, 26%** of the entities and agents present in the territory cooperated with the project, with a total of **58 awareness-raising actions** and **9 training actions carried out**. During the diagnostic phase, **992 people** participated in activities such as resource mapping, auditions, focus groups and contact meetings with key agents. Throughout the process, **472** collaborating **entities** have been involved in the phases of analysis, design of activities and development of community programming. As a result, **78 new spaces** for participation specifically aimed at the elderly have been created and **38 community** participation **actions** have been carried out.

All this has contributed to an increase in involvement and co-responsibility in care, which has risen from **15% to 26%**, representing an **improvement of 9 percentage points**.

Therefore, given the community focus of the intervention, and taking into account one of the specific objectives that seeks to "*Increase the transfer internally and externally of learning and knowledge about processes, methodologies and tools related to community intervention, personalization of the intervention and/or the use of technology, generated by Reforzando Vínculos"*, it was decided to include these values, since the findings could provide relevant information for decision-making in future similar interventions, or in defining new Red Cross strategies, being aware that it is not considered social value as such, but organizational value.

This approach seeks to ensure that the "voice" of cooperating entities in the community process, where changes were identified within their own organizational structures, is

[74] Red Cross - *Logical framework of the Reforzando Vínculos project - Red Cross.*

considered in future decision making related to community collaboration activities with other entities in the organization.

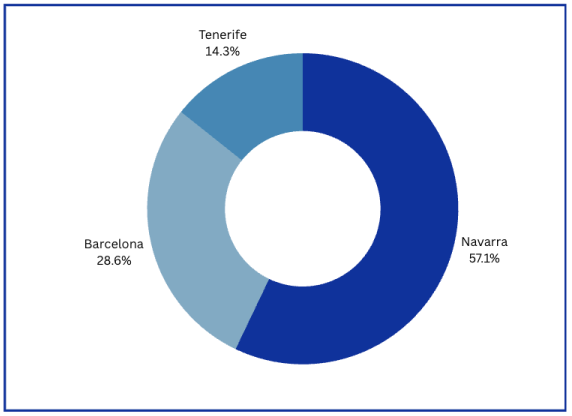
Through the data collection, with the participation of **14 professionals representing 14 entities (10.22% of the total population studied)**, five organizational changes of relevance for future Red Cross decision-making were identified, each with a different degree of importance for these organizations according to their own assessment.

Although the sample has a **high margin of sampling error[75] of 33%,** which makes it impossible to guarantee that the data presented below is representative of all organizations, it is considered that the information obtained is still valuable to understand how the impacted entities have experienced improvements in different organizational aspects as a result of their collaboration with Reforzando Vínculos.

4.4.6.1 Characteristics of Representative Respondents - Entities cooperating in the community process surveyed

Territorial distribution: The evaluation collects responses from representatives of organizations in three main provinces: **Navarra (57.1%), Barcelona (28.6%)** and **Tenerife (14.3%).** As can be seen in Figure 77, Navarra concentrates most of the responses, which may reflect a greater involvement of organizations from this region in the Reforzando Vínculos project.

Figure 77. Territorial distribution of collaborating entities

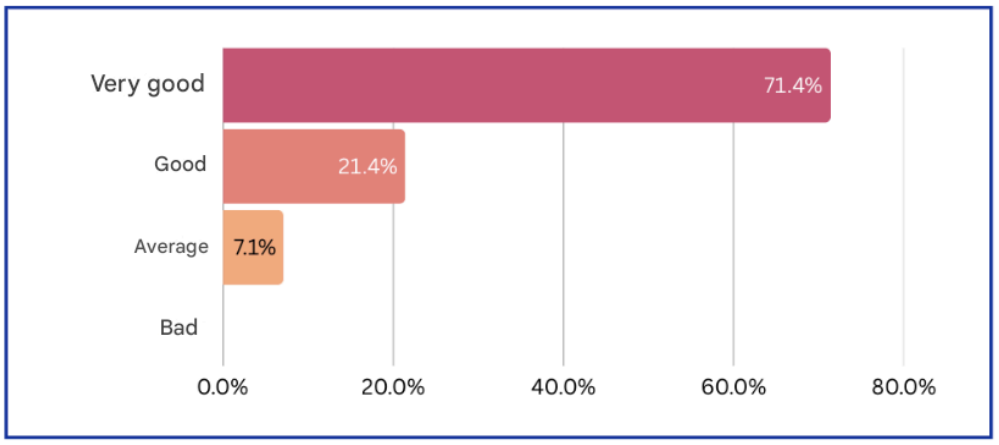


Source: Own elaboration.

[75] *Out of a total of 137 community organizations collaborating with Reforzando Vínculos, 12 participated in the data collection, which implies a high margin of sampling error of 24.91%. For this reason, it cannot be guaranteed that the data obtained are representative of the total number of organizations, which is why these results have not been extrapolated in the monetization of social value, considering only the social value reported by the organizations that participated in the data collection.*

Perception of the relationship and synergy with the Red Cross: **71.4%** of the representatives of the organizations surveyed consider that the relationship and synergy with the Red Cross has been "very good", while **21.4%** rate it as "good". Only **7.1%** mentioned that the quality of the relationship was "fair", with no negative evaluations. These data suggest that, in general terms, the collaboration between the Red Cross and the organizations has been perceived as positive and effective.

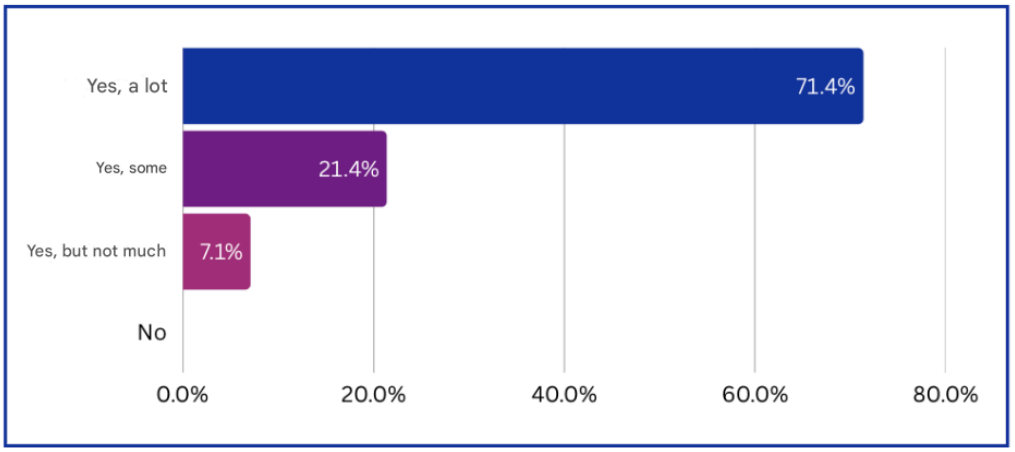
Figure 78. Assessment of the relationship between the organizations and the Red Cross.



Source: Own elaboration.

Clarity in the assignment of roles and responsibilities: The majority of respondents **(71.4%)** consider that the roles and responsibilities assigned to their organizations within the project have been "very clear". **Some 21.4%** indicated that they were "somewhat clear", while only **7.1%** indicated that they were "not very clear". No responses indicating a total lack of clarity were reported. This suggests that, in general, communication about the roles of each entity within the project has been effective.

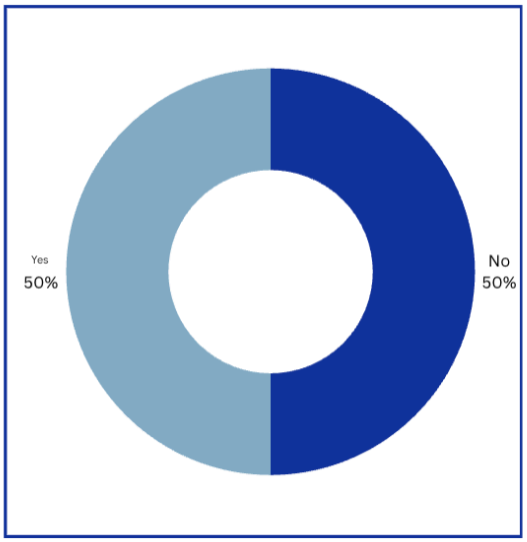
Figure 79. Clarity of roles and responsibilities in the project.



Source: Own elaboration.

Training received on the role of community agent: Regarding the training received, the results show an equal division: **50%** of the people surveyed have received training or sensitization by the Red Cross to improve their capacities as community agents, while the other **50%** have not had access to this type of training.

Figure 80. Participation in training and awareness-raising as a community agent

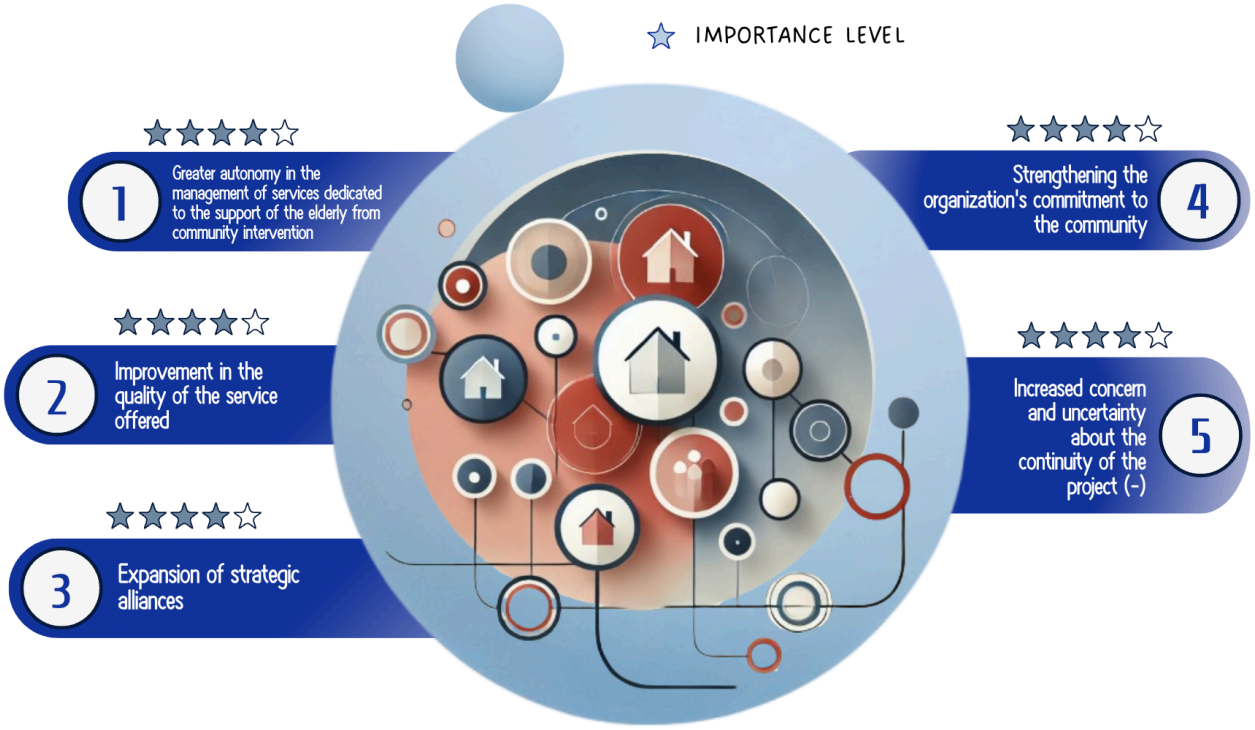


Source: Own elaboration.

4.4.6.2 Changes identified - Entities cooperating in the community process surveyed

The entities that have cooperated in the community process identified several significant changes in their participation. They highlighted *a greater autonomy in the management of services aimed at supporting the elderly*, which allowed them to strengthen their capacity for community intervention. In addition, they were able to *expand their strategic alliances*, generating collaborations that enriched and broadened the impact of the project. However, they also expressed *increased concern and uncertainty about the continuity of the project*, which posed challenges to the sustainability and long-term planning of their initiatives.

Figure 81. Relevant changes in Entities cooperating in the community process



Source: Own elaboration.

4.4.6.3 Chain of events - Entities cooperating in the community process surveyed

TThe construction of the chain of events with the collaborating entities focused on identifying and analyzing the **organizational and systemic changes** generated as a result of their involvement in the project. The objective was to map how the networking modified processes, capabilities, and inter-institutional relationships.

The process was based on in-depth individual interviews with key representatives from each entity, using the interview protocol defined in **Appendix V.I, "Qualitative Questions for Entities Cooperating in the Community Process,"** as a guide. The interviews were conducted until a **saturation point** was reached, where no new categories of organizational change emerged, thus considering the sample sufficient for the purposes of the analysis. The process was structured into the following phases:

1. Identification of organizational changes Each interview began by exploring **Block B ("Identification")** of the script (Appendix V.I), with the question: *"What changes have you observed in your way of collaborating or in your internal procedures...?"*. Representatives were asked to provide concrete examples of these transformations.

- **Analyst's judgment:** The fundamental judgment was to ensure that the responses reflected **institutionalized changes and not just individual perceptions**. If a representative said, "we communicate better now," the analyst would probe to anchor it in organizational reality: *"And how does that better communication materialize? Has a new formal channel been created? Are there regular meetings that didn't exist before? Has any protocol been modified?"*. This rigor was key to differentiating personal opinions from verifiable organizational changes.

2. Construction of the systemic chain of change Once an organizational change was identified (e.g., "creation of a common referral protocol"), its causal logic was explored using **Blocks C ("Causes")** and **D ("Consequences")** of the script (Appendix V.I), to understand which element of the collaboration drove it and what effects it had.

- **Analyst's judgment:** The analyst focused on mapping the change in the **local ecosystem**. The systemic value chain was verbalized for validation: *"So, if I understand correctly, the 'establishment of alliances' [activity] led you to create*

'periodic coordination meetings' [cause], which in turn generated 'greater inter-institutional trust' [intermediate result]. And this trust has made it possible to 'streamline case referrals between your services' [final organizational change]. Is that a faithful description of the process?". This judgment made it possible to build a chain that reflects an impact beyond a single entity.

3. Valuation of the strategic impact Finally, the most significant change for the entity's mission was determined using **Block E ("Meaning")** of the script (Appendix V.I). The question *"Of all the organizational changes you have experienced, which do you consider the most important or significant for your mission?"* was essential.

- **Analyst's judgment:** In this case, the judgment consisted of interpreting the **strategic value** of the prioritized change. The analyst probed the valuation criteria: *"Why is this change the most important? Is it because it increases efficiency (saves time/resources), improves effectiveness (better results for users), or strengthens your position and sustainability in the territory?"*. This in-depth questioning allowed for an understanding of the nature of the value created (e.g., improved service quality, resource optimization, increased advocacy capacity).

The resulting figure for this stakeholder group is an **aggregated model that synthesizes the most relevant organizational change pathways** identified across all the interviews. The analysis demonstrates that the project's collaboration model not only benefited the participants but also generated significant and strategic value for the collaborating entities themselves, strengthening the community support ecosystem as a whole.

To improve the visual clarity of the graphics and avoid an excessive amount of text, some changes have been synthesized.

Table 25. The theory of change - Entities cooperating in the community

Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	As a result, stakeholders say they:	Well-defined outcomes to be measured
Group activities: The project conducted 58 sensitization actions and 9 training actions involving community entities. It also facilitated a total of 38 community participation actions and created 78 new spaces for participation where entities could collaborate. Individual activities: The process involved coordination meetings with key agents and individual interviews with representatives	Time dedicated to the activities: Collaborating community organizations contributed an estimated total of 1,030 hours of staff time. This non-financial contribution has a financial proxy value of €16,109.20.	The project's activities and the entities' inputs generated the following direct outputs: Exchange of knowledge and best practices with the Reforzando Vínculos project. Creation of formal meeting spaces to foster inter-institutional relationships. A 9-percentage-point increase in community co-responsibility for care, from 15% to 26%. Collaboration with	The way local entities collaborated, shared resources, and coordinated their services to support older people.	"have learned ways of acting that foster greater cohesion and community participation."	Greater autonomy in managing services dedicated to supporting older people in the community. Expansion of strategic alliances. Increased worry and uncertainty about the project's continuity (-).

Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	As a result, stakeholders say they:	Well-defined outcomes to be measured
from 14 different entities.		472 entities in the analysis, design, and programming phases.			

Analysis of the chain of events: The chain of events for collaborating entities begins with a strategic action: the "Establishment of alliances and shared resources" (Input). This action directly leads to tangible outputs, such as the exchange of best practices and the creation of new coordination spaces between organizations.

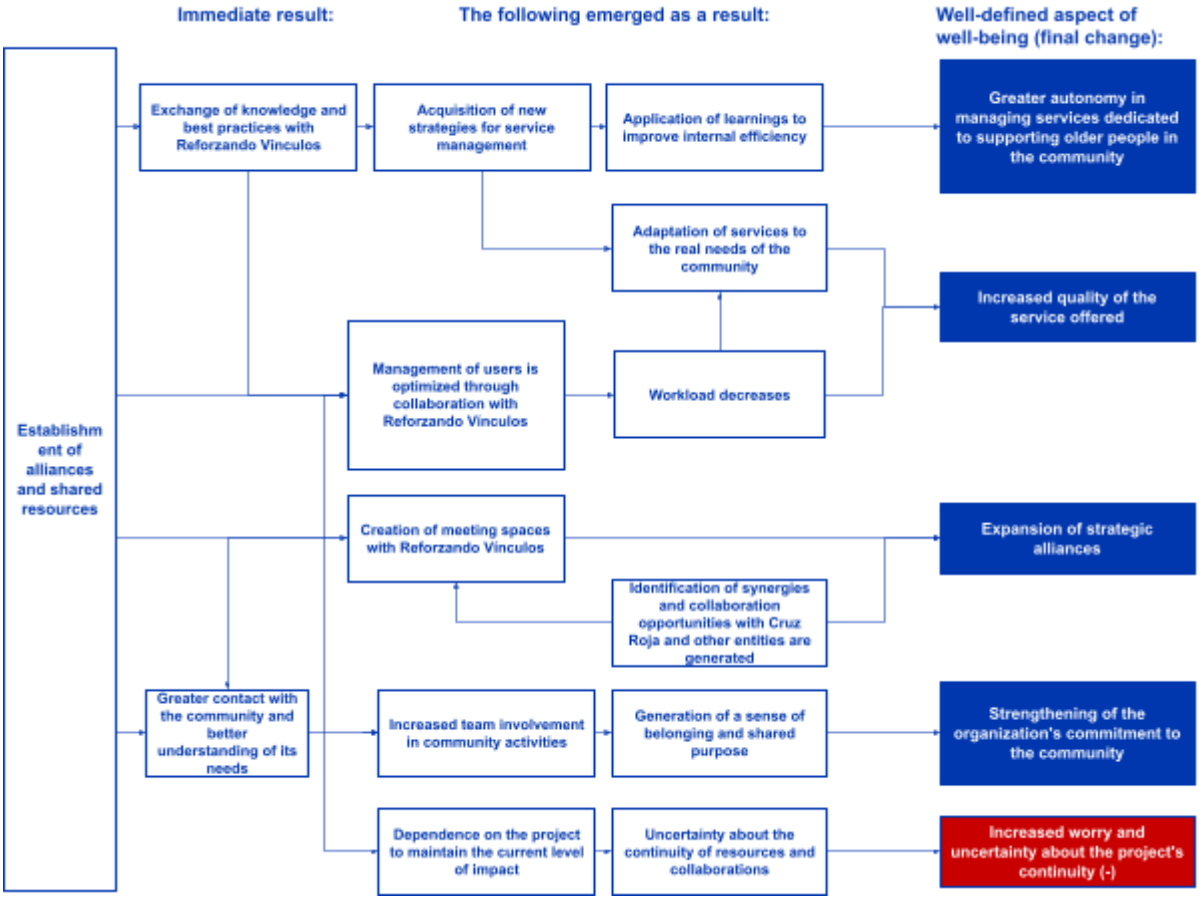
These improved processes foster internal changes within the entities, resulting in intermediate outcomes like the acquisition of new service management strategies and improved operational efficiency.

This internal capacity-building culminates in significant final outcomes for the organizations themselves, including greater autonomy in their operations, an expansion of their strategic alliances, and an overall increase in the quality of service they offer. However, the analysis also reveals a key negative outcome: the success and integration of the collaboration generate significant worry and uncertainty about the continuity of these improvements once the project's formal support ends.

Ultimately, the chain demonstrates how the project creates "organizational value". While this is a final outcome for the entities, it also functions as an intermediate outcome for the project's overall theory of change, as it equips these organizations to better deliver social value to the end beneficiaries.

Source: Own elaboration.

Figure 82. Chain of events in organizations involved



Source: Own elaboration.

> ***"We have learned ways of acting in ways that foster greater community cohesion and participation."***
>
> *Person representing one of the Cooperating Entities in the Community Process*

4.4.6.4 Relationship between positive and negative changes - Entities cooperating in the community process surveyed

Most of the changes identified were positive (80%), highlighting *an increase in the quality of the service offered*, *expansion of strategic alliances*, *strengthening of the commitment to the community* and *greater autonomy in the management of services*. However, emphasis is placed on the **only negative change**: *increased concern and uncertainty about the continuity of the project (-)*, given that it was mentioned by **85.71%** of the entities cooperating in the community process, and the degree of relevance it has for decision-making for future strategies or operational improvements in similar interventions.

4.4.6.5 Conclusions - Entities cooperating in the community process surveyed

Professional judgment and the dual nature of organizational changes: Based on the feedback from the verification team, it is crucial to reflect on the nature of the positive changes valued for the entities, such as the "expansion of strategic alliances" or the *"increase in the quality of the service offered"*. The observation that these may not be the end of the value chain is methodologically very relevant.

From the perspective of the **project's overall theory of change**, it is correct to consider that any positive change in a collaborating entity is ultimately an **intermediate result**. Its ultimate purpose is to improve the resources and coordination of the ecosystem to generate more and better social value for the elderly, who are the primary stakeholder group.

However, for **the specific impact analysis of each stakeholder**, it is methodologically necessary to treat these changes as **final changes *for the organization itself***. An

organization invests resources (time, personnel, space) and, as a return on that investment, experiences changes in its own capabilities and strategic positioning. *Partnership expansion"* is therefore a legitimate and final ***outcome* change** *from the entity's perspective*.

In fact, the report already recognizes this fundamental distinction in section 10.6 by referring to these effects as **"organizational value"** rather than "social value", in line with the guidance of Social Value International. It is understood that this organizational value (a stronger network, better processes) in turn becomes a **resource (*input*)** that feeds the value chain of the elderly.

In conclusion, the decision to value these changes as final for organizations is a deliberate choice that allows for a granular and transparent analysis of the value created for each stakeholder, while recognizing that, in the overall impact map, this organizational value is the means to a greater social end.

The results obtained reflect that the collaboration with Reforzando Vínculos has generated well-defined changes in the surveyed entities that have cooperated in the community process and suggest that their structure, operational capacity and community impact have been strengthened.



Positive impact on the quality of service and community work: Changes in the *quality of service offered*, *expansion of strategic alliances* and *strengthening of commitment to the community* were the most frequently mentioned by the organizations and valued as highly relevant for the functioning and community contribution of these organizations. This suggests that

collaboration with Reforzando Vínculos has made it possible to improve the efficiency of the services provided and to strengthen the associative fabric between entities. The ability to establish *new strategic alliances* was especially noteworthy, showing that the intervention may have facilitated inter-institutional cooperation and the development of stronger support networks.

Autonomy and challenges in service management: The improvement related to *greater autonomy in service management* obtained lower identification compared to other aspects, suggesting that not all organizations experienced a significant transformation in this area. Due to the low degree of representativeness of the sample, it was not possible to determine to what extent this transformation, key to the achievement of the project objectives[76] , is representative for the entire stakeholder group. Therefore, this data should be interpreted with caution.

Concern about the sustainability of the project: The only negative effect of Reforzando Vínculos identified by the entities cooperating in the community process was the several times repeated *concern and uncertainty about the continuity of the project*, mentioned by **85.71%** of the organizations.

This concern points to the need to ensure greater clarity about the limitations and scope of the project, as well as to reinforce aspects that encourage autonomy in transforming learning into actions that the organizations can lead independently. Although this change does not imply a deterioration in the operational capacity of the organizations, it does represent a key aspect to consider in future decision-making to ensure the sustainability and continuity of the learning transferred to the community.

4.4.7 Conclusions of the chapter: selection and justification of well-defined outcomes

[76] *Increased internal and external transfer of learning and knowledge on processes, methodologies and tools related to community intervention, personalization of intervention and/or use of technology, generated by Reforzando Vínculos.*

The previous sections have detailed the participatory process by which the chains of events for each stakeholder group were constructed. This process generated a broad spectrum of changes, from small operational improvements to profound transformations in people's lives. However, not all of the changes identified are carried through to the appraisal phase.

To ensure a rigorous, conservative and focused analysis of what really matters to **stakeholders**, an analytical filtering process was applied to select the "*Well-Defined Outcomes*". These are the changes that meet a series of quality and materiality criteria. The rationale and criteria used for this selection are detailed below.

The filtering process: from raw to well-defined changes

The process can be understood as a funnel that starts from all the changes mentioned in the interviews and applies, successively, four selection filters:

1. relevance filter for the stakeholder (explicit prioritization): The main and non-negotiable criterion was the **importance attributed by the stakeholder group itself**. Only the changes that the participants explicitly identified as the most significant during the interviews (guided by **Block E: "Significance"** of the scripts) were considered for moving on to the next phase. A change, no matter how interesting it seemed to the analyst, was discarded if it was not a priority for those who experienced it.

- **Analyst judgment:** Prioritization responses were interpreted not only quantitatively, but also in terms of qualitative justification. A change described with language of profound personal transformation (e.g., "feeling like I am me again") was considered more relevant than one described in terms of simple convenience (e.g., "now it takes me less time to shop"), even if both were mentioned.

Materiality filter: The second filter consisted of assessing whether the change was **substantial** enough to have a real effect on quality of life or organizational performance. Trivial or very low impact changes were discarded.

- **Analyst's judgment:** To assess materiality, qualitative information was triangulated with the quantitative information collected in the questionnaires ("Importance" and "Depth" scales). Priority was given to those changes that were not only rated with high importance (e.g., >7/10), but were described in the narrative as a turning point or a noticeable and continuous improvement in day-to-day life.

3. Evidence filtering and triangulation: Preference was given to **changes** that were supported by **strong evidence**. This was achieved in two ways: a) **Internal consistency:** The change was independently mentioned by multiple people within the same stakeholder group. b) **External triangulation:** The change was corroborated by another stakeholder group (e.g., a change reported by older people was also observed and described by their family members or by the volunteer team).

- **Analyst judgment:** The consistent occurrence of the same theme in different interviews and groups was interpreted as a sign that this was not an anecdote, but a robust pattern of impact attributable to the project.

4. Attribution filter ("do not overestimate" principle): Finally, a critical assessment was made of the **causal link** between the project activity and the reported change. Those changes that, in the analyst's judgment and based on the narratives, could easily be attributed to other external factors (high deadweight) or that did not have a clear logical connection to the intervention, were excluded from the final assessment.

- **Analyst judgment:** A principle of prudence was applied. For example, if a participant mentioned "improved economic situation" but could not link it to any project activity, such a change, although material and important, was not included as a project **change** to avoid incorrect attribution and overstating the impact.

The **changes** that passed these four filters are those that are presented in the value maps as "**Well Defined Changes**". This rigorous and transparent selection process ensures that

the subsequent SROI analysis is based on the most relevant, material, evidenced and attributable changes, thus providing a conservative and credible measure of the social value created by *Reforzando Vínculos*.

4.5 THEORY OF CHANGE: INPUTS,OUTPUTS AND OUTCOMES

This report uses the concepts of **resources (inputs), activities, products (outputs) and changes in well-being (outcomes),** structured within the **Theory of Change**[77] applied to the intervention developed by Reforzando Vínculos. The relationship between these elements is presented as follows:

- The *inputs* have generated a set of activities.
- *Activities* generate outputs.
- The *outputs* have given rise to a series of outcomes.
- The *outcomes* (aspects of well-being that change) are assessed in this report and are the basis of the impact analysis.

In order to contextualize the changes documented, the following is the relationship between the inputs contributed, the outputs generated and the changes in well-being observed, broken down by stakeholder group. This structure, drafted in Table 16 below, allows us to visualize how the implementation of the intervention methodology has impacted the different stakeholders involved and what aspects of their well-being have been modified.

4.5.1 Inputs

Each input identified, whether financial or non-financial, was assigned an economic value based on information provided directly by stakeholders. No group was excluded from this analysis, as all contributed key data to estimate the value of their participation in the intervention.

[77] Social Value International. *Principle 2: Understand What changes*. www.socialvalulas the people involvedd-what-changlas the people involved

To quantify each input, specific questions were asked to stakeholders about their contribution in terms of economic investment or time dedication, such as:

- ***How did you contribute to the Reforzando Vínculos intervention?***
- ***For how long did you participate in or support the initiative?***
- ***If you contributed time, how many hours have you spent?***

Since the valuation of inputs comes directly from the stakeholders themselves, it is considered first-hand information. This approach ensures that the estimate of the value assigned reflects the perception of those who actively participated, rather than relying solely on standard cost estimates. In cases where the contribution involved a tangible expense (such as personal costs, purchase of materials or operating budget), it was supplemented with data from secondary sources or project records. This ensured that the valuation was as accurate and representative as possible of the real impact of Reforzando Vínculos.

The total value of the financial and non-financial resources (inputs) associated with the associated with the Reforzando Vínculos intervention:

1.837.806€

4.5.1.1 Justification of the amounts presented

The economic value amounts shown in the table below are the result of the following fundamental reasons.

Clarification of the value of the elderly participants: According to the SROI standards developed by Social Value SROI (*A guide to social return on investment*, UK Cabinet Office, 2015), the time spent by the participating people ("intervened" by the intervention) is not counted in economic terms, so it is reflected with €0.

However, during the quantitative process, we inquired about possible economic or in-kind contributions made by the participants. The results obtained indicate that **92.9%** of the people surveyed did not report having made additional contributions, while **7.1%** reported specific expenses associated with their participation in the intervention. These contributions include:

- **Gasoline expenses: €1,100** reported by **5 people**, with an average expense of €20 per month.
- **Occasional cab transportation: €220**, reported by **2 people at** an average of €10 per month.
- **Time for unpaid accompaniment of family members: €687.92**, corresponding to **44 hours valued at €15.64/hour**.

In total, these individual contributions amount to **€2,007.92.**

To estimate more accurately the economic value of these contributions in the interest group as a whole, an extrapolation was made based on a margin of error of **7.73%**, guaranteeing statistical representativeness and minimizing biases. In order to avoid overestimating the value, the lower limit of the confidence interval was used in the final calculation, obtaining a conservative estimate of **€11,266.12** as the aggregate value of the economic and in-kind contributions made by the participants.

This methodological approach allows an evidence-based assessment to be integrated into the SROI analysis, ensuring that the contributions of the participants are rigorously considered without introducing biases that could distort the estimate of the social impact generated.

Clarification of the value of other stakeholders: *relatives of elderly participants, paid staff, volunteers and entities cooperating in the community process (Community).*

In this evaluative analysis, Table 27 shows the values of the inputs associated with the contribution required for the Reforzando Vínculos intervention. For their quantification, data

were collected through specific questionnaires, complementing the information obtained in the qualitative interviews. This approach made it possible to achieve a more accurate assessment of the real inputs contributed by each stakeholder group to the intervention.

Relatives of elderly participants: Some families of the elderly participants in the reforzando vínculos intervention made various financial and non-financial contributions to facilitate the attendance and participation of their family members in the programmed activities. From the analysis of the data collected in the quantitative form, it was identified that **10.3%** of the family members surveyed reported having made additional contributions, while **89.7%** did not indicate any type of extra contribution.

Reported contributions total **€1,554.08**, broken down as follows: **€880** in gasoline expenses, corresponding to an average of **€20** per week for **44 weeks**, **€330** for the use of a van, estimated at **€30** per month for **11 months**, **€344.08** in accompaniment time, equivalent to **22 hours** of support valued at **€15.64/hour**. These data reflect the additional effort of some families to ensure the continuity of the intervention and the well-being of their family members, which shows their involvement in the process and the value they attach to the program.

Paid staff*:* The costs associated with the regular work of Red Cross staff in the Reforzando Vínculos intervention are covered by funding from the Ministry of Social Rights and Agenda 2030. However, additional resources contributed by professional individuals were identified that were not offset by monetization of social value.

Through the quantitative SROI questionnaire, it was determined that **57.1%** of the respondents reported having worked unpaid overtime, with an adjusted total of **649 hours in 11** effective **months** (excluding vacation periods). These hours were valued at a rate of **€15.64/hour**, equivalent to a contribution of **€10,152.36**.

In addition, other personal resources used in the intervention were identified, such as unreimbursed transportation costs, use of own equipment and volunteer time, which represent an additional economic contribution estimated at **€175.**

In total, the economic contribution of the personnel amounts to **€10,327.36**, reflecting their level of commitment to the intervention and their involvement in its sustainability.

Volunteers: The extra time contributed by volunteers in the Reforzando Vínculos intervention was quantified at **950.4 hours**, reflecting their commitment and dedication to the development of the intervention's activities.

To assess the monetization of the social value of this contribution, a net rate of **€6.89/hour** was used, which was calculated from the total personnel budget. This rate takes into account both the company's social security contribution **(32.5%)** and the deductions applicable to the employee (personal income tax (IRPF by brackets and social security contribution of **4.70%**).

The time contributed by volunteers represents an essential resource within the intervention methodology, since their participation facilitates the execution of various activities without generating additional costs for the organization.

Volunteers: During the period evaluated (2023 - June 2024), volunteering in the Reforzando Vínculos project registered a total of **6,589.27** hours of dedication, according to the project's internal records and the data collected in the quantitative form. The distribution of this time was as follows:

- **Year 2023: 2,719.57 hours**
- **January - June 2024: 3,869.70 hours**

In addition, based on the information gathered from the quantitative questionnaires, **1,011** additional volunteer **hours** not initially contemplated were identified, equivalent to an average of 1.56 extra hours per active volunteer per month.

In total, volunteers contributed **7,600.27 hours**, valued at **€118,887.54** (calculated at the standard rate of **€15.64/hour**).

In addition, direct economic expenses not covered by the intervention, assumed by the volunteers, were identified, which include:

- **Transportation costs: 6.036,00€.**
- **Use of own materials: 3.050,00€.**

The total value of the inputs contributed by volunteers amounts to **€127,973.54**.

Entities cooperating in the community process. The community organizations collaborating in the Reforzando Vínculos project contributed an estimated total of **1,030 hours** of dedication, according to the data collected in the quantitative form. This time is equivalent to an economic value of **€16,109.20**, calculated at the standard rate of **€15.64/hour**.

The distribution of these hours is presented as follows:

- **64.3%** of the organizations carried out one-time actions, with an estimated dedication of **18 hours in total**.
- **21.4%** of the organizations contributed an average **of 5 to 10 hours per week**, accumulating 990 hours in total.
- **7.1%** of the organizations contributed **less than 1 hour per week, for a total of 22 hours.**

4.5.2 Outputs

Outputs are the direct results of an organisation's activities, representing the tangible goods, services, or engagements delivered to stakeholders[78]. For this project, outputs were primarily identified through internal documentation and monitoring materials, which included data on

[78] Social Value International. 2023. *SVI Glossary 2.0.* https://www.socialvalueint.org.

the number of participants, activities, and sessions associated with each stakeholder group amounts to others, as presented in the Table 16 below.

An additional source of output data came from stakeholder interviews, during which participants themselves described outputs they generated as a direct consequence of their involvement in the activities.

4.5.3 All well-defined outcomes of all stakeholders

The following table presents a summary of all well-defined outcomes that emerged from the chain of events identified across all stakeholder groups (see Section 4.4), listed as well in Table 13 below, as a consequence of their engagement with the program. For each outcome, the table includes the number of individuals who reported experiencing the change (as further detailed in Section 5.2), as well as the extrapolated figure estimated for the entire stakeholder group, where sample sizes were representative (as discussed in Table 10).

To ensure the final figures are clear and transparent, the extrapolation from the actual number of respondents to the entire stakeholder group was only performed for groups with a statistically representative sample. This calculation was made using a direct proportion, following this formula:

Extrapolated Number = (Actual number of people who identified with the change ÷ Sample size of the group) * Total population of the group

This method ensures that the final quantity used in the SROI calculation is a conservative and evidence-based estimate of the total number of people who experienced each outcome.

Outcomes that were not included in the SROI calculation—because they were not considered material—are clearly indicated, and the rationale for their exclusion is elaborated in the chapters 'Value What Matters' and 'Only Include What Is Material' through the relevance tests and significance tests applied to value materiality.

It also mirrors the structure and content of the Value Map included in Annex VIII, supporting a clearer understanding of which outcomes were ultimately included in the Value Map and why. In doing so, this section enhances transparency and aligns closely with the Theory of Change presented in Table 16 and the content of the Value Map.

Table 26. List of all well-defined outcomes

Stakeholder	Well-defined outcome	#number of people who identify with the change		Materia (Included in Value Map) /not material
		Actual	Extrapolated	
Elderly participants 	*The feeling of loneliness is reduced*	99	423	These changes were deemed relevant according to the relevance test, and also significant according to the significance test. Therefore, they were considered material and included in the SROI analysis.
	Increases personal autonomy	88	371	
	Increased sense of energy and vitality	96	409	
	The sense of belonging to the local community is strengthened	99	423	
	Increases the support network	100	428	
	Increases feelings of vulnerability (-)	24	71	Excluded in the relevance test as not being relevant, and thus not included in the SROI calculation (nor Value Map).
	Reduces visits to the doctor	56	103	
	Access to a virtual assistant - "Alexa"	36	83	
Family members of elderly participants	*Improves family relationships*	19	Not extrapolated, as the stakeholder	Relevant according to relevance test+ significant according to significance test.
	Increased sense of tranquility, reducing perceived levels of worry and stress.	26		

Stakeholder	Well-defined outcome	#number of people who identify with the change		Materia (Included in Value Map) /not material
		Actual	Extrapolated	
	*Increased concern and uncertainty about the continuity of the project (-)*	29	group did not meet the threshold. Actual responses are used in the SROI and Value Map.	Considered material and included in the SROI analysis.
	Increases time devoted to self-care and mental wellness	25		Relevant but not significant, not included in the SROI or Value Map.
	Increased level of happiness	25		
Paid personnel 	*Increased stress (-)*	7	The stakeholder group was complete. Actual responses are used in the SROI and Value Map.	Relevant according to relevance test+ significant according to significance test. Considered material and included in the SROI analysis.
	Improved career prospects	14		
	Improved professional development for the ability to respond to the needs of the elderly from community intervention.	11		
	Increased self-esteem and self-worth in the personal and professional spheres.	13		Relevant, but not significant, not included in the SROI or Value Map.
	Improved emotional resilience and management of complex work-life situations	9		Not relevant, not included in the SROI or Value Map
	Acquisition of new strategies to improve active and healthy aging	11		
	Impact on work-life balance	6		
Volunteers	*Increased personal satisfaction and sense of purpose*	42	122	Relevant according to relevance test+ significant according to significance test. Considered material
	The sense of belonging to the local community is strengthened	39	113	
	Improved development of empathy towards the challenges of aging	43	125	

Stakeholder	Well-defined outcome	#number of people who identify with the change		Materia (Included in Value Map) /not material
		Actual	Extrapolated	
	*Improvement of professional skills and competencies from community intervention*	35	101	and included in the SROI analysis.
	Introducing habits into life to improve physical and mental well-being	35	101	Not relevant, not included in the SROI or Value Map.
	Imbalance between personal and professional life (-)	5	17	
	Increases awareness of the value of mindfulness (being in the present moment)	39	112	
Entities cooperating in the community process 	*Greater autonomy in the management of services dedicated to the support of the elderly through community intervention*	6	Not extrapolated, as the stakeholder group did not meet the threshold. Actual responses are used in the SROI and Value Map.	Relevant according to relevance test+ significant according to significance test. Considered material and included in the SROI analysis.
	Expansion of strategic partnerships	12		
	Increased concern and uncertainty about the continuity of the project (-)	6		
	Increase in the quality of the service offered	14		Relevant, not significant. Not included in the SROI or Value Map.
	Strengthening the organization's commitment to the community	14		

Source: Own elaboration.

Table 27. Theory of change: activity, resources, products and changes.

Activity:	*Community intervention project that responds to the different needs detected in the people who come to the entity, from a community perspective and in collaboration with entities and administrations of the localities participating in the project. New activities are promoted to address unwanted loneliness, reduce the risk of institutionalization and support the deinstitutionalization of people attending the resource.*			
Stakeholders	**Resources (inputs)**	**Value of the resource (€)**	**Products (outputs)**	**Welfare changes (outcomes)**
Elderly participants 	**Type:** Additional time and resources The time invested is not included in the SROI calculation, as it corresponds to the role of participant (also called beneficiary). However, 7.1% of respondents reported additional expenses, including €1,100 in gasoline, €220 in cab transportation and €687.92 in unpaid escort time. These contributions add up to €2,007.92 and, after extrapolation with a margin of	**11.266,12€**	- A total of 602 elderly participants engaged in 11,928 individual activities and 200 group activities. - Seventy-six percent of the elderly people perceived improvements in their quality of life. - 58.97% of the participants experienced an improvement in their self-determination and access to rights. - 69% of the elderly participants with slight or greater dependency had access to the necessary support and resources, thus improving their perceived ability to carry out activities of daily living (functional capacity). -58.97% of elderly participants improved their perception of inclusion in the community support network. - 16% of the older people participating in the project increased their participation in the environment. -16% of the elderly participants who had no or insufficient support network improved their situation. -40% of the project's senior citizens took part in the participation spaces created in the project.	*The feeling of loneliness is reduced* *Increases personal autonomy* *Increased sense of energy and vitality* *The sense of belonging to the local community is*

	error of 7.73%, are estimated at €11,266.12 for the total group, using the lower limit of the interval to avoid overestimation.		- 39% of the elderly participated in informative activities on the exercise of rights. - 57% of people who participated in targeted activities improved their skills to access/exercise their rights more actively. - 25% of the people participated in informative activities to compensate for limitations in performing their daily activities. -47% of the people obtained the necessary resources (economic, personal, material, technological) to compensate for the limitations to carry out their daily activities. - Twenty-one percent of the people participated in targeted activities to improve their skills to compensate for limitations in doing their daily activities. - 68.44% of the elderly participants used digital tools for coping with their vulnerability factors (233 of the participants used advanced telecare, 146 voice assistants and 138 Multivideo technology).	*strengthened.* *Increases the support network*
Family members of elderly participants 	**Type**: Additional time and resources, 10.3% of the family members surveyed reported additional contributions, with a total of €1,554.08 distributed in gasoline (€880), use of a van (€330) and accompanying time (€344.08). A total of 89.7%	**1.554,08€**	-412 participants had access to technology that would facilitate communication, including telecare tools, multivideo and/or voice assistants. For their families, this implied access to a new communication channel, supporting interaction and contact with the family member. 47% of the people obtained the necessary resources (economic, personal, material, technological) to compensate for the limitations in carrying out their daily activities, which saved time for family members (who would have provided support).	*Improves the family relationship* *Increased sense of tranquility, reducing perceived levels of worry and stress.*

	indicated that they did not make any extra contributions.			*Increased concern and uncertainty about the continuity of the project (-)*
Paid personnel 	**Type**: Additional time and resources 57.1% of the staff worked 649 hours of unpaid overtime (€10,152.36) in 11 months. In addition, contributions were reported for transportation, use of own equipment and volunteer time (€175), totaling €10,327.36.	**10.327,36€**	-100% of paid personnel participated in 2 actions for the transfer of knowledge and learning. - 50% of the people who were part of the project team (hired people) showed improvement in their qualifications to intervene in a personalized way with the elderly through training courses carried out during the project. - 60% of the people who are part of the project team (hired persons) showed improvement in their qualifications to intervene from a community approach.	*Increased stress (-)* *Improved career prospects* *Improved professional development for the ability to respond to the needs of the elderly from community intervention.*
Volunteers	**Type:** Additional time and resources. A total of 7,600 hours of	**127.973,54€**	- Volunteers received training for the development of their activity in the project.	*Increased personal satisfaction and sense of purpose*

	volunteer work were recorded, including 1,011 hours of overtime not initially contemplated. The economic valuation of the time contributed amounts to €118,887.54. In addition, direct expenses assumed by the volunteers were reported, including €6,036.00 for transportation and €3,050.00 for their own materials. Total value of inputs provided: €127,973.54.			*The sense of belonging to the local community is strengthened.* *Improved development of empathy towards the challenges of aging.* *Improvement of professional skills and competencies from community intervention.*
Entities cooperating in the community	**Type**: Time. The collaborating community	16.109,20€	- 26% of entities/agents that cooperated in the community process. - Actions carried out: 58 awareness-raising actions and 9 training actions	*Greater autonomy in the management of*

process 	organizations contributed a total of 1,030 hours, valued at 16,109.20€. 64.3% participated in one-time actions (18 hours). 21.4% dedicated between 5 and 10 hours per week (990 hours). 7.1% contributed less than 1 hour per week (22 hours).		- 992 participants in the diagnostic phase in resource mapping, auditions, focus groups and contact meetings with agents. - 472 collaborating entities (in the phases of analysis, design of activities and development of community programming). - 78 new areas of participation for the elderly - 38 community participation actions. - Increased involvement and co-responsibility in care, from 15% to 26%, representing an improvement of 9 percentage points.	*services dedicated to the support of the elderly through community intervention.* *Expansion of strategic alliances* *Increased concern and uncertainty about the continuity of the project (-)*

Red Cross - Entity	**Type**: monetary (€) Contribution of Red Cross own funds to the Reforzando Vínculos project during the period January 2023 - June 2024.	**31.695,28€**	- 6 innovative intervention proposals tested in 3 territories including 9 localities. INNOVATION 1: Activation of person-centered communities INNOVATION 2: (Tele) Integrated Community Assistance INNOVATION 3: Advanced Analytics for Automated Impact Measurement INNOVATION 4: Working as a cross-system to innovate INNOVATION 5: Personalization of technological supports INNOVATION 6: Evaluation with an eye on the participants: Project evaluation + social impact SROI -56 technical staff (22 hired and 34 volunteers) who have been trained to intervene in a personalized way with the elderly and from a community approach. -140+ volunteers with experience in the proposed intervention. -130+ partnerships with new collaborating entities. -1 technological communication tool (multivideo). - New educational resources aimed at raising awareness and training agents that make up the environment of the users to positively influence the way they perceive old age and aging, to raise awareness of the importance of getting involved in responding to the needs and interests of the elderly in their communities (web training pills, online training, design of materials and didactics.	Social value has not been generated, but economic value has been generated, which does not correspond to people's well-being.

Funding Organization - Ministry of Social Rights, Consumption and Agenda 2030	**Type**: monetary (€) The total budget for the Reforzando Vínculos intervention during the evaluation period (January 2023 - June 2024) amounts to 1,638,880.00 euros.	**1.638.880€**	- 1 social intervention pilot project that addressed the improvement of the quality of life of elderly people by improving their coping with the consequences derived from situations of reduced personal autonomy, favoring their integration in community support networks.	Social value has not been generated, but economic value has been generated, which does not correspond to people's well-being.
TOTAL		**1.837.806€**		

Note: The table only takes into account the resources (inputs) and results (outputs) of the stakeholders included in this report. *Source:* Own elaboration.

5. VALUE THE THINGS THAT MATTERS



This chapter on Principle 3: "***Value what matters***" de Social Value International[79], describes the process of assigning value to the changes generated in stakeholder groups. To do this, two valuation methods were combined—the non-monetary unequal weighting method (scale 1 to 10) and monetary valuation (proxies)—applying the anchoring technique in accordance with the principles, ensuring an accurate representation of the value of changes in strategic and operational decision-making. These two methods are described in this section.

This section answers the question:

What value is assigned to each change to understand the relative importance between change and change?

5.1 THE PROCESS TO IDENTIFY THE VALUE

To evaluate the comparative relevance of these changes, data were collected on two key aspects: first, how many people identified with each change (to understand the extent to which a majority or a minority within the stakeholder group identified with it); and second, how valuable each change was to them. This information allowed for determining the degree of importance they ascribed to it, thereby providing a comprehensive view of the value it generated for them.

For the data collection related to valuation, two methods involving the stakeholders were applied. This chapter describes both:

- The non-monetary unequal weighting method (using a 1-to-10 scale).
- The monetary valuation, where financial proxies are used to understand the relative importance between the values.

[79] www.socialvalueint.org/principle-3-value-the-things-that-matter

Table 28. Data Collection Summary for "Value What Matters"

	Elderly participants	Family members of Elderly participants	Paid staff	Volunteer individuals	Organizations cooperating in the community process
***What:* How many? How did they value the change?**	☑ Yes	☑ Yes	☑ Yes	☑ Yes	☑ Yes
How many:	127 (21.10%)	29 (17.37%)	14 (70%)	43 (30.07%)	9 (6.57%)
Type of data collected:	Quantitative				
Data collection method:	Focus Group / Adapted Dynamics	Webform	Webform	Webform	Webform

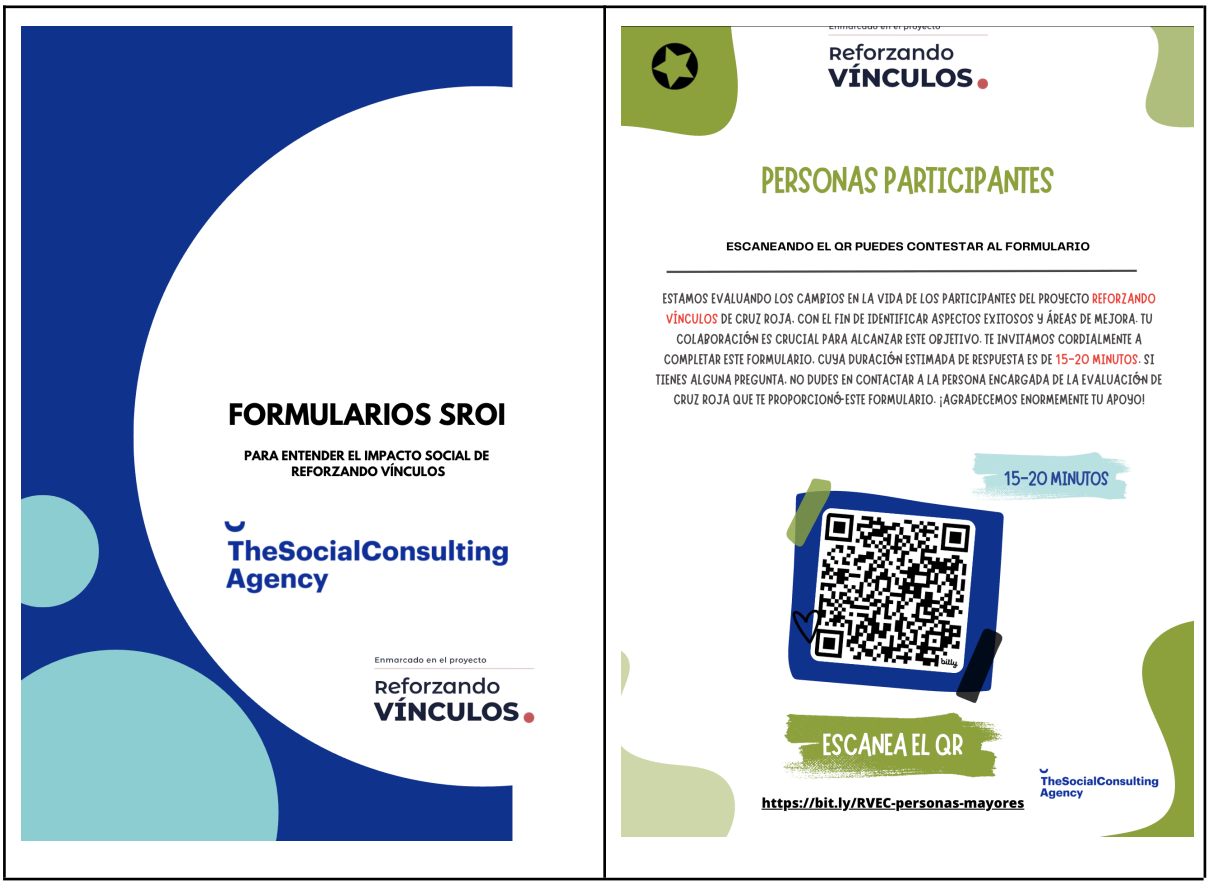
Note: "Yes" indicates that the stakeholder provided data. "How many" shows the number of people, and the percentage refers to the total study population. Source: own elaboration.

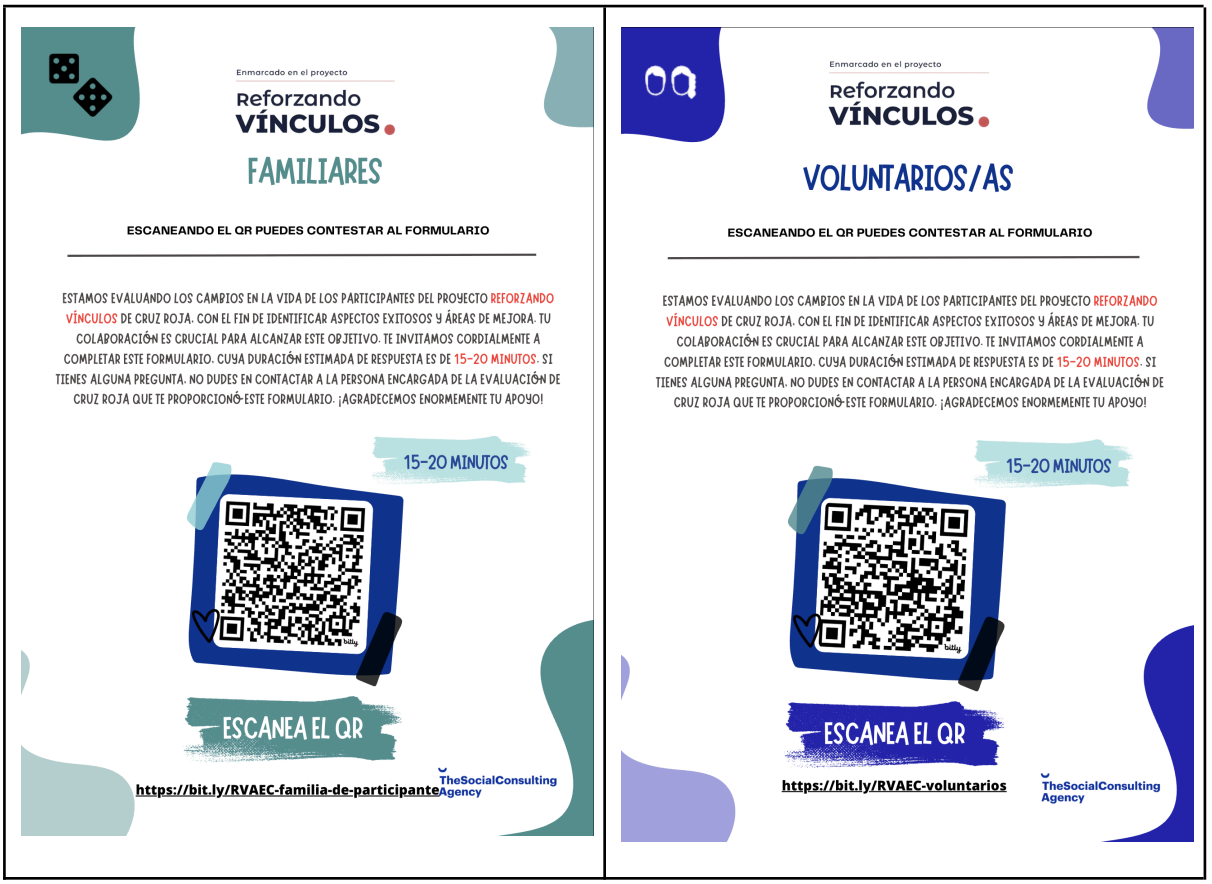
This data collection was conducted using methods adapted to each stakeholder group. For most groups, webforms were used, distributed via WhatsApp or email. In cases where a digital solution was not feasible, particularly for the Elderly participants, more interactive and guided methods were employed, such as focus groups and adapted dynamics, supported by visual framework sheets to structure the conversation.

According to the sampling requirements (see Table 8), the data presented are statistically representative for the Elderly participants and Paid staff stakeholder groups. However, there is a potential under-representation of Family members of Elderly participants (17% error), Volunteer individuals (12.8% error), and Organizations cooperating in the community process (33% error). The evaluation team judges this to be a manageable risk for decision-making, as the report presents two SROI ratios: a conservative one using only representative data and an inclusive one that incorporates the other groups, clearly stating the associated risk.

In the SROI calculation, to remain conservative, values were only extrapolated for stakeholder groups with statistically representative samples.

Figure 83. Support material used for the identification of changes by stakeholder group

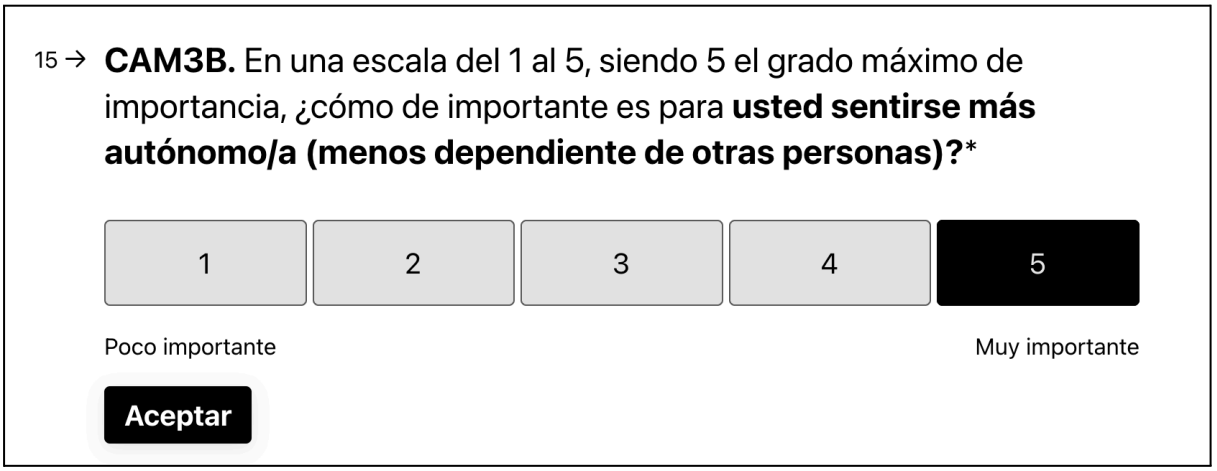




Source: Own elaboration.

For each well-defined outcome described in Chapter 4, participants were asked to indicate whether they identified with the change and how important it was to them (non-monetary evaluation). For most groups, a 1-to-10 Likert scale was used. For the "Personas mayores participantes," a simplified 1-to-5 scale (using a star system) was implemented, with the results later converted to a 1-to-10 scale for consistency. Additionally, to support the development of financial “proxies” (monetary evaluation), specific techniques were used, such as revealed preference questions for most groups and the **Value Game** for the older participants.

Figure 84. Example of a question from the webform.



Source: Own elaboration.

After data collection, the evaluation team calculated mean importance ratings for each change to reflect stakeholders' perceptions of their relative importance. The average was selected as the most appropriate measure given the nature of the data. This data then informed the Relevance Test (see Chapter 6), which helped refine the set of outcomes to be taken forward in the analysis.

For a comprehensive overview of every well-defined outcome and to see which were included or excluded, readers should refer to the summary table in Section 4.5.3.

5.2 STAKEHOLDER COUNT AND RELATIVE IMPORTANCE (NO MONETARY EVALUATION)

Below is a breakdown per stakeholder of how many people identified with each well-defined change and how relevant these changes were to them.

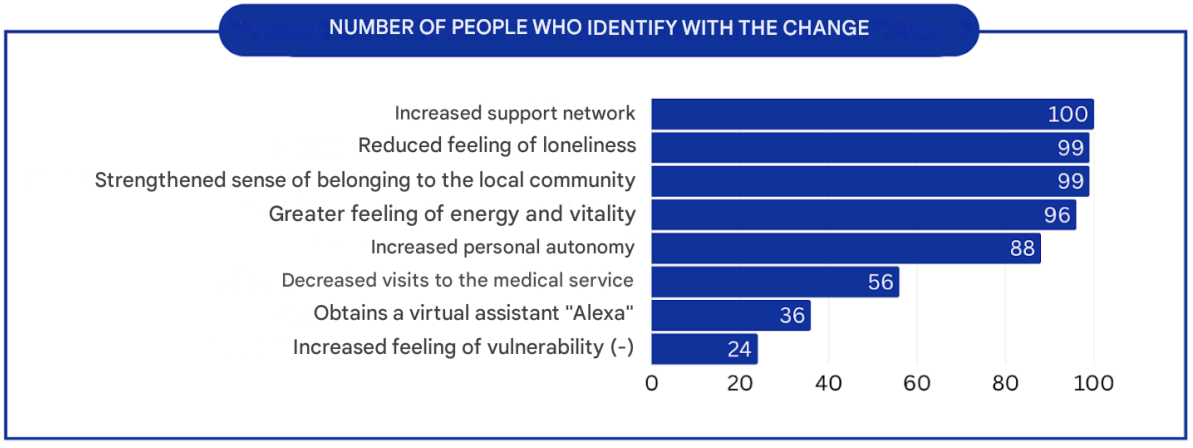
5.2.1. Elderly participants surveyed

5.2.1.1 Identification - Elderly participants surveyed

The changes identified in the chains of events constructed from the focus groups were summarized and validated with **127**[80] elderly participants through a structured validation methodology. During this dynamic, the question was asked: ***Would you say that this change has been generated in you as a consequence of your participation in Reforzando Vínculos?***

The graph shows how many people identified with each change, showing that, within the sample, between **24%** and **79%** of participants surveyed indicated that one or more of the changes in their well-being were a consequence of their participation in Reforzando Vínculos. This allows us to clearly see which changes the majority feel represented, which supports decision making regarding where to focus improvements in future interventions.

Figure 85. Relationship between changes and number of people identified.



Source: Own elaboration.

[80] *This corresponds to 21.10% of the population studied, comprising a total of 602 people.*

Increased support network and **strengthened sense of belonging to the local community:** The results allow us to affirm that the *expansion of the support network* has been a direct consequence of participation in Reforzando Vínculos, especially as a result of group activities and technological support in socialization. Despite the fact that the question asked in the impact measurement was open-ended (***What changed after your participation in Reforzando Vínculos?***), all participants mentioned this change as a clear consequence of their participation in the project, individually without having been directed to such an answer, which provides greater robustness and credibility to the data. This result is closely linked to another change also mentioned: *the strengthening of the sense of belonging to the local community*, also identified unanimously by the participants.

> ***"Thanks to the project I have gained a support group that helps me every week to live life better."***
>
> *Older Person Participating in the Reforzando Vínculos intervention*

These findings were supported by the data collected by the project itself[81] which indicated that **40%** of the surveyed elderly people took an active part in the participation spaces created within the framework of the intervention. Some **16%** increased their participation in the environment. In addition, **58.97%** stated that they had improved their perception of inclusion in the community support network. Another **16%** improved their situation despite not having a previous support network or having an insufficient one.

These results validate that community activation occurred as a result of Reforzando Vínculos, which, in turn, generated the aforementioned changes in the areas of well-being linked to the dimensions of interpersonal relationships and social inclusion. These are effects on their quality of life that, according to the respondents themselves, are among the changes in well-being that have brought them the most social value.

[81] Red Cross - *Logical framework of the Reforzando Vínculos project - Red Cross.*

In addition to these data, there is theoretical support provided by the study *Research on the experience and perception of unwanted loneliness*: *Responses in the community setting*[82] , which concludes that support networks -real and perceived- are a crucial factor in attenuating the feeling of unwanted loneliness. The creation and strengthening of these networks are constituent elements of social capital, and the stronger and more extensive they are, the greater the social capital of an individual or a community. Reducing unwanted loneliness is also a key factor in preventing institutionalization.

Therefore, it is reasonable to think that if the people participating in Reforzando Vínculos experienced an improvement in their social capital through the expansion of their support network and perceived a greater sense of community inclusion, these could be factors that contribute to mitigating institutionalization processes and fostering autonomy, two of the central objectives of the project. Although, due to the short evaluation period, it has not been possible to directly evidence the reduction of institutionalization, the possibility that the project contributes in that direction can be considered.

This is reinforced by the observation that these changes have been perceived as highly valuable by the participants surveyed -as shown in Figure 91 , which provides key information for decision making in future editions of this intervention.

According to the data revealed, any action aimed at strengthening these aspects of well-being brings value to the people involved. Similarly, any action that limits their development or reduces them diminishes the social value generated.

Reduced feelings of loneliness: The data reported by the participants, in which all identified an improvement in their perception of unwanted loneliness, suggests that participation in group activities and individual support has the effect of significantly reducing the feeling of loneliness in the elderly. **Seventy-six percent** of respondents indicate that

[82] ISEAK Foundation. 2024. *Research on the experience and perception of unwanted loneliness: Responses in the community*. ISEAK Foundation.

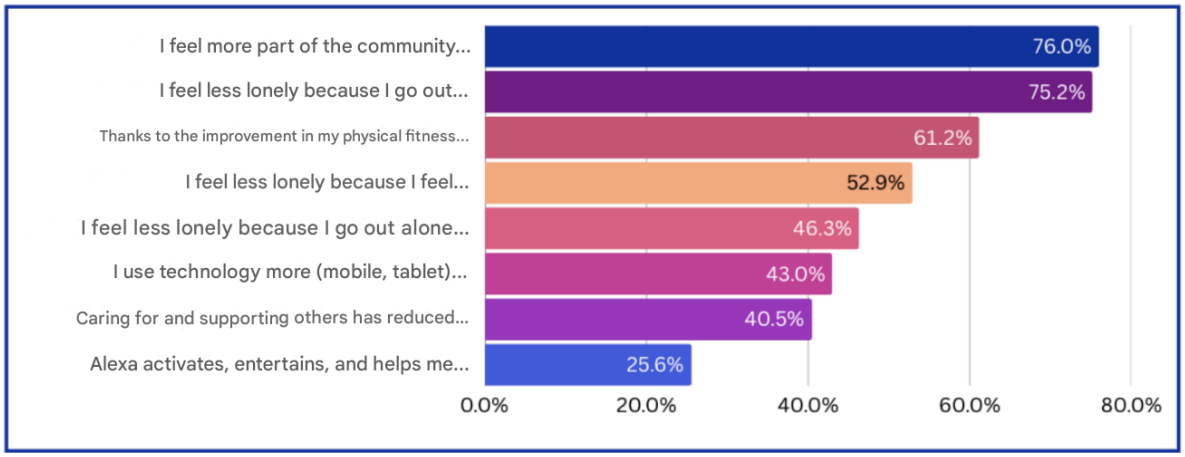
their participation in Reforzando Vínculos has had a clear impact in this area, expressing phrases such as:

> ***"Participating in the project has helped me not to feel so lonely after becoming a widow."***
>
> *Older Person Participating in the Reforzando Vínculos intervention*

In addition, **75.2% of** the people surveyed indicated that they feel more accompanied, **61.2%** mentioned the improvement in their physical and mental state as a key element in preventing loneliness and **52.9%** felt more empowered.

> ***"In the activities I relax and feel accompanied."***
>
> *Older Person Participating in the Reforzando Vínculos intervention*

Figure 86. Question about the impact of Reforzando Vínculos



Source: Own elaboration.

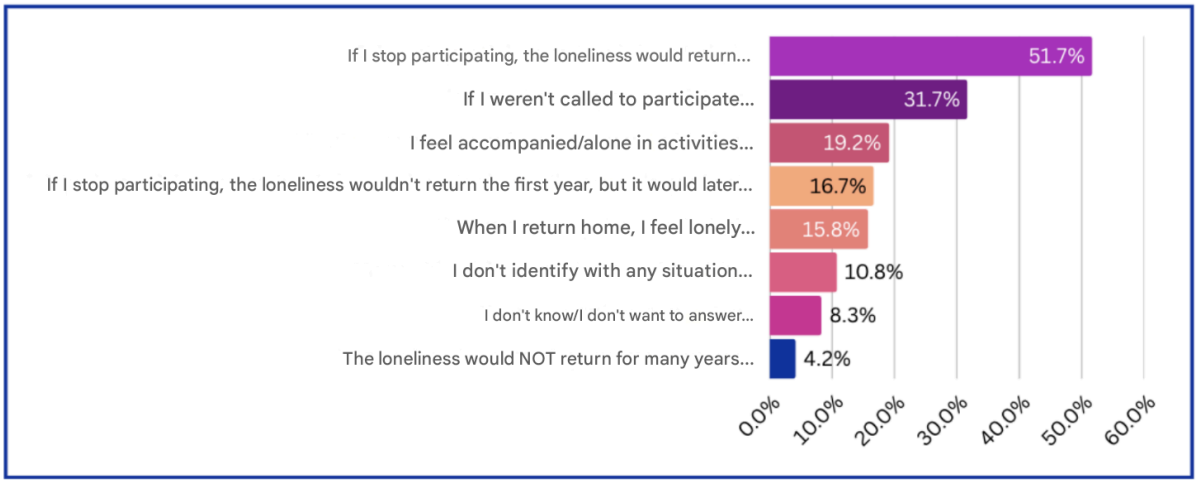
When contrasted with the data from the *External Evaluation - Reforzando Vínculos: Promoting Autonomy in Community Settings*[83] , this finding is reinforced, since in this

[83] Cinquantini, I,. eds. 2024. *External Evaluation - Reforzando Vínculos: Promoting autonomy in community settings*. Final evaluation. The Social Consulting Agency.

evaluation - conducted on the same intervention in the same period of time - general results pointing in the same direction are identified. Unwanted loneliness is indicated as the problem most addressed by the project at the general level, being mentioned in **94%** of the total responses. This data suggests that the activities of the interventions support by reducing one of the vulnerability factors experienced by the elderly.

These results demonstrate the possibility of a direct relationship between the impact of Reforzando Vínculos on the reduction of the feeling of unwanted loneliness and the improvement in autonomy, social integration and personal relationships. This emotional and attitudinal change is likely to be closely linked to behavioral transformations that strengthen social capital, making these findings highly valuable for the design of future community interventions.

Figure 87. Relationship between participation and sense of loneliness



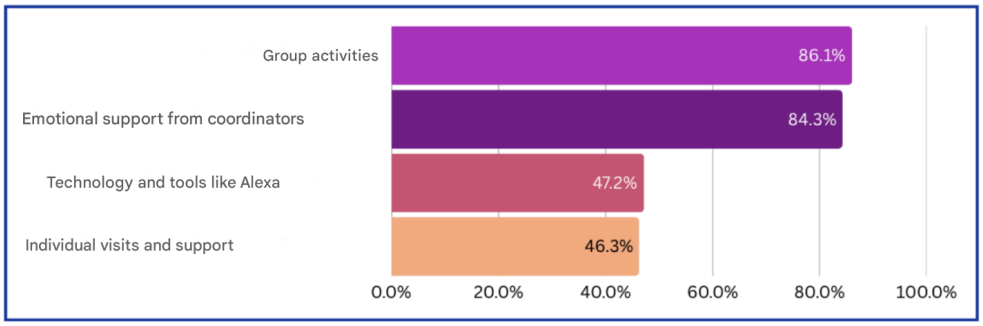
Source: Own elaboration.

Increased sense of energy and vitality: Energy, "desire to" and "feeling alive again" are concepts of perception and positive attitude that emerge as changes identified by all participants. They reflect, in several cases, that having lost the desire to do, to live and to be active, to a greater or lesser extent, thanks to Reforzando Vínculos they have been able to recover.

> ***"They notice me more active, happier and with more energy to leave the house. Plus, we've made new friends and, outside of the project, on special days we go out for dinner or drinks on our own."***
>
> *Older Person Participating in the Reforzando Vínculos intervention*

Increases personal autonomy: The data indicate that the majority of those surveyed, **86.1%**[84] **,** consider that participation in group activities has been the main element that has favored their autonomy. This is followed by the emotional support of the coordinating team (**84.3%**), visits and individual accompaniment (**46.3%**), and the use of technology (**47.2%**), suggesting that the combination of social interaction and digital tools has been key in preventing dependency.

Figure 88. Factors that have contributed to the autonomy of the participants.

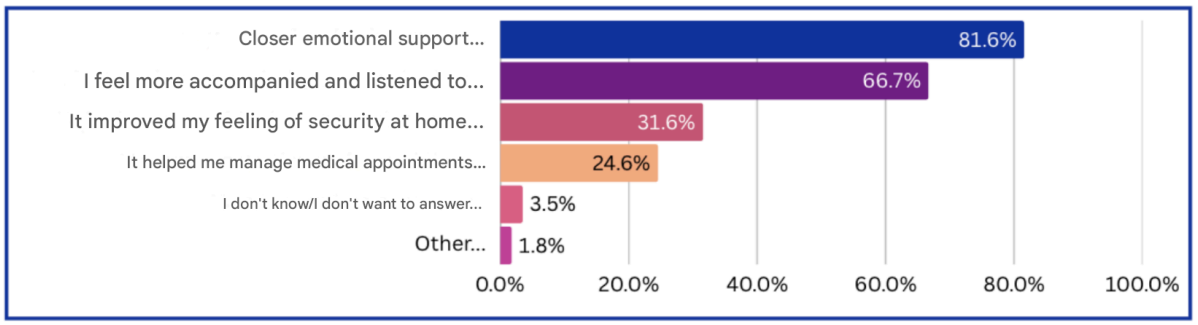


Source: Own elaboration.

Effects on daily life: 62.2% of the participants indicated that the intervention has helped them to take better care of themselves, while **57.1%** mentioned that they feel more confident when performing solitary activities, reflecting an increase in confidence and autonomy.

[84] *This figure corresponds to 127 people out of a total of 602 people in the population studied.*

Figure 90. Question on impact of support and accompaniment on daily life.



Source: Own elaboration.

The aforementioned data are validated with the information collected by the organization itself[85] through several scales applied during the project, in which it is observed that **58.97%**[86] of the participants experienced an improvement in their self-determination and access to rights. Likewise, **69%** of the surveyed elderly people with a slight or higher level of dependency had access to the necessary support and resources, which improved their perception of their ability to carry out activities of daily living (functional capacity). These data collected through other sources reinforce the effects reported by the people in this report, thus providing more rigor to the data and reducing the risk in the decision making in which these data are used.

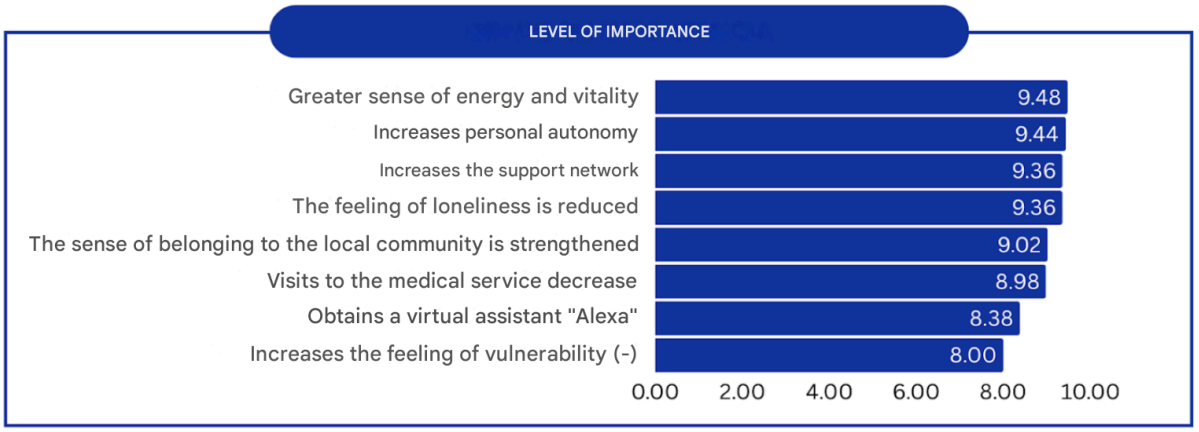
5.2.1.2 Importance - Elderly surveyed participants

To assess the importance of each change from the perspective of the participating seniors surveyed, the **127**[87] participants were asked to mark, on a scale of 1 to 5[88] , how much it meant to them to have achieved each change as a result of their participation in Reforzando Vínculos. The figures shown in Figure 91 were obtained by calculating the mean of the responses and multiplying them by 2 to adjust them to a scale of 1 to 10.

[85] Red Cross - *Logical framework of the Reforzando Vínculos project - Red Cross.*
[86] *Of the 253 people who completed the FUMAT questionnaire (pre and post), information on Self-Determination and Rights was obtained in 241 cases.*
[87] *127 elderly participants represent 21.10% of the target population.*
[88] *Explanation given to the older participants when marking the degree of importance: You will see 5 little stars, mark how important it is to you that this change has happened, the smallest star being "not important at all" and the largest star being "very, very important".*

The final score reflects the average importance assigned by the elderly to each change, showing that **the degree of relevance exceeds 8 points on a scale of 10**, reaching up to **9.48** points for the most significant changes.

Figure 91. Relationship between importance and well-defined changes



Source: Own elaboration.

5.2.1.3 Relevance index - Elderly surveyed participants

Once the number of elderly participants surveyed who recognized themselves in each well-defined change had been identified and the importance they assigned to each change had been evaluated, the relevance index for each change was calculated. **This index was obtained by multiplying the number of participants who identified with the change by the degree of importance assigned.** The objective was to analyze the relationship between the changes and discard those that were not relevant to the decision-making process underlying this report. The results are shown in the following figure.

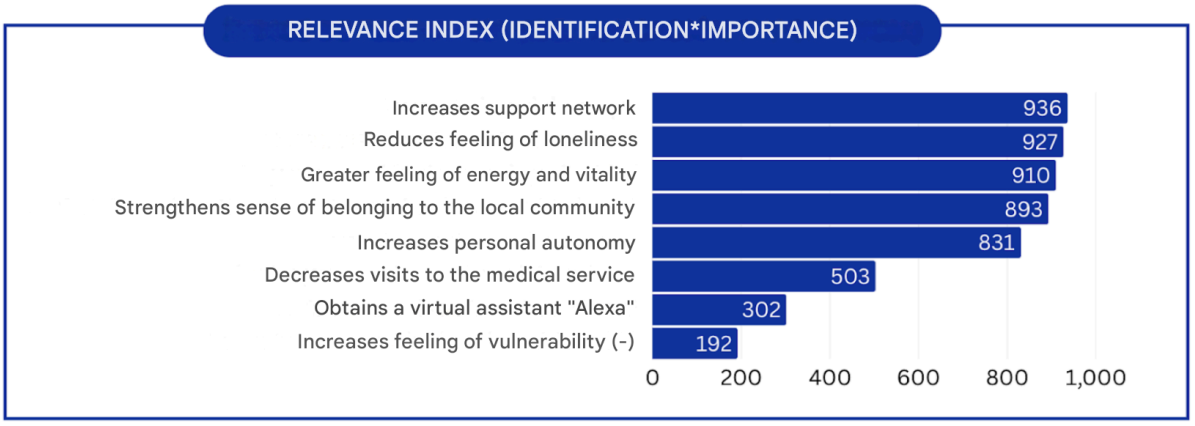
The findings indicate that the three aspects of well-being identified by the majority of the people surveyed as having the highest perceived value are directly related to social capital, connection with the community and emotional well-being. These are, moreover, the ones that contribute most to the improvement of quality of life, as mentioned above.

Thus, it is clear that the project's intended improvements - *"Contribution to improving the quality of life of the elderly participants"* and *"Improved inclusion of the elderly in the community support network*" - were not only achieved to a greater or lesser extent, but were also positively valued by those who participated, which reinforces the coherence between the project's objectives and what really brings value to the target people.



> ***"Before I didn't want to go to activities because my husband had passed away. Now that I'm going, I've been included again with people in town and I feel like they all support me, help me and remind me of things to come and get out of the house."***
>
> *Older Person Participating in the Reforzando Vínculos intervention*

Figure 92. Comparison of relevance index - Elderly participants.



Source: Own elaboration.

5.2.2 Surveyed family members of elderly participants

5.2.2.1 Identification - Surveyed family members of elderly participants

The changes identified in the focus group chains were synthesized and validated with 29 family members of elderly participants through the question: ***Would you say that this change has been generated in you as a result of your family member's participation in Reforzando Vínculos?***

The following graph shows the percentage of people who identified with each change, showing that **between 66% and 100% of family members confirmed having experienced these changes**.

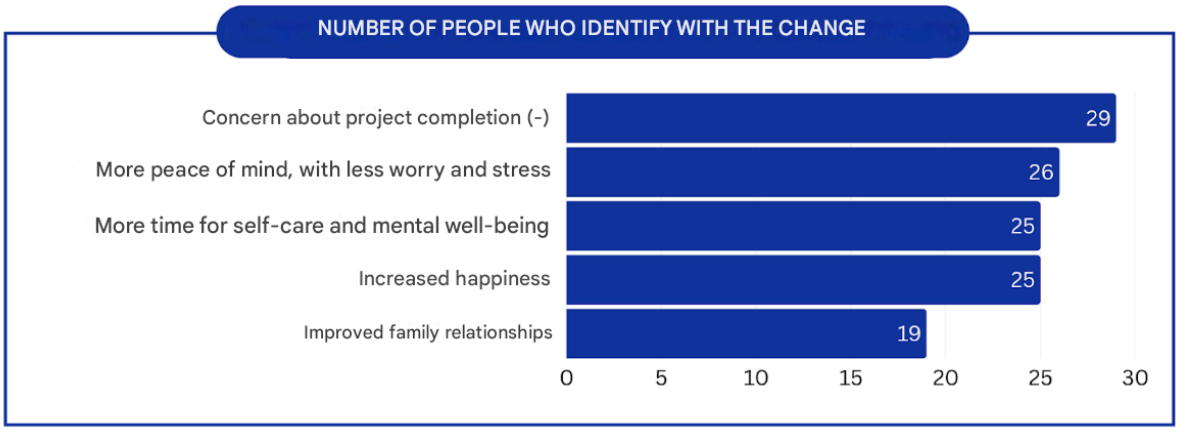
It should be noted that some of the changes have been summarized to optimize the visual presentation of the chart and to avoid text overload. The changes made are shown in the following table:

Table 29. Language adjustments of changes - Relatives of elderly participants.

Change	Reduced change
Improved family relationships	No reduction required
Increased sense of tranquility, reducing perceived levels of worry and stress.	More peace of mind, with less worry and stress
Increases time devoted to self-care and mental wellness	More time for self-care and mental wellness
Increases happiness	No reduction required
Increased concern and uncertainty about the continuity of the project (-)	Concern about project completion (-)

Source: Own elaboration.

Figure 93. Relationship between changes and relatives of elderly people



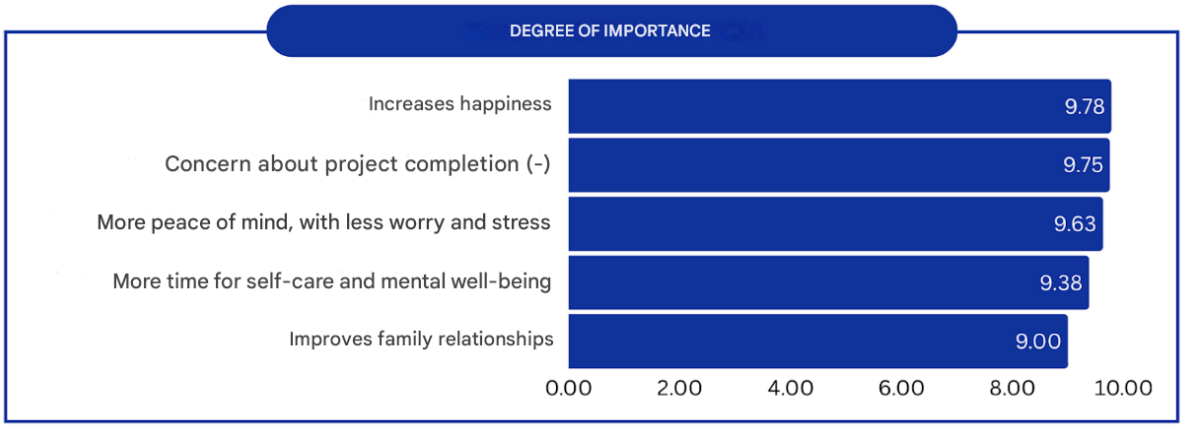
Source: Own elaboration.

5.2.2.2 Importance - Surveyed family members of elderly participants

To assess the importance of each change from the perspective of the family members of the elderly participants, the **29 respondents** were asked to rate on a scale of 1 to 5 how much it meant to them to have experienced each change as a result of their family member's participation in Reforzando Vínculos. These scores were then adjusted to a scale of 1 to 10 by multiplying by 2.

The final score reflects the average of the ratings assigned by the family members to each change. It is evident that, in all cases, the degree of importance reaches high values, with **scores above 9 on a scale of 10 and a maximum of 9.78 points**. It stands out that the changes with the highest social value (according to the degree of importance assigned) are mainly associated with emotional well-being, encompassing both positive and negative experiences within this context.

Figure 94. Relationship between identified changes and importance -

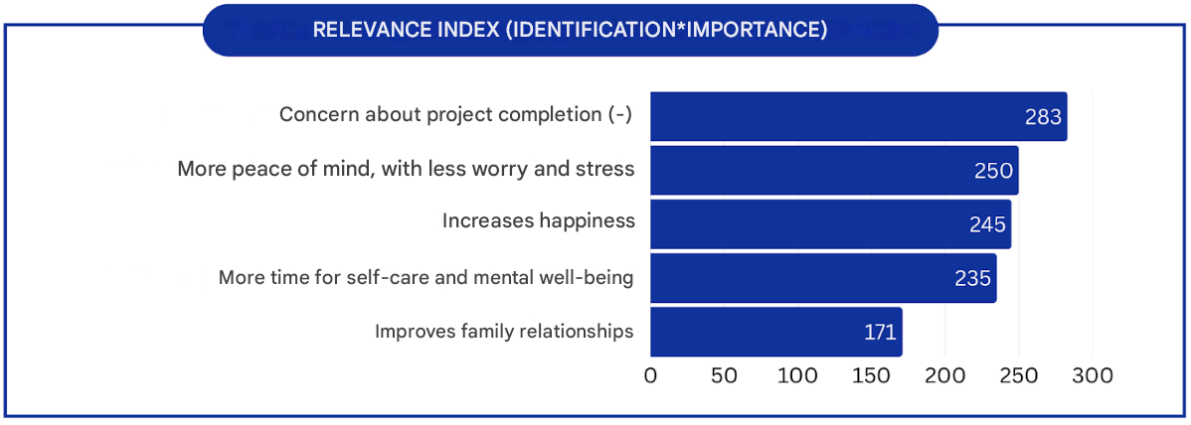


Source: Own elaboration.

5.2.2.3 Relevance index - Relatives of elderly participants

The number of family members who recognized themselves in each well-defined change was identified and multiplied by the degree of importance they assigned to each. The results are shown in the following figure.

Figure 95. Relevance Index Comparison



Source: Own elaboration.

5.2.3 Paid staff surveyed

5.2.3.1 Identification - Paid staff surveyed

The changes identified in the group interviews were synthesized and subsequently validated with a group of **14** paid staff respondents who play different roles within the Reforzando Vínculos intervention. During this process, they were asked the question: ***Do you identify with this change as a result of your work in Reforzando Vínculos?***

The graph shows the level of identification of the respondents with each change, showing that between **42.86%** and **100%** of the employees recognized themselves in at least one of the relevant changes. This reflects a significant impact of the intervention on their professional experience and their perception of their work in the intervention.

It should be noted that some of the changes have been summarized to optimize the visual presentation of the chart and to avoid text overload. The changes made are shown in the following table:

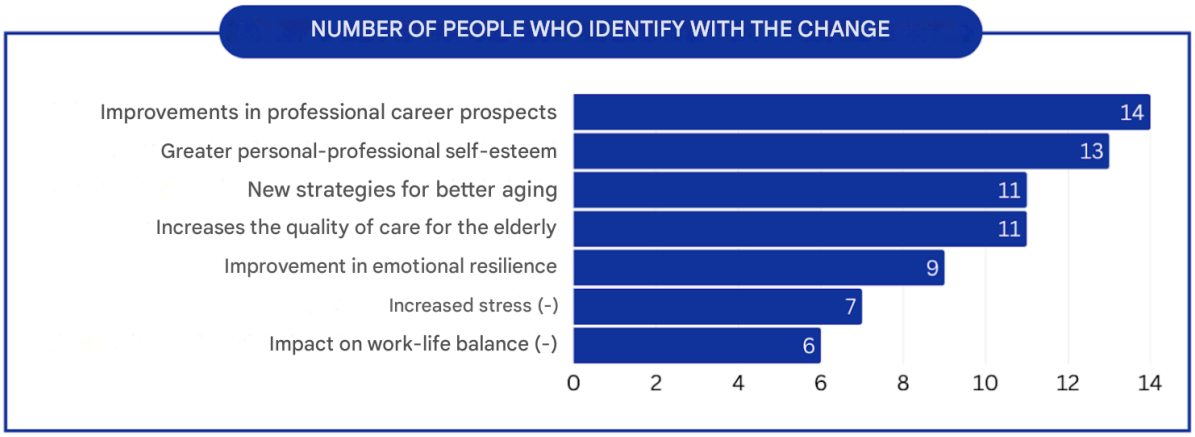
Table 14. Language Adjustments of Changes - Paid Personnel

Change	Reduced change
Improved career prospects	No reduction required
Improved professional development for the ability to respond to the needs of the elderly from community intervention.	Increases the quality of care for the elderly
Increased stress (-)	No reduction required
Increased self-esteem and self-worth in the personal and professional spheres.	Increased personal-professional self-appraisal
Improved emotional resilience and management of complex work-personal situations.	Improved emotional resilience

Acquisition of new strategies to improve active and healthy aging.	New strategies for better aging
Affected work-life balance (-)	No reduction required

Source: Own elaboration.

Figure 96. Relationship between changes and paid personnel



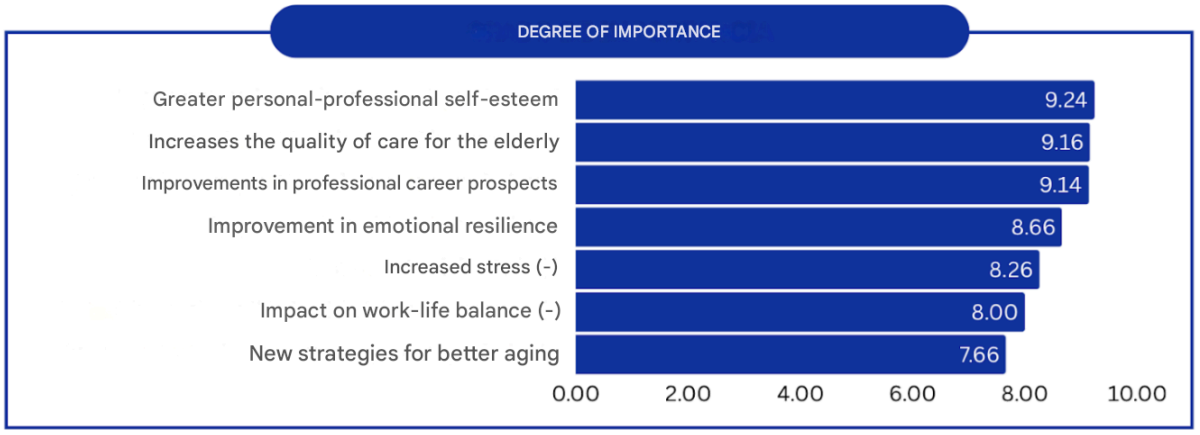
Source: Own elaboration.

5.2.3.2 Significance - Paid staff surveyed

To assess the importance of each change from the perspective of paid staff, they were asked to rate, on a scale of 1 to 10, how important it was to them to have experienced such a change as a result of their work at Reforzando Vínculos.

The score shown in the following figure shows the average of all the ratings assigned by the 14 people surveyed. It can be seen that the degree of importance assigned to the changes is high, **exceeding 8 points on a scale of 10**, with a **maximum of 8.30 points**. These results indicate that the changes identified have been perceived as relevant transformations in their professional practice and in their development within the intervention.

Figure 97. Relationship between identified changes and importance

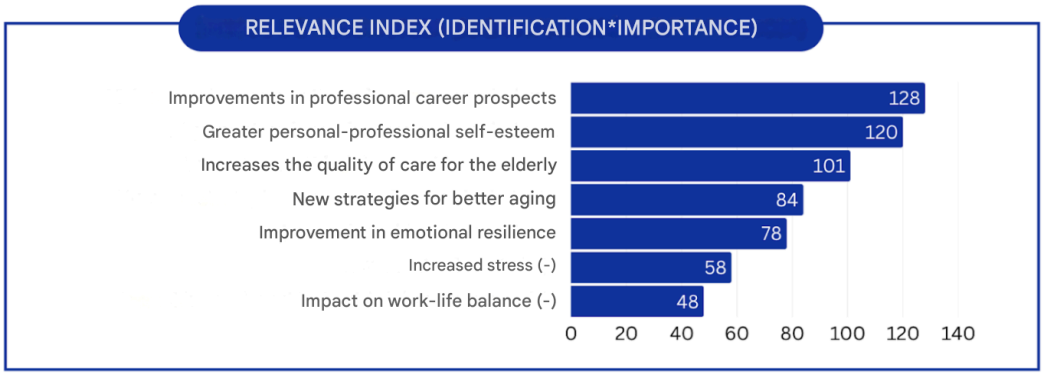


Source: Own elaboration.

5.2.3.3 Relevance Index - Paid personnel surveyed

The number of paid staff surveyed who recognized themselves in each well-defined change was identified and multiplied by the degree of importance they assigned to each. The results are shown in the figure below.

Figure 98. Comparison of relevance index - Paid staff.



Source: Own elaboration.

5.2.4 Volunteer Respondents

5.2.4.1 Identification - Volunteer Respondents

The changes identified in the group sessions were synthesized and subsequently validated with a group of **43 volunteers** from the Reforzando Vínculos intervention. During this process, they were asked the question: ***Do you identify with this change as a result of your work as a Reforzando Vínculos volunteer?***

The graph shows the level of identification of respondents and/or volunteers with each change, revealing that **between 81.40% and 100% recognized themselves in six of the seven relevant changes**. However, one change in particular obtained a lower identification (**11.63%**), making it an exception. It was considered essential to ask about this change because of its negative nature and because it was one of the few critical aspects mentioned in the interviews.

In order to improve the visual clarity of the graphs and to avoid excessive text load, some changes have been synthesized. The following table shows the modifications made for their adequate representation.

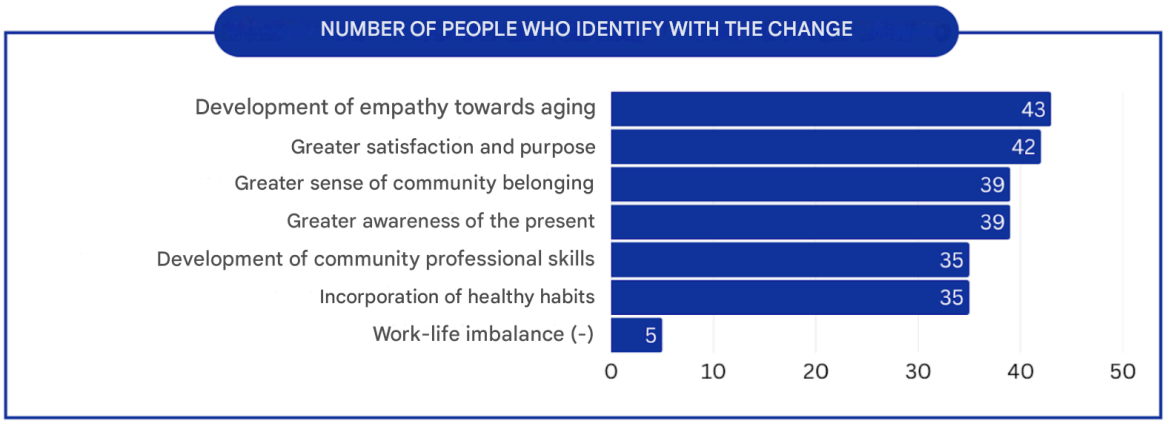
Table 30. Language adjustments of changes - Voluntary persons

Change	Reduced change
Increased personal satisfaction and sense of purpose	Greater satisfaction and purpose
The sense of belonging to the local community is strengthened.	Increased sense of community belonging
Improved development of empathy towards the challenges of aging.	Development of empathy towards aging
Improvement of professional skills and competencies from community intervention.	Development of professional community competencies
Introducing habits into your life to improve your	Incorporation of healthy habits

physical and mental wellbeing	
Work/life imbalance (-)	Work-life imbalance (-)
Increases awareness of the value of mindful presence (being in the present)	Increased awareness of the present

Source: Own elaboration.

Figure 99. Relationship between changes and identified organizations



Source: Own elaboration.

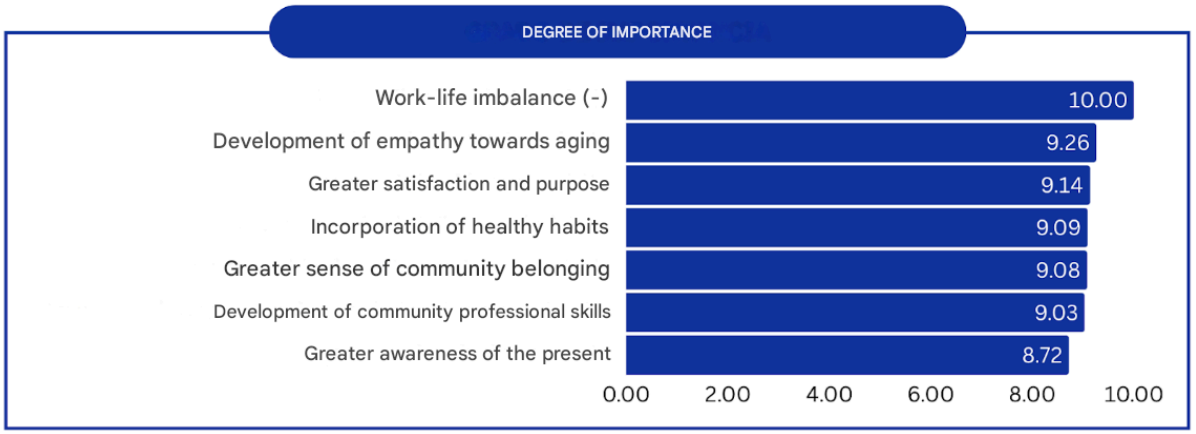
5.2.4.2 Significance - Volunteer Respondents

To assess the relevance of each change from the perspective of the volunteers, they were asked to rate, on a **scale of 1 to 10**, the level of importance they attached to each transformation experienced as a result of their participation in Reforzando Vínculos.

The scores reflected in the figure below represent the average of all the ratings assigned by the 43 respondents. It is evident that the perception of importance is high, with all scores **above 8.72 on a scale of 10** and **reaching a maximum value of 10 points**.

These results suggest that the changes identified were indeed of importance to this group, substantially impacting their personal development and their experience within the local community.

Figure 100. Relationship between identified changes and importance - Volunteers

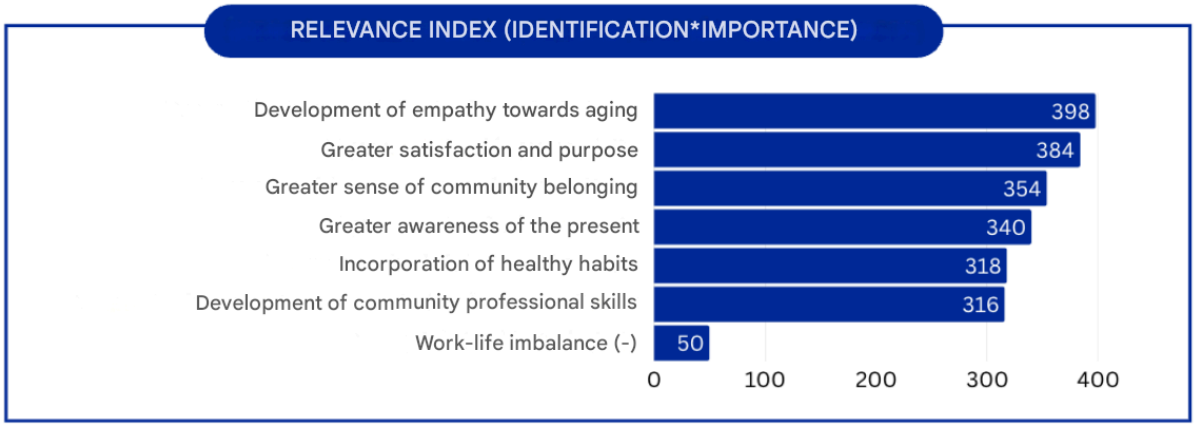


Source: Own elaboration.

5.2.4.3 Relevance Index - Volunteer Respondents

The number of volunteers who recognized themselves in each well-defined change was identified and multiplied by the degree of importance they assigned to each. The results are shown in the figure below.

Figure 101. Relevance index comparison - Volunteers.



Source: Own elaboration.

5.2.5 Entities cooperating in the community process surveyed

5.2.5.1 Identification - Entities cooperating in the community process surveyed

The changes identified through the interview chains were synthesized and subsequently validated with **14 representatives of entities that have cooperated in the community process**. During this process, the following question was posed: ***Do you consider that the entities that cooperate in the community process, if they could express themselves, would identify with these changes as a result of the collaboration with Reforzando Vínculos in their entities?*** (see Annex V). The attached graph illustrates how many representatives of the organizations identified with each of the proposed changes.

The following figure shows how many representatives of the organizations recognize each of the proposed changes.

Figure 102. Identified persons and entities cooperating in the community process



Source: Own elaboration.

It is observed that **the majority of the respondents identified with all the organizational changes** that emerged from the previous interviews, thus validating the relevance of these changes in the collaborating community organizations. In particular, *improvement in the quality of service* and *strengthening community commitment*, two aspects with which all the organizations surveyed unanimously identified. Likewise, **85.71%** of the respondents agreed that collaboration has generated an *increase in strategic alliances,* which goes hand in hand with the previous two related changes.

However, the change referring to *greater autonomy in the management of services dedicated to the support of the elderly* was the least identified, with a rating of **42.86%**, suggesting that this aspect has not been experienced by the majority but by a smaller group. This result, analyzed together with the negative aspect expressed both in the interviews (*a clear concern and uncertainty about the continuity of the project*) and in the quantitative evaluation, reveals a growing concern about the termination of the project. The joint analysis of these two effects, as a consequence of the collaboration with Reforzando Vínculos, suggests that it could slow down future autonomously developed community actions, as it insinuates that some organizations expressed not feeling completely confident about being able to continue with the activities without the support of Reforzando Vínculos. It is identified that there has been a transfer of knowledge, but it has not necessarily materialized in being able to autonomously manage this new approach proposed by the project.

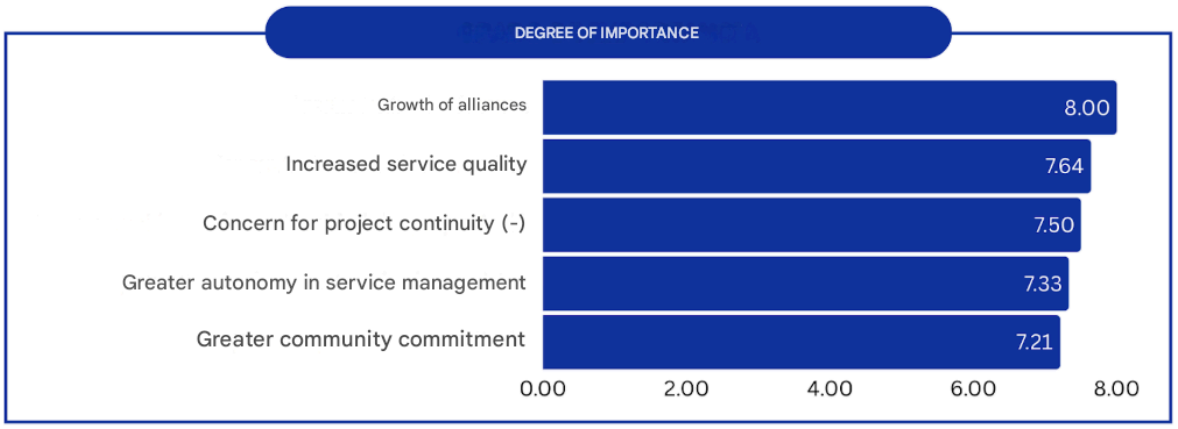
5.2.5.2 Importance - Cooperating entities surveyed in the community process

To evaluate the importance of each change from the perspective of the entities cooperating in the community process, the 14 representatives were asked to rate, on a scale of 1 to 10, the level of relevance to their entity of having achieved each change as a result of their participation in Reforzando Vínculos.

The scores shown correspond to the average of all the ratings indicated by the respondents. It can be seen that the perception of importance is at moderately high levels, with most of the changes rated between **7.0 and 8.0 points** and reaching a maximum of **8.0** in one of them.

The change *Expansion of strategic alliances* stands out as the most relevant of the changes mentioned, suggesting that inter-institutional collaboration has been a key aspect for the participating organizations.

Figure 103. Relationship between identified changes and significance



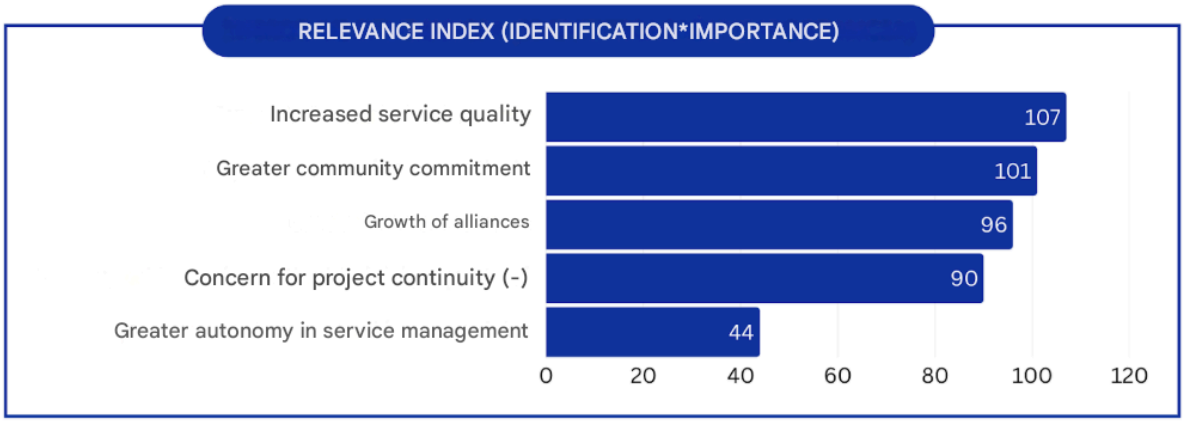
Source: Own elaboration.

5.2.5.3 Relevance index - Entities cooperating in the community process surveyed

The number of organizations that recognize themselves in each well-defined change was identified and multiplied by the degree of importance they assigned to each one in order to

understand in which of these changes the greatest social value is generated. The results are shown in the following figure.

Figure 104. Relevance index comparison



Source: Own elaboration.

5.3 IDENTIFICATION OF PROXIES (MONETARY VALUATION)

To understand the value of the changes achieved, it is essential to address the question: *"How would individuals in the stakeholder groups have reached this specific outcome without participating in this project?"* By assessing how much the change is worth to them, we also gain insight into the level of effort or resources that would have been required to achieve similar results through alternative means. This can be done with non-monetary evaluation as explained in Section 5.2, or by monetary evaluation, as explained going forward. For this report both methods were applied.

From a financial perspective, "value" can be interpreted as the amount of economic effort—expressed in monetary terms—that would need to be invested in equivalent activities or interventions to produce the same amount of outcome for a person. To make this value tangible and comparable, monetary units (euros) are used as a standardized measure. This

monetization is also necessary for calculating the SROI ratio, as detailed in the corresponding chapter.

To enable this process, it is necessary to identify appropriate indicators or proxies for each outcome, allowing changes to be expressed and analyzed in economic terms.

To identify indicators and proxies (approximations of monetized value) that allow for understanding the value attributed to each change, a combination of valuation techniques were applied, based on *The Green Book* from HM Treasury—the UK Government's official guide to the evaluation and assessment of public policies[89]. In particular, its approach on the monetized valuation of well-being was used, which allows the impact of interventions to be monetized in terms of improvements in people's quality of life.

In addition, Principle 1[90] of the SROI methodology was taken into consideration, which emphasizes the importance of involving stakeholders in determining the value assigned to the changes, wherefore, for the monetized evaluation, the voice of the stakeholder was included as well when selecting the proxies.

Based on these two sources of information, a monetized value was identified for all changes and all stakeholder groups, revealing the value assigned—and visualized in monetary terms—by the stakeholders to each of the changes.
The following section describes the methodology applied to define the values (proxies) for all reported changes included in the SROI calculation (see Chapter 10. Future values) in this report.

5.3.1 Anchoring

[89] HM Treasury. (2022). *The Green Book: Central Government Guidance on Appraisal and Evaluation*. UK Government. https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent
[90] Social Value International. (n.d.). Principle 1: Involve stakeholders www.socialvalueint.org/principle-1-involve-stakeholders.

Anchoring[91] is a technique used in impact assessment that involves selecting a reference value for a specific change and using it as a baseline for determining the value of other changes. In other words, an anchor value is established, and all other values for that specific stakeholder are adjusted according to their relative importance[92] in relation to the anchor. This approach ensures consistency in valuation by preserving the proportional significance of each outcome.

In this way, the relative importance of the changes is maintained, expressed by the stakeholders themselves in the survey, and it is ensured that their voice is represented in the relationship of importance between one change and another. Thus, each stakeholder group has an "anchor" value that, depending on the degree of importance, serves as a basis for calculating the value of all other changes within the same group. The formula is the following:

Figure 105. Formula to calculate the value of changes

$$\text{Valued change value} = \left(\frac{\text{Value of the "anchor" change}}{\text{Importance rating of the "anchor" change}}\right) \times \text{Importance rating of the valued change}$$

Source: Own elaboration.

The anchoring process was the following:

1. The developed "anchor" value in monetary terms was used as a basis.
   For instance, for the 'Elderly participants' group, the outcome 'Reduced feeling of loneliness' was selected as the anchor, with a financial proxy value of €6,771.
2. To this monetary value the corresponding formula was applied to calculate the monetary value of all other changes for the stakeholder group. This is referred to as a "proxy" assigned to the outcome.

[91] Nicholls, J., Lawlor, E., Neitzert, E., & Goodspeed, T. (2012). *Guide to Social Return on Investment (SROI): Translation and adaptation into Spanish of "A Guide to Social Return on Investment"*. Published by The Cabinet Office and translated by Grupo Civis. https://www.thesroinetwork.org

[92] *Refers to the relative importance assigned to each value in comparison to a designated anchor value. For instance, if the anchor outcome is rated with an importance level of 8 on a 10-point scale, it would hold twice the weight of another outcome rated at 4, thus twice the economic assigned value. This anchoring procedure ensures that the relative importance among outcomes is preserved and reflected consistently throughout the evaluation.*

3. Finally, the “proxy” was adjusted according to the magnitude of the change generated in each case to account for “how much changed” and avoid overclaiming the value in alignment with the principle 5 “Do not overclaim[93]”.

The benefit of applying the anchoring technique lies in the fact that the relative importance of the changes identified for these stakeholders is prioritized over separate valuations and different techniques for each change, given the difficulty that these groups had in being able to value each change monetarily. This was particularly evident with the 'Elderly participants' group, for whom a more abstract monetary valuation for each individual outcome proved challenging. This eliminates the risk of not adequately reflecting the value of different well-being changes in relation to other changes identified by these same groups.

Since one of the main goals of an SROI analysis is to obtain useful information for decision-making, the relative importance of the results to different stakeholders – reflecting how much a specific change matters to them – provides more useful and practical information for improvement in certain areas than a calculation of total social value or an SROI ratio alone. Therefore, this technique was considered most appropriate for these groups.
However, this technique presents the risk of a strong dependence on the anchor value, which can distort the calculation of the total social value and SROI ratio, since the financial anchor value becomes the determinant for all other values.

5.3.2 Rationale for the selection of the anchoring value

The creation of anchor values is referred to in this report as a value coefficient, but, to align it with the terminology of the SROI methodology, we will call it an "anchor proxy". Its development is based on econometric models, known in some cases as "value factors" or under the "WELLBY" (Wellbeing-Adjusted Life-Years) theory[94] .

[93] *Social Value International. (n.d.). Principle 5: Do not overclaim* www.socialvalueint.org/principle-5-do-not-overclaim.
[94] Nature Communications (2024). *[Article title]. Nature.* https://www.nature.com/articles/s41599-024-03229-5

For the RVAEC analysis, it was essential to select anchor proxies that, on one hand, reflected the value perceived by stakeholders, and on the other, incorporated academic research and empirical evidence. For each stakeholder group, the anchor value was developed to reflect the stakeholders' voices and align with the program's objectives or the organization's culture. The calculation of the relevant coefficients for the primary stakeholder groups was commissioned to Dr. Daniel Fujiwara.

The process to develop these "anchor proxies"

For the "Elderly participants" stakeholder group, the following criteria were used to select the anchor proxy:

1. **Stakeholder Perception:** The change had to be identified by participants as the most significant. The non-monetary valuation proved that **"Reduced feeling of loneliness"** was consistently the highest-rated outcome.
2. **The Intended Change of the Program:** The outcome had to align with RVAEC's core mission. The project was explicitly designed to reduce social isolation as a key strategy to prevent institutionalization.
3. **Existence of Evidence:** National and international studies exist that support the valuation of reducing loneliness, providing a robust, evidence-based foundation.

For the "Paid personnel" stakeholder group, the criteria were:

1. **Stakeholder Perception:** The change had to be highly relevant to the staff's experience. The data showed that **"Increased stress (-)"** was a significant and consistently reported negative outcome.
2. **Impact on the Program:** The change needed to be material to the project's delivery. Unmanaged staff stress directly affects service quality and staff retention, making it a critical factor to value.
3. **Existence of Evidence:** Robust academic literature exists linking workplace stress to well-being costs, allowing for a credible financial proxy to be developed.

For the "Volunteers" stakeholder group, the criteria were:

1. **Stakeholder Perception:** The change had to be highly relevant to the volunteers' experience. **"Increase in personal satisfaction and sense of purpose"** was the most significant outcome they reported.
2. **Connection to Organizational Identity:** The outcome needed to align with the core values of the implementing organization. As Cruz Roja is a volunteer-based organization, the well-being and sense of purpose of its volunteers is a strategic priority.
3. **Existence of Evidence:** There is a solid body of research linking volunteering with purpose and well-being, providing a strong basis for valuation.

based on the Wellbeing Valuation method followed these steps:

- **Studying collected data:** Non-monetary valuation data and proxy suggestions from stakeholder involvement were analyzed.
- **Review of Spanish literature:** Searching for existing values in Spanish academic studies.
- **Review of international literature:** Identifying studies with relevant impact coefficients on life satisfaction.
- **Proxy estimation:** Using the Wellbeing Valuation method to estimate values from the identified coefficients, benchmarked against the average minimum wage income in Spain.

For the "Collaborating community entities" stakeholder group, a different approach was taken, using data from interviews with the group itself. They were asked, *"What would you have done as an organization to achieve the same change?"* The data was used to identify the anchor proxy based on these criteria:

1. **Relevance:** The change **"Greater autonomy in managing services..."** was selected as the anchor.
2. **Existence of Organizational Costs:** To calculate the value, the cost of achieving this outcome via other means was analyzed. The proxy was based on the annual cost of hiring a community intervention technician for the time required, resulting in a value of **€2,150**.

Once the anchor proxies were developed, they were adjusted for the **duration** of the impact and the **depth** of the change for each outcome (as detailed in the report's tables and the Value Map in Appendix VIII). The duration adjustment (to reflect the 18-month period) was applied to the "participants" and "paid staff" groups. This adjustment was not applied to the "volunteers" or "entities" groups, as their anchor proxies were based on annual or one-time values. The depth adjustment was applied consistently across all outcomes to ensure compliance with SROI Principle 5: "Do not overclaim".

Table 31. Values of anchor proxy by stakeholder group[95]

Type	Elderly participants	Family members of elderly participants	The staff[96] paid	Volunteers	Entities cooperating in the community process
Original anchor proxy / year	**4.514€**	**2.217€**	**-4.331€**	**6.204€**	**2.150€**
Adjusted anchor proxy taking into account the 18 months evaluated	**6.771€**	**3.326€**	**-6.497€**	**9.306€**	**3.225€**

Source: Own elaboration.

The creation of the anchor values is referred to in this report as the value coefficient, but to align with the SROI methodology's terminology, we will call it the "anchor proxy." Its development is based on econometric models, known in some cases as "value factors" or under the "WELLBY" (Wellbeing-Adjusted Life-Years) theory.

[95] In case you need details, please contact The Social Consulting Agency as these are copyrighted values.
[96] *Since it is a negative impact, the 'anchor proxy' is used in its negative format. When applied to positive impacts, it is translated to its positive value.*

For the RVAEC analysis, it was essential to select anchor proxies that reflected the value perceived by stakeholders while also incorporating academic research. To support this, the calculation of the relevant coefficients was commissioned to Dr. Daniel Fujiwara. The following sections detail the specific rationale for the anchor proxy chosen for each stakeholder group.

Description of the "anchor proxy" *Reduced feeling of loneliness* applied to "Elderly participants":

- **Sources used in the analysis:** The selection was based on a review of Spanish and international literature. The key studies identified were Arrondo et al. (2021), which found a significant correlation between purpose and life satisfaction in Spain, and Wolfram (2022), which found similar results in the UK. To strengthen the analysis, an indirect valuation was also considered via Barcaccia et al. (2023), which linked a sense of purpose to a 53% reduction in anxiety and depression symptoms.
- **Final anchor proxy value:** Based on these sources and applying the Wellbeing Valuation (WV) method benchmarked against the Spanish context, the selected anchor proxy for **"Reduced feeling of loneliness"** was **€6,771** per person per year. This value was chosen because it aligns with the project's primary goal and was consistently rated as the most significant outcome by the participants themselves.

Description of the "anchor proxy" *Increased stress* applied to "Paid staff":

- **Sources used in the analysis:** The justification was built upon a wide body of literature. Five relevant Spanish studies and four international studies confirmed a strong negative correlation between stress and life satisfaction. The study by Rey & Extremadura (2015) was used as the primary reference due to its use of a representative Spanish sample.
- **Final anchor proxy value:** Applying the Wellbeing Valuation method to the findings from Rey & Extremadura (2015), the anchor proxy for **"Increased stress (-)"** was calculated to be **-€6,497** per person per year. This outcome was selected as the anchor because it was a highly relevant negative change reported by staff, and addressing it is material to the quality and sustainability of the program.

Description of the "anchor proxy" *Increase in personal satisfaction and sense of purpose* applied for "Volunteers":

- **Sources used in the analysis:** This justification is based on the same set of studies as the proxy for participants (Arrondo et al. 2021; Wolfram 2022; Barcaccia et al. 2023), as the concepts of reducing loneliness and increasing a sense of purpose are deeply interconnected in the literature on well-being.
- **Final anchor proxy value:** The anchor proxy for **"Increase in personal satisfaction and sense of purpose"** was valued at **€9,306** per person per year. This outcome was chosen as the anchor because it reflects the core intrinsic value of the volunteering experience and aligns with the identity of Cruz Roja as a volunteer-based organization.

Description of the "anchor proxy" *Greater autonomy in managing services...* applied for "Collaborating community entities":

- **Sources used in the analysis:** In the absence of direct academic literature for this specific organizational change, a revealed preference technique was used, based on data from the interviews. The organizations were asked what they would have done to achieve the same change.
- **Final anchor proxy value:** The analysis determined that achieving this level of autonomy would be equivalent to hiring a community intervention technician for a specific amount of time. Based on salary benchmarks and social security costs in Spain, the cost was calculated to be **€2,150** per year. Therefore, this value was selected as the anchor proxy for this group.

Adjustment of Proxies for Duration and Depth:

Once the anchor proxies were developed, they were adjusted for the duration of the impact and the depth of the change (as detailed in the report's tables and the Value Map in Appendix VIII). The duration adjustment (to reflect the **18-month** evaluation period) was applied to the "participants" and "paid staff" groups. This adjustment was not made for the "volunteers" and "entities" groups, as their anchor proxies were based on annual or one-time

values. The depth adjustment was applied consistently across all outcomes to ensure compliance with SROI Principle 5: "Do not overclaim."

5.3.3 Stakeholder Engagement

According to SROI **Principle 1**, ***"Engage stakeholders"***, stakeholders should be involved in identifying the relevance of the changes experienced. In this study, information was collected from all stakeholders through the question: *How important is it for you to have experienced this change through Strengthening Linkages,* thus applying a non-monetized assessment (see Section 4.1 on importance).

The same principle recommends, but does not require, involving stakeholders in the identification of the monetary value of these changes, thus making it possible to reflect the relative importance of each change experienced. In this study, stakeholders were actively involved in this process.

To identify reference values (proxies) for the elderly participants, a valuation technique based on a "Value Game" ([97]) was used, in which the question was asked: ***How much is a year of participation in Reforzando Vínculos worth?*** This technique was applied because participants found it difficult to assign a value to each individual change.

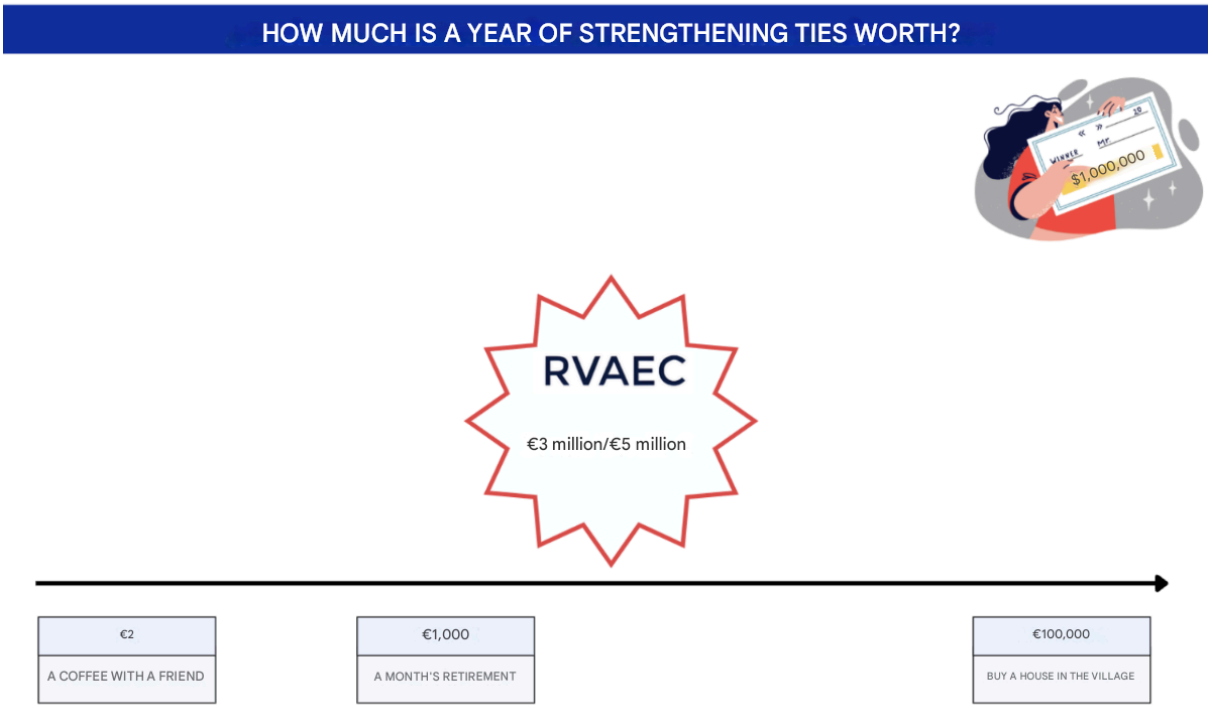
The objective was to acquire a monetary value of the total welfare generated and to establish a correlation between the amount of change in overall welfare and the value estimated in other countries where the WELLBY[98] (monetary value for each point on a welfare scale from 0 to 10) was well defined.

In this way, data were obtained from both those who experienced the changes and those who observed them, which made it possible to develop reference proxies, i.e., values comparable with the anchor proxy. This strengthened the reliability of the data selected as

[97] *The Value Game*. (n.d.). http://www.valuegame.org.
[98] HM Treasury (2021). *The Green Book: Central Government Guidance on Appraisal and Evaluation.* https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent.

the "anchor proxy", since the *proxies* identified through these methodologies made it possible to contrast values, validate the selected proxy and perform a sensitivity test (see Chapter 11), ensuring that it was representative of the value perceived by stakeholders.

Figure 106. Material to understand the value



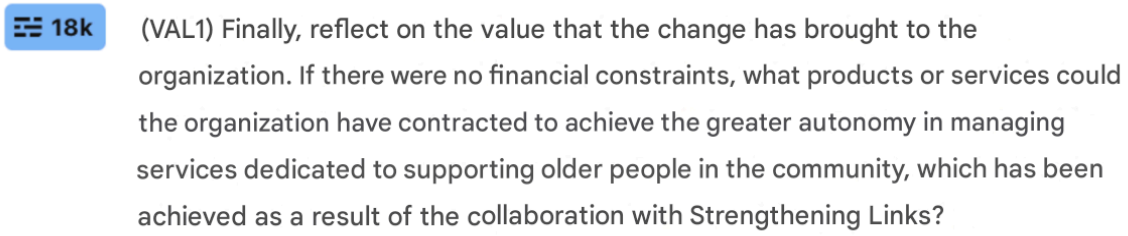
Source: Own elaboration.

Family members, paid employees, volunteers, collaborating organizations: To identify reference values, a valuation technique based on *revealed preference*[99] was used, for which, in a first phase, data were collected to identify indicators that would allow estimating a "proxy". To this end, the following question was asked: ***If the Reforzando Vínculos intervention had not existed, what products or services available in the market would you have needed to acquire to achieve changes similar to those experienced.***

[99] HM Treasury (2022). *The Green Book: Central Government Guidance on Appraisal and Evaluation*. UK Government. https://www.

This information was collected through structured forms. From the set of responses obtained, those that were most recurrent or most closely linked to monetizable products or services were selected for analysis. Among these, the anchor value was identified as the one that presented the greatest solidity, with the most reliable data sources and the greatest capacity for contrast.

Figure 107. Material to understand what value is assigned by other stakeholders.



Source: Own elaboration.

5.3.4 Resource values (inputs)

The indicators used to value the "time" of paid staff and volunteers, as well as the value contributed by the partner organizations, applied the same methods described in Chapter 4, ***Determining Value***. This made it possible to meet the criteria of **Principle 1**, "***Involve stakeholders"***, by integrating them in the identification of the monetary values of resources.

5.3.5 Summary list of all proxies for all outcomes of all stakeholders

Table 32 shows in the column "Value (€)" the proxy (approximation) selected to assign a value to each change, and in the next column the indicator that was identified and the reasoning. In the case of using an anchor value, it is highlighted. The table only takes into account the changes that were considered "significant" in the significance test detailed in Chapter 6. Material Changes.
The value shown in the last column of this table is the one applied in the Value Map (see annex VIII).

Table 32. Proxies for changes by stakeholder group

Stakeholder group	Change	Anchor proxy used to Anchor all values for the stakeholder group	How important is the outcome to stakeholders (expressed in monetary terms) Unadjusted to amount	How important is the outcome to stakeholders (expressed in monetary terms. Adjusted to the depth of the change)	Indicator and selection rationale	Source
Elderly participants	**The feeling of loneliness is reduced**	**€6,771.00** Formula: (€4514/12months)	€6,771.00	€5,687.64	The anchoring method was used to assign monetary values. The reduction of loneliness was selected as the anchor value, with a monetary	Own development See details in Section 5.3.2

	**Personal autonomy increases**	*18month	€6,828.87	€3,004.70	equivalent of €6,771, and served as the reference point for valuing the other changes experienced by this stakeholder group. Initially, the anchor proxy was set at €4,514, derived from Wellbeing Valuation and Spanish studies. Since the evaluation spans an 18-month period, the original annual proxy was divided by 12 to obtain a monthly value, which was then multiplied by 18 to reflect the total value over the evaluation period. This anchor represents a relative importance rating of 9.36 (see column R) on a 1–10 scale. The monetary values of other changes were calculated proportionally, using the following formula: Anchor Proxy (Column U10) ÷ 9.3 (relative importance of the anchor value) × Relative importance of the new value. These values can be found in column T. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded in column M. These adjusted monetary values are reflected in column U, ensuring that the monetary estimation remains balanced and proportionate to	Own development See details in Section 5.3.2
	Greater sense of energy and vitality		€6,857.81	€3,154.59		Own development See details in Section 5.3.2
	The sense of belonging to the local community is strengthened		€6,525.04	€5,350.54		Own development See details in Section 5.3.2
	The support network increases		€6,771.00	€4,875.12		Own development See details in Section 5.3.2

					the change experienced. The value used to calculate the SROI is the adjusted monetary value in column U.	
Family members of elderly participants 	**Improved family relationships**	€3,325.5 (€2217/12months) *18month	€3,325.50	€3,009.58	The anchoring method was used to assign monetary values. The change "Improved family relationships" was selected as the anchor value, with a monetary equivalent of €2,217, and served as the reference point for valuing the other changes experienced by this stakeholder group. This value is based on international studies (Helliwell et al., 2022; Fujiwara et al., 2013), due to the lack of specific studies in Spain on the impact of family relationships on life satisfaction. Since the evaluation spans an 18-month period, this proxy has been adjusted to reflect the total value over the evaluation period. This anchor represents a relative importance rating of 9.21 (see column R) on a 1–10 scale. The monetary values of other changes were calculated proportionally, using the following formula: Anchor Proxy (Column U15) ÷ 9.21 (relative importance of the anchor	Own development See details in Section 5.3.2
	Increased sense of calm, with reduced levels of perceived worry and stress		€3,386.88	€3,048.19		Own development See details in Section 5.3.2
	Increased concern and uncertainty about the continuity of the project (-)		-€3,466.32	-€2,918.64		Own development See details in Section 5.3.2

					value) × Relative importance of the new value. These relative importance values can be found in column R. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded in column M. These adjusted monetary values are reflected in column U, ensuring that the monetary estimation remains balanced and proportionate to the change experienced. The value used to calculate the SROI is the adjusted monetary value in column U. When an identified change is negative, the resulting monetary value is applied as a negative figure.	
Paid personnel 	**Increased stress levels (-)**	-€6,496.50 (€4331/12months) *18month	-€6,496.50	-€812.06	The anchoring method was used to assign monetary values. The reduction of stress was selected as the anchor value, with a monetary equivalent of €6,497, and served as the reference point for valuing the other changes experienced by this stakeholder group. Initially, the anchor proxy was set at €4,331, derived from Wellbeing Valuation and Spanish studies. Since the	Own development See details in Section 5.3.2

	Improvements in professional career prospects		€7,189.17	€5,032.42	evaluation spans an 18-month period, the original annual proxy was divided by 12 to obtain a monthly value, which was then multiplied by 18 to reflect the total value over the evaluation period. This anchor represents a relative importance rating of 8.26 (see column R) on a 1–10 scale. The monetary values of other changes were calculated proportionally, using the following formula: Anchor Proxy (Column U18) ÷ 8.26 (relative importance of the anchor value) × Relative importance of the new value. These values can be found in column T. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded in column M. These adjusted monetary values are reflected in column U, ensuring that the monetary estimation remains balanced and proportionate to the change experienced. The value used to calculate the SROI is the adjusted monetary value in column U.	Own development See details in Section 5.3.2
	Improved professional development to enhance the capacity to respond to the needs of older adults through community-based intervention		€7,204.91	€4,322.94		Own development See details in Section 5.3.2

Volunteers 	**Increased personal satisfaction and sense of purpose**	€9,306.00 (€6204/12months) *18month	€9,306.00	€3,880.60	The anchoring method was used to assign monetary values. The change “Increase in personal satisfaction and sense of purpose” was selected as the anchor value, with an initial monetary equivalent of €6,204 per person per year. This value was estimated through Wellbeing Valuation (WV) using the study by Arrondo et al. (2021) and was validated through other international and indirect methods. Since the evaluation spans an 18-month period, the original annual proxy was divided by 12 to obtain a monthly value, which was then multiplied by 18. This results in an adjusted anchor value of €9,306 for the total evaluation period. This anchor represents a relative importance rating of 9.14 (see column R) on a 1–10 scale. The monetary values of other changes were calculated proportionally, using the following formula: Anchor Proxy (Column U21) ÷ 9.14 (relative	Own development See details in Section 5.3.2
	The sense of belonging to the local community is strengthened		€9,244.91	€2,930.64		Own development See details in Section 5.3.2
	Improved development of empathy toward the challenges of aging		€9,428.18	€4,082.40		Own development See details in Section 5.3.2
	Improvement of professional skills and competencies through community-based intervention		€9,194.00	€3,833.90		Own development See details in Section 5.3.2

					importance of the anchor value) × Relative importance of the new value. These relative importance values can be found in column R. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded in column M. These adjusted monetary values are reflected in column U, ensuring that the monetary estimation remains balanced and proportionate to the change experienced. The value used to calculate the SROI is the adjusted monetary value in column U. When an identified change is negative, the resulting monetary value is applied as a negative figure.	
Entities cooperating in the community process	**Greater autonomy in the management of services supporting older adults through community-based**	€3,225.00 (€2150/12months) *18month	€3,225.00	€3,225.00	The anchoring method was used to assign monetary values. The change “Improvement in the quality of the service provided” was selected as the anchor value, with an initial monetary equivalent of €2,150 per person per year. This value was calculated using a revealed preference approach, based on the estimated annual cost of hiring a	Own development See details in Section 5.3.2

	**intervention**				community intervention technician for the time organizations reported collaborating with the project (92.04 hours annually at an average wage of €18/hour, plus social security contributions). Since the evaluation spans an 18-month period, the original annual proxy was divided by 12 to obtain a monthly value, which was then multiplied by 18. This results in an adjusted anchor value of €3,225 for the total evaluation period. This anchor represents a relative importance rating of 7.33 (see column R) on a 1–10 scale. The monetary values of other changes were calculated proportionally, using the following formula: Anchor Proxy (Column U25) ÷ 7.33 (relative importance of the anchor value) × Relative importance of the new value. These relative importance values can be found in column R. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded	
	Expansion of strategic partnerships		€3,994.95	€930.82		Own development See details in Section 5.3.2
	Increased concern and uncertainty about the continuity of the project (-)		-€4,074.15	-€2,921.16		Own development See details in Section 5.3.2

					in column M. These adjusted monetary values are reflected in column U, ensuring that the monetary estimation remains balanced and proportionate to the change experienced. The value used to calculate the SROI is the adjusted monetary value in column U. When an identified change is negative, the resulting monetary value is applied as a negative figure.	

Source: Own elaboration.

6. MATERIALITY ANALYSIS - IDENTIFY RELEVANT CHANGES

This approach made it possible to identify both personal changes and impacts on other stakeholders.



Validation and assessment of the materiality of the changes: The analysis of the changes was performed under the framework of **Principle 4 *"Include only what is material"***, in accordance with the methodology.

To ensure that the most relevant changes were included in the social impact analysis, two key tests were applied.

A **relevance test** was carried out. This test evaluated the importance of the different changes experienced by the stakeholders, considering:

- The number of people who identified each change.
- The importance of change from the perspective of those who experienced it.

A threshold of 50-70% over the highest relevance index was established, which allowed us to identify which changes met the "*relevance index*" criterion.

> **Criterion 1: Relevance index**. It is analyzed whether the change is statistically significant within the set of observed changes.

In addition to criterion 1, four additional criteria were applied to determine the need to include a change in the analysis:

> **Criterion 2: Inclusion by organizational principle/objective**. It is verified if the change is aligned with the mission and strategic objectives of the implementing entity.

Criterion 3: Social norm requiring inclusion. Evaluates whether there are regulations, standards or social logics that compel consideration of change.

Criterion 4: Short-term financial impact. An analysis is made of whether the change generates relevant economic implications that justify its inclusion.

Criterion 5: Change management by other organizations. Review whether other entities are managing or reporting the same change, ensuring consistency and transparency.

If a change met at least two of these five criteria, it was considered material and was incorporated into the significance analysis (process detailed in Section 5) to assess its inclusion in the SROI calculation and the value map (see Annex VIII. Value map). The significance test weighted all these criteria to filter out irrelevant changes, ensuring that only relevant changes were considered. This rigorous approach allowed for a **systematic and equitable evaluation**, ensuring that the social impact analysis would focus on the most relevant changes and avoiding the omission of effects that were of high importance derived from the intervention.

Figure 108. Example of a table with values to identify relevant changes

Changes/CRITERIA	Improves family relationships	Increased sense of tranquility, reducing perceived levels of worry and stress	Increases time spent on self-care and mental well-being
Number of people (perception of person impacted)	8	8	8
Degree of importance (1-10)	9	9.63	9.38
RELEVANCE INDEX	72	77	75
ASSIGNED THRESHOLD (70%)	EXCEEDS THRESHOLD	EXCEEDS THRESHOLD	EXCEEDS THRESHOLD
CRITERIA APPLIED			
The organization must include it by principle/objective	No	No	No
Social norm that demands inclusion	Yes	Yes	No
Short-term financial impact that demands inclusion	No	No	No
Other organizations manage the change/reports	Yes	Yes	No
ARE RELEVANT/ARE EXCLUDED	INCLUDED - WELL-DEFINED	INCLUDED - WELL-DEFINED	EXCLUDED

Source: Own elaboration.

This section presents an analysis based on quantitative data collection, focusing on key aspects such as how much changes, the duration of change and the indicators used to measure these variables. This methodology allows us to accurately capture the magnitude and sustainability of the changes generated. The selection of data and indicators is aligned with Social Value International's ***Principle 4*** "***Include only the material***"[100] and is underpinned "***Principle 2 Understand what changes***"[101] , addressed in the previous chapter, as well as ***Principle 3 "Value what matters***"[102] which is developed in Chapter 7, Determining Value. This ensures a smooth transition between the identification of significant changes and their material and economic evaluation, following social impact standards.

This means that the following analysis focuses only on those changes that truly matter (i.e. are relevant and add value) to the different stakeholders and are fundamental (i.e. material) to understanding the true social value created, a conclusion that is reached after applying the principles of the SROI methodology.

The sample of each stakeholder group that contributed to the data presented in the following information is detailed in the Engagement Plan in Section 3.3 Stakeholder Engagement Process. Given that the sample as a whole is representative of several of the stakeholders[103] , the risk of making decisions in relation to the total is considered to be low. In addition, Annexes III, IV. and V. provide details of the questions.

[100] Social Value International (n.d.). Principle 4: Only include what is material. www.socialvalueint.org/principle4-only-include-what-is-material
[101] Social Value International. Principle 2: Understand what changes. www.socialvalueint.org/principle-2-understand-what-changes.
[102] Social Value International (n.d.). Principle 3: Value the things that matter. www.socialvalueint.org/principle-3-value-the-things-that-matter

[103] *In social studies, a margin of sampling error of 5-10% is considered acceptable to ensure adequate representativeness. In this study, the margins of error obtained vary according to the group of interest. For elderly participants and paid staff, the margin of error is zero or below 10%, which is within acceptable parameters. In contrast, some groups present somewhat higher margins than acceptable: Family members of elderly participants (16.59%), Volunteers (12.54%), and Entities cooperating in the community process (24.91%). These data indicate that, although the representativeness is adequate in most cases, in some groups the uncertainty is greater, which implies a higher risk in decision making, requiring a cautious interpretation of the results.*

In this way, the reader can understand how the degree of relevance that makes up the definition of the materiality[104] of each change, a fundamental element for quantifying the Social Value, has been identified.

6.1 RELEVANCE TEST PER STAKEHOLDER GROUP

6.1.1 Elderly surveyed participants

To determine the inclusion of changes in the analysis, an approach based on the relevance index and the evaluation of **additional criteria** was applied. A change was considered relevant and included in the analysis if it met at least two of the following four criteria:

1. ***The organization has to include it by principle/objective***: Consideration was given to whether the change was directly aligned with the principles and strategic objectives of the Reforzando Vínculos intervention. This implies that the change had to reflect a key impact sought by the intervention, such as promoting the autonomy of older people.
2. ***Social norm requiring inclusion***: We assessed whether there were social norms or standards that demanded the inclusion of change in the analysis. This included, for example, aspects related to the right to well-being of the elderly and the promotion of their social integration.
3. ***Short-term financial impact on the organization requiring inclusion***: We analyzed whether the change generated a direct financial impact on the organization, which could justify its inclusion. This could be due to changes in the demand for resources, such as the use of services, spaces or additional support that would affect the operability of the intervention.
4. ***Other organizations managing the change/reporting***: Consideration was given to whether the change was managed or reported by other organizations. This allowed

[104] *Information is material if its omission has the potential to affect readers' decisions. To optimize social value, material information encompasses all relevant and significant impacts on well-being.* ***Relevance*** *is determined by the organization's policy, the needs of affected people, existing social norms and financial implications. Significance is established based on the depth, scale, value and causality of the outcome.* Social Value International. 2023. *SVI Glossary 2.0*. https://www.socialvalueint.org.

us to assess whether the impact identified was not unique to Reforzando Vínculos but could be influenced by other external interventions or programs.

The evaluation found that the changes *increased sense of energy and vitality*, *increased personal autonomy*, *reduced feelings of loneliness*, *strengthened sense of belonging to the local community* and *increased support network* not only exceeded the **70%** threshold of the relevance index, indicating that for the participants surveyed they were the most relevant changes generated by Reforzando Vínculos, but also met at least two of the additional criteria, which supported their inclusion in the analysis as well-defined changes.

On the other hand, the changes *increase the feeling of vulnerability*, *decrease visits to the medical service* and *obtain a virtual assistant* did not exceed the threshold of the relevance index. They also did not meet sufficient additional criteria to justify their inclusion in the analysis, so they were excluded.

This process, described above, ensured a rigorous and evidence-based approach, ensuring that only changes with significant impact and aligned with the intervention were considered in the final analysis.

Figure 109. Relevance test - Elderly participants

Changes/CRITERIA	Greater feeling of energy and vitality	Increase personal autonomy	The feeling of loneliness is reduced	The sense of belonging to the local community is strengthened	Increase support network	Increases the feeling of vulnerability (-)	Visits to the medical service decrease	Get a virtual assistant "Alexa"
Number of people (perception of impacted person)	96	88	99	99	100	24	56	36
degree of importance (1-10)	9.48	9.44	9.36	9.02	9.36	8	8.98	8.38
INDEX OF RELEVANCE	910	831	927	893	936	192	503	302
ASSIGNED THRESHOLD (70%)	EXCEED THRESHOLD	EXCEED THRESHOLD	EXCEED THRESHOLD	EXCEED THRESHOLD	EXCEED THRESHOLD	DOES NOT EXCEED THRESHOLD	DOES NOT EXCEED THRESHOLD	DOES NOT EXCEED THRESHOLD
CRITERIA APPLIED								
The organization must include it as a principle/objective	No	Yeah	No	Yeah	Yeah	No	No	Yeah
Social norm that requires inclusion	No	Yeah	Yeah	Yeah	Yeah	No	No	No
Short-term financial impact for the organization demanding inclusion	No	No	No	No	No	No	No	Yeah
Other organizations manage change/reports	Yeah	Yeah	Yeah	Yeah	Yeah	No	No	No
THEY ARE RELEVANT/THEY ARE EXCLUDED	INCLUDED - WELL DEFINED	INCLUDED WELL DEFINED	INCLUDED - WELL DEFINED	INCLUDED - WELL DEFINED	INCLUDED - WELL DEFINED	EXCLUDED	EXCLUDED	EXCLUDED

Source: Own elaboration.

However, it is important to note that, in the specific case of the change linked to *obtaining a virtual assistant*, only **35** people surveyed[105] mentioned it as a change experienced by them, while the records of the[106] project indicates that **233** people used advanced telecare.

According to the project registry, **68.44%** of the elderly participants used digital tools for coping with their vulnerability factors. This discrepancy suggests that the change may not have been reflected in the responses because, at the time of data collection, technological activities were not yet fully implemented.

On the other hand, this discrepancy could be due to the fact that the participants do not identify the use of technology as a change directly attributable to the project, or they have not assigned a significant value to it. This contrasts with other methodologies used, such as the scales or the external evaluation referred to above, in which the questions are specifically oriented to the use or perception of the resources, rather than to the value they contribute.

This difference in methodological approach could have influenced the change and valuation of *obtaining a virtual assistant*. Therefore, it can also be interpreted that the value of the use of the technology resides in the changes generated by its own use, already mentioned above and represented in the corresponding figures, rather than in the actual procurement of the object itself.

Consequently, caution is advised when interpreting the data in relation to this change reported in this report, as it may not represent all people who used the technology.
However, data from the external evaluation[107] reinforces the potential value of this change: **45%** of the participants surveyed mentioned some activity or support related to technological material (such as tablets, Alexa devices, emergency buttons, among others) as an enabler

[105] *This represents 27.46% of the total of 127 people surveyed.*
[106] Red Cross - *Logical framework of the Reforzando Vínculos project - Red Cross.*
[107] Cinquantini, I,. eds. 2024. *External Evaluation - Reforzando Vínculos: Promoting autonomy in community settings*. Final evaluation. The Social Consulting Agency.

of their daily lives. In their responses, they also highlighted how the project has favored their integration into the community through access to new technologies.

Therefore, it can be interpreted that the use of technology may have contributed to some of the changes of greater social value identified in this report, indicated in Figure 92.

The relevant changes, which were included in this materiality test, were subjected to a significance test to determine their degree of materiality, which is detailed in Chapter 6, Material changes.

6.1.1.1 Reflection on excluded changes and their role in the chain of events of elderly participants surveyed

Following the principle of transparency and rigorous analysis, it is essential to reflect on the nature of the excluded changes. While they were not considered material final *outcomes* for the assessment, further analysis reveals that they play important roles within the project's theory of change, acting as *outputs*, indicators or intermediate outcomes.

- **The change *"Obtains a virtual assistant 'Alexa'"* and the rationale for not including a *"technological achievement"* outcome.** Obtaining a technological device is not, in itself, a change in a person's well-being, but a **product (*output*)** delivered by the project. Its low rate of relevance as a final change is logical, because its value does not lie in the possession of the object, but in what it **allows to do**.

  In this context, we considered the suggestion to include a new change (*outcome*): the "feeling of accomplishment in mastering digital technology". While this is a plausible impact, during the process of constructing the event chains, **older people did not articulate this feeling as a relevant change for them**. Their narratives consistently focused on the **instrumental and relational value** of the technology: they described the use of the virtual assistant as a **means or catalyst** to achieve the ultimate

changes they did deeply value, such as **"increase support network"** (by facilitating calls to family and friends) and ***"reduce feeling of loneliness."***

- **The change *"Decrease visits to the medical service"* as an indicator of a greater *outcome*.** Similarly, the reduction in medical visits is not an end in itself, but a **quantifiable indicator** of a deeper, holistic change: ***"improved physical and emotional well-being."*** It is this intermediate change, present in the chain of events, that truly captures the value. The decrease in doctor visits is a direct consequence and tangible evidence of that improved well-being. Therefore, although it is excluded as a final *outcome* to avoid double counting of value, its existence as an outcome validates and reinforces the materiality of *outcomes* included as ***"increased sense of energy and vitality"***.

- **The negative change *"Increased sense of vulnerability"* as an intermediate outcome of the process.** This negative change, reported by 18.90% of people, was linked to personal exposure to group activities. Although it was excluded from the final calculation because of its low relevance, it is crucial to understand it as an **intermediate outcome and part of the community building process**. In order for people to ***"increase the support network"*** or ***"strengthen the sense of belonging," they*** often must go through an initial phase of vulnerability in sharing their stories. This initial discomfort is, paradoxically, a necessary step in building the trust that underpins positive social *outcomes* of greater value. Its analysis allows us to identify areas for improvement in the facilitation of group dynamics to better manage this aspect of the process.

In conclusion, this reflection demonstrates that the changes excluded from the relevance test are not irrelevant findings. On the contrary, their analysis enriches the understanding of the theory of change, confirming that they acted as products, indicators or intermediate steps that were fundamental to generate the final *outcomes* that were taken to the assessment phase.

6.1.2 Surveyed relatives of elderly participants

The analysis of the changes identified by the family members surveyed made it possible to evaluate their relevance based on the relevance index and compliance with the additional criteria detailed at the beginning of this chapter (see Section 6). As a result, **three changes were considered well defined** by the value they assigned to them and included in the analysis, while two changes were excluded because they did not meet the established criteria.

These were: *increased sense of tranquility, reduced levels of perceived worry and stress*, *improved family relationship* and *increased concern and uncertainty about the continuity of the intervention (-)*.

In particular, *improve the family relationship* was incorporated despite not having exceeded the relevance index threshold (**171**), as it met two additional criteria (*social norm requiring inclusion* and *other organizations manage change/reporting*), indicating that its impact is significant within the context of the intervention.

On the other hand, changes *increase time spent on self-care and mental well-being* and *increase happiness* were excluded despite their relatively high relevance index (**235** and **245**, respectively). This was because they did not meet sufficient additional criteria to justify their inclusion. Although these changes were valued as important by some participants, their impact was not considered a priority within the strategic framework of the intervention.

> ***"Reforzando vínculos has been exceptional and incredible. There is no substitute for what has been created here."***
>
> *Family Member of an Elderly Person Participating in the Reforzando Vínculos intervention*

Figure 110. Relevance test - Relatives of elderly participants.

Changes/CRITERIA	Improves family relationships	Increased sense of tranquility, reducing perceived levels of worry and stress	Increases time spent on self-care and mental well-being	Increases happiness	Increased concern and uncertainty about project continuity (-)
Number of people (perception of person impacted)	19	26	25	25	29
Degree of importance (1-10)	9	9.63	9.38	9.78	9.75
RELEVANCE INDEX	171	250	235	245	283
ASSIGNED THRESHOLD (70%)	DOES NOT EXCEED THRESHOLD	EXCEED THRESHOLD	EXCEEDS THRESHOLD	EXCEEDS THRESHOLD	EXCEEDS THRESHOLD
APPLIED CRITERIA					
The organization must include them by principle/objective	No	No	No	No	No
Social norm that requires inclusion	Yes	Yes	No	No	Yes
Short-term financial impact that requires inclusion	No	No	No	No	No
Other organizations manage the change/reports	Yes	Yes	No	No	No
THEY ARE RELEVANT/THEY ARE EXCLUDED	INCLUDED - WELL-DEFINED	INCLUDED - WELL-DEFINED	EXCLUDED	EXCLUDED	INCLUDED - WELL-DEFINED

Source: Own elaboration.

6.1.2.1. Reflection on the excluded changes and their role in the chain of events of family members of surveyed participants of older adults

The final and methodologically correct conclusion is that the two changes mentioned remain excluded from the final calculation of the value and SROI ratio.

However, a deeper analysis, as requested by the verification process (*Assurance*), reveals that these changes are not irrelevant, but play a specific role within the value chain of relatives. Their exclusion from the final calculation, in fact, makes the analysis more rigorous and avoids double counting.

- **The change *"Increases time spent on own care"* as an intermediate outcome.** This change, although very important for the well-being of the family member, is not a final change (*outcome*), but a **direct consequence and an intermediate result** of the change *"increased sense of tranquility*". The causal logic is as follows: by reducing the worry and stress of caring for the elderly person, the family member frees up "mental space" and effective time, which can then be devoted to his or her own care. Therefore, the value of this "extra time" is already implicit in the value of

"increased peace of mind". Excluding it from the final calculation avoids valuing the same phenomenon twice and presents a more logical and accurate chain of events.

- **The change *"Increases happiness"* as a global and aggregate result.** Happiness is, in essence, the highest level change (*outcome*). However, in an SROI analysis, it is methodologically more robust to assess its **specific, tangible components** rather than the abstract concept of "happiness". In this case, family members' happiness is the **aggregate result** of the other positive changes that were included: *"improved family relationship"* and *"increased peace of mind"*. By valuing these two changes, we are already capturing the main sources that generate that happiness. Including *"increased happiness"* as an additional (*outcome*) change would be like adding up the parts and then adding up the whole, which would overstate the impact. Its exclusion therefore responds to a principle of prudence and analytical precision.

In short, this more detailed analysis confirms that the exclusion of these two changes is not an omission, but a **deliberate methodological decision** that refines the theory of change, prevents double counting and strengthens the credibility of the final SROI analysis.

6.1.3 Paid staff surveyed

The analysis of the changes identified by the paid staff surveyed in the Strengthening Linkages intervention made it possible to evaluate their relevance by considering both the relevance index and the fulfillment of additional criteria detailed in Section 4.1 Identification and selection of additional criteria. As a result, four changes were considered well defined and included in the analysis, while three were excluded for not meeting the established criteria.

The changes *Improved career prospects*, *Improved professional development for the ability to respond to the needs of the elderly from community intervention*, *Increased self-esteem and self-worth in the personal and professional spheres*, and *Increased stress (-)* were included in the study.

The change *Improved career development* was the most identified change (**100%** of participants), with an importance of **9.14/10** and a relevance index of **128.** Its inclusion is justified because it met three key criteria (social norm requiring inclusion, other organizations manage the change/reporting and the organization has to include it as a principle/objective), reflecting its relevance to the professional development of the team.

Similarly, *Improving professional development for the ability to respond to the needs of the elderly from community intervention* achieved a relevance index of **101** and met two additional criteria (social norm requiring inclusion and the organization has to include it as a principle/objective), which reinforces its importance in staff training for social intervention.

The change *Greater self-esteem and self-worth in the personal and professional spheres*, with a relevance index of **120**, was included as it met three additional criteria (social norm requiring inclusion, short-term financial impact and the organization has to include it by principle/objective), evidencing its connection with the well-being of the staff and the sustainability of the work team.

The case of *Increased stress (-)* stands out, which, although it did not exceed the threshold of the relevance index (**58**), was included because it meets two additional criteria (social norm requiring inclusion and short-term financial impact). Its consideration in the analysis responds to the need to monitor factors that may affect labor stability and the quality of the service provided.

On the contrary, these three changes were excluded:

- *Improvement in emotional resilience and management of complex work-personal situations* (relevance index **78**), which only met one additional criterion (social norm requiring inclusion).
- *Acquisition of new strategies to improve active and healthy aging* (relevance index **84**), also with only one criterion met.
- *Affect on work-life balance (-)* (relevance index **48**), with no additional criteria to support its inclusion.

Figure 111. Relevance test - Paid personnel

Changes/CRITERIA	Improvements in professional career prospects	Improvement in professional development for the ability to respond to the needs of older people through community intervention	Increased stress (-)	Greater self-esteem and self-worth in personal and professional spheres	Improvement in emotional resilience and management of complex work-personal situations	Acquisition of new strategies to improve active and healthy aging	Impact on work-life balance (-)
Number of people (perception of impacted person)	14	11	7	13	9	11	6
Degree of importance (1-10)	9.14	9.16	8.26	9.24	8.66	7.66	8
RELEVANCE INDEX	128	101	58	120	78	84	48
ASSIGNED THRESHOLD (70%)	EXCEEDS THRESHOLD	EXCEEDS THRESHOLD	DOES NOT EXCEED THRESHOLD	EXCEEDS THRESHOLD	DOES NOT EXCEED THRESHOLD	DOES NOT EXCEED THRESHOLD	DOES NOT EXCEED THRESHOLD
APPLIED CRITERIA							
The organization must include it by principle/objective	Yes	Yes	No	No	Yes	Yes	No
Social norm that demands inclusion	Yes	Yes	No	Yes	No	No	No
Short-term financial impact requiring inclusion	No	No	Yes	No	No	No	No
Other organizations manage the change/reports	Yes	No	Yes	No	No	No	Yes
ARE RELEVANT/ARE EXCLUDED	INCLUDED - WELL-DEFINED	INCLUDED - WELL-DEFINED	INCLUDED - WELL-DEFINED	INCLUDED - WELL-DEFINED	EXCLUDED - IS NOT RELEVANT	EXCLUDED - IS NOT RELEVANT	EXCLUDED - IS NOT RELEVANT

Source: Own elaboration.

6.1.3.1. Reflection on the excluded changes and their role in the chain of events of paid personnel

The final and methodologically correct conclusion is that these three changes remain excluded from the final calculation of the value and SROI ratio. However, a more detailed analysis reveals their essential role within the theory of change, which justifies their exclusion from the calculation to avoid redundancies and strengthen the rigor of the analysis.

- **The change *"Improved emotional resilience..."* as an intermediate outcome.** Resilience and coping with complex situations is a key capability that, as the chain of events shows, is developed by facing the challenges of the project. This change is not an end in itself, but an **intermediate outcome** that acts as a direct catalyst for the final change that was included: ***"Increased self-esteem and self-worth"***. Learning to handle difficult situations and overcome stress strengthens confidence and the perception of one's own professional value. Thus, the value of resilience is already captured in the self-esteem change, and its exclusion avoids double counting.
- **The change *"Acquisition of new strategies..."* as a component of professional development.** This change describes the "how" behind a larger and already included *outcome*: ***"Enhancing professional development for the ability to respond to the***

needs of older adults." Acquiring new strategies is, in practice, the **specific description of what that professional development entails**. It is not a separate change, but an intrinsic component of it. It was correctly excluded from the calculation so as not to assess the same phenomenon twice under different names, but its analysis is fundamental to understanding what the professional improvement consisted of.

- **The negative change *"Affect on work-life balance"* as a cause of a major change.** This negative change is closely linked to the negative *outcome* that was included: ***"Increased stress (-)"***. Work-life imbalance is one of the **main causes** leading to increased stress. In the analysis, we chose to value "increased stress" as the final negative change because it is a broader and more easily measurable concept that encapsulates the effects of the imbalance. Excluding "affect on equilibrium" from the calculation avoids counting cause and consequence as two separate impacts, providing a cleaner and more focused analysis.

Ultimately, this analysis demonstrates that the excluded changes are not failures in the project impact, but **components, causes and intermediate outcomes** of the final changes that are valued. This distinction is crucial to present a coherent theory of change and a rigorous and defensible SROI calculation.

6.1.4 Volunteer Respondents

The analysis of the changes identified by the volunteers in the Strengthening Linkages intervention made it possible to evaluate their relevance by considering both the relevance index and the fulfillment of additional criteria detailed in Section 6. As a result, **four changes were considered well defined and included in the analysis**, while three were excluded for not meeting the established criteria.

The changes *Strengthened sense of belonging to the local community, Increased personal satisfaction and sense of purpose*, *Improved development of empathy towards the*

challenges of aging, and *Improved professional skills and competencies from community intervention* were included in the analysis.

The change *Increase in personal satisfaction and sense of purpose* was the most identified (**97.67%** of volunteers, **42 out of 43**), with an importance of **9.14/10** and a relevance index of 384. Its inclusion is justified because it met two key criteria: social norm requiring its inclusion and change management by other organizations, which highlights its relevance in the motivation and commitment of volunteers to the intervention.

Similarly, the change *Improving the development of empathy towards the challenges of aging*, identified by **100%** of the volunteers **(43 out of 43)**, with an importance of **9.26/10** and a relevance index of **398**, was included because it met the same two additional criteria. This shows that the intervention has favored a greater awareness of the reality of the elderly, impacting the attitude and awareness of volunteers.

The change *It strengthens the sense of belonging to the local community*, identified by **39** volunteers (**90.70%**), with an importance of **9.08/10** and a relevance index of **354**, was included in the analysis because it meets the criteria of social norm that requires its inclusion and change management by other organizations. This suggests that volunteering has generated an impact on the social integration of the participants, promoting their involvement in the community.

On the other hand, the change *Improving professional skills and competencies from community intervention*, recognized by **35** volunteers (**81.40%**), with an importance of **9.03/10** and a relevance index of **316**, was included because it meets two additional criteria: the organization has to include it as a principle/objective and other organizations manage the change/reporting. This reinforces that the intervention has been a training and learning opportunity for the volunteers, improving their social and community skills.

In contrast, **three changes were excluded from the analysis:**

- *Introduction of habits in your life to improve your physical and mental well-being.*

- Number of people impacted: 35.
- Importance: 9.09/10.
- Relevance index: 318.
- Reason for exclusion: did not meet any of the additional criteria.

Conclusion: Although this change was identified by a considerable number of volunteers, its impact is not aligned with the strategic objectives of the intervention.

- *Work-life imbalance (-).*
  - Number of people impacted: 5.
  - Importance: 10/10.
  - Relevance index: 50.
  - Reason for exclusion: did not meet any of the additional criteria.

Conclusion: This negative change affected a small percentage of the volunteers, which indicates that it is not a generalized problem within the intervention.

- *Increases awareness of the value of full presence (being in the present).*
  - Number of people impacted: 39.
  - Importance: 8.72/10.
  - Relevance index: 340.
  - Reason for exclusion: Although it exceeded the relevance threshold, it was considered part of a broader chain of events, so it was not analyzed as an independent change.

Conclusion: This change is linked to other more significant impacts identified in the intervention.

Figure 112. Relevance test - Volunteers

Changes/CRITERIA	The sense of belonging to the local community is strengthened	Increased personal satisfaction and sense of purpose	Improving the development of empathy towards the challenges of aging	Improving professional skills and competencies through community intervention	Introducing habits into your life to improve your physical and mental well-being	Work-life imbalance (-)	Increases awareness of the value of mindfulness (being in the present)
Number of people (perception of impacted person)	39	42	43	35	35	5	39
degree of importance (1-10)	9.08	9.14	9.26	9.03	9.09	10	8.72
INDEX OF RELEVANCE	354	384	398	316	318	50	340
ASSIGNED THRESHOLD (70%)	EXCEED THRESHOLD	EXCEED THRESHOLD	EXCEED THRESHOLD	EXCEED THRESHOLD	EXCEED THRESHOLD	DOES NOT EXCEED THRESHOLD	EXCEED THRESHOLD
CRITERIA APPLIED							
The organization must include it as a principle/objective	No	Yeah	Yeah	No	No	No	No
Social norm that requires inclusion	Yeah	No	No	Yeah	No	No	No
Short-term financial impact that requires inclusion	No	No	No	No	No	No	No
Other organizations manage change/reports	Yeah	Yeah	No	No	No	Yeah	No
THEY ARE RELEVANT/THEY ARE EXCLUDED	INCLUDED - WELL DEFINED	INCLUDED - WELL DEFINED	INCLUDED - WELL DEFINED	INCLUDED - WELL DEFINED	EXCLUDED - NOT RELEVANT	EXCLUDED - NOT RELEVANT	EXCLUDED-PART OF CHAIN

Source: Own elaboration.

6.1.4.1. Reflection on excluded changes and their role in the chain of volunteering events

The final and methodologically correct conclusion is that these three changes remain excluded from the final calculation of the value and SROI ratio. The following analysis justifies this decision, clarifying the role that each of them plays within the theory of change and demonstrating how their exclusion from the final calculation strengthens the rigor of the report.

- **The change *"Introduction of habits to improve well-being"* as an intermediate outcome.** The adoption of new healthy habits is a direct consequence of learning self-care and time management tools while volunteering, as reflected in the chain of events. This change, while positive, is considered an **intermediate outcome** that contributes to the final and broader *outcome of **"Increased personal satisfaction and sense of purpose***.**"** In other words, taking better care of oneself is one of the ways through which volunteers achieve greater satisfaction. Its value is therefore already captured in the final change, and excluding it avoids double counting.

- **The negative change "Work-life imbalance" as a non-material risk.** This change, although real and negative for the 5 people who reported it, was correctly excluded

because of its **low incidence** (it affected 11.63% of the volunteer sample). In SROI analysis, the materiality principle involves focusing on changes that are significant to the group as a whole.

Although it is a risk to be monitored for volunteer management, it does not represent a systemic and generalized *outcome* of the project. Its exclusion from the final calculation is justified so as not to give disproportionate weight to an impact that was not experienced by the vast majority of the group.

- **The change *"Increases awareness of full presence"* as a catalyst for empathy and purpose.** This is a profound change, cognitive and attitudinal in nature. The chain of events shows that it arises from "active listening" and living "meaningful moments". This state of "full presence" is not an end in itself, but the **catalyst or prerequisite** for two of the most important end *outcomes* that were valued: ***"Improved empathy development"*** (it is impossible to be empathic without being present) and **"*Increased satisfaction and sense of purpose"***. Their value is realized through these other more tangible changes. Therefore, their exclusion from the direct calculation is correct to avoid valuing the cause rather than their final effects.

Ultimately, this analysis demonstrates that the changes excluded from the test of relevance to volunteering are not dismissable findings, but are reinterpreted as **intermediate outcomes, non-material risks or catalysts** of change, thus enriching the understanding of this stakeholder group's theory of change.

6.1.5 Entities cooperating in the community process surveyed

The changes *increase in the quality of the service offered*, *expansion of strategic alliances* and *strengthening of the organization's commitment to the community* were incorporated in the analysis by exceeding the relevance threshold, with a high degree of identification and medium-high importance assigned by the organizations' representatives. In particular,

expansion of strategic alliances also met the criterion of management by other organizations in similar projects, which reinforces its impact within the collaborative ecosystem.

The change for *greater autonomy in the management of services* did not meet the **70% threshold of** the relevance index. However, it was included in the analysis because it met two additional criteria: its alignment with the principles of the intervention and the existence of a social norm requiring its consideration. This reflects its importance within the strategic framework of the collaboration, despite its lower level of identification.

Finally, the *increased concern and uncertainty about the continuity of the project (-)* was included due to its high identification among representatives of the organizations and its impact on the sustainability of the intervention. It was considered a relevant change for decision making in the design of future interventions with components similar to those of Reforzando Vínculos.

Although it is a change of a negative nature, its relevance lies in the need to address the uncertainty about the continuity of the project and strengthen communication with the collaborating entities to mitigate its effects or strengthen the pillars that support their autonomy in implementing the approach proposed by Reforzando Vínculos.

Figure 113. Relevance test - entities cooperating in the community process

Changes/CRITERIA	Greater autonomy in the management of services dedicated to supporting older people through community intervention	Increase in the quality of the service offered	Expansion of strategic alliances	Strengthening the organization's commitment to the community	Increased concern and uncertainty about the continuity of the project (-)
Number of people (perception of impacted person)	6	14	12	14	12
Degree of importance (1-10)	7,33	7,64	8	7,21	7,5
RELEVANCE INDEX	44	107	96	101	90
ASSIGNED THRESHOLD (70%)	DOES NOT EXCEED THRESHOLD	EXCEEDS THRESHOLD	EXCEEDS THRESHOLD	EXCEEDS THRESHOLD	EXCEEDS THRESHOLD
APPLIED CRITERIA					
The organization must include it by principle/objective	Yes	No	Yes	Yes	No
Social norm that demands inclusion	Yes	Yes	No	No	Yes
Short-term financial impact requiring inclusion	No	No	No	No	No
Other organizations manage change/reporting	No	No	Yes	No	No
THEY ARE RELEVANT/THEY ARE EXCLUDED	INCLUDED - WELL-DEFINED	INCLUDED - WELL-DEFINED	INCLUDED - WELL-DEFINED	INCLUDED - WELL-DEFINED	INCLUDED - WELL-DEFINED

Source: Own elaboration.

7. MEASURING CHANGE

The following chapter details how the depth (magnitude) and duration of the change were identified, with the aim of understanding the extent to which a significant or limited change had occurred. The changes detailed were those that passed the relevance test described in the previous chapter.

7.1 IDENTIFY THE AMOUNT OF CHANGE BEING GENERATED

This section answers the question:

How much has each aspect of well-being measured changed for the different stakeholders?

Data on the depth of the change generated and its durability over time (sustainability) was collected by integrating information from three sources.

Stakeholder engagement: First, all stakeholders were consulted through materials adapted to each stakeholder (including games, forms and focus groups), where subjective quantitative data were obtained through questionnaires. To avoid overburdening stakeholders, data already collected within the project itself through different instruments were used. These include the external evaluation of the project, results monitoring records and documentation on user characteristics. Among the measurement tools used were the FUMAT scale[108] for measuring improvement in quality of life and the Lawton and Brody scale[109] . These objective data were used to back up and support the subjective assessments collected through the SROI questionnaires.

[108] Verdugo, M. A., Gómez, L. E., & Arias, B. (2009). *Assessment of quality of life in the elderly: The FUMAT Scale*. Salamanca: INICO.
[109] Lawton, M. P., and E. M. Brody. 1969. "Assessment of Older People: Self-Maintaining and Instrumental Activities of Daily Living." *The Gerontologist* 9 (3): 179-186.

Expert observation: Secondly, paid staff and subject matter experts were involved to provide their specialized insight and in-depth knowledge of the stakeholders, specifically for the participants.

Other SROI reports and research: Third, other SROI reports described in the references (see Chapter 15. References) were taken as references, allowing comparisons with similar interventions in the social field.

Table 33. Tools used to demonstrate how much change was generated

Tool	Description	Justification
Synthesized ZARIT scale [110]	Instrument used to measure the burden perceived by family caregivers before and after the intervention. The abbreviated version of the scale consists of 7 key questions that assess essential aspects of caregiver overload, such as perception of personal time, impact on health, and emotional strain. Responses are recorded on a scale of 0 to 4, where 0 means that the situation never occurs and 4 indicates that it occurs almost always. To analyze the impact of the intervention, the averages of the responses before and after the intervention were calculated, thus identifying changes in the perception of burden.	The abbreviated version of the Zarit Scale is adapted to the need to measure specific changes in caregiver burden without generating fatigue in the participants. The selection of 7 strategic questions allows the assessment of the most relevant dimensions of caregiver burden, optimizing data collection in larger studies. In addition, its structure facilitates comparison between the beginning and the end of the intervention, ensuring a clear and effective measurement of the impact of the intervention on the well-being of families.
IMAP (platform for the integrated management of CRE users)	Comprehensive management platform developed by the Red Cross that allows the registration and monitoring of users, activities and services developed. The tool is designed to put the person at the center of the intervention, facilitating the analysis of their vulnerabilities and capacities. It collects sociodemographic data of the participants, including variables such as age, gender, family, employment and housing situation, among other relevant characteristics	Interest in analyzing whether the sociodemographic characteristics of the participants are correlated with the changes observed, and in validating that the profiles of the participants are similar in order to draw conclusions about the impact of the project.

[110] Zarit Scale Abbreviated: Zarit, S. H., Orr, N. K., & Zarit, J. M. (1985). *The hidden victims of Alzheimer's disease: Families under stress*. New York: New York University Press.

	for profile analysis.	
Results of the Strengthening Linkages intervention	A set of indicators systematically compiled by the Red Cross for the follow-up and monitoring of the implementation of the Reforzando Vínculos project, according to its logical framework and internal evaluation system.	These data are used when they coincide with changes identified in the SROI process, allowing validation of their occurrence within the chain of events (output-outcome-impact).
External evaluation of the Strengthening Linkages intervention	Independent analysis carried out by an external evaluation team that examines the development and results of the project according to the criteria established in the logical framework. The evaluation generates both quantitative and qualitative data on project implementation and results.	External evaluation data are used when they provide relevant information on elements of the value chain identified in the SROI, allowing for more rigorous impact measurement through an independent source.

Source: own elaboration.

7.1.1 Identification of depth indicators

Indicators are fundamental tools for measuring the magnitude of change generated through the intervention. Within the framework of Strengthening Linkages, a variety of sources were used to define in-depth indicators, ensuring a rigorous and evidence-based evaluation.

For each stakeholder group, indicators were established based on:

1. *Data systematized in the IMAP platform*, which made it possible to analyze the sociodemographic characteristics and profile of the participants, ensuring consistency with the changes observed.
2. *Results of the Reforzando Vínculos intervention*, which were collected during the monitoring of the project, following the logical framework and internal evaluation system.
3. *External evaluation of the intervention*, where an independent team validated the impact data using quantitative and qualitative methods to strengthen the measurement of the changes generated.

Given that the depth of change is a key element in measuring social impact, the indicators were translated into questions within surveys, interviews and participatory dynamics. The methodology applied varied according to the stakeholder group:

- **Participants and family members:** A direct assessment of their perception of the change experienced was used.
- **Paid staff, volunteers and community alliances:** Comparative scales were applied in which they were asked to indicate their starting level and their current level after the intervention, making it possible to quantify the depth of change.

The results obtained were analyzed using the arithmetic mean, except in specific cases where the median or other statistical measures were more appropriate to capture the dispersion of the data.

In line with ***Principle 4 "Include only what is material"***, potential negative changes identified in previous phases of the assessment were also explored, ensuring that the data accurately reflect both positive impacts and any adverse effects relevant to future decision making.

> ***"The program has allowed the development of activities and workshops that, without this initiative, would not have been carried out."***
>
> *Person representing one of the Cooperating Entities in the Community Process*

7.1.2 Depth of changes (Quantity)

The following table summarizes the data set analyzed from the sources described in the previous chapter. The average values obtained, presented in the last column, were applied for the elaboration of the **SROI Value Map** (see Annex VIII. Value Map), where the monetized value is adjusted to the depth of change. In this report, this adjustment is made to avoid overestimating the value of the change, in compliance with ***Principle 5 "Do not overestimate the results".***

Table 34. Depth of changes by stakeholder group.

Interest group	Change	Indicator	Pre	Post	Depth	Source
Elderly participants 	*The feeling of loneliness is reduced*	Degree of improvement experienced. Subjective response based on the perception of unwanted loneliness, reduction of the need for external support and feeling of security to perform tasks alone. A Likert scale of 1 to 5 was used, later converted to a scale of 1 to 10. It is complemented by questions on the use of technology and participation in community activities as mechanisms for reducing loneliness.	Retrospective evaluation[111]		8.40	Form (Annex III)
	Increases personal autonomy	Degree of improvement experienced. Subjective response based on the perception of independence in daily activities, reduction of the need for external support and feeling of security to perform tasks alone. A Likert scale of 1 to 5 was used, later converted to a scale of 1 to 10. Includes assessment of tools acquired to maintain independence and continue living at home.			4.40	
	Increased sense of energy and vitality	Degree of improvement experienced. Subjective response based on self-perception of energy level before and after the intervention, rated on a scale of 1 to 5 and subsequently converted to a scale of 1 to 10. Factors such as changes in routine, motivation to perform activities and healthy habits were considered.			4.60	

[111] *For this question, retrospective evaluation was used as a method of measuring depth, allowing participants to assess the perceived change in a single measurement, since it was not possible to apply a pre and post question due to time constraints. This approach is useful for reducing biases associated with lack of baseline reference and improving accuracy in self-assessment of impact. Pratt, C. C., McGuigan, W. M., & Katzev, A. R. (2000). Measuring program outcomes: Using retrospective pretest methodology. American Journal of Evaluation, 21(3), 341-349.*

Interest group	Change	Indicator	Pre	Post	Depth	Source
	The sense of belonging to the local community is strengthened.	Degree of improvement experienced. Subjective response based on qualitative indicators such as knowledge of people in the community, participation in local events and perception of social inclusion. Scale of 1 to 5 converted to a scale of 1 to 10.			8.20	
	Increases the support network	Degree of improvement experienced. Subjective response based on the number of new friendships or relationships strengthened since participation in the intervention. Range from 0 to more than 10 new relationships, converted to a scale of 1 to 10.			7.20	
Family members of elderly participants 	*Improves family relationships*	Degree of improvement experienced. Subjective response based on the perception of the bond with their relative before and after the intervention. The quality of the relationship was evaluated on a scale of 1 to 10, complemented with questions about the time shared and the level of communication.	Retrospective evaluation		9.05	
	Increased sense of tranquility, reducing perceived levels of worry and stress.	Degree of improvement experienced. Subjective response on the reduction of stress and concern regarding the physical and emotional well-being of the family member. It was measured on a scale of 1 to 10, considering factors such as access to information and support received from the intervention.			9.00	
	Increased concern and uncertainty about the	Degree of concern experienced. Subjective response about the level of uncertainty			8.42	

Interest group	Change	Indicator	Pre	Post	Depth	Source
	continuity of the project (-)	regarding the permanence of the intervention and its impact on the well-being of the family member. It was measured on a scale of 1 to 10, with questions about the fear of losing support and the sustainability of the changes achieved.				
	Increases time devoted to self-care and mental wellness	Degree of additional time available for self-care and mental well-being. Subjective response based on the perception of the time that family members have been able to dedicate to themselves following their family member's participation in the intervention. It was measured on a scale of 1 to 10, considering factors such as the reduction in the burden of care, the possibility of carrying out personal activities and the impact on their emotional well-being.			4.79	
Paid personnel 	*Increased stress (-)*	Degree of increase in the level of work stress experienced. Subjective response based on perception of workload, deadline pressure and work-life balance. Measured on a scale of 1 to 10.	Retrospective evaluation		1.25	Form (Annex IV)
	Improved career prospects	Perceived degree of improvement in job opportunities and professional development as a result of participation in the project. Subjective response based on the perceived acquisition of new competencies and skills. Measured on a scale of 1 to 10.			7	

Interest group	Change	Indicator	Pre	Post	Depth	Source
	Improved professional development for the ability to respond to the needs of the elderly from community intervention.	Degree of acquisition and application of knowledge in community intervention with the elderly. Subjective response based on practical learning, training received and experience acquired. Measured on a scale of 1 to 10.			6	
	Increased self-esteem and self-worth in the personal and professional spheres.	Perceived degree of improvement in self-esteem and self-worth in the personal and professional context as a result of participation in the intervention. Subjective response based on the perception of increased confidence in one's own abilities, recognition of personal value and satisfaction with individual development. Measured on a scale of 1 to 10.			5.75	
Volunteers 	*Increased personal satisfaction and sense of purpose*	Degree of improvement in personal satisfaction and sense of purpose experienced through volunteering. Subjective response on a scale of 1 to 10.	Retrospective evaluation		4.17	
	The sense of belonging to the local community is strengthened.	Degree of integration and connection with the local community perceived by volunteers. Subjective response on a scale of 1 to 10.			3.17	
	Improved development of empathy towards the	Degree of awareness and understanding of the challenges faced by the elderly.			4.33	

Interest group	Change	Indicator	Pre	Post	Depth	Source
	challenges of aging.	Subjective response on a scale of 1 to 10.				
	Improvement of professional skills and competencies from community intervention.	Degree of acquisition of new skills and competencies related to communication, social intervention and community work. Subjective response on a scale of 1 to 10.			4.17	
Entities cooperating in the community process 	*Greater autonomy in the management of services dedicated to the support of the elderly through community intervention.*	Degree of improvement in the operational and management autonomy of services for the elderly. Subjective response on a scale of 1 to 10, evaluating organizational capacity before and after the collaboration with Reforzando Vínculos.	Retrospective evaluation		5.67	Form (Annex V)
	Expansion of strategic alliances	Degree of increase in the collaboration network and the establishment of new strategic alliances. Subjective response on a scale of 1 to 10, considering the quantity and quality of collaborations generated from the project.			2.33	
	Increased concern and uncertainty about the continuity of the project (-)	Degree of concern experienced about the sustainability of the project and its effects on the community. Subjective response on a scale of 1 to 10, based on the perception of risk to the continuity of established services and partnerships.			1.33	

Interest group	Change	Indicator	Pre	Post	Depth	Source
	Increase in the quality of the service offered	Degree of perception of improvement in the quality of the services provided by the organization after participating in the project. Subjective response on a scale of 1 to 10, considering improvements in the efficiency, effectiveness and relevance of the services offered to the elderly.			7.17	
	Strengthening the organization's commitment to the community	Degree of increase in the organization's involvement and commitment to the community. Subjective response on a scale of 1 to 10, evaluating participation in community initiatives, collaboration with other stakeholders and continuity in the implementation of actions aligned with the project's mission.			1.14	

Source: Own elaboration.

7.1.3 Analysis and conclusions on the depth of the changes

7.1.3.1 Analysis - Elderly participants

Reasoning in relation to depth - Elderly participants: The degree of depth for this group was estimated by assessing the five relevant changes indicated in the table above that passed the test of relevance in Chapter 4 Understanding What Changes. To do this, a variety of measurement methods were employed, primarily through retrospective questions about "how much change they had experienced," i.e., how profound the perceived change had been. Responses were subjective and covered different aspects of well-being related to the changes identified.

These responses were collected on a **scale of 1 to 10** to facilitate comparison and analysis. The high average score obtained for most of the changes evaluated indicates that the elderly participants have been the group that has experienced the most transformation within the Reforzando Vínculos intervention. This is consistent with the fact that this is the group directly intervened, with actions specifically designed to promote their autonomy, improve their well-being and strengthen their integration into the community.

In addition, the numbers reflect a high level of change due to the fact that, at baseline, many of these individuals were in a previous situation of isolation, with less participation in social and community activities. The depth of change in each aspect is discussed in detail below:

- *Reduced feeling of loneliness* (**8.40/10**)
  The reduction of loneliness is the most profound change experienced. This suggests that the intervention has had a significant impact on the participants' perception of companionship and support, reducing isolation and strengthening social ties.
- *Increases personal autonomy* (**4.40/10**)
  Although this change is positive, its depth is less in comparison with other aspects. This could be due to the fact that *personal autonomy* involves multiple dimensions, some of which require more time to consolidate.

- *Increased sense of energy and vitality* (**4.60/10**).
  This change indicates that participant respondents have experienced a slight improvement in their physical and emotional well-being. However, its lower score compared to other changes may be related to pre-existing health factors that limit the perception of improvement.
- *Strengthened sense of belonging to the local community* (**8.20/10**)
  The sense of belonging has increased significantly, indicating that the community inclusion strategies have been effective. The creation of spaces for participation and contact with other people have been key factors in this process.
- *Support Network Increases* (**7.20/10**)
  This change reflects that participants surveyed have perceived growth in their social connections and access to support from the community. Although the score is high, it is possible that some participants still face barriers to expanding their support network on a sustained basis.

In general, the analysis indicates that the depth of change in the different aspects of well-being assessed evidences a significant transformation in all of them, with **scores exceeding 4 points on a scale of 10**. The observed trend suggests that the degree of perceived impact is directly related to the duration and intensity of the intervention, as well as to the level of need that the participants had at the beginning of the intervention.

> ***"In my case, it's been a total change. Before, I hardly left the house. I had been in the village for years, but I knew few people and didn't participate in village life. Now I go to all the activities and even meet up with friends on Sundays for a coffee on our own."***
>
> *Older Person Participants in Reforzando Vínculos*

New friendships: The results suggest a significant impact on the social lives of the surveyed older participants, particularly in *the expansion of the support network* and their *community integration*. One of the key changes identified has been the increase in the number of friendships people have developed as a result of their participation in the intervention.

The data reveal that **41.7%** of the people surveyed have established **more than 10 new friendships**, which shows a high level of social interaction generated through the intervention. This finding is particularly important considering that many of the elderly respondents previously had small social circles or were in situations of isolation.

Likewise, **26.7%** have created **between 4 and 6 new friendships**, while **15%** have formed **between 7 and 9 new relationships**. On the other hand, **13.3%** have generated **between 1 and 3 connections**, suggesting that most of the participants have experienced an increase in their support network. Only **0.8%** (equivalent to one person out of 127 respondents) indicated not having made any new friendships, which reinforces the idea that the intervention has facilitated the creation of meaningful social ties.

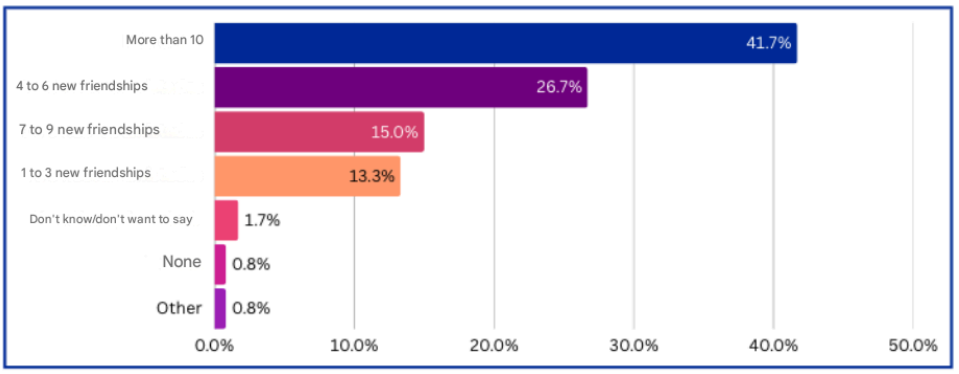
This strengthening of social ties has had a direct impact on the well-being of the participants. *The reduction of the feeling of loneliness*, identified as another relevant change, can be linked to the expansion of these support networks, given that a broader social environment facilitates accompaniment and frequent interaction. Likewise, the *strengthening of the sense of belonging to the community* has been another key change, since the elderly have reported feeling more included in the social life of their environment, participating with greater confidence in community activities.

The impact of the intervention has been reflected not only in the increase in the number of friendships but also in the quality of these relationships. Many people have reported not only having met more people but also having strengthened previous ties and generated mutually supportive relationships, which reinforces their autonomy and emotional well-being.

> ***"Now I feel more like going out because I can meet friends on the street and meet up for a drink."***
>
> *Older Person Participants in Reforzando Vínculos*

In comparative terms, the results reflect that Reforzando Vínculos has achieved a significant effect on the socialization of the surveyed elderly, suggesting that the intervention has been successful in creating spaces that foster interaction, community support and social integration.

Figure 114. Distribution of new friendships formed by older persons



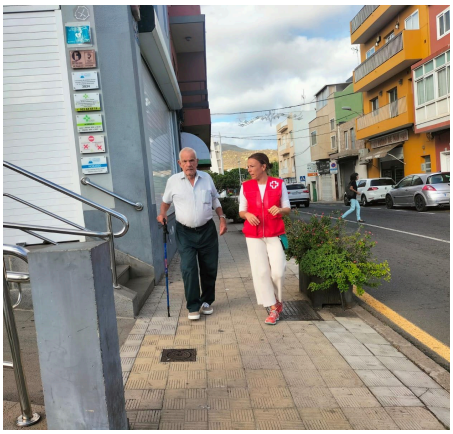
Source: own elaboration.

Diversification of the *support network*: In addition to the increase in the number of friends, another key aspect in *strengthening the support network* of the elderly has been the diversification of sources of support and accompaniment. The Reforzando Vínculos intervention has facilitated the connection of participants with different actors within their community, thus expanding the available support options.

The data show that the **Red Cross was the most frequent new member** of **the** participants' *support network*, with **95.1%** of respondents identifying it as part of their circle of trust. This reflects the central role of the organization in accompanying and supporting the elderly during the intervention.

Likewise, **70.7%** of the participants surveyed have incorporated friends into their network, which confirms the importance of the socialization spaces generated by the intervention. Similarly, **49.6%** indicated that neighbors have become part of their *support network*,

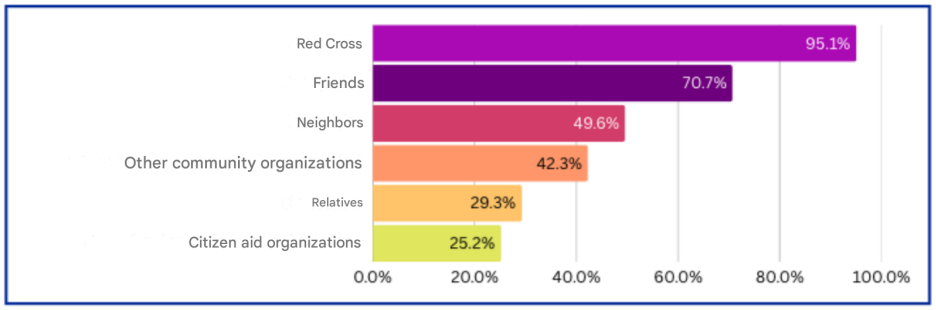
indicating that the intervention has enhanced community integration and strengthened local ties.



In addition, **42.3%** have established links with other community organizations, such as NGOs and religious or cultural groups, while **29.3%** *have expanded their support network* with family members, suggesting that the intervention has also favored reconnection with the family environment. Finally, **25.2%** have mentioned citizen assistance organizations, such as social services or health centers, as part of their *support network*, indicating greater interaction with institutional resources.

The responses highlight that Reforzando Vínculos has not only fostered the creation of new personal relationships but has also strengthened the connection of older people with their community and with formal and informal support resources. The expansion of these networks contributes to improving the safety, well-being and autonomy of the participants, reducing their isolation and strengthening their integration into the social fabric.

Figure 115. Distribution of new members in the support network.



Source: own elaboration.

7.1.3.2 Analysis - Family members of elderly participants

Degree of depth of changes - Relatives of elderly participants: The degree of depth for this interest group was estimated by assessing the three relevant changes indicated in the

table above, which passed the relevance test in the corresponding section. For this purpose, various measurement methods were used, mainly retrospective questions on "how much change they had experienced", i.e., how profound the perceived change had been in their well-being and relationship with the elderly participants.

Responses were collected on a **scale of 1 to 10**. The high mean score obtained for the changes assessed suggests that family members of older persons have experienced a significant transformation in their family dynamics and emotional well-being. This group, although not the primary focus of the intervention, has been indirectly impacted through the changes in the older participants and the interaction with the intervention.

The depth of change in each aspect is discussed in detail below:

- *Improved family relationship* (**9.05/10**)

  This is the most profound change experienced, reflecting a significant transformation in the quality of relationships between family members and the elderly participants. The high score indicates that the intervention has succeeded in strengthening family ties, promoting more effective communication and greater understanding among family members.
- *Increased sense of tranquility and reduced levels of perceived worry and stress* (**9.00/10**).

  The decrease in stress and worry was also highly rated, with a mean score of 9.00. This suggests that the intervention has provided an environment of greater security and stability for family members, reducing emotional burden and promoting greater psychological well-being.
- *Increased time dedicated to their own care and mental well-being (***4.79/10**).

  This change has a moderate depth, indicating that while family members have been able to make more time available for their personal well-being, the impact has not been as high as in other aspects. The score suggests that there are still challenges for family members to achieve a better balance between caring for their relatives and their own self-care.

- *Increased concern and uncertainty about the continuity of the project (-)* (**8.42/10**) Although this change is negative, its score remains high, indicating that a significant portion of family respondents experience uncertainty about the sustainability of the project. This highlights the need for communication and planning strategies that provide greater certainty regarding the continuity of the support provided.

> ***"Before, I had to insist that she go out of the house and not just sit and watch TV. It's not that she felt bad, but that she was lazy. Now I don't need to insist, she goes out a lot more and interacts with more people."***
>
> *Family Member of an Elderly Person Participating in Reforzando Vínculos*

Overall, the analysis indicates that the depth of the changes experienced by family members of elderly participants is high in emotional and family aspects, with **scores exceeding 8.4 points**, while the impact on time spent on self-care is more moderate (**4.79 points**). This reflects not only the relevance of these changes in their lives, but also the magnitude of the perceived transformation. The observed trend suggests that the impact of the intervention on this stakeholder group is strongly linked to the continuity and stability of the intervention, so it is essential to consider actions that minimize uncertainty and strengthen the long-term positive effects, especially in terms of reconciling care and personal well-being of family members.

Increased time spent on self-care and mental well-being: The quantity analysis regarding change *increases in time spent on their own self-care and mental well-being*, based on respondents' answers, shows that most family members have experienced an increase in time available for themselves following their family member's participation in the Reforzando Vínculos intervention.

The data indicate that **44%** of the people surveyed report having gained **between 1 and 5** more **hours** per week for their self-care and well-being, which represents the largest group within the sample. In addition, **28%** have experienced an increase of **between 6 and 10**

hours per week, consolidating the trend that the majority of family members have gained more time for themselves.

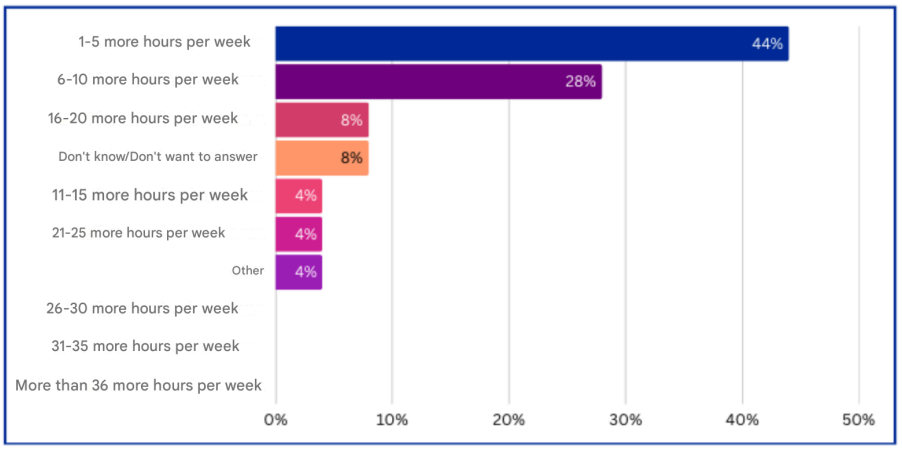
At higher levels, **8%** of respondents indicated that they now have between **16 and 20 more hours available per week**, while **4%** report increases of **between 11 and 15 hours** and another **4%** mention increases of **between 21 and 25 hours**.

It is worth noting that **no respondent reported an increase of more than 25 hours per week**, which indicates that the changes in available time, although significant, have not generated an extreme transformation in the routine of family members.

On the other hand, **8%** of respondents chose the "don't know/don't want to answer" option, suggesting that some participants may not have perceived a clear change in their personal time or preferred not to share this information.

These results reflect that the intervention has allowed family members of the elderly participants to have more time for self-care and mental well-being, promoting greater balance in their daily routines and potentially reducing the burden of caregiving.

Figure 116. Increased time for self-care and mental well-being.



Source: Own elaboration.

Assessment of the burden level of family caregivers through the Abbreviated Zarit Scale[112] : To complement the analysis of the well-being of the family caregivers surveyed, the **Abbreviated Zarit Scale** was included at the end of the quantitative form. This scale made it possible to assess the burden perceived by those in a caregiving role, providing key information on its impact on daily life.

Before answering the scale, each respondent was asked if he or she assumed caregiving responsibilities. The results indicate that only **9 of the 29 respondents (31.03%)** claimed to perform this role, suggesting that most maintain a close relationship with the elderly participant without directly assuming the role of caregiver.

Methodology of analysis: The level of burden of family caregivers was assessed by comparing the responses obtained before and after the intervention. For this purpose, the following steps were followed:

1. **Calculation of individual scores:** The scores obtained by the 9 caregivers for each question, both before and after the analysis period, were summed.
2. **Obtaining averages:** The average of the scores was calculated by dividing the total sum by the number of respondents.
3. **Comparison of results:** Pre- and post-intervention averages were analyzed to identify changes in the perception of burden.

This analysis provides a quantitative view on the evolution of the burden in different dimensions of care.

Response Scale (0-4): Each question on the Abbreviated Zarit Scale is answered according to the frequency with which the caregiver experiences the situation described:

- *0 - Never:* Does not experience the situation.
- *1 - Rarely:* Occurs on rare occasions.
- *2 - Sometimes:* Occurs in a moderate form.

[112] Zarit Scale Abbreviated: Zarit, S. H., Orr, N. K., & Zarit, J. M. (1985). *The hidden victims of Alzheimer's disease: Families under stress*. New York: New York University Press.

- *3 - Often:* Experienced frequently.
- *4 - Almost always:* The situation occurs constantly.

This scoring system facilitates the understanding of the perceived burden in different areas and makes it possible to measure its evolution over time.

Justification for the use of the abbreviated version: For this evaluation, an abbreviated version of the Zarit Scale with **7** key **questions** was used to efficiently measure the burden perceived by caregivers.

Reasons for abbreviation:

- **Strategic selection of questions:** Items representative of the main aspects of the burden of care were included:
  - *Personal time:* Lack of time for themselves.
  - *Emotional and functional overload:* Difficulty in reconciling responsibilities and tension in the relationship with the caregiver.
  - *Family relationships:* Impact on the relationship with other family members.
  - *Impact on health:* physical or emotional affectation of the caregiver.
  - *Loss of control:* Feeling of lack of control over your life.
  - *Overall load:* General evaluation of the level of overload.
- **Optimization of the questionnaire:** Reducing the number of questions facilitated the integration of the scale into a larger study, minimizing respondent fatigue and improving the quality of responses.
- **Measurement of changes in load:** Comparing responses before and after the analysis period made it possible to evaluate the evolution of the load more accurately.

Main results of the evaluation:

Perception of lack of personal time:

- **Conclusion:** There was a significant reduction in the perception of lack of personal time due to the caregiving role.

- **Evidence:** The average before the intervention was **2.67**, decreasing to **1.89 (-0.78).**
- **Implication:** This suggests that caregivers managed to improve their time management or received support that alleviated this burden.

Overload due to multiple responsibilities:

- **Conclusion:** The intervention had a positive impact on the perception of the ability to reconcile caregiving with other responsibilities.
- **Evidence:** The average score decreased from **2.67 to 1.67 (-0.67).**
- **Involvement:** Improvement indicates that they have found a better balance between caregiving and other obligations, which contributes to their overall well-being.

Impact on family relationships:

- **Conclusion:** There were no significant changes in the perception of the impact of caregiving on family relationships.
- **Evidence:** A slight increase in burden **(+0.22)** was observed, indicating that some caregivers perceive a deterioration in their relationships.
- **Involvement:** It is proposed to implement strategies to improve communication and family dynamics in the context of caregiving.

Deterioration of the caregiver's health:

- **Conclusion:** A reduction in the perception of health deterioration due to the care of the relative was observed.
- **Evidence:** The average was previously **2.22**, decreasing to **1.67 (-0.56)**.
- **Implication:** This suggests that they have found strategies to take care of their health while continuing their role, which could strengthen the sustainability of the intervention.

Tension when interacting with the caregiver:

- **Conclusion:** A slight decrease in emotional stress was reported when interacting with the older person.
- **Evidence:** The average decreased from **1.00 to 0.78 (-0.11**).

- **Implication:** Although the improvement is not drastic, it indicates a slight reduction in the stress experienced. It would be useful to reinforce strategies to continue to reduce this aspect.

Loss of control in the caregiver's life:

- **Conclusion:** There were no changes in the perception of loss of control in life.
- **Evidence:** The average remained at **1.44** before and after the intervention.
- **Involvement:** It is suggested to develop time planning and self-care strategies to improve the perception of autonomy.

Perceived global burden:

- **Conclusion:** A significant reduction in the overall load experienced was observed.
- **Evidence:** The average decreased from **1.56 to 1.00 (-0.56).**
- **Involvement:** This reinforces the importance of community interventions that provide emotional and practical support to caregivers, improving their well-being and that of the cared-for person.

Overall results:

- Average before intervention: *1.79*
- Average after intervention: *1.48*
- Average global change: **-0.32**

Areas with the greatest positive impact:

- Perceived lack of personal time *(-0.78)*
- Overburdened by multiple responsibilities *(-0.67)*
- Deterioration of health **(-0.56)**

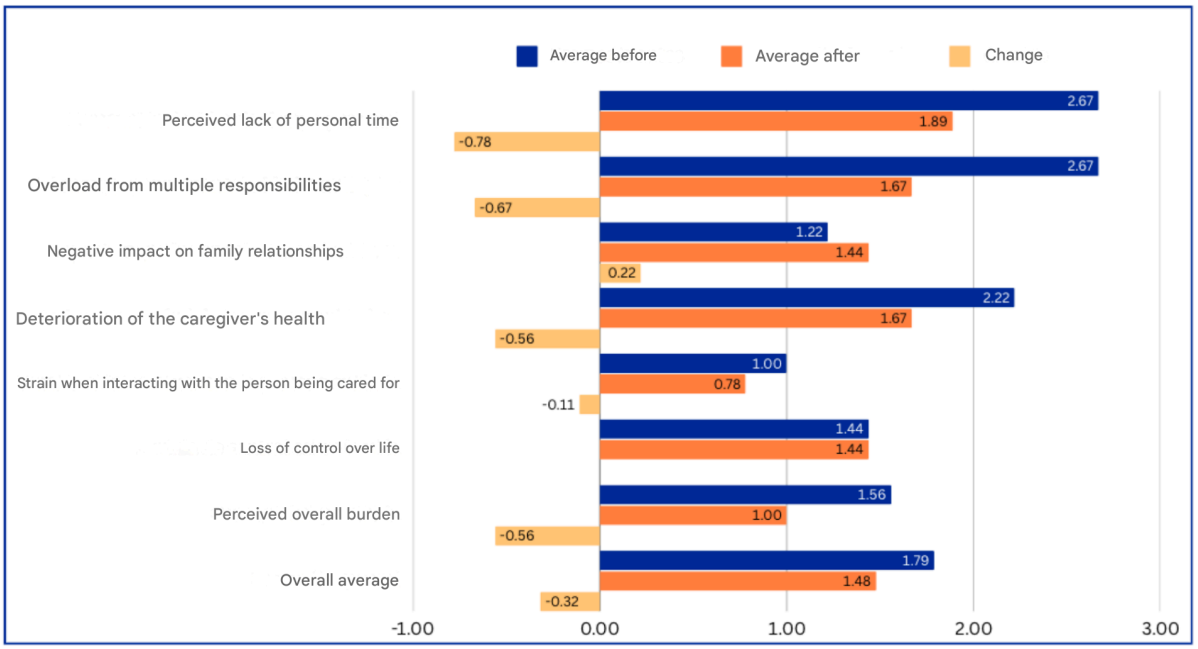
Areas with less impact or no change:

- Loss of control in life *(0.00)*
- Impact on family relationships *(+0.22)*
- Stress when interacting with the caregiver **(-0.11)**

Recommendations for future interventions:

- Strengthen family support strategies to improve communication and caregiving dynamics.
- Develop tools to increase the autonomy of caregivers.
- Explore stress and stress management techniques to improve the quality of life of caregivers.

Figure 117. Comparison of perceived caregiver burden (Zarit Scale)



Source: Own elaboration.

General conclusion:

The results indicate that caregivers have experienced a **moderate reduction in their perceived burden**, especially in **personal time management** and **compatibility of responsibilities**. However, a more specific focus on perceived control and family dynamics is required to achieve a more comprehensive reduction in caregiving burden.

7.1.3.3 Analysis - Paid personnel

Degree of depth of changes - Paid staff: The degree of depth for this stakeholder group was estimated by assessing the four relevant changes indicated in the table above, which passed the relevance test in the corresponding section. For this purpose, various measurement methods were used, mainly retrospective questions on "how much change they had experienced", i.e. the magnitude of the perceived impact on their professional development and well-being at work.

Responses were collected on a **scale of 1 to 10** to facilitate comparison and analysis. In general, the results show that the impact perceived by the paid staff is moderate, with differences between the different changes evaluated.

The depth of change in each aspect is discussed in detail below:

- *Increased Stress (-)* (**1.25/10**)
  This negative change has a low amount of impact compared to other factors. While some employees experienced increased stress, this was not a widespread or high intensity effect within the group.
- *Improved career prospects* (**7.00/10**)
  This was the change with the greatest perceived depth. The high score suggests that the intervention has generated significant improvements in the perception of job opportunities and career development for employees.
- *Improved professional development for the ability to respond to the needs of the elderly through community intervention (***6.00/10**).
  The application of knowledge acquired in the community setting has been highly valued, indicating that the combination of training and practical experience has resulted in a relevant and sustained change.
- *Increased self-esteem and self-worth in the personal and professional spheres* (**5.75/10**).
  This change shows a moderate positive impact on employees' confidence and perception of self-worth. Although the intervention has strengthened their self-esteem, the results suggest that there is still room to strengthen this aspect.

> ***"Expanding my experience, working and getting to know more areas within the Red Cross has been very important to me."***
>
> *Paid person at Reforzando Vínculos*

Overall, the data indicate that changes in professional development and job opportunities have had greater depth, while the stress associated with the intervention had less impact. These findings reinforce the importance of education and training within Reforzando Vínculos, demonstrating that the impact on employees is focused on their professional growth and perception of future opportunities.

7.1.3.4 Analysis - Volunteers

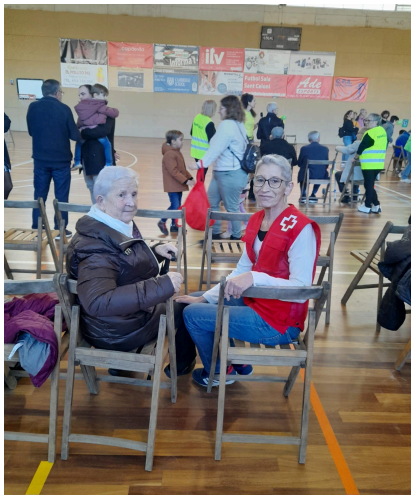
Degree of depth of change - Volunteers: The degree of depth for this stakeholder group was estimated by assessing the four relevant changes indicated in the table above, which passed the relevance test in the corresponding section. For this purpose, various measurement methods were used, mainly retrospective questions on "how much change they had experienced", i.e. the magnitude of the perceived impact on their volunteering and personal development experience.

Responses were collected on a **scale of 1 to 10** to facilitate comparison and analysis. Overall, the results show that volunteers have experienced a significant and consistent impact, with scores ranging **from 3.17 to 4.33**, reflecting positive changes in different aspects of their participation in the intervention.

The depth of change in each aspect is discussed in detail below:

- *Increase in personal satisfaction and sense of purpose* (**4.17/10**)
  The amount of change perceived in this aspect is high, indicating that volunteering has had a significant impact on the motivation and emotional well-being of the volunteers. The feeling of contributing to a relevant cause has strengthened their personal purpose.

- *Strengthened sense of belonging to the local community* (**3.17/10**)
  This is the change with the least amount of impact within the group. Although there has been a positive effect on the community integration of the volunteers, the score suggests that this aspect could still be strengthened with additional strategies of inclusion and linkage with the community.
- *Improved development of empathy for the challenges of aging* (**4.33/10**)
  This is the change with the greatest amount of impact, reflecting that the intervention has been particularly effective in sensitizing volunteers to the difficulties faced by older people. Direct experience has allowed a greater understanding and connection with this reality.
- *Improving professional skills and competencies from community intervention* (**4.17/10**)
  This change has a high amount of impact, showing that volunteers have developed useful skills both in the context of volunteering and in other professional settings. This suggests that participation in the intervention has contributed to their formative and occupational growth.



"Watching ladies on the street and imagining what they looked like 30 years ago makes me reflect on the passage of time and how aging leaves its mark. I used to view old age with indifference, even as a teenager I thought that some people were simply born old. With time, one begins to understand it, but without fully embracing it. However, by being so close to this reality and developing empathy, I have learned to accept aging not only as an inevitable process but as a natural stage of life."

Person Volunteering in Reforzando Vínculos

In general terms, the amount of change experienced by this stakeholder group is moderate to high, with a more significant perception in the development of empathy **(4.33/10**) and in the improvement of competencies and personal satisfaction (**4.17/10**). Integration in the local community has been the aspect with the least perceived transformation (**3.17/10**), which indicates an area of opportunity to strengthen the linkage of volunteers with the social environment of the project.

7.1.3.5 Analysis - Entities cooperating in the community process

Degree of depth of the changes - Entities cooperating in the community process

The degree of depth for this stakeholder group was estimated by assessing the four relevant changes indicated in the previous section, which passed the relevance test in the corresponding section. For this purpose, various measurement methods were used, mainly retrospective questions on "*how much change they had experienced*", i.e., the magnitude of the perceived impact on their volunteering experience and personal development.

Responses were collected on a **scale of 1 to 10** to facilitate comparison and analysis. In general, the results reflect an uneven impact among the different aspects evaluated, with scores ranging **from 1.57 to 7.17**, indicating that some changes have had a greater depth and relevance than others in the experience of the collaborating organizations.

The depth of change in each aspect is discussed in detail below:

- *Increased autonomy in the management of services dedicated to the support of older people in the community (***5.67/10**).
  This change is moderate in magnitude, indicating that some organizations have strengthened their management capacity, although there are still challenges in implementing autonomous strategies.
- *Increase in the quality of the service offered* (**1.57/10**)
  This is the change with the least perceived depth. Although some organizations

have improved certain aspects of their services, the intervention has not resulted in a significant change in the overall quality of support offered to older people.

- *Expansion of strategic alliances* (**2.33/10**)
  The amount of change experienced in this aspect is low, suggesting that while new connections have been established, they have not yet had a considerable impact on the articulation of strong networks within the community.
- *Strengthening the organization's commitment to the community* (**1.86/10**).
  The perception of change in this area is low. Although some organizations have shown an increased willingness to engage in community initiatives, the impact on their long-term engagement remains limited.
- *Concern about the sustainability of new initiatives after the end of the project* (**7.17/10**)
  This is the change with the highest perceived depth, reflecting a strong concern among the organizations about the continuity of the implemented actions. The high score indicates that project sustainability is a priority and a key challenge for the collaborating organizations.

> ***"The collaboration with Reforzando Vínculos has been an enriching experience for all the entities involved and its continuity is essential to continue promoting community actions with a positive social impact."***
>
> *Person representing one of the Cooperating Entities in the Community Process*

Overall, the amount of change experienced by this stakeholder group varies considerably depending on the aspect evaluated. While autonomy in service management shows a moderate evolution (**5.67/10**), service quality, partnership expansion and community engagement show a more limited impact (**between 1.57 and 2.33).** However, concern for project sustainability stands out as a critical area (**7.17/10**), suggesting the need to reinforce strategies that guarantee the continuity and autonomy of the actions implemented.

Perception of innovation in the intervention according to collaborating organizations:

To evaluate the perception of innovation in the intervention, the entities that cooperate in the

community process were consulted on the elements of the Reforzando Vínculos project that they considered most innovative. This evaluation made it possible to identify the aspects that have generated the greatest value in terms of methodology, coordination and community approach.

The results reflect that the aspect most highlighted as innovative is the **coordination between agents, organizations and the public administration**, with **85.7%** of the responses. This suggests that the intervention has favored the creation of collaborative work networks and has strengthened inter-institutional cooperation to improve care for the elderly.

Secondly, **the incorporation of the community component in the actions with the participants** was identified by **78.6%** of the organizations, which indicates that the project has promoted greater involvement of the community in the well-being of the elderly, encouraging their active participation in the environment.

Likewise, **71.4%** of the responses highlight the importance of **having dynamic spaces for socialization and participation in the cultural and leisure life of the community**, as well as the valuation of the participants as active and participatory citizens. These results suggest the positive impact of the intervention on social integration and the reinforcement of the sense of belonging of the elderly in their community.

> ***"The sustainability of the project depends on the coordination of all community actors. Reforzando Vínculos has generated a fundamental cohesion and from the health center we consider it key to maintain this line of work, since mutual support and synergy exponentially multiply the benefits for the community."***
>
> *Person representing one of the Cooperating Entities in the Community Process*

In terms of individualized assistance, the **comprehensive and personalized attention to participants and the collaboration spaces between the Red Cross and community agents for the development of solutions** obtained **64.3%,** which indicates that the

intervention approach is perceived as close and adapted to the specific needs of each person.

On the other hand, **50%** of the responses highlight the **adaptation of the actions to the interests of the people and the introduction of technological tools** as a complement to the intervention. This suggests that the use of technology in the intervention process is positively valued, although there are still opportunities to strengthen its implementation and accessibility.

Finally, the model of care based on the person's preferences and capabilities obtained **42.9%**, indicating that, although it is a relevant element, it could benefit from additional strategies to improve its scope and application.

In general terms, the data show that the entities cooperating in the community process perceive Reforzando Vínculos as an innovative intervention, mainly in terms of inter-institutional coordination and community focus. However, areas for improvement are also identified, such as the personalization of care models and the use of technology in the intervention.

The distribution of responses is presented in detail below:

Figure 118. Perception of innovation

Innovative Aspect	Percentage (%)
Coordination between agents, organizations, and public administration	85.7%
Incorporation of the community component in actions with participants	78.6%
Dynamic spaces for sharing with other people, inclusion, and participation in the cultural/leisure life of the community	71.4%
Participants feel valued as active and participatory citizens	71.4%
Comprehensive and personalized care for participants	64.3%
Spaces for collaboration between the Red Cross and community agents in the development of solutions	64.3%
Adaptation of actions to people's interests in change	50%
Introduction of technological tools as a complement to the intervention and the approach of new technological ideas	50%
Care model for people based on their preferences and capabilities	42.9%
Other	0%

Source: Own elaboration.

7.1.4 Duration of changes

This section answers the question:

How long will the changes last[113] for the different stakeholders?

The results in the following table summarize the results of all the analyses carried out from the above-mentioned sources. The average figures of the study results, which are detailed in the last column of this table, were used to complete the SROI Value Map (see Annex VII)

7.1.4.1 Identification of duration indicators

The indicator selected to measure the expected duration of the change was years, given that the timeframe evaluated corresponds to an intervention with a defined implementation framework. This measure made it possible to accurately capture the expected sustainability of the changes generated as a function of the development time of

[113] *Since this report presents evaluative data, the estimation of the duration of changes is based on the prognostic perspective of the persons consulted.*

Reforzando Vínculos. In this study, the duration of each change was defined individually to reflect its permanence over time.

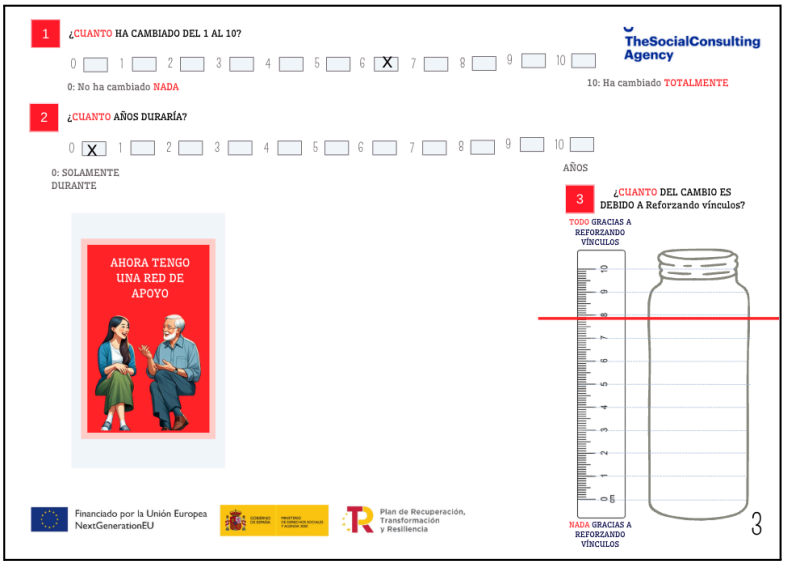
To operationalize this indicator, specific questions were asked about the permanence of the change, such as: ***How long would you say the effects of this change will last?*** Initially, six response options were offered, from "1 year" (corresponding to the intervention implementation period) to "6 years", under the assumption that validating a longer-term impact would be unreliable within the framework of the study.

However, to ensure that the responses were understandable and meaningful to the participants, the data collection methodology was adjusted. In the case of the elderly participants, being the main group of the intervention, focus groups were conducted in order to facilitate the understanding of key concepts and to adapt the response format. In these spaces, a scale from 1 to 10 was used, under the premise that the participants would not tend to indicate a duration of more than 10 years, which made it possible to generate more precise and accessible data.

To support the dynamics of the focus groups, visual and explanatory materials were developed to facilitate understanding of the question on the duration of change. These materials included practical examples, graphs and visual scales designed to help participants express their perceptions clearly and effectively.

The following is an example of material developed for the focus groups with elderly participants, used to support the discussion on the expected duration of perceived changes.

Figure 119. Material from focus groups on causality



Source: Own elaboration.

Analysis of the sample and calculation of the expected duration of change: Table 35 presents, in each column, the mean number of years obtained from the individual results of the people involved in the Reforzando Vínculos intervention, rounded to whole years to facilitate the annual calculation of the estimated value in the value map (see Annex VIII). We chose to use the mean rather than the median or other statistical measures, as it was considered the most appropriate option for this analysis.

The stakeholder engagement process is detailed in Section 4.1, while the questions used in the data collection can be found in Annexes III, IV and V

The sample analyzed includes various stakeholders with different levels of participation:

- **Elderly participants: 33** responses from **602** people, representing **5.48%** of the total.
- **Relatives of elderly participants: 29** responses out of **167** people, equivalent to **17.37%** participation.
- **Paid personnel: 4** responses from **16** people, reaching a participation of **25%.**

- **Volunteers: 43** responses from **143** people, representing **30.07%** of the total.
- **Entities cooperating in the community process:** 14 responses from 137 organizations, equivalent to **10.22%** participation.

Regarding **the degree of statistical representativeness**, the data obtained in the groups of volunteers and paid staff are the most robust in terms of proportion of responses. For the group of relatives of elderly participants, the representativeness is acceptable, although it should be considered with caution when analyzing their results.

On the other hand, the participation of elderly participants is lower in proportion to their total, indicating that the results may not be fully representative of the entire population served in the intervention. In the case of the collaborating organizations, the participation of **10.22%** provides a partial view of the perception of change from their perspective.

Despite these considerations, the data collected offer an informed view from the perspective of each stakeholder group, providing valuable information for decision making and evaluation of the sustainability of the changes generated by the Strengthening Linkages intervention.

Table 35. Duration of changes by stakeholder group

Interest group	Change	Average[114] of years	Justification
Elderly participants 	*The feeling of loneliness is reduced*	1	See note 1 at the end of the table.
	Increases personal autonomy	1	
	Increased sense of energy and vitality	1	
	The sense of belonging to the local community is strengthened.	1	
	Increases the support network	1	

[114] In the Value Map, averages are rounded to full years to align with project timing and ensure consistency with the calculation presented in the Value Map in Annex VIII. Value Map.

Interest group	Change	Average[114] of years	Justification
Family members of elderly participants 	*Improves family relationships*	3	See note 1 at the end of the table.
	Increased sense of tranquility, reducing perceived levels of worry and stress.	2	
	Increased concern and uncertainty about the continuity of the project (-)	2	
	Increases time devoted to self-care and mental wellness	1	
Paid personnel 	*Increased stress (-)*	1	See note 1 at the end of the table.
	Improved career prospects	4	
	Improved professional development for the ability to respond to the needs of the elderly from community intervention.	5	
	Increased self-esteem and self-worth in the personal and professional spheres.	3	
Volunteers 	*Increased personal satisfaction and sense of purpose*	2	See note 1 at the end of the table.
	The sense of belonging to the local community is strengthened.	2	
	Improved development of empathy towards the challenges of aging.	5	
	Improvement of professional skills and competencies from community intervention.	2	
Entities cooperating in the community process	*Greater autonomy in the management of services dedicated to the support of the elderly through community intervention.*	1	See note 1 at the end of the table.
	Expansion of strategic alliances	1	
	Increased concern and uncertainty about the continuity of the project (-)	1	
	Increase in the quality of the service offered	1	
	Strengthening the organization's commitment to the community	1	

Interest group	Change	Average[114] of years	Justification
			

Source: own elaboration

Justification Note 1: This data was reported directly by the stakeholder and adjusted with information provided by the professional respondents. In addition, several reports were consulted for validation. This data was reported directly by the stakeholder and adjusted with information provided by the paid staff consulted. In addition, several reports were consulted for validation. This change is generated throughout the project.

7.1.4.2 Analysis of the duration of changes in Strengthening Linkages

The average duration of changes in SROI analyses varies according to the type of intervention and the stakeholder group involved. However, in general terms, many studies establish a maximum duration of 5 years, since beyond this period it is more likely that other external factors will begin to influence the results and the impact generated.

In specific reports:

- **Changes with a duration of 2 to 4 years have been identified** for *improvements in personal skills, self-confidence and life satisfaction*.
- In other cases, changes related to *access to resources or economic improvements* have been estimated with a **duration of 2 years**, while *organizational transformations or improvements in image and reputation* have been considered with an **average duration of 4 years.**

Duration of changes in elderly participants: In the case of older people participating in Reforzando Vínculos, the process of estimating the duration of changes proved particularly challenging. **Most of the people in this group expressed difficulties in projecting their future**, given that their reality is marked by uncertainty about their remaining life span and a tendency to live from day to day without long-term planning. This perception influences their way of responding about the permanence of changes, since, when constantly confronted with the idea of death, the time horizon becomes shorter and subjective.

The data collected reflect this difficulty, since the changes identified in this group have an **average duration of only 1 year**.

This result suggests that, although the changes are positive and important, their sustainability over time is uncertain and may depend on the continuity of the intervention or the maintenance of community participation spaces.

This report places particular emphasis on the **sustainability of reduced feelings of loneliness.** More than half of the respondents **(51.7%)** believe that their feelings of loneliness would return if they stopped participating and **16.7%** believe that the benefits would be sustained for up to one year after stopping participation. Only **4.2%** believe that the intervention generates a sustainable long-term impact. Furthermore, **15.8%** experience a feeling of loneliness when they return home after having been involved in the activity, highlighting that although they have experienced a reduction, the sustainability of the change over time is reduced.

Duration of changes in relatives of elderly participants: In the case of family members of elderly participants, the duration of changes is projected to be more stable. For example, the *improvement in the family relationship* has an average of **3 years**, which indicates that this impact may extend beyond the intervention, possibly due to the restructuring of family dynamics and the consolidation of new forms of support and communication.

Other changes in this group, such as the *reduction of stress* and the *improvement in the perception of tranquility*, have an average duration of **2 years**, which reflects that their effect can be maintained in the medium term, although it may be subject to the evolution of the situation of the elderly relative.

Duration of changes in paid staff: The data show that changes in paid staff have a variable duration depending on the type of impact generated. The learning gained in the intervention shows a longer permanence over time, with the improvement in professional development estimated at **5 years** and *improvements in career prospects* at **4 years**, indicating that these skills continue to be useful beyond the intervention.

On the other hand, higher self-esteem and self-worth in the personal and professional spheres lasts an average of **3 years**, reflecting a moderate positive effect on the perception of one's own capabilities.

In contrast, the *increase in stress* associated with the role within the intervention has a **mean duration of 1 year**, suggesting that this negative impact is conjunctural and linked to the period of implementation of the intervention, decreasing over time.

Duration of changes in volunteers: In the case of volunteers, the perceived changes have a more heterogeneous duration. While some aspects, such as *personal satisfaction*, *sense of purpose* and *belonging to the community*, have an estimated duration of **2 years**, other more profound changes, such as the *improvement in the development of empathy towards aging*, are projected to last up to **5 years**.

These data suggest that the emotional and social awareness learnings acquired through the volunteer experience may be maintained over the long term, influencing the perspective and sensitivity of participants even after their participation in the intervention has ended.

Duration of changes in entities that cooperate in the community process: For collaborating organizations, **the duration of changes is estimated at 1 year**.

This could be related to the need for continuous monitoring and dependence on external factors, such as the availability of resources and the sustainability of the collaborative networks created during the intervention.

On the other hand, the *increased concern and uncertainty about the continuity of the project* **has an estimated duration of 1 year**, indicating that these concerns are directly linked to the immediate post-intervention period and could be mitigated with long-term sustainability strategies.

> ***"If the coordination and leadership of the intervention disappear, all the progress made over time could fade away. It is essential to ensure its continuity in order to consolidate the positive impact generated in the community."***
>
> *Person representing one of the Cooperating Entities in the Community Process*

Conclusions: The results show that the duration of changes varies significantly according to the group of interest. While changes in older people tend to be shorter and dependent on the continuity of the intervention, changes in family members, volunteers and employees can be maintained for several years depending on their nature.

In addition, the entities that cooperate in the community process face challenges in the long-term sustainability of the changes, which reveals the need for consolidation and follow-up strategies after the intervention has ended.



These findings reinforce the importance of considering the particularities of each group when estimating the duration of change, as perceptions about the future and the continuity of impact can significantly influence the sustainability of achievements in Reforzando Vínculos.

8. MATERIALITY ANALYSIS - IDENTIFY SIGNIFICANT CHANGES



This chapter, linked to *Principle 4: "Include only material"*[115], details the process by which relevant and significant changes were identified for the social impact analysis, aligned with the SROI methodology, governed by Social Value International. In order to ensure that the analysis focused only on the truly material changes, two key tests described below were implemented to identify the material changes that will be used in decision making from the data in this report.

This section answers the question:

What are the material changes in decision making that will be supported by the data in this report?
will be supported by the data in this report?

8.1 MATERIALITY OF CHANGES

The **materiality analysis** in the Strengthening Linkages intervention is based on two fundamental tests: the ***relevance test*** and the ***significance test.*** For ease of understanding, the first materiality analysis, corresponding to the relevance test, is presented in Section 6, which details the changes identified as relevant for each stakeholder group. Therefore, this information will not be repeated in this section.

This area describes the process used to identify the changes that, in addition to being relevant, meet the significance criteria established for decision making within the impact analysis. The welfare changes that passed this significance test were included in the Value

[115] Social Value International (n.d.). *Principle 4: Only include what is material*. www.socialvalueint.org/principle4-only-include-what-is-material

Map (see Annex VIII), a key tool for monetizing the social value generated according to the SROI methodology. The calculation of this value is developed in detail in Section 5.

The process of identifying material changes is explained below, culminating in the significance test. This assessment is based on four key criteria to determine which of the relevant changes are also significant and should therefore be considered in future decisions based on the data obtained in the Strengthening Linkages impact analysis.

Figure 120. Example of significance test

Changes/Analysis Criteria	Change 1	Change 2	Change 3	Change 4	Change 5
Number of People (Perception of Impacted Person)	9	9	7	8	8
Duration (1-10 Years)	2	1	1	1	1
How Much Changed (Depth, 1-10)	0.2	0.6	0.7	1.2	0.4
Non-Monetized Value (Weighted)	7.10	6.90	6.60	7.50	7.00
How Much Would Have Happened, Deadweight (1-100%)	44%	53%	49%	47%	42%
Value Index/Year	14.31	17.51	16.49	38.16	12.99
	EXCULATED - DUE TO LACK OF SIGNIFICANCE	INCLUDED - SIGNIFICANT	INCLUDED - SIGNIFICANT	INCLUDED - SIGNIFICANT	EXCULATED - DUE TO LACK OF SIGNIFICANCE

Source: Own elaboration.

Significance criteria in Strengthening Linkages: To determine which changes, in addition to being relevant, are also significant in the impact analysis of Strengthening Linkages, a significance test was applied based on the following criteria:

1. **Number of people impacted:** Reflects the perception of stakeholders and how many people have actually experienced the change. It is considered a key indicator for assessing the scale of impact within the intervention.
2. **Duration of change:** Evaluates how many years it is estimated that the change will last in each stakeholder group. For this, a scale of 1 to 10 years was applied and the mean of the data reported by the participants was used. This criterion is fundamental for calculating the value of a year of impact within the analysis.
3. **Depth of change:** Measures the magnitude of the perceived change, using a scale from 1 to 10. It is obtained from the average of the responses within each stakeholder group and allows us to understand how transformative the change experienced has been.
4. **Monetary or non-monetary value:** This represents the economic valuation of the change when it is possible to assign it a financial equivalent, or, failing that, it is

measured through the degree of importance perceived by the people involved in relation to the change experienced.

5. **Deadweight:** Quantifies the percentage of change that would have occurred without the intervention, using a range of 1% to 100%. This criterion makes it possible to isolate the effect attributable exclusively to Reforzando Vínculos and adjust the calculation of the real impact generated.

To establish comparability among the changes identified, the significance test applies a formula that calculates a final index, which makes it possible to determine which changes are significant enough to be considered in the impact analysis and which can be excluded because they do not contribute decisive value to decision-making.

Figure 121. Formula for significance test

$$\text{Valor Total} = ((\text{Valor (€ o No Monetizado)} \cdot (1 - \% \text{ de Peso Muerto})) \cdot \text{Número de Personas}) \cdot \text{Profundidad} \cdot \text{Años de Duración}$$

Source: Own elaboration.

In order to identify which changes would be excluded because they did not meet the significance criteria, a **threshold of 50-70%** of the highest value obtained was established. This threshold was applied to the significance index, calculated after using the formula, to maintain the relational degree between the different changes tested. The variation in the threshold depended on the level of rigor of the data used in the test: if the data did not have adequate rigor[116] , a wider threshold was applied; otherwise, the **threshold of 70%** was maintained**.** This ensured that only changes that were truly meaningful to the decision making for which this report was developed were included.

In addition to the aforementioned criteria, the importance of the inclusion of each change in the decision-making process was evaluated. In situations where the change did not reach the established threshold, but could influence decision making, it was included due to the

[116] Usability were the participants answer for the participants, especially those with language difficulties, and even teachers. Since it was not possible to quantify them in all cases, the estimate is less rigorous.

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potential negative impact of its omission or the possibility that its exclusion would limit the optimization of the positive impact, even if this was low. The latter assessment, by the evaluation team and based on their extensive experience with the project and the study of intended impacts, as well as taking into account that the project was an innovative project, was applied as the final measure.

Therefore, changes that did not exceed the threshold established for the first criteria can be seen in the graphs. This analysis is based on the reflection on the relevance of the information for decision making:

> ***If decision makers are not aware of this change, could this increase the risk of negative impacts or limit the potential positive impact?***
>
> ***If decision makers know this change is occurring, might they make different decisions?***

The purpose is to make these decisions more transparent and informed by the experiences and values of those affected.

This approach is framed in ***Principle 4 "Include only what is material"***[117] , and is supported by the definition of materiality in the Social Value International glossary[118] : "*Information is material if its omission has the potential to affect the decisions of the audience, i.e. decision makers*".

This ensures that the results clearly and quantifiably reflect the most relevant and significant changes for the people impacted and, at the same time, better supports decision making.

[117] Social Value International. "Principle 4: Only Include What is Material." www.socialvalueint.org/principle4-only-include-what-is-material.
[118] Social Value International. *SVI Glossary 2.0.* Published October 2023. Available under Creative Commons Attribution-ShareAlike 4.0 International license. https://www.socialvalueint.org.

8.1.1 Elderly participants

Figure 122. Significance test - Older persons

Changes/Analysis Criteria	Greater sense of energy and vitality	Increased personal autonomy	Decreased sense of loneliness	Greater sense of community belonging	Increased support network
Number of people (perception of person impacted)	96	88.00	99	99	100
Duration (1-10 years)	1	1.00	1	1	1.4
How much it changed (degree of depth, 1-10)	4.8	4.40	8.4	8.2	7.2
Non-monetized value (weighted)	9.48	9.44	9.36	9.02	9.36
How much would have happened, deadweight (1-100%)	24%	20%	20%	18%	30%
Value index/year	3,319.97	2,924.13	6,227.02	6,004.40	6,604.42
According to criteria	EXCLUDED - NOT SIGNIFICANT	EXCLUDED - NOT SIGNIFICANT	INCLUDED - SIGNIFICANT	INCLUDED - SIGNIFICANT	INCLUDED - SIGNIFICANT
Included in Value Map	INCLUDED - SIGNIFICANT	INCLUDED - SIGNIFICANT	INCLUDED - SIGNIFICANT	INCLUDED - SIGNIFICANT	INCLUDED - SIGNIFICANT
THRESHOLD	4,623.09	70% threshold			

Source: Own elaboration.

Threshold applied: 70%.

The threshold of 70% was selected because the data used in the analysis has a high level of reliability in measuring the changes experienced. The calculation of the deadweight (how much of the change would have occurred without the intervention) was performed using a structured methodology, which allowed a more accurate indicator of the impact attributed to the intervention to be achieved. In addition, the depth of change was measured using a standardized scale from 1 to 10, ensuring the comparability of the results.

The threshold of 70% of the highest value obtained in the significance index was established as a criterion for including changes in the SROI calculation, which ensured that only the most decisive changes were considered in decision making.

Changes included despite not exceeding the threshold: Although the changes *Increased sense of energy and vitality* (index of **3,319.97**) and *Increases personal autonomy* (index of **2,924.13**) did not reach the established threshold of 70%, they were included in the analysis by a decision based on the strategic importance of their consideration within the impact of the intervention.

This decision responds to the principles of materiality and optimization of the positive impact, given that its exclusion could generate a bias in the overall interpretation of the results and

affect informed decision making. The evaluation carried out by the technical team considered that:

- Both of these changes reflect key aspects of the experience of the elderly participants, although their quantifiable impact was less than other more significant changes.
- While the intervention was not directly designed to increase vitality or personal autonomy, these factors emerged organically in the testimonials and measurements, suggesting that they are part of the positive side effects of the intervention.
- Omitting these changes could generate an incomplete view of the impact, which would affect the design of future interventions and strategic decisions.

Conclusion: Following these principles, the inclusion of these changes responds to the need to ensure a faithful and complete representation of the effect of the intervention, ensuring that decisions based on this report consider all aspects of relevant and significant changes, even those with less quantifiable magnitude.

8.1.2 Family members of elderly participants

Figure 123. Significance test - Relatives of elderly participants

Changes/Analysis Criteria	Improves family relationships	Increased sense of tranquility, reducing perceived levels of worry and stress	Increases time spent on self-care and mental well-being	Increases happiness	Generates concern that the program will end (-)
Number of people (perception of person impacted)	19	26	25	25	29
Duration (1-10 years)	2.53	1.85	1.48	2	2
How much it changed (degree of depth, 1-10)	9.05	9	4.79	2.66	8.42
Non-monetized value (weighted)	9.21	9.38	9.16	9.58	9.6
How much would have happened, deadweight (1-100%)	59.00%	59.00%	58.97%	58.97%	0.00%
Value/Year Index	1,642.73	1,664.85	666.09	522.78	4,688.26
	EXCLUDED - NOT SIGNIFICANT	EXCLUDED - NOT SIGNIFICANT	EXCLUDED - NOT SIGNIFICANT	EXCLUDED - NOT SIGNIFICANT	INCLUDED - SIGNIFICANT
	INCLUDED - SIGNIFICANT	INCLUDED - SIGNIFICANT			
THRESHOLD	3,281.78	70% threshold			

Source: Own elaboration.

Threshold applied: 70%.

For this stakeholder group, a threshold of 70% of the highest value obtained in the significance index was established. The application of this threshold responds to the need to maintain an adequate level of rigor, given that the data used in the calculation present good

reliability in terms of representativeness and precision in the measurement of the perceived impact.

The measurement of *deadweight* (how much of the change would have occurred without the intervention) was performed using structured questions, although an absolute degree of accuracy was not obtained. Therefore, to avoid exclusion of significant changes, a relatively robust threshold was applied to discriminate between the most and least significant changes within the impact analysis.

Changes included in the analysis: The analysis shows that three of the changes evaluated exceeded the threshold and were included in the SROI calculation.

- *Generates concern that the intervention will be terminated (-)* (**4,688.26**)
- *Improved family relationship* (**1,642.73**)
- *Increase in the feeling of tranquility, reduction of perceived levels of worry and stress* (**1,664.85**)

Initially, only the change *generates concern that the intervention will be terminated (-)* exceeded the inclusion threshold because it had no *dead weight* (0%), indicating that its existence is exclusively due to the intervention. However, it was decided to include two additional changes (*Improved family relationship* and *Increased sense of tranquility*), as they were highly significant and directly linked to the well-being of the elderly participants.

These changes present a combination of high perceived impact, significant duration and high depth, which justifies their inclusion in decision making on the impact of the intervention.

Changes excluded for not exceeding the threshold: Two changes did not reach the significance threshold and were therefore excluded from the analysis:

- *Increases time spent on own care and mental well-being* (**666.09**)
- *Increases happiness* (**522.78**)

The increase in time spent on self-care and mental well-being was reported with a **mean depth of 4.79/10** and a **duration of 1.48 years**, indicating that, although some people experienced this change, its overall impact within the group was limited. Their exclusion will not affect decision-making, as the intervention did not have a central objective related to this aspect.

In the case of the *Increase happiness* change, its significance index (**522.78**) was considerably lower than the threshold. Although some people experienced this change, its effect was not sufficiently representative within the group of relatives.

Conclusion: The analysis demonstrates that, although initially only one change met the threshold for inclusion, the incorporation of two additional changes allowed for a more accurate reflection of the impact of the intervention on families and the relationship between these changes. This ensures that the results are more robust and representative, ensuring that the most relevant and significant changes are considered in making decisions about the impact of Reforzando Vínculos.

8.1.3 Paid personnel

Figure 124. Significance test - Paid personnel

Changes/Analysis Criteria	Improvements in Career Prospects	Increased Ability to Respond to the Needs of Older People (in the Community)	Increase in Stress (-)	Increased Self-Esteem and Self-Worth in Personal and Professional Areas
Number of People (Perception of Impacted Person)	*14*	*11*	*7*	*13*
Duration (1-10 Years)	4	5	1	3
How Much Changed (Depth, 1-10)	7	6	1.25	5.75
Non-Monetized Value (Weighted)	9.14	9.16	8.26	9.24
How Much Would Have Happened, Deadweight (1-100%)	32.50%	0.00%	12.50%	42.50%
Value Index/Year	2,418.44	3,022.80	63.24	1,191.44
	INCLUDED - SIGNIFICANT	INCLUDED - SIGNIFICANT	EXCLUDED - NOT SIGNIFICANT	EXCLUDED - NOT SIGNIFICANT
	INCLUDED - SIGNIFICANT	INCLUDED - SIGNIFICANT	INCLUDED - SIGNIFICANT	EXCLUDED - NOT SIGNIFICANT
THRESHOLD	1,995.05	66% Threshold		

Source: Own elaboration.

Threshold applied: 66%.

For this stakeholder group, **a threshold of 66% was established**, applicable to both paid staff and volunteers. Unlike the main stakeholder groups, where a higher level of rigor is required, in these cases **a margin of 4 points is allowed in the threshold to avoid excluding changes** that, although they may have less individual weight, are still relevant in the operationalization of the intervention and in the experience of those who participate in its implementation. This difference in the threshold was applied to ensure that changes that could affect the design of subsequent editions of the intervention were taken into account.

Changes included in the analysis: The results show that three changes were considered in the SROI calculation because they exceeded the threshold or because of their strategic importance in decision making:

- *Improvements in career development* (**2,418.44**)
- *Increased capacity to respond to the needs of the elderly in the community* (**3,022.80**)
- *Increase in stress (-)* (**63.24**) *(Included for its relevance to decision making, even though it does not reach the threshold)*

The first two changes stand out for their long duration (**4 and 5 years**, respectively) and high perceived depth (**7/10 and 6/10**), which evidences their significant impact on the professional development of the personnel employed and their learning in community intervention.

In the case of the *increase in stress (-),* although its significance index was below the threshold (**63.24**), it was included in the analysis due to its relevance in decision making. It was considered that excluding this change could obscure a critical aspect of the experience of the people employed during the intervention, affecting the identification of opportunities for improvement for future implementations.

This decision responds to a strategic analysis based on the reflection: *"If decision-makers are not aware of this change, could this increase the risk of generating negative impacts or limit the potential positive impact?* Given that this negative impact may influence the

sustainability of the intervention and staff retention, its inclusion ensures a more comprehensive assessment aimed at optimizing the positive impact.

Changes excluded for not exceeding the threshold:

- *Greater self-esteem and self-worth in the personal and professional spheres* (**1,191.44**).

This change was below the threshold (**1,995.05**), indicating that its impact on the experience of employed individuals was less significant compared to other changes assessed. While some individuals reported improvements in self-esteem, the combination of relatively short duration (**3 years**) and moderate depth (**5.75/10**) suggests that this is not a transformative change in the context of the intervention.

Conclusion: The analysis shows that the most relevant and transformative changes in the paid staff have also been significant for decision making.

8.1.4 Volunteers

Figure 125. Significance test - Volunteers

Changes/Analysis Criteria	Greater Sense of Community Belonging	Increase in Personal Satisfaction and Sense of Purpose	Greater Empathy for the Challenges of Aging	Improved Professional Skills and Competencies
Number of People (Perception of Person Impacted)	39	42	43	35
Duration (1-10 Years)	4.74	5.64	6.37	6.76
How Much It Changed (Degree of Depth, 1-10)	4.17	3.17	4.33	4.17
Non-Monetized Value (Weighted)	9.08	9.14	9.26	9.03
How Much Would Have Happened, Deadweight (1-100%)	25%	25%	30%	20%
Value Index/Year	5,245.40	5,142.07	7,693.77	7,121.66
	INCLUDED - SIGNIFICANT	INCLUDED - SIGNIFICANT	INCLUDED - SIGNIFICANT	INCLUDED - SIGNIFICANT
THRESHOLD	5,077.89	66% threshold		

Source: Own elaboration.

Threshold applied: 66%.

Following the same methodology applied for paid personnel, the **66% threshold** was established for the group of volunteers, allowing a margin of 4 points in order to avoid excluding changes that, although they may have less individual weight, are still relevant in the operability of the intervention and in the volunteer experience.

Changes included in the analysis: The results show that all the changes analyzed exceeded the established threshold and were therefore considered in the SROI calculation. These changes reflect a significant impact on the volunteer experience within the intervention, standing out for their prolonged duration (**between 4.74 and 6.76 years**) and a degree of perceived depth **between 3.17 and 6.37 out of 10.**

Conclusion: The analysis demonstrates that the most relevant and transformative changes in volunteers have also been significant for decision making. Their inclusion in the SROI calculation ensures a more complete assessment of the impact of volunteering on the intervention, facilitating informed decision making aligned with the sustainability of the intervention.

8.1.5 Entities cooperating in the community process

Figure 126. Significance test - Entities cooperating in the community process.

Changes/Analysis Criteria	Greater Autonomy in the Management of Services Dedicated to Supporting Older People in the Community	Increase in the Quality of the Service Offered	Expansion of Strategic Alliances	Strengthening the organization's commitment to the community	The organization fears for the sustainability of the new initiatives if the project ends
Number of People (Perception of Impacted Person)	6	14	12	14	12
Duration (1-10 Years)	2	1.14	2.08	1.17	1.33
How Much Changed (Depth, 1-10)	5.67	1.57	2.33	1.86	7.17
Non-Monetized Value (Weighted)	7.33	7.64	8.00	7.21	7.5
How Much Would Have Happened, Deadweight (1-100%)	45.00%	43.60%	45.80%	32.90%	30.00%
Value Index/Year	274.30	107.97	252.17	147.40	600.77
	INCLUDED - SIGNIFICANT	EXCLUDED - NON-SIGNIFICANT	INCLUDED - SIGNIFICANT	EXCLUDED - NOT SIGNIFICANT	INCLUDED - SIGNIFICANT
THRESHOLD		176.52	70% threshold		

Source: Own elaboration.

Threshold applied: 70%.

Given the small sample size in the group of entities cooperating in the community process, a **threshold of 70%** was applied to ensure a higher level of rigor in the selection of significant changes. This approach seeks to ensure that the data used in the analysis are as representative and reliable as possible, avoiding the inclusion of changes with less support in the total sample.

Changes included in the analysis: The results show that three changes were considered in the SROI calculation because they exceeded the threshold or because of their strategic importance in decision making:

- *Increased autonomy in the management of services dedicated to the support of the elderly in the community* (**274.30**)
- *Expansion of strategic alliances* (**252.17**)
- *The organization fears for the sustainability of new initiatives if the project ends* (**600.77**)

These changes stand out for their impact on the organizations' capacity to provide continuity to the services implemented, strengthen collaboration networks and evaluate the challenges in the sustainability of the initiatives developed within the intervention.

Changes excluded for not exceeding the threshold: The following changes did not meet the **70% threshold** and were therefore excluded from the analysis due to their lower relative relevance to decision making:

- *Increase in the quality of the service offered* (**107.97**)
- *Strengthening the organization's commitment to the community* (**147.40**)

Both changes reflect perceived improvements but their low value/year index and lower depth (**1.14 and 1.17 out of 10, respectively**) suggest that they have not been key transformations within the intervention.

Conclusion: The analysis shows that the most relevant changes in the entities that cooperate in the community process have also been significant for decision-making, standing out in key aspects such as autonomy in the management of services, the creation of strategic alliances and concern for the sustainability of the project. Their inclusion in the SROI calculation makes it possible to capture more precisely the impact of the intervention on the operational and strategic capacity of the partner organizations.

9. DETERMINE THE IMPACT



In the SROI methodology, causalities are the factors that make it possible to differentiate the impacts directly attributable to an intervention from those that would have occurred in the same way, as well as from the attributions or adjustments required for impact displacement. These include:

Deadweight: ***To what degree do you think the level of change generated would have occurred in the same way in the absence of this intervention?*** This explores whether the perceived change is attributable solely to the intervention or activity being evaluated.

Attribution: ***To what degree have other people or organizations directly contributed to the observed changes?*** This analyzes external participation in generating the impact.

Displacement: ***To what degree has the change experienced caused a negative impact on others?*** This identifies possible spillover effects or trade-offs affecting third parties.

Drop-off: ***To what degree is the intensity or magnitude of the change generated reduced over time?*** This addresses the temporal sustainability of the impact achieved.

The following table summarizes the different causalities that were discounted from the value assigned to the significant changes, i.e. those that passed the significance test (see Section 8) and, therefore, were considered in the calculation of the impact (SROI) detailed in the value map (see Annex VIII).

These percentages represented in the table reflect different factors that have influenced the changes listed, including: the value that would have been generated anyway without the intervention (deadweight), the negative effects on other groups (displacement), the

contribution of other people or organizations in generating the change (attribution), and the decrease in value over time based on the estimated duration of the change.

The percentage indicated in the table represents the proportion of the monetized value of the change, expressed as a percentage of the total (100%), which is deducted from the value. The information collected was triangulated with data from similar reports and subjected to a sensitivity analysis (described in Chapter 12) to ensure that the value provided is not over-reported, in compliance with SROI **Principle 5** ***"Do not overestimate results"***. Although the figures are estimates, they primarily reflect the voice of the impacted people and their context, ensuring an informed representation of the impact of the intervention.

Table 36. Percentage of causalities discounting on the value

Group of interest	Change	Dead weight	Displacement	Attribution	Fall
Elderly participants 	*The feeling of loneliness is reduced*	20%	0%	20%	50%
	Increases personal autonomy	20%	0%	20%	50%
	Increased sense of energy and vitality	20%	0%	20%	50%
	The sense of belonging to the local community is strengthened.	18%	0%	18%	40%
	Increases the support network	30%	0%	20%	45%
Family members of elderly participants 	*Improved family relationships*	59%	0%	28%	33%
	Increased sense of tranquility, reducing perceived levels of worry and stress.	59%	0%	28%	50%
	Increased concern and uncertainty about the continuity of the project (-)	59%	20%	0%	60%
Paid personnel	*Increased stress (-)*	13%	50%	20%	70%
	Improved career prospects	32%	10%	40%	50%

Group of interest	Change	Dead weight	Displacement	Attribution	Fall
	*Improved professional development for the ability to respond to the needs of the elderly from community intervention.*	0%	17%	0%	50%
Volunteers 	*Increased personal satisfaction and sense of purpose*	25%	0%	50%	20%
	The sense of belonging to the local community is strengthened.	25%	0%	40%	18%
	Improved development of empathy towards the challenges of aging.	30%	0%	70%	15%
	Improvement of professional skills and competencies from community intervention.	20%	0%	40%	20%
Entities cooperating in the community process 	*Greater autonomy in the management of services dedicated to the support of the elderly through community intervention.*	45%	0%	30%	50%
	Expansion of strategic alliances	46%	0%	40%	50%
	Increased concern and uncertainty about the continuity of the project (-)	30%	20%	0%	50%

Source: Own elaboration.

Note on the drop data reflected in the last column of the table: For understanding concepts such as deadweight, attribution and displacement, all stakeholders were involved. However, for the identification of the impact decay rate, it was chosen not to involve them due to the difficulty these groups faced in understanding the concept of impact decay.

It was decided to apply a different technique exclusively to determine this decay. Significant changes identified by the different stakeholders were assigned a decay rate but, anticipating the complexity that estimating the gradual loss of impact would imply for the participants, the evaluation team limited the consultation process exclusively to the expected duration of the changes.

In the absence of specific data on the rate of decline, a linear approximation method was used. This percentage, used to reflect the gradual decline in impact following the Strengthening Linkages project intervention, was calculated as the inverse of the number of years of estimated impact duration (e.g., 33% for three-year impacts, 25% for four years, etc.). Applied uniformly to all stakeholders, this approach was then subjected to a sensitivity analysis to evaluate different dropout scenarios and validate the robustness of the results.

This approach, applied uniformly to all stakeholders, was subsequently subjected to a sensitivity analysis (see Section 11) to evaluate different downside scenarios and validate the robustness of the results.

9.1 REASONING OF THE CAUSALITY ASSIGNMENT

The following section presents the main findings on the causalities identified in each interest group.

9.1.1 Elderly participants

In the data collection process to identify the causalities of the changes observed in the older people participating in Reforzando Vínculos, generic questions were used instead of

individual questions for each change, due to the difficulty this posed for them. In some cases, barriers to understanding or the complexity of the questions made the process difficult.

The generic questions used were as follows:

- For Deadweight **causality**, the question was asked:
  If you had not participated in the Reforzando Vínculos activities, do you think you would have done other activities that produced the same changes?
- For **Attribution,** it was formulated:
  Throughout this questionnaire, you have identified changes that you attribute to your participation in Reforzando Vínculos. During this time, ***do you believe that any other person, organization or activity of yours has also contributed to these same changes?***
- For **Displacement,** the question was:
  Do you think that the changes in your well-being or discomfort generated by your participation in Reforzando Vínculos may have generated discomfort or some negative effect on other people?

The use of scales was avoided in all the questions, since previous exercises had identified that participants had difficulties in assigning a percentage of causality to be deducted from the value of the change. To facilitate their contribution in an equitable manner, we chose to formulate the questions in an open format, allowing the answers to be freely drafted.

This approach had two key advantages:

1. Greater depth in the qualitative analysis: it allowed understanding the reasoning behind each response on deadweight, attribution and displacement, providing a more detailed context.
2. Quantification of qualitative data: through a methodology that assigned a differential weight to each type of response, it was possible to weight and calculate an average attribution, which was applied as a discount in the final analysis.

To ensure greater rigor in the analysis and recognizing that it was not feasible to produce an exact indication, an analytical methodology designed to accurately incorporate the detailed information provided by the participants regarding attribution was developed.

This approach made it possible to adjust the value assigned to the attribution discount, considering the subjective responses as to who contributed to the observed changes. Through this methodology, we sought to systematically and transparently integrate the perception of the participants, thus ensuring a more balanced and representative analysis.

The analytical methodology was based on:

- *Identify the total number of mentions* participants made about possible contributors to change (deadweight or displacement).
- *Calculate the relative percentage of mentions* from the same group of contributors (*e.g., family, friends, social services or other organizations*).
- *Identify patterns in the repetition of specific contributors*, making it possible to determine in which changes there was greater attributable participation and to whom specifically.

This analysis provided a clear perspective on the degree of attribution to certain groups or situations, allowing the initially calculated percentages to be adjusted more accurately.

Finally, to extract a more solid and representative data, the median was used as a statistical tool to adjust the values. This allowed us to achieve a more balanced and consistent result with the reported perceptions, ensuring a more robust and realistic analysis.

The information collected was triangulated with data from similar reports and subjected to a sensitivity analysis (described in Chapter 11) to ensure that the value provided was not overstated, in compliance with SROI **Principle 5 "*Do not overestimate results*"**.

Although the figures are estimates, they primarily reflect the voice of the people impacted and their context, ensuring an informed representation of the impact of the Reforzando Vínculos intervention.

9.1.1.1 Dead weight

In the case of the elderly participants, dead weight was measured through the quantitative form using the following general question:

"How would you rate, on a scale of 1 to 5, the likelihood that the changes in your well-being you have experienced would have occurred if you had not participated in the Reforzando Vínculos activities?"

A total of 118 seniors evaluated the potential deadweight in relation to all the changes as a whole, as described in the question, reflecting on how much of these changes would have occurred in the same way without the Reforzando Vínculos intervention. This group represents **92.91%** of all respondents, which is evidence that their opinion is representative of the entire group.

All of them determined that, on average, **44.20%** of the improvements experienced would have happened in the same way without the project's intervention. This implies that they attribute 56.80% of the change directly and exclusively to the activities of Reforzando Vínculos.

To delve deeper into each specific change and understand whether Strengthening Linkages would have contributed more to some aspects of well-being than others, focus groups were conducted with **33 people** (out of the total **602 participants**)[119] . During these sessions, the concept was explained in detail, allowing for clarification and ensuring a better understanding.

[119] *This percentage represents 5.48% of the total target population of 602 people and 17.32% of the total number of people who took part in the survey, which was 127.*

Some people mentioned that, without Reforzando Vínculos, they would have gone out with friends, participated in recreational activities or gone on outings. However, the general perception was that these alternatives would not have had the same impact on their well-being.

Below are the deadweight explanations for each change identified, according to the results obtained in the focus groups:

Reduced feelings of loneliness - **Dead weight: 20% - Dead weight: 20%** - *Loneliness is reduced*

Older participants indicated that without Reforzando Vínculos they might have sought companionship with friends or family, or participated in activities such as community outings and workshops. However, they noted that none of these options would have provided them with the same level of connection and emotional support that they found in the intervention.

> ***"I would go for walks alone, but it's not the same as feeling like you're expected and included."***
>
> *Elderly Participant in the Reforzando Vínculos intervention*

Increases personal autonomy - **Dead weight: 20%.**

Some people indicated that they were already trying to be independent in their daily lives and that, in the absence of the intervention, they could have done some things on their own or received support from family members. However, the majority highlighted that Reforzando Vínculos was instrumental in strengthening their confidence and abilities to function with greater autonomy. Consequently, the value of change assigned to Reforzando Vínculos is significantly greater than the deadweight and represents 80% of the total value assigned to the intervention methodology.

> ***"Without the intervention, I would have been left waiting for someone to help me, but here I learned that I can do it."***

Elderly Participant in the Reforzando Vínculos intervention

Increased sense of energy and vitality - **Dead weight: 20%.**

Some people mentioned that they were already in the habit of going for a walk or doing some physical activity occasionally. However, they agreed that Reforzando Vínculos motivated them to maintain a more active routine and to share these experiences with other people, which improved their overall well-being. Therefore, the value of change assigned to Reforzando Vínculos is significantly greater than the deadweight and represents 82% of the total value assigned to the intervention methodology.

> ***"I used to walk, but here they encourage me to keep going and not feel alone doing it."***
>
> *Older Person Participating in the Reforzando Vínculos intervention*

Sense of belonging to the local community is strengthened - **Deadweight: 18%**.

This improvement presents the least deadweight within the group, as most of the participants stated that without Reforzando Vínculos, they would hardly have been integrated in the same way in the community. Although some mentioned that they already attended senior centers or participated in some local activities, they emphasized that the intervention was key to strengthening their sense of belonging and fostering active participation in the community. Consequently, the value of change assigned to Reforzando Vínculos is significantly higher than the deadweight and represents 82% of the total value assigned to the intervention methodology.

Increases the support network - **Dead weight: 30%.**

This change presents the greatest deadweight within the group, given that some people already had previous support networks, such as friends, family or neighbors. However, the majority highlighted that Reforzando Vínculos strengthened and expanded these networks, allowing them to connect with new people and access support they did not have before. Despite this, the value of change assigned to Reforzando Vínculos is significantly higher

than the deadweight and represents 70% of the total value assigned to the intervention methodology.

> ***"I do really well talking to people and making new friends. Interacting with other people helps me not to stay cooped up at home."***
>
> *Older Person Participating in the Reforzando Vínculos intervention*

Conclusion: The data reveal that the deadweight assigned to the improvements experienced by the older participants is relatively low, indicating that most of the changes experienced would not have occurred without having applied the Reforzando Vínculos intervention methodology. While some individuals could have participated in other activities that would have generated similar changes, the testimonies highlight that Reforzando Vínculos was key to the depth and sustainability of these changes.

9.1.1.2 Displacement

A total of 124 seniors evaluated the potential displacement in relation to all changes as a whole. This group represents **97.64%** of all respondents, which is evidence that their opinion is representative of the entire group.

In general, no displacement or negative effects on others were identified as a result of the changes experienced by Reforzando Vínculos participants. During the focus groups, in which **33 people participated**[120] , no participant reported that the changes in their behavior or situation had caused discomfort or adverse consequences on others. In addition, the analysis of the data showed no evidence that the benefits obtained by the participants resulted in the loss of resources or advantages for others.

Conclusion: It is concluded that Reforzando Vínculos does not generate adverse changes in other people, either because of the activities carried out within the intervention or because

[120] *This percentage represents 5.48% of the total target population of 602 people and 17.32% of the total number of people who took part in the survey, which was 127.*

of the changes that the intervention manages to generate in the participants. This is very positive and highlights the effectiveness and safety of the intervention in terms of social impact.

9.1.1.3 Attribution

To measure attribution in the case of the elderly participants, the following general question was included in the quantitative form:
"How would you rate, on a scale of 1 to 5, the likelihood that other people and organizations have contributed to the changes in your well-being discussed above?"

A total of **122 seniors** evaluated possible attribution in relation to all the changes as a whole, as described in the question, reflecting on how much of these changes were generated by other people or other organizations outside the scope of Reforzando Vínculos. This group represents 96.10% of all respondents, which is evidence that their opinion is representative of the entire group.

In a general reflection on how much of the observed change could be attributed to Reforzando Vínculos, as well as to other entities or people within the organization, a scale of 100x100 was used. This result suggests that, in addition to Reforzando Vínculos, there are community alliances and contributors that also contributed significantly to the improvements observed in the same period that were experienced by the participants.

This report suggests that it is a positive indication that participants recognize and value other individuals and organizations in their support network that have contributed to these improvements. This aspect highlights the importance of community collaboration and mutual support within the community, emphasizing the value of an integrated and active support network. Although the specific assessment of the value generated corresponding to Reforzando Vínculos is relatively lower, this situation underscores the significant contribution of other community actors and resources in the change process.

To analyze in detail the attribution in each identified change, the following results obtained from the focus groups and the quantitative evaluation are presented:

Reduced feelings of loneliness - **20% external attribution**

Some people mentioned that they occasionally talked to family or friends or participated in community events sporadically. However, they indicated that Reforzando Vínculos facilitated more stable connections and promoted more frequent interactions, helping them to reduce feelings of isolation more effectively. Consequently, the value of change assigned to Reforzando Vínculos is significantly higher than the attribution and represents 80% of the total value assigned to the intervention methodology.

Increased personal autonomy - **20% of external attribution**

It was identified that some people already performed small tasks independently or received support from family members in certain activities. However, they emphasized that the intervention provided concrete tools to strengthen their confidence and foster greater independence in their daily lives. For this reason, the value of change assigned to Reforzando Vínculos is significantly higher than the attribution and represents 80% of the total value assigned to the intervention methodology.

Increased sense of energy and vitality - **20% external attribution**

Some people indicated that they tried to stay active through walks or individual recreational activities. However, they noted that Reforzando Vínculos introduced additional structure and motivation, which allowed them to maintain a more consistent routine, promoting their physical and emotional well-being. Consequently, the value of change assigned to Reforzando Vínculos is significantly higher than the attribution and represents 80% of the total value assigned to the intervention methodology.

Sense of belonging to the local community is strengthened - **18% of external attribution**

Some people were already involved in cultural associations or municipal events prior to the intervention. However, they noted that Reforzando Vínculos fostered more active and meaningful participation, strengthening their integration into the community in a deeper way.

In light of this, the value of change assigned to Reforzando Vínculos is significantly higher than the attribution and represents 82% of the total value assigned to the intervention methodology.

Increased support network - **20% external attribution**

Although some people already had a previous support network that supported them in meeting other people, however, they mentioned that it was limited or not very active. The intervention expanded their social network by connecting them with new people and strengthening trust in their community, resulting in closer relationships and a greater sense of support. Therefore, the value of change assigned to Reforzando Vínculos is significantly higher than the attribution and represents 80% of the total value assigned to the intervention methodology.

Conclusion: The attribution analysis provides evidence that while some external factors contributed to the changes experienced by the elderly, Reforzando Vínculos played a key role in generating significant improvements in their well-being.

9.1.2 Families of elderly participants

Deadweight represents the portion of the change experienced by this stakeholder group that would have occurred without the intervention of the participants. In the case of the families, it was identified that 59% of the impact on the *improvement of the family relationship* and the *increase in the sense of tranquility, reducing perceived levels of worry and stress* would have occurred as well, since many families had personal strategies or external support networks to face these situations, providing a contribution by Reforzando Vínculos corresponding to 41% of the changes experienced.

In terms of this contribution, although in many cases there was an established basis in the *family relationship,* the participation of the elderly in the intervention had a positive effect on their well-being, which, in turn, had an impact on their family members. This demonstrates that the intervention not only generated changes in the elderly participants, but also had a

significant impact on their immediate environment in ways that would not have occurred if Reforzando Vínculos had not been carried out as reported by the families.

Displacement was identified only in the case of *increased concern about project continuity (-)*, with a 20% negative impact on family well-being. During qualitative interviews, some family members expressed that, although the intervention had provided valuable support and resources, the uncertainty about its sustainability generated additional discomfort, which affected their *sense of peace of mind*.

This discomfort not only affected the family member most directly involved, but was also transmitted to other members of the family nucleus, both cohabitants and non-cohabitants, and even friends and acquaintances, who shared their concern about the future of the care and support received. This underscores the importance of designing strategies to ensure the continuity of the benefits obtained and mitigate possible adverse effects at the end of the intervention.

The **attribution** analysis indicates how much of the change is due to factors external to the intervention. It was determined that 28% of the *improvement in the family relationship* and the *increase in the sense of tranquility, reducing perceived levels of worry and stress* was attributed to other factors, such as support from friends, family or access to other external resources.

However, 72% of the impact is still linked to Reforzando Vínculos, as the intervention worked directly on improving the well-being of the elderly participants, which in turn had a positive effect on their family members. Reduced emotional burden and improved family coexistence were results highlighted in the testimonies collected.

Conclusion: In terms of the causalities analyzed, it is concluded that, although some external factors contributed to the changes experienced by the families, the Strengthening Linkages intervention played a key role in generating significant improvements in their well-being.

The area in which the greatest value discounting has been observed corresponds to the deadweight associated with the improvement of the family climate. This could indicate that families, as a group of interest, have their own strategies for coping with difficulties, resorting to community or personal networks as part of their coping and support mechanisms.

9.1.3 Paid personnel

A group of paid staff, representing 20% of the total population, conducted an assessment of deadweight, attribution and displacement, using a scale from 0 to 100%. On that scale, a value of 0% implied that the entire change was attributable to Reforzando Vínculos, requiring no adjustment for other factors. To strengthen the robustness of the analysis, the data obtained were contrasted with causality assignments in reports of similar projects.

This approach facilitated the collection of individual perceptions, allowing us to quantify and analyze causalities in detail for each change identified in the study. However, the limited number of responses reduces the representativeness of the findings. Even so, the information obtained is valuable in providing a qualitative perspective on the perception of a sample of the stakeholder group with respect to these factors.

To the **deadweight** question, the following wording was used in the quantitative form: ***"In this section, complete the following matrix to indicate the percentage (between 0% and 100%) of change that you believe would have occurred anyway, without having been part of the Strengthening Linkages project".***

The results obtained were as follows:
Stress increase (-): **13% dead weight.**
This indicates that some of the *increased stress* could have occurred anyway, but the remaining 87% is directly associated with the effects of having worked on reforzando vínculos.

Improvements in career prospects: **32% deadweight.**

This suggests that a significant part of the change could have occurred without the intervention, possibly due to external factors such as self-initiated training, accumulated experience or personal career development initiatives. However, for a high percentage (68%), this change would not have occurred in the same way without participation in Strengthening Linkages, highlighting the contribution in generating this impact.

Improved professional development for the capacity to respond to the needs of the elderly from the community intervention: **0% deadweight.**
This implies that all the change experienced in this dimension is attributed to Reforzando Vínculos, with no influence from other external factors.

In addition to the reported data, the analysis was complemented with qualitative interviews, in which paid staff provided additional information on their experience and perception of the impact of the intervention on their professional development and workload.

Regarding the **displacement of changes**, it was identified that the *reported increase in stress (-)* had a significant impact on the work team. The increased workload and internal tensions caused a redistribution of responsibilities among colleagues, affecting the coordination of resources and efficiency in the management of daily work. For this reason, a displacement of 50% was assigned, reflecting that the negative impact also affected stakeholders that have not been considered in this report.

Furthermore, the *impact of stress* was not limited to the professional sphere but also affected the personal and family well-being of paid staff. Some people reported that their *stress* level affected their close networks, reducing their emotional availability and making it difficult to disconnect from the work environment.

In terms of **attribution** of change, paid staff identified a number of external factors that influenced both their professional development and well-being. However, the degree of attribution varied according to the type of change analyzed, reflecting the interaction between the intervention and other external elements in the team's professional experience.

The data collected show that:

The *increase in stress (-)* was **20% externally attributed**, indicating that part of this negative impact was influenced by factors outside the intervention, such as the usual workload or external demands related to their professional role. However, the remaining 80% suggests that the dynamics of Reforzando Vínculos itself was a key element in the perception of *stress* within the team.

Improvements in career prospects had **40% external attribution**, indicating that other elements such as previous training, external opportunities or each person's own professional development contributed greatly to this change. Even so, 60% of attribution to Reforzando Vínculos reflects that the intervention provided key tools and learning to strengthen their career paths.

The *improvement in professional development to respond to the needs of older people from the community intervention* had **0% external attribution**, meaning that this change was entirely attributable to Reforzando Vínculos. This suggests that the intervention played a determining role in enabling the team to address the needs of older people within the community approach.

Conclusion: These results show that, although there were external factors that influenced the professional development and well-being of paid staff, the work carried out at Reforzando Vínculos played a significant role in most of the changes identified, both positive and negative.

9.1.4 Volunteers

A group of **six volunteers, representing 4.37%** of the total population[121] , conducted an assessment of deadweight, attribution and displacement, using a scale from 0 to 100%. On that scale, a value of 0% implied that the entire change was attributable to Reforzando

[121] *A total of 174 volunteers participated in the project.*

Vínculos, requiring no adjustment for other factors. To strengthen the robustness of the analysis, the data obtained were contrasted with causality assignments in reports of similar projects.

This approach facilitated the collection of individual perceptions, allowing us to quantify and analyze causalities in detail for each change identified in the study. However, the limited number of responses reduces the representativeness of the findings. Even so, the information obtained is valuable in providing a qualitative perspective on the perception of a sample of the stakeholder group with respect to these factors.

In terms of **deadweight**, the data reflect that some of the change experienced by the volunteers could have occurred even without the Strengthening Linkages intervention. *Increased personal satisfaction and sense of purpose* and *strengthened sense of belonging to the local community* were identified as having a **25% deadweight**, indicating that some volunteers were already involved in other previous activities that provided them with a sense of purpose and connection to their environment due to their own life experience.

However, 75% of the change is directly attributed to the intervention, as Reforzando Vínculos introduced a specific focus on community work with the elderly, which was a novel experience for many volunteers.

On the other hand, the *development of empathy towards the challenges of aging* showed a **deadweight of 30%,** mainly because some people already had previous experience caring for older people in their environment and would have experienced the change through another activity if not this one, thus assigning a 70% contribution of value to Reforzando Vínculos.

Finally, the *improvement of professional skills and competencies from the community intervention* presented a **20% deadweight**, due to the fact that some volunteers already had transferable skills acquired in previous volunteering experiences or in their professional career, which implies a contribution of 80% of the value to *Reforzando Vínculos.*

In relation to **displacement**, no negative effects were identified in terms of substitution of other changes or impacts on other groups. In all the changes analyzed, the percentage of displacement was 0%, indicating that the positive effects *of* Reforzando Vínculos did not detract from other initiatives or learning processes that the volunteers could have experienced by other means. This suggests that the intervention generated a complementary and not exclusive impact with respect to previous or parallel volunteer activities in which some people were already participating.

In terms of **attribution**, it was found that between **40% and 70%** of the changes identified may have been influenced by factors external to Reforzando Vínculos. In particular, the *development of empathy towards the challenges of aging* presented the highest external attribution (70%), reflecting that many volunteers already had previous sensitivity or knowledge on the topic, acquired through personal experiences, family or other volunteer activities that contributed to foster this change.

On the other hand, the *strengthening of the sense of belonging to the local community* and the *improvement of professional skills and competencies from the community intervention* presented **40% of external attribution**, which indicates that other spaces of participation or training could also have contributed to these changes.

Finally, the *increase in personal satisfaction and sense of purpose* had **50% external attribution**, reflecting that other factors, such as personal motivations or support from pre-existing social networks, also played a role in the volunteers' experience.

Conclusion: It is concluded that the high external attribution assigned to the different changes (ranging between 40% and 70%) could be linked to the very nature of the volunteers' role. Given that their participation in volunteering activities involves moving into environments where these changes may arise naturally (outside the scope of Refozando Vínculos), this influences the deadweight rating and external attribution. In this sense, it suggests that some changes could have occurred just as well without the project's

intervention. However, the particularities of Reforzando Vínculos have resulted in a relatively high contribution to the project (discounted deadweight). This could be based on the fact that they valued that the project not only strengthened and structured these changes, but also generated a differentiated framework, which explains why the deadweight attributed to external factors is lower compared to the attribution assigned to external agents.

9.1.5 Entities cooperating in the community process

The report collected subjective evaluations from representatives of **six organizations, representing 4.34%** of the population studied, on deadweight, attribution and displacement. A scale of 0 to 10 was used, where a value of **0** indicated that the entire change was attributable to Reforzando Vínculos, without the need to discount for external factors.

The analysis was based on these responses, reflecting the organizations' perception of how much of the organizational change would have occurred anyway without their participation in the project, whether displacement could have occurred, or whether other organizations or individuals would have contributed to the organizational changes, apart from the impact of Reforzando Vínculos.

The **deadweight** question did not ask respondents to specify details, so the data collected only reflect the average values associated with each change within this group. The deadweight assigned ranges from **30%** to **45%,** indicating that a moderate portion of the organizational changes could have occurred anyway. However, these results also suggest that a large proportion of the impact would not have occurred without the presence of Reforzando Vínculos, highlighting its contribution in generating significant transformations.

In terms of displacement, the representatives highlighted that the collaboration with Reforzando Vínculos generated *an estimated 20% displacement* in relation to the *increased concern and uncertainty about the continuity of the project (-)*. In their responses, they expressed concern about the possibility that, in the absence of the intervention, there would be no initiative to meet the socialization and welfare needs of the elderly, which could lead to

a greater demand for support from other community entities.
They also expressed concern about the fate of users who had been successfully activated through the program, should Reforzando Vínculos cease to operate in the territory. This could result in increased pressure on public services and local associations. In addition, they noted that the community in general could experience a negative impact on its social cohesion, losing a key space for intergenerational integration and active participation of the elderly.

In terms of **attribution**, the representatives identified other similar programs as the main external contributors, assigning them a contribution to the changes of between 30% and 40%. In addition, they mentioned factors such as participation in community roundtables and platforms of pre-existing entities, each organization's own structure and value, as well as networking independent of the Reforzando Vínculos intervention, as examples of attributions to external actors that have also influenced the observed changes.

In particular, some organizations highlighted that they already had a consolidated trajectory in the territory and established inter-institutional coordination mechanisms, suggesting that part of the impact achieved could have occurred to some extent without the intervention of Reforzando Vínculos and/or they were also being impacted by these other collaborations.

Conclusion: Although the presence of dead weight and external attribution has been identified, it is recognized that Reforzando Vínculos has had a significant contribution to the changes observed, with an estimated impact **between 45% and 70%.** This is evidence that the project has left a tangible footprint in the territories and in community work, strengthening integration and local development.

> ***"Reforzando Vínculos has allowed us to strengthen our work on values and enhance collaboration with other organizations."***
>
> *Person representing one of the Cooperating Entities in the Community Process*

In addition, these findings provide valuable information for decision making by highlighting the role of other community actors who have contributed to change. Identifying these contributors can open up opportunities for strategic partnerships, enhancing impact through networking and inter-agency collaboration.

10. FUTURE VALUES

This section presents hypotheses about values that materialize in the future that, due to the lack of evidence, have not been incorporated in the calculation of the social value of this report. However, given their potential impact on decision making, they are presented here as elements to be considered.

10.1 NON-CAPITALIZED COMMUNITY IMPACT VALUES

Although this report documents progress in collaboration with entities that cooperate in the community process and in strengthening support networks for the elderly, **it has not been possible to include in the monetization of social value those impacts that, due to their nature, could manifest themselves in the future**

As mentioned in Section 4.4.6, Reforzando Vínculos has strengthened the community fabric around the care of the elderly, achieving the **cooperation of 26% of local entities and agents**. However, at the time of data collection, not enough time had elapsed for the entities themselves to be able to clearly identify how these actions had materialized, beyond what has already been described and monetized in the aforementioned section.

It is hypothesized that some effects, both positive and negative, that could not be evidenced within the evaluated period and, therefore, cannot be considered in the estimation of the current social value, **could materialize in the medium or long term, which would imply a possible variation in its value in the future.**

The main objective of the Reforzando Vínculos project has been to contribute to the reduction of the risk of institutionalization of the elderly, promoting their autonomy and social integration through the consolidation of community support networks and the development of activities that strengthen their emotional, physical and social well-being. To achieve this, we have worked on the activation, training and coordination of resources in community environments, in order to strengthen local structures that can be sustained beyond the intervention.

The data collected[122] shows significant progress in the community processes developed in the 9 intervention points, reflected in indicators such as:

4 entities involved in cooperation activities and permanent networks.

2 actions within the framework of cooperation and specific networks.

7 actions related to the provision of resources and services, improving access to support for the elderly participants.

2 key **events** that contributed to the dissemination of the community approach.

However, it has not been possible to determine whether these dynamics will materialize in medium and long-term actions, nor to what extent the community will maintain the knowledge acquired in them and the capacity to carry out the actions implemented autonomously.

The effects experienced as a result of these and other activities, as reported by the entities, are centered on the *expansion of strategic alliances* generated by Reforzando Vínculos and the *strengthening of the organizations' commitment to the community* (described in Section 4.4.6). However, the magnitude of perceived change, i.e., how much has changed and how deep is the impact, has been rated as low, **ranging from 1.57 to 2.33 on a scale of 10.** This suggests that, while there have been changes in the entities collaborating with Reforzando Vínculos within the community process, their impact is not highly significant compared to other assigned values. Furthermore, these effects seem to focus more on concrete facts

[122] *Data reported by the Red Cross in internal documentation.*

(such as the expansion of the network) and a sense of commitment (attitude), rather than generating a substantial change in habits, circumstances or actions within the organizations.

In addition, the organizations themselves assign a low durability to the changes experienced, estimating that they could be sustained for only one to two years without the support of Reforzando Vínculos. This suggests a limited sustainability of the organizational changes achieved. However, according to project records, in five municipalities the Public Administration has decided to continue financing the initiative once the intervention phase is over. These municipalities are: Llinars del Vallès (Barcelona), Burlada, Cascante and Tudela (Navarra), and El Rosario (Tenerife). Therefore, it is understood from this data that a long-term impact could be generated if funding is maintained over time. However, this report has not been able to evidence durability since the evaluation time does not include evaluation outside of the project timeframe.

On the contrary, the organizations assign a high value to having experienced these changes, which shows that they perceive the transformation as very important. The relevance assigned to these changes is **between 7.21 and 8.00 on a scale of 10**, which indicates that, although the depth (magnitude) of the effects has not been high, the process of change has been very significant for the collaborating organizations.

These results show a beginning in the creation of structures, the expansion of knowledge and greater commitment. However, according to the data analyzed, these advances have not necessarily translated into concrete or sustainable long-term actions. This suggests that the "real" value of the impact could manifest itself in the future, beyond the period evaluated, which precludes its incorporation into the social value accounting of this report. Nevertheless, this report intends with this analysis to highlight the hypothesis that there is a possible positive value not captured in the current data, which should be considered in future evaluations and decision making that will be made on the data presented in this report.

On the other hand, with regard to future effects from the perspective of negative or non-durable impacts, the data collected suggest certain indications of greater autonomy in

the management of support services for the elderly and the expansion of strategic alliances on the part of the entities cooperating in the community process. However, this effect, closer to a transformation in community action, has only been experienced by a small number of organizations (see Section 6.1.1.1). This indicates that it could be an impact that will materialize in the medium or long term in other entities or that it has been a one-off phenomenon for those that reported it, a fact that cannot be specified in the future since the evaluation is limited to the past.

Despite these advances, the organizations themselves estimate that these changes have a limited duration of approximately two years. This raises two possible interpretations: either their future autonomy would no longer be attributable to Reforzando Vínculos, or they will require additional support to consolidate their management capacity independently.

A key finding in the evaluation is the high level of concern about the continuity of the project and the *collaboration*, with a depth (magnitude of change) of **negative effect** of **7.17 out of 10,** standing out above other identified changes. Also, there was a high rating (**7.5 out of 10**) on the importance of being able to mitigate this uncertainty, if it had been avoided. However, this effect has a very low durability, since the concern disappears after the end of Strengthening Linkages.

> ***"The impact of the program in the community has been significant. If it ends, it will be necessary to look for new alternatives to sustain the work done so far and avoid losing the progress achieved."***
>
> *Person representing one of the Cooperating Entities in the Community Process*

This analysis could suggest that many agents cooperating in the community process do not yet feel prepared to assume the leadership of community actions without the support of the Red Cross. This perception could represent an obstacle to the sustainability of future interventions, hindering the transition towards real autonomy in the management of community support for the elderly.

Overall, and based on the results summarized above, this section reflects on the possible existence that the effects of Reforzando Vínculos may generate a positive or negative impact in the medium to long term. However, since these changes have not yet materialized, they cannot be addressed in this evaluation. Therefore, only the social value generated in the short term, corresponding to the positive and negative effects identified during the evaluation period, has been considered.

10.2 NON-CAPITALIZED VALUES OF THE DIGITAL IMPACT

While this report documents progress in the incorporation of digital tools in the intervention, which is evidenced by these two results:

- **68.44%** of older people participating in the project used digital tools to cope with their vulnerability factors.
- **46%** of users used the multi-video tool and/or voice assistants on a weekly basis.

It has not been possible to include in the monetization of social value those impacts that, due to their nature, could be manifested in the future as a result of the use of these tools. It is hypothesized that some effects, both positive and negative, that could not be evidenced within the period evaluated and, therefore, cannot be considered in the estimation of the current social value, could materialize in the medium or long term, which would imply a possible variation in their value in the future.

> ***"Now every night I see my almost two-year-old grandson through Alexa, because I'm visually impaired and can't use modern cell phones. That makes me feel more content and happy."***
>
> *Older Person Participating in the Reforzando Vínculos intervention*

Within the framework of the Reforzando Vínculos intervention, it was hypothesized that the incorporation of technological tools could generate social value and contribute to the fulfillment of the project's objective. Therefore, throughout the intervention, various digital initiatives were implemented, such as advanced telecare, voice assistants and a multi-video

system, with the purpose of strengthening the autonomy and well-being of the elderly, facilitating their access to information and reducing their vulnerability.

However, the social value potentially generated through the use of these tools could not be evidenced within the period evaluated. This is due to the lack of data to determine to what degree these solutions have transformed the lives of the participants, since, although it was mentioned in the study that they had an effect on several of the relevant impacts (see Section 6.1.1.1), it has not been possible to identify the social value of the use of the technology itself versus if it had not been incorporated into the intervention, Therefore, it is reported that there could be future value related to the activities of Reforzando Vínculos that cannot be monetized because it is in a temporality (in the future), which does not address this impact measurement and because it has been identified as a precondition for other changes of greater value for the participants.

> ***"I live in Vallirana, I work in Barcelona and my mother, who has Alzheimer's, is between my house and hers in Cornellá. Being able to see me by video call gives her peace of mind, and she has gained in autonomy. In addition, she has learned to use Alexa and asks to play songs from her time, which gives her a lot of joy. I think it's a great initiative."***
>
> *Older Person Participating in the Reforzando Vínculos intervention*

Therefore, given that some effects may take time to materialize, a follow-up evaluation is needed to analyze whether the digital tools continue to be used after the intervention, to contrast with participants who have not used them, to see if they have managed to consolidate as a sustainable resource for the autonomy and well-being of the elderly in the medium to long term.

10.3 NON-CAPITALIZED VALUES OF THE IMPACT ON THE HEALTHCARE SYSTEM

This study has not been able to demonstrate that the Reforzando Vínculos intervention has generated a direct and significant impact on the operational burden of public administrations. The data analyzed in this report do not show a substantial reduction in the use of public services attributable to the intervention.

Although in the qualitative interviews some people mentioned a *decrease in their visits to the medical service*, this change was discarded for not passing the relevance test, as detailed in Section 6.1.1.1 Although **44.09%** of the people surveyed (**56 out of 127**) said they identified with this reduction, they did not consider it sufficiently relevant, in relation to the changes experienced of greater social value.

The SROI methodology used in this analysis focuses on the social value and welfare of the people involved, without systematically integrating economic values that may be generated for a specific stakeholder group, such as the public administration. Unlike methodologies such as cost-benefit analysis, which directly evaluate savings or financial returns, the SROI approach prioritizes the understanding of the value represented by the welfare generated.

However, due to the nature of the study, a specific analysis was conducted to identify whether the intervention had reduced the use of certain social or health services. The objective was to determine whether there was a decrease in attendance or in the need for these services, which could have implied an impact on the operational burden of the public administration.

Initially, during the stakeholder mapping phase, social services were considered as a potentially impacted group. However, upon further analysis, they were discarded as it was anticipated that the impact would not be significant. The data collected across all stakeholder groups supports this decision: although some participants mentioned a one-off reduction in their medical visits, the scale of this change was not sufficient to claim that the intervention had generated a tangible impact on the public health system.

For this reason, the present study rules out the possibility that Reforzando Vínculos has had a significant impact on public administration in the short term. However, this does not mean that such impact may not manifest itself in the medium or long term, since the evaluation is limited to the period of project implementation. Consequently, the public administration is not considered an impacted stakeholder within this assessment, and no value has been assigned to this hypothetical impact in the SROI calculation.

In addition to the possible future impacts on the health system, the project also highlights a potential social value derived from the improvement in socio-health care coordination, especially in terms of case management of people at the municipal level. This type of coordination, strengthened throughout the project, and evidenced by the number of coordination sessions with socio-health entities, could in the future contribute to a reduction in management costs or to an improvement in the quality of the services offered.

As with other identified effects, this possible impact could not be monetized in the framework of this evaluation due to the short period analyzed. However, it is considered that the coordination established with community entities during the development of the project could generate social value in the medium or long term.

In this line, it is worth highlighting a possible impact not yet evidenced but aligned with the objectives of the project: the mobilization and empowerment of communities to promote changes in the environments that respond to emerging needs in the medium to long term. In the current context, many actions promoted by public administrations rely on citizen consultation processes without necessarily transferring decision-making capacity. However, the form of community intervention promoted by Reforzando Vínculos seeks precisely to strengthen the role of the community in the identification and implementation of solutions. Therefore, although this evaluation has not been able to measure this effect, it is considered that one of the possible long-term impacts of the project could be a transformation in the origin and mobilization of changes within the communities, promoting a more active and co-responsible citizenship.

10.4 VALUES NOT CAPITALIZED IN PUBLIC POLICIES

One of the project's objectives was to *contribute to the development of public policies aimed at modernizing social services and promoting community and personalized support services*[123] . The project identified a contribution to a total of **46 regulations: 8 at the national level, 11 at the autonomous community level, 1 at the provincial level and 26 at the municipal level**. By type of regulation, **8 were legislative, 24 were strategic and 14 were operational**. However, during the evaluation period it has not been possible to demonstrate that this contribution has materialized concretely, due to the short time frame considered in this report.

Although a contribution to these regulations has been documented, it has not been possible to assess the depth, the degree of permanence or the causal elements directly influencing these changes. Although it has not been possible to monetize this potential effect, it is estimated that it could generate an added value in the medium or long term, so it is suggested to evaluate to understand the possible future impact associated with the project, and to detect social value that would have been generated in the people affected by this change.

10.5 INFLATION

To calculate the Total Present Value per year, the values in different periods must be adjusted to be comparable through a process called discounting, which considers the "time value of money" according to the guide .[124]

The general inflation in Spain in 2023 of 3.1% was used to apply the discount corresponding to the total present value per year, as it was considered the most appropriate,

[123] Red Cross - *Logical framework of the Reforzando Vínculos project* - Red Cross. GC3. Contribution to the development of public policies on the modernization of social services and the development of community and personalized support services.
[124] Nicholls, J., Lawlor, E., Neitzert, E., & Goodspeed, T. (2012). *Guide to Social Return on Investment (SROI): Translation and adaptation into Spanish of "A Guide to Social Return on Investment"*. Published by The Cabinet Office and translated by Grupo Civis (page 67).

given that several of the indicators and proxies used in the valuations were based on the "revealed preference" valuation technique .[125]

11. CALCULATION OF SOCIAL RETURN ON INVESTMENT (SROI)

The **calculation of the Social Return on Investment (SROI)**[126] evidences a remarkable impact on the generation of social value. To reflect the different levels of statistical rigor of the data collected, the result It is essential to understand the composition of each ratio to correctly interpret the results and resolve any apparent contradictions, especially with regard to the contribution of volunteering.is presented in a range with two differentiated ratios: one conservative and the other inclusive.

For every ***€1*** *invested, social value is generated between* ***€3.43 and €3.89.***

To correctly interpret the SROI range, it is essential to understand the composition of each ratio and to resolve the apparent contradiction about how the group of **Volunteers** is included. The key lies in differentiating their contribution as an **invested resource (*input*)** from the **changes (*outcomes*) they themselves experience**.

Conservative Ratio (3.43€[127] **):** This ratio is calculated with the utmost statistical rigor, prioritizing the reliability of the data for decision-making with minimum risk.

[125] Valencia Plaza (2024). *Spain's final CPI figure for 2023: 3.1%*. Retrieved from https://valenciaplaza.com/dato-definitivo-ipc-espana-2023
[126] Schalock, R. L., & Verdugo, M. Á. (2002). *Calidad de vida: Manual para profesionales de la educación, salud y servicios sociales*. Alianza Editorial. https://dialnet.unirioja.es/servlet/libro?codigo=98116
[127] *This ratio takes into account a statistical sample error ratio of 7.73% in elderly participants, which is an acceptable ratio for the reliability of the research data. It also has a statistically correct sample for the "paid staff" group. These values exceed the acceptable range for an extrapolation of data, which is usually recommended to be below 7%.*

Numerator (social value generated): Includes only the value of the changes (*outcomes*) of stakeholders with a **statistically representative sample**, mainly Elderly Participants and Paid Staff.

Denominator (Total investment): Includes **all** resources (*inputs*) required for the intervention, amounting to **€1,837,806**. This includes external funding and, crucially, **the monetized value of the contribution of volunteers' time**, which is an indispensable resource for the project.

Therefore, the contribution of volunteers as a resource **is included** in the calculation of this conservative ratio. The value generated (NPV) for this scenario amounts to **€4,473,747** and represents the validated voice of **616 people**.

Inclusive ratio with moderate risk (€3.89[128]): This ratio offers a more complete view of the value created, being transparent about the statistical risk assumed.

Numerator (social value generated): We start from the value of the conservative ratio and **add the value of the changes (*outcomes*) experienced by the group of Volunteers**.

- **Denominator (total investment):** The investment is identical to that of the conservative ratio (€1,837,806), since the contribution of the volunteers as *input* was already correctly accounted for.

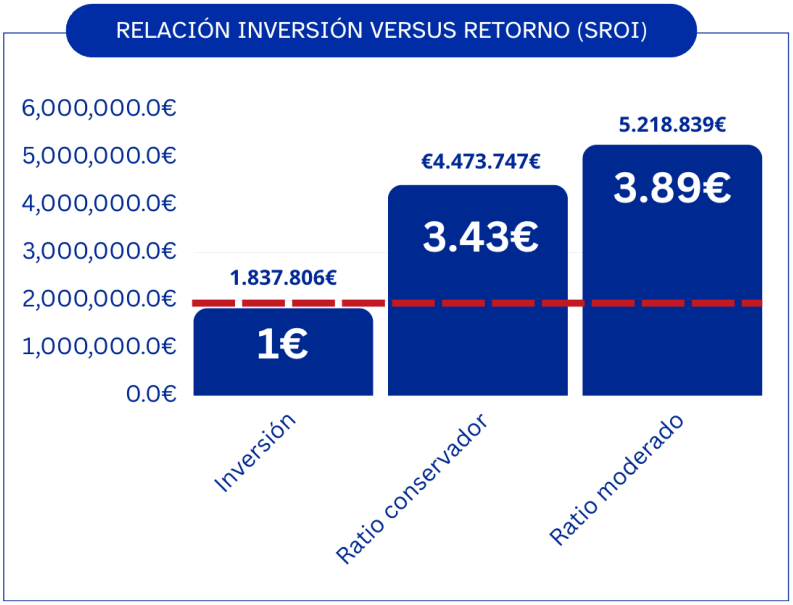
The reason why the changes (*outcomes*) of volunteering are presented in this separate ratio is the representativeness of its sample. This group did not reach the optimal threshold, presenting a **margin of error of 12.54%**[129] . Therefore, in application of **Principle 5 ("Do Not Overestimate Value"),** their *outcomes* are added in this "inclusive" ratio, recognizing their important value but being transparent about the moderate risk involved in their

[128] *Margin of sampling error of 7.73% in the elderly, within an acceptable range. The sample of paid staff is statistically valid. However, the group of volunteers has a margin of error of 12.54%, which increases the risk that it does not accurately represent their reality.*
[129] *In social research it is common to work with margins of error ranging from 5% to 10%. For example, establishing a margin of error of 10% implies accepting that, for every 100 cases studied, the results may vary by 10% above or below the estimated value. Formación Gerencial (n.d.). Market research process: sample calculation, error and affinity. Retrieved [date accessed], from https://blog.formaciongerencial.com/proceso-de-investigacion-de-mercados-calculo-muestral-error-y-afinidad/.*

extrapolation. With this addition, the value generated (NPV) amounts to **€5,316,095** and represents the voice of **759 people**.

In short, the apparent contradiction is resolved: the statement that volunteers are included in the highest ratio refers exclusively to the **changes (outcomes)** that they themselves experience. Their contribution as a **resource (input),** on the other hand, is a fundamental part of the total cost of the intervention and is therefore correctly included in the denominator of both ratios. This methodological distinction guarantees the transparency of the calculation and meets the rigor required by the SROI methodology.

Figure 127. Comparison between investment and social return ratios



Source: Prepared by the authors.

High risk ratio (3.86): In a hypothetical scenario in which the data from this evaluation could have been extrapolated to cover the entire population studied (thus also including the 167 families and the 137 community organizations with which we collaborated), the ratio would have reached **3.86**, indicating that **for every 1€ invested, a social value of 3.86€ would be generated**. However, this report does not consider this ratio, as it does not accurately reflect

the voice of all stakeholders due to the lack of a representative sample in the groups of families and community agents.[130]

The use of this ratio in decision making could carry significant risks: it could underestimate unidentified negative impacts or leave out positive impacts that would have increased social value. Therefore, this ratio is not considered adequate or reliable for its application, but it serves as a guide to motivate a more complete data collection in subsequent editions of the intervention.

11.1 DISTRIBUTION OF SOCIAL VALUE BY GROUP

A closer look at the distribution of this impact shows that the stakeholders that receive the greatest benefit are those directly involved in the activities of Reforzando Vínculos. In particular, **91.20%**[131] of the total social value generated is concentrated in the participants. This data underlines the relevance of the intervention to optimize future editions of Reforzando Vínculos.

In second place, **volunteering** represents **7.21%** of the total value, highlighting both their support to the community and the positive impact they experience on a personal level.

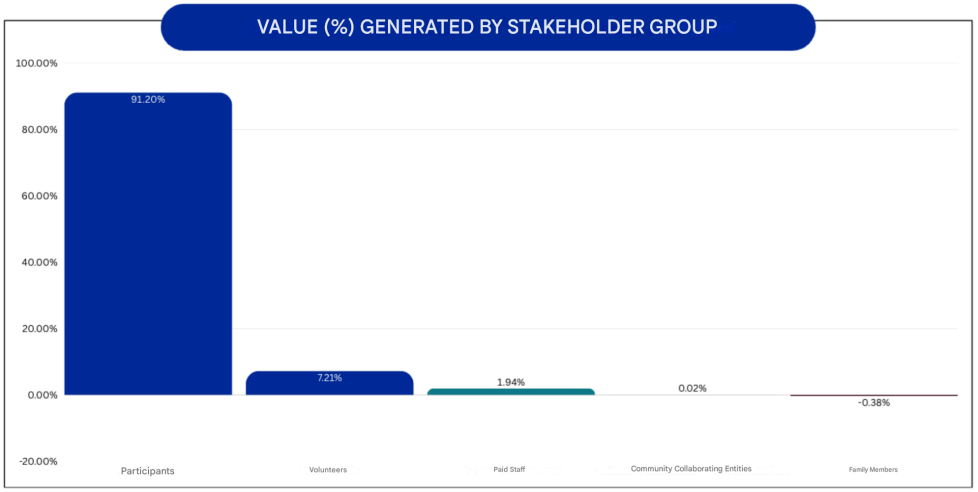
They are followed by **paid staff** who report a lower positive impact, for whom only **1.94%** of the total value is attributed. This suggests that while their role is critical in the implementation of the intervention, the perceived benefits are smaller compared to other stakeholders. In addition, the value reported by this group is negatively affected by certain adverse impacts, which reduces their net contribution.

On the other hand, **family members** generate **0.38%** of the total value, which reflects their role in the dynamics of support and their emotional well-being.

[130] *A statistical sample error ratio of 16.59% in family members and 24.91% in community entities is presented. These values exceed the acceptable range for an extrapolation of data, which is usually recommended to be below 7%.*
[131] *As mentioned in the ratio bands, not all groups met the representativeness threshold. Therefore, the ratio estimated in the case that all individuals would have been uniformly impacted is presented here to represent the relationship between the interest groups.*

Finally, for the **community's collaborating entities**, a social value of **0.02%** is generated, which indicates a marginal contribution within the distribution of the social value generated.

Figure 128. Social value by stakeholder group



Source: Own elaboration.

11.2 THE MOST IMPORTANT IMPACTS

The following table shows the proportion of social value generated, distributed among the different stakeholders, in order from highest to lowest value. It also indicates the total number of people in each stakeholder group for whom this social value has been generated.

In this comparison, it is important to bear in mind that the data correspond to the extrapolation of the sample, under the assumption that all the people would have responded in a similar way to those who provided the data, in order to be able to appreciate the relationship of value generated between the groups.

Table 37. Changes ordered from highest to lowest value

Stakeholders	Improves the intra-family relationship	# of people in the group	Proportion[132] of value generated (%)
Participants - Senior Citizens	*The feeling of loneliness is reduced*	423	24.34%
Participants - Senior Citizens	*The sense of belonging to the local community is strengthened.*	423	11.28%
Participants - Senior Citizens	*Increases the support network*	428	13.05%
Participants - Senior Citizens	*Increased sense of energy and vitality*	409	24.06%
Participants - Senior Citizens	*Increases personal autonomy*	371	18.47%
Volunteering	*Improved development of empathy towards the challenges of aging.*	125	0.57%
Volunteering	*Improvement of professional skills and competencies from community intervention.*	101	0.55%
Volunteering	*Increased personal satisfaction and sense of purpose*	122	-1.50%
Volunteering	*The sense of belonging to the local community is strengthened.*	112	-0.03%
Family members	*Increased concern and uncertainty about the continuity of the project (-)*	139	0.77%
Family members	*Increased sense of tranquility, reducing perceived levels of worry and stress.*	122	1.21%
Family members	*Improves family relationships*	82	1.74%
Entities cooperating in the community process	*Increased concern and uncertainty about the continuity of the project (-)*	25	1.48%
Entities cooperating in the community process	*Expansion of strategic alliances*	83	2.16%

[132] *In this calculation, the social value has been extrapolated for all stakeholders, based on the number of people indicated. It is important to note that, as mentioned in the ratio ranges, not all groups met the representativeness threshold. Therefore, the estimated proportion in the case that all individuals would have been uniformly impacted is presented here.*

Stakeholders	Improves the intra-family relationship	# of people in the group	Proportion[132] of value generated (%)
Entities cooperating in the community process	*Greater autonomy in the management of services dedicated to the support of the elderly through community intervention.*	25	1.83%
Paid personnel	*Improved professional development for the ability to respond to the needs of the elderly from community intervention.*	11	0.12%
Paid personnel	*Improved career prospects*	14	0.06%
Paid personnel	*Increased stress (-)*	7	-0.16%

Source: Own elaboration.

The following section highlights the monetized value of each stakeholder group, applied to the conservative ratio of 3.43, in order to highlight values that have been evidenced by a representative sample (as opposed to the previous table), and in order to highlight the monetized value of each of the changes evidenced. The impact generated in relation to the *reduction of the feeling of loneliness*, the *strengthening of the sense of belonging to the local community*, *the increase of the support network*, the *personal autonomy* and the *improvement in the feeling of energy and vitality* corresponding to the group of elderly people (participants), reaches a total in social value of **5,769,237€.** In a conservative scenario, of the ratio 3.43 corresponds to **91.20%,** and evidences that the value of Reforzando Vínculos is directly aligned with activities that support the improvement of emotional well-being, autonomy and social integration of this group.

Beyond the changes in older people, the following impacts with greater weight in the valuation are found in the **volunteering** group, with the *improvement in the development of empathy towards the challenges of aging* (**0.57%, 136,715€**), the *improvement of professional skills and competencies from the community intervention* (**1.83%, 115,937€**), the *increase in personal satisfaction and sense of purpose* (**1.74%, 110,015€**) and the *strengthening of the sense of belonging to the community* (**1.48%, 93,607€**). This set of transformations places value on the volunteer experience not only in terms of its impact on

the community, but also as a driver of personal development for those who participate in the intervention. It should be noted that these values correspond to the value evidenced, without extrapolating the data to the whole group.

As for **family members**, the most relevant changes include the *improvement in the family relationship* (**0.57%, €35,767**) and the *increase in the feeling of tranquility, reducing perceived levels of worry and stress* (**0.55%, €35,093**). These results reflect the importance of the family environment in the well-being of the elderly and the emotional stability of their relatives. It should be noted that these values correspond to the value evidenced, without extrapolating the data to the whole group.

On the other hand, changes in the **community** group present a lower contribution to the total value, with the *increased autonomy in the management of community services* **(0.12%, €7450**) and the *expansion of strategic alliances* (**0.06%, €3,619**). This suggests that, although these changes are relevant to the sustainability of the methodology, their monetized impact is lower compared to those focused on people's direct well-being. It should be noted that these values correspond to the value evidenced, without extrapolating the data to the whole group.

In the case of the group of **paid staff**, the *improvement in professional development for the capacity to respond to the needs of the elderly from the community intervention* (**1.21%, 76,470€**) and the *improvements in career prospects* (**0.77%, 4,508€**) represent a smaller portion of the total value, indicating that, although their role in the implementation of the intervention is fundamental, the monetized impact of these changes is smaller. The above values correspond to the representative sample of this stakeholder group.

In addition, there is a notable difference in the economic valuation between the different changes, with the most important impacts exceeding 1.5 million euros, while some of the least valued changes barely reach a few thousand euros. This disparity reflects not only the intensity and relevance of the different impacts within the intervention, but also the

perception of the social value generated depending on the stakeholder and the magnitude of the changes experienced.

Finally, the **negative impacts identified**, although representing a smaller fraction of the total value, are concentrated in *increased concern and uncertainty about the continuity of the intervention*, both in the **community (0.16%, €9,815)** and in **family members (-1.50%, €94,797)**, as well as in *increased stress* in **the paid staff (-0.03%, €1,978)**.

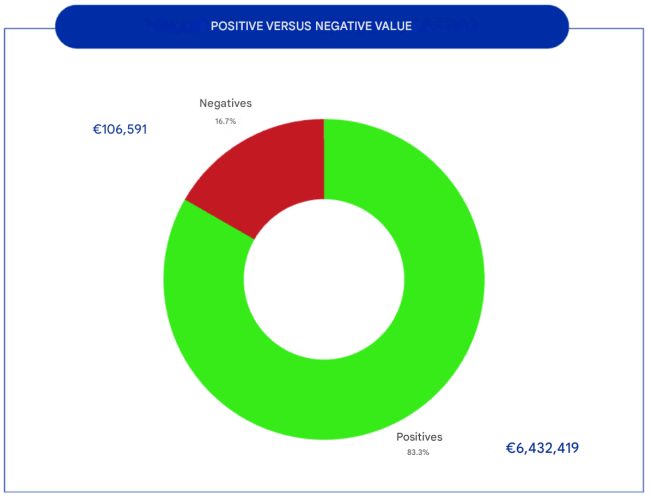
Overall, this analysis of the *ranking* of changes shows that the most valued impacts are directly related to the reduction of loneliness, community connection and reinforcement of social support in older people, followed by the emotional well-being of family members and personal development in volunteering, while changes in paid staff and community have a lower representation in the overall assessment of the intervention.

11.3 NEGATIVE VERSUS POSITIVE IMPACTS

In terms of the total number of changes, **83.3% (€6,432,419)** correspond to positive impacts, while **16.7% (€106,591)** represent negative impacts, mainly linked to concerns about the continuity of the intervention and the perception of organizational changes in the collaborating entities. The negative impacts identified include:

- *Increased stress* in the group of paid staff (**1,978**).
- *Increased concern and uncertainty about the continuity of the project* in the group of family members (**'94,797**).
- *Increased concern and uncertainty about the continuity of the intervention* in the community (**'9,815**).

Figure 129. Positive versus negative value of impact



Source: Own elaboration.

Although these negative changes reflect certain challenges in terms of sustainability and emotional stability of some stakeholders, they represent a minimal proportion of the total compared to the benefits generated.

11.4 SOCIAL VALUE GENERATED PER PARTICIPATING PERSON

The following table presents the values generated per individual for each stakeholder group compared to the estimated investment (**inputs**) in the intervention developed by Reforzando Vínculos.

For a total investment of €1,**837,806**, the social value generated per person is distributed in a differentiated manner, with the greatest impact concentrated in the **elderly participants**, followed by **volunteers**, **paid staff**, **collaborating organizations within the community** and, to a lesser extent, **family members.**

Compared to the estimated investment (inputs), the value generated far exceeds the investment made, suggesting that the Reforzando Vínculos intervention has demonstrated high efficiency in converting resources into social impact. This indicates that, with proper optimization, significant impact could be maintained even with an adjusted investment or smaller scale of implementation.

Table 38. Value generated by individual and stakeholder

Participants - Senior Citizens	Family members	Paid personnel	Volunteers	Community - Collaborating organizations
 Value generated 9.583€	 Value generated 424 positive and 568 negative impact	 Value generated 6,249 positive and 98 negative impact	 Value generated 3,190 in positive	 Value generated 81 positive and 72 negative impact
Investment 3.053,81€	Investment Not applicable	Investment Not applicable	Investment Not applicable	Investment Not applicable

Source: Own elaboration.

11.5 SOCIAL VALUE GENERATED BY WELFARE DOMAINS

In the analysis of the domains of well-being in which the intervention generates changes, it is observed that the greatest impact is concentrated in the domains of "**Social Inclusion**" and "Emotional Well-being". For this classification, we rely on the quality of life methodology of Schalock and Verdugo (1997), which identifies different domains essential for a full and meaningful life.

The domain with the greatest weight is "Social Inclusion", with an estimated value of €2,783,904, representing 44.02% of the total value. This impact is explained by the *strength of the sense of belonging to the local community* and the *increase in the support network* of the elderly, in addition to the contribution of volunteering in social integration.

In second place, "Emotional Well-being" achieved an impact of €1,478,076, equivalent to 23.37% of the total value generated. This result is mainly due to the *reduction of the feeling of loneliness* in elderly people, as well as the *feeling of tranquility* in family members, although it also includes negative impacts such as uncertainty about the continuity of the intervention.

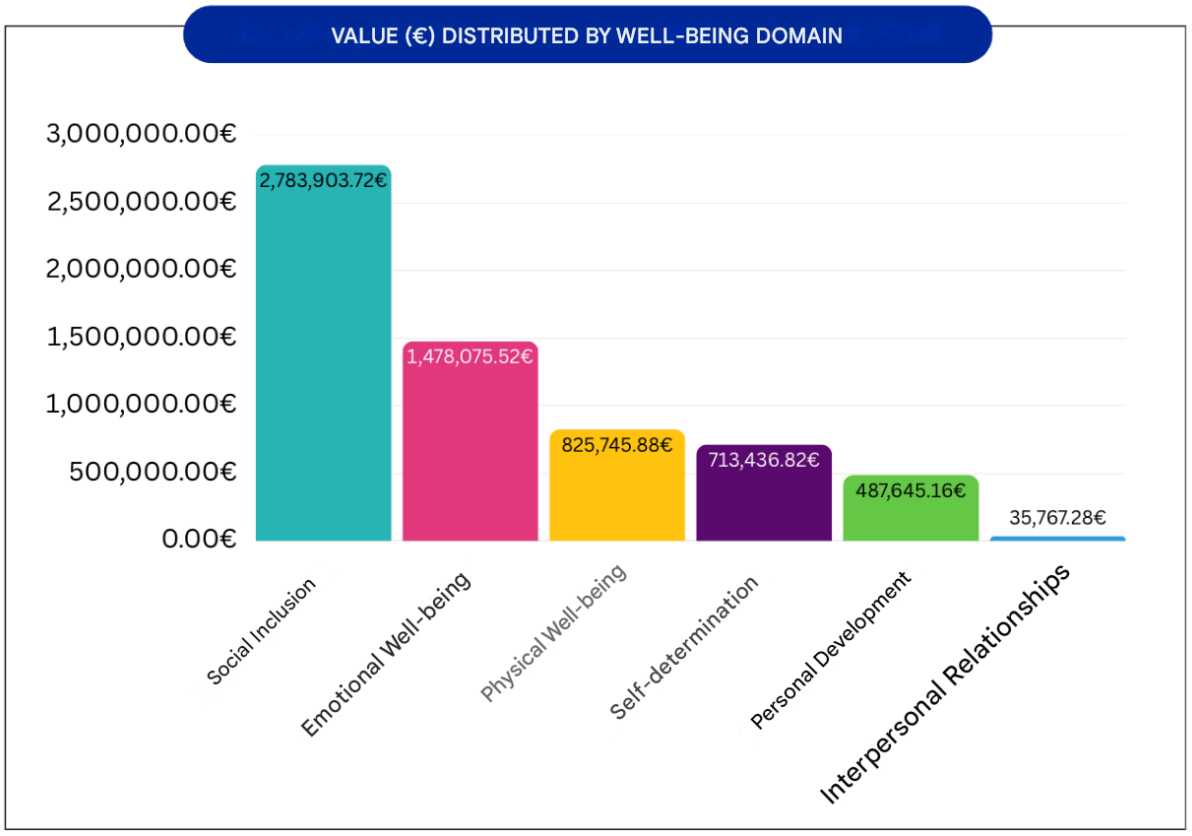
Physical Wellbeing", linked to *improving the feeling of energy and vitality* in the elderly, represents 13.06% of the total value, reaching €825,746.

The "Self-determination" domain, represented by the *personal autonomy* of elderly participants, accounts for 11.28% of the total, with €713,437 generated. This result reflects the importance of older people's ability to manage their well-being and develop greater independence.

The areas of "Personal Development" (7.71%) and "Interpersonal Relationships" (0.57%) present a lower impact in terms of monetized value, although they still reflect the importance of the intervention in improving skills, career prospects and quality of family relationships.

It is demonstrated that, considering only the value generated in the areas of social inclusion and emotional well-being, these represent 67.39% of the total value generated by the intervention. This result confirms that the return on investment is significant, especially in the strengthening of support networks, community participation and the improvement of the emotional well-being of the groups involved.

Figure 130. Value relationship between welfare domains



Source: Own elaboration.

It is important to note that the graph does not consider the value generated for the entities that cooperate in the community process that are part of the community interest group, since these are organizational values and not of a personal nature.

11.6 SOCIAL VALUE GENERATED FOR ORGANIZATIONS

According to the **Social Value International** glossary[133] , social value focuses on impacts that affect people's well-being. However, changes experienced by entities cooperating in the community process in terms of **resources, capacity or circumstances** are considered

[133] Social Value International. *SVI Glossary 2.0.* Published October 2023. Available under Creative Commons Attribution-ShareAlike 4.0 International license. Retrieved from https://www.socialvalueint.org.

separately. In this report, we refer to these effects as **organizational value**, aligning ourselves with **Social Value International**'s definition of organizational change:

> ***"Changes in an organization's resources, capacity or circumstances. These changes can result in Intermediate and Well-Defined Outcomes for people and could be managed with the objective of optimizing Social Value. However, in isolation, such changes are part of Financial or Sustainability Accounting, rather than Social Value per se."***

In this context, the social value accounting of the intervention has considered the cumulative impact generated for the collaborating organizations, with a value generated of **€1,254.** Although this value is relatively low compared to the total generated, its inclusion in the analysis is justified by the **community nature of the intervention**. The organizations have played a key role in the implementation of the project, and their participation influences the **sustainability and viability** of future collaborations.

Despite its lower weight in monetary terms, it has been decided to integrate this value in the calculation of the **Social Return on Investment (SROI)** to ensure that it is considered in decision-making. This approach allows a **more complete view** of the overall impact of the intervention, recognizing the strategic role of the organizations in the project structure and their **potential to strengthen the community ecosystem**.

12. SENSITIVITY ANALYSIS

Sensitivity analysis is an essential tool in the SROI methodology to assess how variations in key variables may influence the final outcome of the social return on investment calculation. This process identifies the data or assumptions with the greatest impact on the results, providing a more accurate understanding of the stability and reliability of the analysis.

In line with ***Principle 5 "Do not overestimate results"***[134] , this analysis helps to validate projections, prioritize critical areas and ensure the quality of strategic decisions. It also facilitates the identification of risks by testing alternative scenarios and measuring their effect on the estimated social value. The following table presents the data analyzed, together with an assessment of their degree of sensitivity within the methodology, using a conservative ratio as a basis.

[134] Social Value International. "Principle 5: Do Not Overclaim." www.socialvalueint.org/principle-5-do-not-overclaim.

Table 39. Sensitivity analysis

Interest group	What is analyzed	SROI ratio conservative	New SROI ratio calculation	Variation	Degree of sensitivity
All stakeholders	An extrapolation of the data is made, both at the level of changes and inputs, assuming that the responses obtained are representative of the total population in each interest group, regardless of the degree of compliance with the planned sample. In other words, the results are projected as if all the interest groups had answered in the same way as the people who answered the form, even taking into account the percentage of sampling error in the extrapolated data.	3,43	3,86	+0,43	HIGH - Data indicates that the intervention could have a greater impact if the information were extrapolated to the entire target population. High sensitivity suggests that the total impact could be significantly greater than measured with directly collected and representative data.
All stakeholders	Deadweight discount, attribution and displacement values for all stakeholders are	3,43	1,54	-1,89	MEDIUM - A 25% increase in all discounts simultaneously generates a significant variation in the SROI. However, this scenario is unlikely, as it would imply a widespread underestimation

	increased by 25%.				across all sources (participants, paid staff and experts), which is not consistent with the data collected and the likelihood of such a high margin of error in all cases.
All stakeholders	The number of people who reported experiencing each change in all stakeholder groups in the Strengthening Linkages survey is reduced by 20%, as a conservative measure to counteract possible cases in which the questionnaire was not adequately understood.	3,43	2,75	-0,68	MEDIUM - Although there is an impact in reducing the number of people reporting changes, the effect is limited. The moderate variation suggests that possible errors or biases in the understanding of the questionnaire would not fundamentally alter the conclusions of the SROI analysis, although they would affect its magnitude.
All stakeholders	The value of deadweight discounts is increased by 25% over the current value for all stakeholders.	3,43	2,32	-1,11	MEDIUM - This adjustment shows that the SROI decreases markedly as the deadweight increases, indicating moderate sensitivity. However, the variation still allows for a positive social return, suggesting that even though the deadweight may be higher, the intervention still generates value.
All stakeholders	The value of the attribution discounts is increased by 25% over the current value for all stakeholders.	3,43	2,30	-1,13	MEDIUM - The impact of the SROI decreases significantly with increasing external attribution, reflecting moderate sensitivity. This suggests that, if more external actors contributed to the changes, the value attributed to the intervention would be lower, but without fully compromising its impact.
All	The value of travel discounts is increased by	3,43	3,43	0,00	LOW - This scenario indicates that displacement does not significantly affect the SROI,

stakeholders	25% over the current value for all stakeholders.				suggesting that the changes generated by the intervention are not replacing other existing benefits.
All stakeholders	To mitigate the potential risk of bias arising from the fact that, in some cases, staff were responsible for collecting and recording the data, a 1-point reduction is applied to the depth reported by all stakeholders.	3,43	3,43	0,00	LOW - The reduction in the depth of data reported does not affect the SROI, suggesting that possible collection bias has not significantly influenced the results.
Volunteers	The input provided by the volunteers is modified, considering only the monetary value of the hours spent (118,887.54€) and excluding the direct monetary expenses reported (9,086€), thus reducing the total value of the input from 127,973.54€ to 118,887.54€.	3,43	3,45	+0,02	LOW - The exclusion of direct monetary expenses of volunteers has a minimal impact on the SROI. This indicates that the way their financial contribution is valued does not significantly alter the overall result.
All stakeholders	Only funding from the Ministry of Social Rights and Agenda 2030 and the Red Cross organization is considered as inputs, excluding the contribution in time and/or other	3,43	3,85	+0,42	LOW - The elimination of volunteer time as an input has a low impact on the SROI, indicating that the social return remains strong even when only financial funds are considered as key inputs.

	monetary expenses of alliances, personnel and volunteers.				
All stakeholders	Excluded from the calculation are those changes that, although included in the value map at the discretion of the consulting team, had not reached the threshold established in the significance test.	3,43	2,56	-0,87	LOW - This low sensitivity indicates that the changes included in the conservative scenario as material for decision making, although they did not reach the statistical threshold of significance, have not distorted the calculated social return.
All stakeholders	A hypothetical scenario is tested where a greater number of negative outcomes are included in the SROI calculation. Specifically, it is assumed that 8 out of the 18 material outcomes identified (44%) are negative, distributed among the different stakeholder groups.	3,43	1,38	-2,05	HIGH - The result shows that the SROI ratio is highly sensitive to the balance of positive and negative outcomes. A significant increase in negative impacts would drastically reduce the social return, bringing it close to the break-even point (1.00€). This underscores the critical importance of proactively managing and mitigating the project's potential negative effects to protect the overall social value created.

Note: The following classification was used to determine the degree of sensitivity: Low (variation < 0.5 points or < 15%), Medium (variation between 0.5-1.5 points or 15-50%) and High (variation > 1.5 points or > 50%), where the points represent the absolute difference with respect to the conservative SROI value (2.98). Source: Own elaboration.

Conclusion

It is concluded that there is a low degree of probability of having significantly underestimated or overestimated the SROI value, given the reduced level of sensitivity (medium and low) in most of the scenarios analyzed.

The sensitivity analysis shows that the most significant variations occur in the outcome extrapolation scenarios, particularly when projecting the data to the entire target population. This suggests that the baseline scenario could be being particularly conservative in measuring the total impact of the Strengthening Linkages intervention, since, when considering the entire target population, the social return could be higher.

The scenarios related to deadweight, attribution and displacement discounts present medium sensitivity when analyzed individually. However, when these discounts are increased simultaneously by 25%, sensitivity is high, although this scenario is extremely unlikely, as it would imply that all discounts were significantly underestimated in the base calculation, which contradicts information gathered from multiple sources.

On the other hand, scenarios involving modifications in specific inputs, such as the elimination of volunteer time or the exclusion of some direct monetary expenses, show low sensitivity. This indicates that the way in which the economic contribution of certain stakeholders has been valued does not significantly affect the overall result.

Overall, these findings suggest that the calculated SROI is conservative in its estimate of the total impact of Reforzando Vínculos, but robust to most methodological adjustments, maintaining a positive social return in virtually all scenarios analyzed.

The three scenarios with the highest degree of sensitivity, which should be considered in future decision making, are detailed below.

12.1 THE 3 MOST SENSITIVE DATA

The following conclusions from the sensitivity analysis should be taken into account for decision making:

1. Extrapolation to all stakeholders

The sensitivity analysis shows that if the data were extrapolated to the entire target population of the interest groups included in Strengthening Linkages, the SROI would increase significantly (**from 3.43 to 3.86**). This suggests that the total impact of the intervention could be greater than that calculated in the current conservative scenario, which reinforces the importance of considering the representativeness of the sample in the interpretation of the results.

2. Combined increase in discounts

The scenario in which *deadweight, attribution and displacement* discounts are simultaneously increased by an additional **25%** shows high sensitivity, reducing the SROI to **1.54**. However, this scenario is extremely unlikely, as it would imply that all discounts were significantly underestimated in the base calculation, which contradicts information gathered from multiple sources (participating individuals, paid staff and experts).

3. Reduction in the number of responses on changes experienced

A scenario was analyzed in which the number of people reporting having experienced a change is reduced by **20%**. Although a decrease in the SROI is observed (**from 3.43 to 2.75**), the variation is moderate, indicating that possible biases in the understanding of the questionnaire would not fundamentally alter the conclusions of the SROI analysis, although they would affect its magnitude.

These conclusions highlight the importance of ensuring as representative a sample as possible and confirming the validity of the discounts applied, as both factors have a relevant impact on the calculation of the social return of Reforzando Vínculos.

13. VERIFY THE RESULT



The SROI methodology establishes in its ***Standard 7 "Verify results"***[135] the need to implement a verification process that actively involves the different stakeholders. This process ensures that the theory of change (as described in the methodology), the results and their relative value are reviewed and validated by those who experience the direct impacts of the project. In addition, it is essential to perform a sensitivity analysis on the SROI calculations to ensure transparency with respect to sensitive data that may influence the results. The following section presents the conclusions obtained from this verification and refers to Table 9, which details the process followed to reach these results.

13.1 GROUP INVOLVEMENT IN VALIDATION

All stakeholders included in this study were actively involved in the review and verification of the chains of events, the theory of change and the relative importance of the changes through data collection materials adapted to the characteristics of each stakeholder group. This engagement process is described in Table 9 for each step of the process. The data set that was used to confirm the validity of the data and the conclusion of the degree of validity is presented below.

13.1.1 Validation by different stakeholders

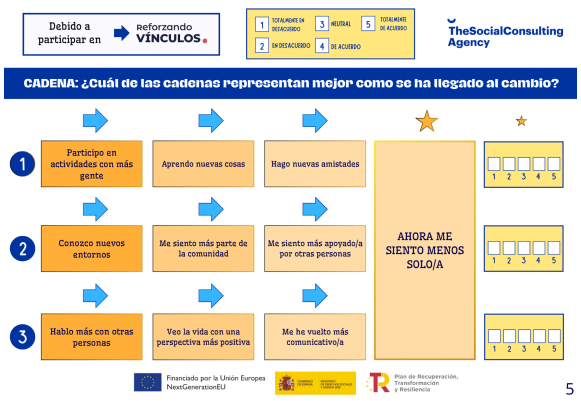
The four components that together complete the validation are the following:

Validation of the chain of events: A sample of stakeholders was asked to validate the chains of events identified during the qualitative data collection (see Figure 131 as an example of materials used). To ensure adequate representativeness of the group, focus

[135] Social Value International (n.d.). Principle 7: Verify the Result. Social Value International. www.socialvalueint.org/principle-7-verify-the-result

group sessions were conducted, ensuring a diversity of profiles among participants, paid staff and volunteers.

Figure 131. Visual for validating event chains



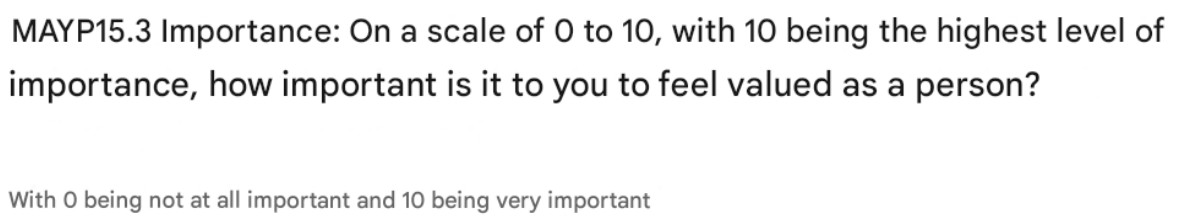
Source: Own elaboration.

In these focus groups, various alternative chains of events were presented, especially those that had not been completely clear in the qualitative data collection, as well as the final chain, so that the participants could give their opinion. This process made it possible to collect representative data from the entire focus group, through a sample, and to carry out a participatory validation of the chains, ensuring that they truly reflected their experience and perspective.

Validation of the value of each change identified with non-monetary methodology: All people involved in the evaluation process were asked to respond to the following question: ***How important to you are the following changes experienced as a result of your participation in Reforzando Vínculos (scale of 1 to 10 or 1 to 5, adapted to the interest group).***

This question responds to ***Principle 1,* "*Involve stakeholders"***, which suggests involving stakeholders in identifying the value they assign to each change. In this phase, the consultation was carried out using a non-monetary valuation methodology, in line with ***Principle 4* "*Include only the material"*** (see Figure 132 as an example), in order to understand the relative importance of the changes. The changes presented for valuation were those identified in the previous phase, corresponding to SROI Principle 2: ***Understand what changes***.

Figure 132. Visual representation of materiality

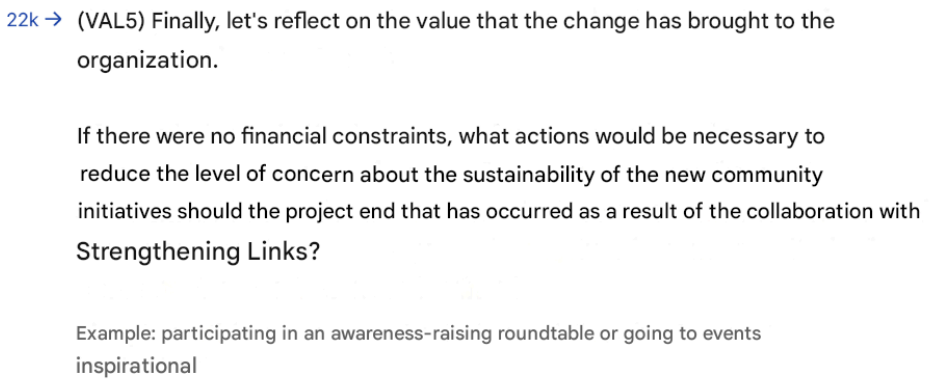


Source: Own elaboration.

Validation of the value of each change identified with monetization methodology

Although stakeholder involvement in identifying monetary values for changes is not a mandatory requirement of the SROI methodology, it was decided to hold focus groups with various stakeholders to make the validation more rigorous. In cases where it was not possible to organize these sessions, forms were used. Through these methods, value indicators were identified with revealed preference methodology, in line with ***Principle 4 "Include only the material"*** and possible proxies were explored to monetize the changes validated in the previous phase.

Figure 133. Visual representation to validate monetized value



Source: Own elaboration.

Final validation: After collecting all the data from the previous validations, a final validation phase was carried out, as a final step, and thanks for the data provided, through an accessible and didactic format. Explanatory materials were developed detailing:

- The changes identified
- The associated chains of events
- The relative importance of each change

Since the monetization of changes proved to be a complex concept for some participants, it was decided to represent the relative importance of the changes on a scale of 1 to 10.

To ensure a higher level of understanding and involvement, an additional effort was made in the development of didactic materials adapted to each interest group. In order to facilitate access for people with hearing difficulties or language barriers, a video was recorded in which the content of the materials was read out:

Interactive newspaper for participants: A fictitious newspaper was produced that narrated, in accessible language, how a chain of changes had been generated, which were relevant and, in a fictitious way would impact the citizens of an imaginary town that Reforzando Vínculos would reach the following year. This material included playful elements, such as a game of "Pasapalabras", which made it possible to visualize the relative importance of each change in an entertaining way and to validate it.

Figure 134. Visual representation for data validation



Source: Own elaboration.

Interactive newspaper for family members of the participants: A fictitious newspaper was produced that narrated, in accessible language, how a chain of changes had been generated, which were relevant and, in a fictitious way would impact the citizens of an imaginary town that Reforzando Vínculos would reach the following year. This material included playful elements, such as a game of "Pasapalabras", which made it possible to visualize the relative importance of each change in an entertaining way and to validate it.

Figure 135. Visual representation for data validation



REFORZANDO VÍNCULOS
TRANSFORMANDO VIDAS, FORTALECIENDO COMUNIDADES

El impacto de ***Reforzando Vínculos*** *no solo se refleja en las personas mayores que participan activamente en el proyecto, sino también en sus familias, quienes han encontrado en esta iniciativa un apoyo esencial para mejorar su calidad de vida.*

Esta página del periódico busca contar las historias de cambio que han surgido gracias a este proyecto entre las familias de las personas participantes, validando los aprendizajes, los logros y los retos compartidos por quienes lo han vivido de cerca.

MEJORA LA RELACIÓN FAMILIAR

Las actividades programadas han permitido que las personas mayores estén más tranquilas, activas y equilibradas emocionalmente.

Esto ha generado un impacto positivo en sus relaciones familiares, mejorando la convivencia y reduciendo las tensiones en el hogar.

"Desde que mi madre va a las actividades, vuelve más contenta y relajada. Ahora es más fácil entendernos y disfrutar del tiempo en familia."

AUMENTA LA SENSACIÓN DE TRANQUILIDAD Y SE REDUCEN EL ESTRÉS Y LA PREOCUPACIÓN

Saber que sus familiares mayores participan en actividades en espacios seguros y acompañados ha brindado a las familias una mayor tranquilidad. Tener la certeza de que existe una red de apoyo disponible para emergencias, como el acompañamiento al médico, ha reducido significativamente el estrés y las preocupaciones diarias.

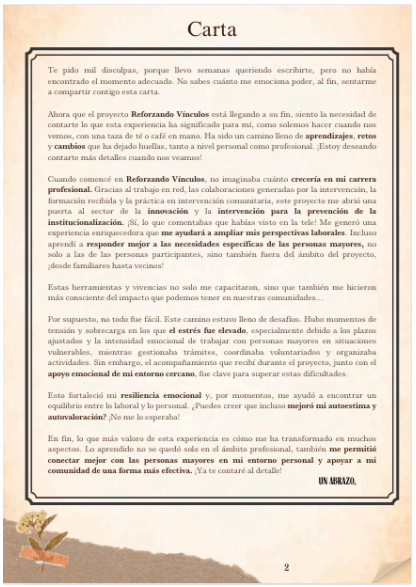
"Antes vivía con miedo de que mi tío estuviera solo, pero ahora sé que tiene a personas que se preocupan por él, y eso me permite enfocarme en mi trabajo y mi familia."

2

Source: Own elaboration.

For paid staff: A letter was designed from the perspective of a person active in Reforzando Vínculos to a colleague in another location. This letter explained the changes identified, their importance and their associated chains of events.

Figure 136. Visual representation for data validation



Carta

Te pido mil disculpas, porque llevo semanas queriendo escribirte, pero no había encontrado el momento adecuado. No sabes cuánto me emociona poder, al fin, sentarme a compartir contigo esta carta.

Ahora que el proyecto **Reforzando Vínculos** está llegando a su fin, siento la necesidad de contarte lo que esta experiencia ha significado para mí, como solemos hacer cuando nos vemos, con una taza de té o café en mano. Ha sido un camino lleno de **aprendizajes**, **retos** y **cambios** que ha dejado huellas, tanto a nivel personal como profesional. ¡Estoy deseando contarte más detalles cuando nos veamos!

Cuando comencé en **Reforzando Vínculos**, no imaginaba cuánto **crecería en mi carrera profesional.** Gracias al trabajo en red, las colaboraciones generadas por la intervención, la formación recibida y la práctica en intervención comunitaria, este proyecto me abrió una puerta al sector de la **innovación** y la **intervención para la prevención de la institucionalización.** ¡Sí, lo que comentabas que habías visto en la tele! Me generó una experiencia enriquecedora que **me ayudará a ampliar mis perspectivas laborales**. Incluso aprendí a **responder mejor a las necesidades específicas de las personas mayores,** no solo a las de las personas participantes, sino también fuera del ámbito del proyecto, ¡desde familiares hasta vecinos!

Estas herramientas y vivencias no solo me capacitaron, sino que también me hicieron más consciente del impacto que podemos tener en nuestras comunidades...

Por supuesto, no todo fue fácil. Este camino estuvo lleno de desafíos. Hubo momentos de tensión y sobrecarga en los que **el estrés fue elevado**, especialmente debido a los plazos ajustados y la intensidad emocional de trabajar con personas mayores en situaciones vulnerables, mientras gestionaba trámites, coordinaba voluntariados y organizaba actividades. Sin embargo, el acompañamiento que recibí durante el proyecto, junto con el **apoyo emocional de mi entorno cercano**, fue clave para superar estas dificultades.

Esto fortaleció mi **resiliencia emocional** y, por momentos, me ayudó a encontrar un equilibrio entre lo laboral y lo personal. ¿Puedes creer que incluso **mejoró mi autoestima y autovaloración?** ¡No me lo esperaba!

En fin, lo que más valoro de esta experiencia es cómo me ha transformado en muchos aspectos. Lo aprendido no se quedó solo en el ámbito profesional, también **me permitió conectar mejor con las personas mayores en mi entorno personal y apoyar a mi comunidad de una forma más efectiva.** ¡Ya te contaré al detalle!

UN ABRAZO.

2

Source: Own elaboration.

Figure 137. Visual representation for data validation



Source: Own elaboration.

Poster for volunteers: An illustrated advertisement was created depicting chains of events, well-defined changes and their relative importance. The ad mentioned what would change for the volunteers in the future if they participated in Strengthening Linkages.

For entities cooperating in the community process: A letter was designed from the perspective of an employee of one of the entities cooperating in the Reforzando Vínculos community process, addressed to a colleague from another organization who was considering whether to collaborate with the project. This letter explained the changes identified, their

Figure 138. Visual representation for data validation



importance and the associated chains of events.	Source: Own elaboration.

In all these materials, participants were offered the possibility of validating the information through WhatsApp, forms or directly with the intervention team, using a response scale: "Totally agree", "Partially agree" and "Not at all agree".

13.1.1.1 Validation data affected by force majeure

In the process of validating the results, all the previously mentioned sources of information were considered in order to guarantee maximum rigor in the analysis. However, the final validation with didactic materials did not obtain any response from the entities cooperating in the community process or from the family members of the participants, and only the elderly, paid staff and volunteers were able to respond to this last data collection. In total, 10 responses were collected from paid staff, 3 from volunteers and 3 from elderly people, which does not correspond to a representative sample.

This survey was severely limited by the coincidence of several factors, such as the early closure of the intervention, public holidays and the need to phase out activities due to the end of Strengthening Linkages on December 31. Additionally, although the DANA[136] did not directly affect the project territories, the operational involvement of the Red Cross in the humanitarian response to this emergency limited the capacity of staff to continue with the planned validation tasks.

In anticipation that these events would affect the collection of data from this source, the materials were developed and sent to the contacts responsible for their immediate distribution. However, responses from some stakeholders were not captured, not due to lack of receipt of the material, but due to the absence of an adequate means at that time to collect the programmed validation.

[136] Europa Press. (2024, October 29). *Torrential rains due to DANA, live: latest news of rains in Valencia and Andalusia*. Retrieved

This aspect is detailed in Table 2 - Errors (E) and risks (R), since it is considered a planning error, aggravated by a force majeure coincidence. However, in spite of the impact on this last validation source, conceived as a final step, the overall validation of the data was performed from multiple sources (see Section 4.1.2.1 Sources used), also guaranteeing its robustness.

13.2 CONCLUSIONS OF THE VALIDATION PROCESS

The verification process, as a whole, has confirmed that the information presented in this report reliably reflects the perceptions and experiences of most of the people involved in Reforzando Vínculos.

It is essential to acknowledge, in line with Transparency Principle 6, that the **final phase of validation** through training materials could not be completed with the "Family Members" and "Cooperating Entities" groups, due to external force majeure factors detailed in section 12.1.1.1 .

However, **the robustness of the report findings does not depend exclusively on this last step, but on a continuous and integrated validation process that was applied in all previous phases of the research**:

1. **Validation in co-creation:** The very construction of the **chains of events** (described in the various sub-sections of Section 4.4, such as 4.4.2.3 and 4.4.3.3.) was an act of real-time validation. The analyst constantly verbalized the causal connections ("*So, if I understand correctly...is that so?*") and the group confirmed or corrected them, ensuring that the change map was built on their direct experience
2. **Quantitative relevance validation:** All stakeholders participated in the quantitative phase, where not only was **identification** with each change validated, but its **importance** was weighted through numerical scales (see the "Importance" sub-sections within Chapter 5, Section 5.2). This provided a layer of empirical validation as to which changes were most material to them.

3. **Validation by triangulation:** Changes reported by one group of interest (e.g., older people) were often corroborated by the observations of other groups (e.g., family members or volunteering), giving **cross-validation** to the most significant findings.

Thus, although the omission of the last formal validation step with these two groups is an acknowledged limitation, the **multiple layers of validation prior to this** - from initial co-creation to data triangulation - ensure that the *outcomes* analyzed are a true and robust reflection of the value created. The report consequently provides a reliable basis for strategic decision-making and continuous improvement of future interventions.

> ***"In order to ensure the sustainability of the program, it would be necessary to have municipal financial resources to enable its long-term continuity."***
>
> *Person representing an Entity cooperating in the community process.*

13.3 REPORT ACCREDITATION (ASSURANCE)

This report was submitted to the[137] *assurance* process to Social Value International on March 31, 2025. This process validates that the report complies with the eight principles established in the methodology applied for this analysis.

Compliance with these principles is certified by means of a "seal" visible on the first page of the report, which is awarded only if the document successfully passes the accreditation process.

At the time of submission of the report, the accreditation response had not yet been received, so the report would be updated at the time of resolution.

If favorable, this report is publicly available in the open access database, both in English and Spanish, through the following link: https://socialvalueuk.org/reports-database/.

[137] Social Value International (n.d.). *Report assurance*. Retrieved from https://www.socialvalueint.org/report-assurance

13.4 PROBABILITY OF SROI DATA UTILIZATION

It is highly likely that the Red Cross, as the entity responsible for the planning and implementation of the Reforzando Vínculos intervention, will use the data in this report to guide future strategic and operational decisions regarding the implementation of the community approach in the intervention methodology, as well as in the updating of the intervention strategy with older people. The intervention has actively contributed to consolidate a strategic line focused on the prevention of institutionalization and the promotion of the community well-being of the elderly, strengthening the Red Cross approach in the creation of environments that favor the autonomy and social integration of this group.

In this context, Reforzando Vínculos was born as an experimental initiative to contribute to the reduction of the risk of institutionalization of the elderly participants and to the improvement of their quality of life, through progress in coping with the consequences derived from situations of reduced personal autonomy, favoring their integration into community support networks. The results of this report provide key information to improve the intervention, consolidating its integration within broader Red Cross strategies aimed at the accompaniment and empowerment of the elderly.

Evidence: Part of the findings of this report were presented at the intervention's transfer events between November and December 2024 carried out by the project itself and are used for the presentation of projects with the same objective to new financing.

On the other hand, at the strategic level, there are indications that the funding organization, the Ministry of Social Rights, Consumption and Agenda 2030, intends to use the data from this report in its future communications on social innovation. This could impact strategic and operational decision making, particularly with regard to the promotion of community models of care and prevention of institutionalization.

Evidence: The Ministry of Social Rights, Consumption and Agenda 2030 foresees for 2025 the activation of a digital innovation portfolio aimed at disseminating findings and innovation models developed with the support of the European Union's Next Generation funds. Within this portal, data from this report will be included with the aim of making visible the impacts generated by Reforzando Vínculos and its key learnings, thus contributing to the development of future strategies in the field of community care and facilitating the inclusion of this type of assessments that combine external evaluation with social value assessment in future projects.

14. CONCLUSIONS

The use of the SROI (Social Return on Investment) methodology in measuring the impact of Reforzando Vínculos provides a **key strategic advantage**, as it allows us to rigorously evaluate and demonstrate the social value generated by the intervention for all impacted stakeholders. The data answers the questions ***"what changes in the well-being of the people impacted, who does it impact, what value does it have for them,*** and ***what is the social return of Reforzando Vínculos?***

Beyond the traditional measurement of impact, the data obtained from this report facilitates evidence-based decision making, optimizing the allocation of resources to the issues it seeks to address. In the case of Reforzando Vínculos, this translates into its contribution to *reducing the risk of institutionalization of the elderly participants* and *improving their quality of life*, by *improving their coping with the consequences of situations of reduced personal autonomy* and favoring their *integration into community support networks*.

It also contributes to strengthening **accountability** to key stakeholders.

Likewise, by monetizing the social value generated, the Red Cross can more clearly **communicate the social return on its actions**, which improves its competitiveness, access to financing and contribution to the development of public policies on the

modernization of social services and the development of community and personalized support services.

Implementing this approach to achieve high-value data drives transparency, continuous improvement and sustainability for Reforzando Vínculos. However, this report seeks to highlight that the most important value of this methodology is in **incorporating the "voice" of all impacted people into decision-making, a voice that rarely figures at the table where decisions affecting their lives are made**.

Therefore, the data revealed in this report and summarized in these conclusions provide **a view focused on the participants and other stakeholders**, applying a vision that starts from the **value** generated by the intervention, beyond the savings that the *reduction of personal autonomy*, and consequently possible institutionalization or the fulfillment of the project's objectives, may entail for the Public Administration.

It is important to note that the economic savings in social services associated with isolation and unwanted loneliness have been rigorously studied in the research study *El coste de la soledad no deseada en España (The cost of unwanted loneliness in Spain)*[138] . This study is related to the problems addressed in this report, since aspects such as autonomy and isolation, discussed in this document, are closely linked.

As for the fulfillment of objectives[139] , which is not addressed in this report, it was evaluated using the Fumat scale[140] by the organization itself, which measures quality of life through different domains of well-being. Therefore, to avoid duplication of data used in decision making, the results of this report, obtained through the SROI, complement the information generated by these two previous investigations, each with different objectives.

[138] ONCE Foundation. 2023. "The cost of unwanted loneliness is around €14 billion annually." https://www.fundaciononce.es/es/comunicacion/noticias/el-coste-de-la-soledad-no-deseada-ronda-los-14000-millones-de-euros-anuales#:~:text=El%20coste%20total%20de%20la,Bruto%20(GDP)%20of%202021.
[139] Red Cross - *Logical framework of the Reforzando Vínculos project - Red Cross. "GC2. Contribution to the improvement of the quality of life of the elderly participants".*
[140] Verdugo, M. A., Gómez, L. E., & Arias, B. (2009). *Assessment of quality of life in the elderly: The FUMAT Scale*. Salamanca: INICO.

This ensures **that the social value generated for the people actually impacted is not lost sight of and optimizes future interventions, incorporating the "voice" of those who have experienced these changes** as highly relevant data in addition to those provided by the cost-benefit approach and the measurement of results yields, mentioned above.

14.1 ON SOCIAL VALUE GENERATED (GENERIC)

For

1€

social value is generated

3,43€ y 3,89€

C1: The findings of this report indicate that **Reforzando Vínculos generates a significant social return for each euro invested**. **A return of between €3.43 and €3.89 per euro has been estimated**, indicating a significant positive impact in relation to the investment made.

These results, obtained through the SROI methodology[141] , reveal that Reforzando Vínculos generates a significant social impact with respect to the investment made, since it triples the value of each euro invested.

The social return ratio in this methodology is usually presented as a range, with a more conservative value based on a representative sample and another that, when extrapolated, includes a moderate margin of sampling error. In this case, **the minimum return of €3.43** reflects a conservative estimate, while the **maximum return of €3.89** suggests that the social impact could be even higher in a less restrictive scenario.

[141] Social Value International. n.d. Standards https://www.socialvalueint.org/standards

This range provides key stakeholders with a useful reference on the value generated, facilitating decision making regarding the sustainability and possible scaling-up strategies of the project.

C2: Reforzando Vínculos has generated a total social value of €6,311,552.79, and of this, a net social value estimated at €4,473,747.21, suggesting a positive impact on the well-being of the stakeholders involved, more than tripling the value of **the resources** invested, amounting to **€1,837,805.58.** These results indicate that the investment in the intervention has derived in a considerable social return, contributing to the improvement of the wellbeing of the participants and other stakeholders.

C3: The analysis of the results indicates that the intervention has generated a social value significantly higher than the investment made. With a total investment of **€1,837,805.58**, the **value of the changes** experienced exclusively by **the participants** amounts to **€5,769,236.86,** which represents a considerable return, not yet including the impact on other stakeholders.

A particularly relevant aspect is that, only in terms of *reducing unwanted loneliness* in elderly people, the estimated value reaches **€1,539,757.90**, a figure that, by itself, already represents a substantial part of the total investment. Likewise, the *improvement in autonomy* has been valued at **€713,436.82**.

Studies such as the *Research on the Experience and Perception of Unwanted Loneliness: Responses in the Community Setting*[142] indicate that there is a direct relationship between the prevention of institutionalization and intervention in these areas, leading to the conclusion that it could be beneficial to focus future interventions on optimizing improvements in these areas.

[142] ISEAK Foundation. 2024. *Research on the experience and perception of unwanted loneliness: Responses in the community*. ISEAK Foundation.

The results obtained show that the intervention not only exceeds the value invested (resources), but exceeds it by a wide margin. The difference between the investment and the value generated shows that each euro invested in the intervention translates into multiple benefits for the participants, reinforcing the relevance of the approach implemented.

C4: The data analyzed show that, although most of the resources allocated to direct intervention with people participating in Reforzando Vínculos come from its main funding (**89.15%**, equivalent to **€1,638,880**) by the Ministry of Social Rights, Consumption and Agenda 2030, **there are other non-financial contributions that have also been essential** for **its implementation.**

These contributions refer to non-monetary resources specifically dedicated to the accompaniment and support of participants, such as the contribution of volunteers, the extra time dedicated by paid staff outside their working day, the coordination hours contributed by entities that cooperate in the community process, and the active participation of the elderly and their families. Together, these contributions represent **10.85%** of the total (**198,925.58 €**).

Although these resources do not imply a direct transfer of money, their monetization allows reflecting their real value within the project. Other general operating costs of the intervention are not included here, such as the hiring of external companies or items for paid technical personnel.

Given their essential role in the sustainability of the intervention, these inputs should be considered in future editions of the project or similar initiatives, ensuring a more accurate estimate of the resources required and their long-term continuity.

C5: Based on the analysis of the level of rigor of the data, it is suggested that **the information presented in this report constitutes a solid and useful tool** for strategic decision making in Reforzando Vínculos.

The data provide quantifiable information that can help funders and managers evaluate future investments more accurately. They could also contribute to the optimization of similar interventions and to an efficient allocation of resources, considering the social value generated and the overall impact of the project.

C6: The report data show that **Reforzando Vínculos has had a positive and significant impact on the reduction of some vulnerability factors associated with the *personal autonomy* and social capital of the elderly participants**. In particular, improvements have been identified in key aspects such as *reduced feelings of loneliness*, *increased personal autonomy*, *a greater sense of energy and vitality*, *strengthened sense of belonging to the local community* and *increased support network*.

These changes are aligned with the main objective of the project, which seeks to contribute to the reduction of the risk of institutionalization and **improve the quality of life of the participants** through their integration into **community support networks.** The evidence gathered suggests that **strengthening these networks** and **improving the perception of personal autonomy** could be effective strategies to prevent situations of isolation and dependence, factors that, according to the *Research on the experience and perception of unwanted loneliness: Responses in the community setting*[143] could be part of the causes that generate a situation of institutionalization.

Although data is available on the number of people who, at the beginning of the project, were living in their own homes and who moved to a residential center during the implementation period[144] , this information -together with the impact data collected in this report- does not allow us to conclude that participation in Reforzando Vínculos has had a direct effect on the prevention of institutionalization understood in administrative terms (transfer to a residential center). Furthermore, there is no sufficiently rigorous evidence

[143] ISEAK Foundation. 2024. *Research on the experience and perception of unwanted loneliness: Responses in the community*. ISEAK Foundation.
[144] *Of the total of 332 users surveyed, 277 responded to this question (83.43%). Of these, 275 were not institutionalized at the beginning of the project and 2 were. At the end of the project, 274 non-institutionalized and 3 institutionalized persons were counted, which represents an increase of one person in an institutionalized situation over the period evaluated. Source: internal project data.* Red Cross - *Logical framework of the Reforzando Vínculos project - Red Cross.*

available to identify the extent to which this situation has been avoided, so this report has not been able to monetize the impact that this improvement could have had on the Public Administration.

It should be noted that the concept of institutionalization addressed in the project has a broader approach, which not only contemplates admission to nursing homes, but also situations of isolation, the loss of capacity to make one's own decisions and the prioritization of the needs of caregivers over those of the person him/herself. It is therefore important not to confuse the two approaches when interpreting the results.

The impact questions applied do not allow us to establish a direct causal relationship between participation in the project and the avoidance or reduction of this risk. This limitation is due, in part, to the short evaluation period, which prevents us from observing changes that require a longer time horizon.

However, the results presented in this report show significant improvements in various dimensions of the well-being of the participants, closely related to factors that could contribute to mitigating or delaying institutionalization processes in the medium and long term. Moreover, not only has a positive evolution in their well-being been identified, but these improvements have been highly valued by the people involved, who attach great importance to them and perceive them as relevant to their daily lives.

14.2 ON SOCIAL VALUE GENERATED FOR PARTICIPANTS

C7: The analysis suggests that **Reforzando Vínculos**, as a whole, **has not generated negative impacts on the well-being of participants**. Of the 18 changes identified in the evaluation, none corresponded to negative impacts for the elderly participants. However, three of these changes (**16.67%** of the total) were classified as negative impacts on other stakeholders.

Although the number of negative impacts identified is small in relation to the total impact, the value associated with them amounts to **€79,505.76,** which implies a slight impact on the social return of the intervention. In the absence of these impacts, the **estimated social return would have been €3.49** for each euro invested, instead of the **€3.43** reported.

Although the data show that the intervention has had a mostly positive balance, the identification of these negative impacts allows us to point out areas of opportunity for future editions. Addressing these aspects could contribute to optimizing the overall impact of Reforzando Vínculos and maximizing its social return.

C8. The actions carried out within the framework of Reforzando Vínculos suggest a significant increase in the life satisfaction of the participants. Before the intervention, the average life satisfaction score was **5.88** on a scale of 10, while after participation in the intervention it rose to **8.57 .**[145]

This **increase of 2.69** points indicates a substantial improvement in the perception of well-being of the people surveyed. Moreover, this figure is above the national average in Spain (**7.2 points**, according to the INE)[146] and the average in the European Union (**7.3 points**), suggesting that the intervention may have had a positive impact on the quality of life of the participants.

C9. The analysis of the data indicates that **the greatest social value generated by Reforzando Vínculos has been perceived by the elderly participants**, compared to other impacted stakeholders. In total, **91.20%** of the impact reported in this report corresponds to this group, which suggests that the intervention has played a relevant role in improving their well-being and quality of life.

[145] The results are presented in greater detail in Section 4.1.1 Overall satisfaction with life and happiness of the elderly participants and their family members involved in the study.
[146] National Institute of Statistics (INE). (2023). *Satisfaction with life*. De https://www.ine.es/ss/Satellite?L=es_ES&c=INESeccion_C&cid=1259944627813&p=1254735110672&pagename=ProductosYServicios%2FPYSLayout&param1=PYSDetalleFichaIndicador&param3=1259947308577

C10. The analysis shows that **participation in Reforzando Vínculos has generated positive impacts on the well-being of the elderly participants**, reflected in five key changes that have improved their quality of life. Among these, the *reduction in the feeling of loneliness* and the *increase in the support network* stand out as the most significant effects, since both are closely linked to social integration and access to resources that favor permanence in the community.

The *reduction in feelings of loneliness*, with a depth of change of 8.40 points on a scale of 1 to 10, is the most significant impact, with a **high social value of 9.36** points and a social value monetization of **€1,539,757.90**. This suggests that many of the participating seniors have experienced improvements in their feelings and emotions and connection with their environment. This result is closely linked to the *increase in the support network*, which, although presenting a lower depth of change (7.20 points on a scale of 1 to 10), maintains a high social value of 9.36 points, indicating that the relationships established through the intervention have been perceived as valuable.

Strengthening the sense of belonging to the local community has also emerged as a key factor, with a depth of 8.20 points on a scale of 1 to 10 and valued at **1,521,827.50.** This suggests that, in addition to feeling less lonely, participants have developed a stronger bond with their community, which could favor their integration and participation in social life. The feeling of being part of a group and having mutual support is a relevant element in the prevention of institutionalization, as it contributes to a more autonomous and healthy aging.

In parallel, the intervention has favored *improvements in personal autonomy* and the *feeling of more energy and vitality.* Although these changes are less profound compared to the previous ones (4.40 and 4.60 points, respectively), their impact is still relevant. Personal autonomy, with a rating of 9.44 points on a scale of 1 to 10, estimated at **713,436.82,** is essential for the elderly to be able to manage their daily lives independently. For its part, the *increased sense of energy and vitality*, with an importance rating of 9.48 points on a scale of 1 to 10, represents an improvement in the perception of physical and emotional well-being,

which in turn could facilitate their participation in community activities and their motivation to maintain an active lifestyle.

Overall, the data analyzed suggest that participation in Reforzando Vínculos has not only reduced social isolation but also strengthened participants' ability to remain active and integrated in their community. The interconnection between *reduced feelings of loneliness*, *increased support network* and *strengthened sense of belonging* indicates that the intervention has impacted key factors that could favor autonomous aging with greater well-being.

C11. The duration of the Reforzando Vínculos intervention has not been sufficient to accurately assess its long-term impact, as changes in quality of life and community integration may require extended periods of consolidation. This could become especially relevant in the case of the elderly, where other factors could influence the sustainability (durability) of the impacts achieved, such as health status, the availability of support networks and the continuity of established community activities.

In addition, data collection was carried out after the end of the intervention, which, added to the staggered incorporation of the participants, made it difficult to analyze whether the amount of time involved in the intervention influenced the depth and type of changes experienced. Given that the sample was variable, it was not possible to determine with certainty whether greater or lesser exposure to Reforzando Vínculos would generate significant differences in the results obtained, nor the relationship between group or individual activities.

The full impact of the intervention, both positive and negative, may not have been fully captured. **Some participants may have returned to their previous situation after the intervention ended**, while others may have continued to be involved in Red Cross activities outside the specific framework of Strengthening Linkages. These elements highlight the importance of extended follow-up strategies and evaluations that allow for more accurate measurement of the effects of the intervention on the lives of older participants.

C12. The intervention developed by **Reforzando Vínculos has generated positive changes in the well-being of the participants, with evident effects in the short term and highly valued by stakeholders.** However, **the sustainability of these changes over time is perceived as limited by those who have participated in the intervention.** The data obtained suggest that the impacts identified do not present a projection of continuity beyond the first or second year, which indicates that, without a clear maintenance strategy, the benefits could be diluted once the intervention is over.

However, this perception seems to be influenced by the way in which participants understand the role of the Red Cross within the project. Many of them associate the continuity of the activities and the changes achieved with the presence of the organization, which generates uncertainty, according to the participants, about the sustainability of the advances if the Red Cross stops leading the initiative. This does not necessarily imply that the community lacks the capacity to maintain the activities, but rather that external leadership has been a key reference point in the process and its possible absence generates doubts about the continuity of the project.

Among the changes with greater durability, the *reduction of the feeling of loneliness* stands out, since the participants have acquired tools and support networks that could contribute to maintaining this effect over time. Similarly, the *strengthening of the support network* is perceived as a change with greater potential for sustainability, given that the creation of personal ties facilitates the continuity of social interactions. However, some participants mention that this process requires accompaniment and reinforcement in order to be consolidated, as one of them expresses it:

> ***"The seed is planted, but now we need them to help us walk and be able to grow that little tree that we have started to cultivate with help. Help is critical: it's not just about what they do for us, it's also about us having the capacity and commitment to follow through with this."***
>
> *Older Person Participating in the Reforzando Vínculos intervention*

On the other hand, changes associated with the *feeling of more energy and vitality* as well as *increased personal autonomy* are perceived as more susceptible to the lack of continuity of the intervention. Given that these effects depend to a large extent on active participation in structured activities and the accompaniment received, their permanence over time could be compromised without reinforcement strategies. In this sense, the participants' perception of dependence on Red Cross leadership seems to influence their assessment of the sustainability of these changes.

C13. The study has not been able to demonstrate, based on the data reported by the participants, that the Reforzando Vínculos intervention has had a directly measurable impact on the prevention of formal institutionalization of the elderly, understood as admission to a nursing home or institutionalized facility.

Although the results reflect improvements in key aspects such as the *reduction of feelings of loneliness*, the *strengthening of support networks* and the *increase in personal autonomy*, there is insufficient evidence to establish a quantifiable relationship between the intervention and a decrease in admissions to residential resources.

It should be noted that, although information is available on people who moved from their homes to residential centers during the implementation of the project, this data alone does not allow us to establish a causal relationship with the intervention. Furthermore, the concept of institutionalization used in the project is broader, and includes situations of isolation, loss of autonomy in decision-making and dependence on third parties, which do not always imply a change of place of residence.

The available data suggest that Reforzando Vínculos has contributed to creating conditions that favor permanence in the community by strengthening the social capital of the elderly and improving their well-being. However, it has not been possible to determine to what extent these changes have effectively prevented institutionalization processes, since there

has been no long-term follow-up to evaluate the trajectory of the participants after their passage through the intervention.

In order to measure this impact more accurately, it would be necessary to implement a longitudinal follow-up system that would allow for the analysis of the evolution of participants over time. This would include the collection of administrative data on access to social and residential services, as well as comparison with people who did not participate in the intervention. Without this complementary evidence, this social value report cannot state with certainty that Reforzando Vínculos has reduced the number of older people at risk of institutionalization or estimate possible savings in terms of institutional care.

C14. The changes in the well-being of people participating in Reforzando Vínculos cannot be attributed exclusively to the Red Cross-led intervention, as other actors and support networks have also influenced the improvement process experienced. It is estimated that between **18%** and **20%** of the value of the reported changes has been attributed to other agents, suggesting the existence of multiple sources of support relevant to the experience of the elderly participants.

Among these external factors are family and friends - often already present before the start of the project - who have provided emotional accompaniment and daily support, reinforcing the sense of belonging and reducing the feeling of loneliness. Likewise, other community agents, such as libraries, cultural centers and local entities, although pre-existing, have been reactivated or enhanced through the accompaniment offered by Reforzando Vínculos, generating new opportunities for socialization and integration.

Far from being considered a negative aspect, this shared attribution reinforces the idea that the intervention has acted as a catalyst in the activation and strengthening of community ties. In fact, part of the project's methodological proposal consisted precisely in favoring this process of connection with existing resources and relationships in the living environment of the elderly.

This finding presents a key opportunity for the sustainability of the project's impact. As proposed by Reforzando Vínculos, through collaboration strategies with local entities and the

promotion of family and social participation, it is possible to strengthen and expand these links, maximizing the positive impact of the intervention and ensuring that the benefits obtained are maintained in the long term within the community. This data validates the importance of strategic coordination with surrounding resources to maximize the social value generated.

C15. Analysis of the data suggests that **a portion of the changes experienced by the older people participating in Reforzando Vínculos could have occurred even without the intervention.** The **deadweight**, understood as the percentage of changes that would have occurred independently of the intervention, varies between **18% and 30%,** depending on the type of impact analyzed.

Strengthening the sense of belonging to the local community presents **the lowest deadweight (18%),** indicating that this change is strongly linked to the intervention and would hardly have occurred without it. In contrast, *increasing the support network* is the change with the **highest deadweight (30%)**, reflecting that some participants already had pre-existing networks that could have been expanded without the intervention.

Despite this, the data indicate that **more than 70% of the value of the changes reported can be directly attributed to Reforzando Vínculos**, highlighting its role in *reducing feelings of loneliness*, *increasing personal autonomy* and *improving energy and vitality*. These results suggest that, although some external factors may influence the lives of the participants, the intervention has been instrumental in generating these changes and improving their overall well-being.

C16. Analysis of the data suggests that the **Reforzando Vínculos** project **has not generated negative displacement on other stakeholders**, as no adverse effects on third parties have been identified. This indicates that the positive changes experienced by participating seniors do not appear to have come at the expense of other groups or to have substituted for benefits that could have been received by other populations.

The absence of displacement suggests that the results achieved by the intervention have not generated competition for resources or reduced opportunities for other groups. **Rather than subtracting, the intervention would have contributed to strengthening** the well-being of the elderly without negatively affecting their social environment. This finding provides indications of the sustainability and equity of the intervention, highlighting that its positive impacts do not seem to imply indirect harms within the community.

14.3 SOCIAL VALUE GENERATED FOR OTHER STAKEHOLDERS

C17. The impact of the Reforzando Vínculos intervention appears to extend beyond the participating elderly, reaching also other key stakeholders such as their family members, paid staff, volunteers and cooperating entities in the process within the community.

C18. The impact of the intervention on the **family members** of the elderly participants represents **0.38% of the total social value**. Although its proportion is lower compared to other stakeholders, relevant changes in their emotional well-being and family dynamics have been identified.

One of the main positive effects reported is the *improvement in family relationships*. Participation in the intervention would have favored **a greater understanding of the well-being of the elderly**, **promoting more positive interactions and strengthening emotional bonds**. This evidence suggests that the intervention has not only had effects on those who participate directly, but has also influenced their immediate environment, promoting healthier family dynamics.

Likewise, an *increased sense of peace of mind* has been observed among family members, reflected in *lower levels of worry and stress*. Knowing that their family members have support networks and socialization spaces would have provided relief to many people, who perceive the intervention as an opportunity to improve both their well-being and that of the participant.

However, a *concern related to the continuity of the benefits of the intervention* has also been identified. Some family members have expressed uncertainty about what will happen once the intervention is over and how the progress achieved will be maintained without structured accompaniment. This finding suggests the importance of reinforcing sustainability strategies and strengthening the role of the community as a key actor in maintaining support for the elderly, in order to reduce the perception of dependence on the intervention.

C19. The Reforzando Vínculos intervention has generated an impact on paid staff, representing **1.94%** of the total social value. This impact has been manifested in three main well-being outcomes: *professional development*, *improved career prospects*, and one negative outcome: *increased stress levels*.

On the one hand, the experience gained in the intervention, according to the respondents, **has strengthened the capacity of the staff to respond to the needs of the elderly from a community approach**. The application of more effective strategies in accompanying and promoting the well-being of the elderly has been identified as a key effect, with a potential positive impact on future initiatives both within the Red Cross and in other community intervention spaces.

In addition, *improvements in career prospects* have been identified. Experience in the intervention would have allowed staff to *develop new skills* and *expand their network of contacts in the social and community sphere*. Interaction with different actors, both inside and outside the organization, would have generated growth opportunities and strengthened their professional profile in working with the elderly.

However, along with these benefits, there has been an *increase in staff stress levels*. The complexity of the intervention and the emotional burden associated with working with a vulnerable population has been a challenge for the team.

C20. Volunteers have played a key role in the implementation and sustainability of Reforzando Vínculos. During the evaluated period (2023 - June 2024), their dedication has been significant, accumulating a total of **7,600.27 volunteer hours**[147] , including extra contributions not initially contemplated. This effort has been carried out by an average of **215 active volunteers**, of which **143** were directly linked to the intervention and 43 participated in the study.

The social impact generated in this group represents **7.21%** of the total social value of the intervention, being the second highest after the impact on the elderly participants and the highest among the other stakeholders. This result suggests that the intervention has not only benefited the target population, but has also generated a positive impact on those who participated as agents of change within the community.

The monetary value of volunteer time amounts to **€118,887.54**, considering both the hours spent and the personal expenses incurred in transportation (**€6,036**) and use of own materials (**€3,050**). Beyond the economic contribution, the experience has generated significant changes in their well-being and personal development. Among the main impacts reported were an *increase in personal satisfaction and sense of purpose*, a *strengthened sense of belonging to the community*, *greater empathy towards the challenges of aging* and an *improvement in their professional skills and competencies in the field of community intervention*.

Despite the high level of involvement, the continuity of volunteering seems to depend largely on the perceived value of their experience. Although their impact within the total social value is not the highest, their role is essential to the implementation of the intervention.

C21. The entities that cooperate in the community process have played a relevant role in the implementation of Reforzando Vínculos, according to the participants, facilitating the management of community services and promoting the expansion of strategic alliances.

[147] *Data reported in internal project documentation.*

However, the **impact perceived by these entities in terms of social value generated has been limited, representing only 0.02% of the total.**

One of the main achievements reported has been the *strengthening of autonomy in the management of services dedicated to the support of the elderly within the framework of community intervention*. Likewise, the articulation with other actors has allowed the *expansion of collaboration networks*, creating new opportunities for cooperation and enhancing the capacity to respond to the problems addressed.

Despite this progress, **some organizations have expressed *concern and uncertainty about the continuity of the project*.** The lack of a clear mechanism to sustain the actions implemented raises concerns about the permanence of the benefits achieved and the consolidation of a self-sufficient community structure.

Given that the evaluation was carried out over a relatively short period of time, it is not possible to determine whether these collaborative dynamics will be maintained in the long term or what their impact on the population will be once the intervention has ended. The absence of longitudinal measurement makes it difficult to accurately assess the sustainability of these advances, suggesting the need to establish follow-up strategies to evaluate the continuity and real impact of the intervention on the community fabric.

15. RECOMMENDATIONS

Following the comprehensive analysis of the data collected, key recommendations have been identified for the decision-making process and planned improvements for the scalability of Reforzando Vínculos as well as for using the learnings from it in future strategies. These recommendations are intended as a framework to achieve the desired learning challenges and optimize the decision making process at the operational level and also to support strategic decisions within the organization's community intervention framework.

R1: Use of ratios in communication and decision-making: Regarding the communication of the social return of the intervention, it is deemed appropriate to adopt a conservative approach, using the ratio of €3.43 for every €1 invested. This value reflects a prudent estimate based on representative data and helps to ensure that the information transmitted is transparent and supported by solid evidence.

This approach also allows the Red Cross to avoid making commitments on a social return that could be subject to variations depending on different analysis scenarios. In this way, it reinforces the organization's credibility in communicating project results.

Nevertheless, for operational decision making, it is suggested to consider the moderate ratio of €3.89[148] , as it allows comparison of extrapolated values between groups and changes even in those with non-representative samples. Although there are differences in the representativeness of the samples, this ratio offers a broader view of the impact and relationship between the different groups, facilitating the orientation of future actions. While there is a margin of sampling error, the analysis is still sufficiently rigorous to make adjustments to the program.

However, for decision-making on optimizing operations and strengthening the impact of community partnerships, it is proposed to prioritize the qualitative information presented in this report. Given that the sample represents a small percentage of the total partnerships, the monetized value may not fully reflect all impacts generated or the voice of all partner organizations.

R2: Include SROI in the set of evaluation methodologies: It is suggested that future evaluations of similar interventions incorporate the Social Return on Investment (SROI) methodology into the set of impact measurement tools. This methodology allows the

[148] *In social studies, a margin of error of 5-10% is considered acceptable to ensure representativeness. In this study, the margins of error vary according to the group of interest. While in elderly participants and paid personnel they remain within the acceptable range, some groups present higher values: family members of participants (16.59%), volunteers (12.54%) and collaborating entities (24.91%). Although the overall representativeness is adequate, these cases require cautious interpretation in decision making.*

intangible benefits generated by the intervention to be translated into economic terms, facilitating evidence-based decision making and optimizing resource allocation.

It is also considered appropriate for the Red Cross to integrate SROI as part of its evaluation and monitoring strategy, in combination with other qualitative and quantitative methodologies. In this way, a more comprehensive view of impact would be obtained, making it possible to analyze both the social value generated and the experience of the people involved in the intervention.

R3: Reduce negative impacts to improve social return: Although the data analyzed suggest that the intervention has had a mostly positive impact, some negative effects on certain stakeholders have been identified, whose economic value affects the final calculation of social return. This represents an opportunity for improvement for future editions of Reforzando Vínculos or similar interventions.

The design of strategies to minimize these negative impacts could directly contribute to an increase in social return, thus improving the relationship between investment and perceived benefits. It is proposed to conduct a detailed analysis of these impacts and develop preventive actions to optimize the overall positive effect of the intervention, ensuring greater social value for all people and stakeholders involved.

R4: Extend impact measurement to other stakeholders: Although the greatest social value generated by Reforzando Vínculos has been concentrated on the elderly participants, the data suggest that the intervention has also had relevant effects on other stakeholders, such as their family members, paid staff, volunteers and collaborating organizations.

For future evaluations, it is recommended to extend the analysis to these groups and consider the inclusion of other key actors that may have been indirectly impacted, such as Social Services or other entities linked to the welfare of the elderly. This would allow a more complete understanding of the social value generated or potentially reduced in each group,

thus optimizing the accounting of the effects of the intervention and facilitating strategic decision making for its sustainability.

R5: Extend the implementation time and strengthen community ownership: The results of this report suggest that extending the duration of the Strengthening Linkages intervention could favor the consolidation of more sustainable changes in the lives of the participants. A longer implementation would not only strengthen the support networks created, but also naturalize the social relationships generated, facilitating the emergence of meeting and bonding spaces in an autonomous way -for example, people meeting for coffee or activities without the need for an institutional call. This would contribute to a more stable community integration and reduce the risk of the impacts achieved being diluted after the end of the project.

In addition, the perception that the continuity of the changes depends mainly on the Red Cross reflects the importance of strengthening the role of other community actors in the sustainability of the intervention. Although the organization has been a key point of reference and an active agent within the communities, it is essential that they assume a more autonomous and shared role in the continuity of the activities, as proposed by the project itself, ensuring that the impact generated does not depend exclusively on a single entity with leadership capacity.

For future editions, it would be beneficial not only to extend the implementation time, but also to continue strengthening strategies that foster community ownership of the intervention. Likewise, establishing long-term follow-up mechanisms would facilitate the evaluation of the sustainability of the changes and would allow optimizing strategies that guarantee their continuity without relying exclusively on the direct intervention of the Red Cross.

R6: Design differentiated strategies to improve well-being according to the specific needs of the people involved: The data analyzed indicate that the effects of the intervention may vary among the different stakeholders involved. Although in general terms an improvement in the quality of life of the participants has been observed, the perception of

the impact may differ depending on their context, level of autonomy and degree of integration in support networks.

It is advisable to maintain the focus on adapting the intervention to these specific needs, broadening the perspective towards the value that these changes represent in their lives. It is also suggested to integrate a continuous evaluation during the development of the project, instead of focusing the measurements only at the end of the intervention. This would facilitate a more agile identification of the aspects that generate a greater impact and those that require adjustments, allowing the benefits to be optimized in real time.

R7: Strengthening social capital in future interventions: The findings of this report indicate that changes related to *strengthening the support network* and the *sense of belonging to the community* have been highly valued by the participants, both for their depth and their potential for sustainability over time. These aspects could be key in the *prevention of the feeling of* unwanted *loneliness*, in autonomy and in the promotion of the integral wellbeing of older people.

In this sense, it is proposed to strengthen resources and activities aimed at fostering social capital in future editions of Reforzando Vínculos or similar interventions. Enhancing strategies that strengthen connections between older people, their environment and the community could favor a more sustainable positive impact, aligning with the evidence on the importance of support networks in healthy aging.

R8: Post-intervention impact monitoring and sample extension: To better understand the durability of the effects of Reforzando Vínculos, we invite you to continue measuring the impact on participants over the next one to two years. This follow-up would make it possible to analyze the evolution of the changes generated, to verify whether the estimated duration of the impacts is maintained over time and to evaluate more precisely their permanence.

In addition, this post-intervention evaluation would make it possible to complete the sample by incorporating information that could not be collected in the current measurement,

ensuring that the results are more representative of all stakeholders involved. Implementing this follow-up would strengthen the validity of the data and optimize future editions of the intervention, adjusting strategies to improve the sustainability of the effects achieved.

R9: Implement strategies to *mitigate paid staff stress*: The analysis suggests that the intervention has generated positive impacts on the professional development and network expansion of paid staff. However, an increase in *stress* levels has also been identified, which may have affected their well-being and, consequently, the quality of the intervention.

For future editions, it is considered advisable to design strategies that reduce the emotional and operational burden on the team, ensuring that their experience is positive and sustainable. This could include strengthening supportive spaces, redistributing tasks and incorporating self-care mechanisms within the intervention. In addition, setting specific objectives related to staff wellbeing would allow for the assessment of staff satisfaction and ensure an appropriate working environment.

R10: Optimize the role of volunteers and improve their experience: Volunteers play a fundamental role in the sustainability of Reforzando Vínculos, but their continuity depends on the perceived value of their participation. The importance of analyzing in greater depth the factors that generate value in their experience is highlighted, ensuring that their involvement is enriching both personally and in their contribution to the project.

Likewise, it is suggested to design actions that maximize the positive impact for this group, establishing concrete objectives on their development and satisfaction within the intervention. In addition, strengthening the participation of family members and people close to the elderly participants in volunteer activities could broaden the impact of the intervention and improve its sustainability, fostering stronger support networks.

R11: Strengthen community networks and assess their sustainability: Although Reforzando Vínculos has contributed significantly to the creation of community networks and coordination among local actors, it has not yet been possible to determine whether these

dynamics will be sustained over time. To ensure the continuity of these collaborations beyond the intervention period, it is proposed to implement strategies to consolidate these alliances and promote their long-term sustainability.

Likewise, continuing with the evaluation of the impact on the community would allow measuring the increase in social value generated through these connections, identifying opportunities for improvement and optimization of the community networks in future editions of the intervention.

R12: Further assess the impact on public administration: The available data have not clearly shown whether Reforzando Vínculos has generated a reduction in the operational burden on public administration, particularly in the use of social and health services. However, given that this impact could manifest itself in the medium or long term, it is suggested that complementary studies be carried out to analyze this aspect in greater depth.

A more detailed assessment of the potential impact of the intervention on the demand for public services would provide a better understanding of its contribution to the welfare system and its potential to optimize the use of resources. This analysis could provide valuable information for future decisions on the scalability and replicability of the intervention in other communities.

R13: Leveraging external attribution as a strategic opportunity: While part of the impact on older participants is attributable to other actors, such as family, friends, community organizations and municipal spaces, this suggests that Reforzando Vínculos has favored integration with pre-existing support networks. This interaction with the environment can be interpreted as an opportunity to strengthen the intervention, consolidating and expanding the strategic alliances that already contribute to the well-being of the participants.

It is proposed to formalize and reinforce these collaborations with community entities, public services and informal support networks, with the aim of maximizing the positive impact and guaranteeing a sustained accompaniment over time. A key strategy could be the active

incorporation of family members and close people in the intervention, promoting their role as support agents and facilitating the continuity of the benefits once the intervention is over. In addition, it is suggested that future editions of the intervention collaborate with the participants to identify the resources and networks that have been key to their change, in order to consolidate these links and promote joint work with the community.

R14: Optimize the intervention in groups with the highest deadweight: The data analysis suggests that approximately a quarter of the changes in the well-being of the elderly participants could have occurred even without the intervention. This finding indicates that there are external factors that influence the generation of certain changes - such as the *increase in the support network*, which has the highest deadweight (30%) - which represents an opportunity to optimize the intervention and improve its effectiveness, especially in those aspects where the margin for improvement is greater.

These factors should be taken into account when designing future strategies, prioritizing those actions that maximize the impact on the dimensions of well-being that are most sensitive to the intervention. This could include identifying the types of change with the least direct attribution to the project, adjusting intervention methodologies according to specific needs, and adapting activities to generate more profound and sustainable effects.

In addition, a better understanding of the external factors that influence certain changes will enable the design of interventions that are more integrated into the community environment, reinforcing existing resources and ensuring that Reforzando Vínculos complements and enhances the opportunities already available in the community.

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ANNEXES

Below are the information sections that complete the summary data of the report referred to.

I. Glossary of terms

Participants: Refers to older people who have been part of the Reforzando Vínculos intervention and have experienced changes in their well-being as a result of their participation. This is the main target group of the study, as the intervention is designed to

improve their quality of life by integrating them into community support networks and promoting autonomy.

Changes in wellbeing (outcomes) or aspects of wellbeing that change: Term that refers to the concepts outcome and aspects of wellbeing in English, according to the standards of the SROI methodology. Outcomes are those transformations experienced by participants or organizations as a result of the intervention. They can be positive or negative, and are identified by analyzing the experiences and perceptions of different stakeholders.

Stakeholders: Refers to all individuals or organizations that have directly or indirectly experienced changes or influenced the intervention. In this report, stakeholders include participants (older people), volunteers, paid staff, collaborating organizations within the community and family members of participants.

Impact: Defined as the proportion of change that can be directly attributed to the Strengthening Linkages intervention, net of other external factors that may have influenced the results. Impact is calculated taking into account variables such as deadweight, displacement, attribution to other initiatives and the decay of impact over time.

Resources (inputs): A term that refers to the resources used to develop the intervention, such as the time dedicated by the technical team, the budget allocated, the materials used and any other input necessary for the implementation of activities. In the context of this report, inputs are equivalent to the resources detailed in the project's financial and operational reports. The English terminology (inputs) is used because it is internationally recognized in impact measurement using the SROI methodology.

Outputs: Refers to the quantifiable results of the intervention, such as the number of participants, the number of activities carried out or the services provided. It is important to differentiate outputs (tangible results) from outcomes (changes in well-being), as this report focuses on measuring the social impact generated beyond operational indicators.

SROI (Social Return on Investment): This is the abbreviation for Social Return on Investment. It is the methodological framework recognized internationally by Social Value International and applied in this report to assess the social impact of the Strengthening Linkages intervention. The SROI methodology is based on 8 principles and 6 fundamental steps to measure the social value generated by an intervention.

Social Value: Refers to the importance that people assign to the changes experienced in different aspects of their well-being following their participation in Reforzando Vínculos. It includes improvements in emotional and physical health, strengthening of support networks, integration into the community and *increased personal autonomy*. In this report, Social Value is measured in terms of stakeholder perception and the impact the intervention has had on their lives.

II. Appointments of people from different interest groups

Target group: Elderly participants

"The seed is planted, but now we need them to help us walk and be able to grow that little tree that we have started to cultivate with help. Help is critical: it's not just about what they do for us, it's also about us having the capacity and commitment to follow through with this."

"I am in a better mood to be with my family when I get out of activities. My daughter accompanies me and I know it's not always easy for her.... But at the same time it's good for her, because while I'm having a good time with my friends, she can run errands."

"It's not hard for me to get out of the house, I'm looking forward all week to Tuesday to go to the casal and share with the group."

"My relatives say that thanks to the activities I have improved a lot. I go out more, I remember things better, I'm more cheerful..."

"Before I didn't want to go to activities because my husband had passed away. Now that I'm going, I've been included again with people in town and I feel like they all support me, help me and remind me of things to come and get out of the house."

"My relatives say that I am happier, that I talk more, that I am more eager to do things and to collaborate. I am more cheerful and happy."

"Because of taking care of my husband I was very tired and depressed. Going to the activities has helped lift my spirits."

"I'm a very old person, I'm 97 years old, and what helps me the most is that there are activities I can go to with my caregiver and be with people in town. I go out whenever I'm in good health."

"Yes, because the activities have really helped me integrate into the village, meet people and make friends. That makes me feel more confident and supported."

"They notice me more cheerful and lively. Being in activities outside the home makes me argue less with my family."

"I do really well talking to people and making new friends. Interacting with other people helps me not to stay cooped up at home."

"They see that thanks to the activities I get out of the house more, which helps me because I'm still not completely over the loss of my husband. They have also informed me of aids such as the emergency button, because I have had falls."

"I feel happier and more confident. If they see me more animated, wanting to do more things."

"I now leave the house daily to go to Respite Care and participate in activities at the Retiree Club and Red Cross. I'm much more active, even though I carry a lot of grief inside because of the loss of my children."

"Yes, they have noticed changes. I go out more now because I have new friends."

"My neighbor tells me that she sees me more lively, more cheerful. Now I feel more like traveling and whenever I have the opportunity I do it."

"My whole family is very happy to see me happier. Now, with the Alexa, whenever they come over they always see me with music, asking her for recipes or calling a friend I hadn't seen for years because I didn't leave the house much either."

"They notice me more active, happier and with more energy to leave the house. Plus, we've made new friends and, outside of the project, on special days we go out for dinner or drinks on our own."

"I am more present on a day-to-day basis. I feel part of my community."

"My daughter tells me that she sees me more animated than before, because when she proposes something to me, now I say yes more easily. I used to be lazier."

"They are calmer because they see the support, the help and the company I receive. Thank you so much."
"I feel better, more confident."

"Thanks to the project I have gained a support group that helps me every week to live life better."

"Now I feel more like going out because I can meet friends on the street and meet up for a drink."

"In the activities I relax and feel accompanied."

"I always look forward to the day of the weekly meeting."

"Thanks to my participation in these activities, I have become more open to talking and interacting with other people. Also, I have met new people."

"Now I feel part of a group of friends where I feel comfortable."

"Participating in the project has helped me not to feel so lonely after becoming a widow."

"The activities help me to be more dynamic, busy, cheerful and accompanied."

"They have helped me remember a lot of things because of the book activity."

"Since I've been participating in Reforzando Vínculos, I have more confidence with some neighbors and also the support of the Red Cross when I need occasional help."

"I feel more valued and listened to."

"Now I feel safer having the emergency button. Even though my daughter lives nearby, sometimes she's not around and if something happens to me, I can let her know."

"We've gotten closer and gotten to know more of our neighbors that we used to only say hello to on the street. It has helped us bond more and support each other on a day-to-day basis."

"In my case, it's been a total change. Before, I hardly left the house. I had been in the village for years, but I knew few people and didn't participate in village life. Now I go to all the activities and even meet up with friends on Sundays for a coffee on our own."

"I have been oriented to go to the health center and now I have Alexa. I also participate in activities with others and encourage others to join in."

"Now every night I see my almost two-year-old grandson through Alexa, because I'm visually impaired and can't use modern cell phones. That makes me feel more content and happy."

"I feel safer at home living alone. I am no longer afraid, neither at home nor on the street, because I always carry your phone. I am very grateful."

"They helped me with telecare and the Red Cross girls call me to see how I am doing. Also, I told my stories as a volunteer on a guided tour for tourists, and I participated in a video. It made me very excited."

"I have become more aware of the older people in my village and, although I am older myself, I am now more willing to support and encourage others."

Target group: Relatives of elderly participants

"The activities that take place help seniors get together, participate and not isolate themselves at home."

"My mother has improved in confidence, will to live and coexist with the community. She now feels more accompanied and understood by those around her."

"Since participating in the project, she has become more excited about living with others in the same situation. Having scheduled activities gives her a reason to get up every day with enthusiasm."

"She has improved her physical and mental state thanks to the opportunity to meet new people and feel accompanied."

"The project has given her companionship and activities that make her feel better. She now has more opportunities to socialize and participate."

"My mother has found in the project a space to share, entertain herself and get out of the house. For her, all this is fundamental. Thank you for your work."

"Thanks to her participation in the activities, she now feels more useful and integrated into the community."

"Alexa has given her life, and the member of Reforzando Vínculos (Beatriz) even more. Thank you truly."

"The program has allowed him to improve his communication with his family and, above all, to see his grandson via video calls, which gives him a lot of happiness."

"I live in Vallirana, I work in Barcelona and my mother, who has Alzheimer's, is between my house and hers in Cornellá. Being able to see me by video call gives her peace of mind, and she has gained in autonomy. In addition, she has learned to use Alexa and asks to play songs from her time, which gives her a lot of joy. I think it's a great initiative."

"The project has given her enthusiasm, routines that brighten her day and greater social integration. She is now more awake and eager to participate in activities."

"Thanks to using Alexa, in addition to keeping in touch with friends and family, she is now more in control with systems that help her with her health. But most importantly, she has gotten out of the house a lot more and expanded her circle of friends."

"My mother is happier, especially more accompanied. Now she has goals every day, like getting up early to go to the respite classroom. She also leads a healthier life."

"Before, she only hung out with her circle of acquaintances, but thanks to this program she participates in different activities and has expanded her social network."

"The professional treatment of all the people in the program has been excellent, as well as the activities that are carried out. It has been a great help to my mother."

"Before, I had to insist that she go out of the house and not just sit and watch TV. It's not that she felt bad, but that she was lazy. Now I don't need to insist, she goes out a lot more and interacts with more people."

"Getting out of the house and connecting with others her age has been key to her well-being. She now feels more integrated and accompanied."

"For my mother, dancing and doing things in the company of other seniors is very important. This project has given her that opportunity back."

"Thanks to her participation in community activities, she has been able to attend talks and share walks with younger people. She feels loved and listened to."

"My mother has found in these activities a space where she can feel more entertained, make friends and share moments with other people."

"She now has routines and more activities that she is excited about. Knowing that she has something to do every day motivates her and gives her stability."

"The project has made a positive change in her life. Not only does it keep her active, but it has allowed her to meet more people and relate better to her surroundings."

"We feel more at ease knowing that she is participating in activities and that she is accompanied. This program has not only helped her, but it has given us peace of mind for the whole family."

"reforzando vínculos has been exceptional and incredible. There is no substitute for what has been created here."

"I think a lot of people have benefited from this program. My mother doesn't have physical or cognitive dependency, but I know there are many other people who do, and this has been life-changing for them."

Target group: Paid personnel

"We have participated in intergenerational activities with high school students and in the children's summer camp. These groups have experienced direct contact with the elderly and have been sensitized about good treatment."

"Some people have taken on the role of community agents, such as social workers in the territory, who are grateful for the existence of this service and the professional relief it brings. This has also generated greater awareness of unwanted loneliness and the importance of community support to improve the quality of life of the elderly."

"We have community agents -people who actively participate in the project, even if they are not old enough to be users- and who are part of the community. They put us in contact with other potential users, with different agents and local entities; they motivate the rest and propose ideas."

"Community agents (shopkeepers, neighbors, associations) have become more aware of their participation and relationship with the elderly. The local public administration now adopts a more inclusive vision, making better use of the resources and coverage available to serve the elderly population. Our staff, specialized in community intervention, is involved with users, administrations and other community agents."

"Public administrations perceive the Red Cross as a more collaborative entity, with a clear willingness to improve the social fabric."

"Pharmacies, businesses and professionals (such as plumbers, hairdressers, fishmongers...) pay more attention to the needs of the elderly and, if necessary, are confident to pass on any concerns to Social Services, the Red Cross or the health center. Entities working with the elderly - residences, day centers and respite care centers - are more connected and coordinated to promote the participation and inclusion of their users. A special educational center has also been integrated into community activities; local associations and collectives, as well as the library, propose and adapt activities to include the elderly."

"Expanding my experience, working and getting to know more areas within the Red Cross has been very important to me."

"Working at a personal level on expectations and frustration tolerance has been a challenge. In the definition of the project, a reality is posed that, in professional practice, turns out to be completely different."

"I have moved out of the municipality, to another side of the island. It was not an entirely desired change and has brought me both negative consequences, such as being away from my family and supports, and positive ones, discovering new activities, gaining independence and developing skills I didn't have before."

"I have understood the importance of being able to reconcile family and work life in a healthy way, something I didn't value so much before."

"Thanks to the project, I have expanded my network of contacts within the organization and have gained greater knowledge about how other areas work that I was previously unaware of."

"I think these types of projects should be implemented in the long term, although sustainability remains a challenge."

"This experience has helped me to get to know myself better and better, discovering facets I was unaware of and learning to value others that previously went unnoticed."

Target group: Volunteers

"Some of them have cognitive limitations, but they have the wisdom of life. They have learned to keep quiet because experience has led them to yield space to younger generations. However, when given the opportunity to express themselves, valuable learnings emerge from those who have already traveled the road that others are just beginning."

"Watching ladies on the street and imagining what they looked like 30 years ago makes me reflect on the passage of time and how aging leaves its mark. I used to view old age with indifference, even in my teens I thought that some people were just born old. With time, one begins to understand it, but without fully embracing it. However, by being so close to this reality and developing empathy, I have learned to

accept aging not only as an inevitable process, but as a natural stage of life."

"Perhaps more resources should be invested in projects like this, instead of focusing them solely on IMSERSO, because there are people with physical, cognitive and economic limitations. I don't know if next year it can be sustained in the community without political or institutional support. It's not a big investment compared to all the benefits it brings to the elderly: I've seen them smile again after years of not doing so, and it brings them back to life. But the community needs backing to make it sustainable."

"I feel good seeing how the elderly have changed their social habits and feel so happy that they show it to me with their affection and gratitude. I feel that my work has served to make their lives more beautiful."

"I feel a great happiness to be able to help, to see them happy, how they cohere, support each other and are filled with vitality as they feel part of a group."

"Spending time on a new activity has helped me become more organized, appreciate the opportunity to have gained a new friend, and make my family understand that this is important to me."

"My relationship with other people has grown, as has my empathy for older people."

"I value volunteering more after this experience."

"Interacting more with seniors and listening to them has been a very positive thing for me."

"I find it a gift to receive gratitude from seniors."

"The volunteerism and people from the community who have participated in the organized activities have given greater visibility to the elderly. In addition, interaction between generations has been encouraged, which also allows children and young people to be more aware of the value of older people."

"I went to several volunteer activities with my son and he has also become aware of what seniors need."

"This project is having a very large social and community impact, not only on the people involved, but also on their environment."

"More visibility has been given to the elderly, promoting their participation in multiple activities."

"I have seen how volunteering can positively impact those who participate. In particular, a fellow volunteer who suffers from depression has found these activities to be a great help in helping her cope."

"The family environment has also benefited from seeing seniors more motivated and happy with their participation in the project."

"Children have been closer to older people, which has favored intergenerational connection."

Stakeholder: Entities cooperating in the community process

"Reforzando Vínculos has brought a new air to Cascante, bringing dynamism, accompaniment and happiness to a broad sector of the population. It has fostered connectivity between local associations, strengthening the community fabric."

"The project has helped combat loneliness among the elderly, improve social cohesion and encourage participation in community activities."

"One of the greatest achievements has been the decrease in loneliness, the creation of peer support networks and increased motivation in the participants."

"Reforzando Vínculos has helped to improve the relationship between the youth of Tegueste and the elderly users of the project, fostering intergenerational connection."

"From our entity we have participated in the dissemination and communication of the project, giving it a voice through our radio contents."

"Networking and collaboration between entities have been key. In fact, we have already started another project working on loneliness, involving different community agents."

"The project has improved accessibility to information and promoted participation in prevention and health promotion activities."

"Intergenerational activities have been fundamental to this project. We want to continue participating in these types of initiatives to strengthen social and community integration."

"It is crucial to have a coordinating and energizing person to ensure the continuity of the activities and the sustainability of the project."

"We would like to continue to organize intergenerational gatherings, celebrations such as Senior Citizens Day and encourage access to cultural and social activities."
"The network created between the different agents favors the management of the project and has allowed better coordination between entities and professionals."

"The work developed has been very remarkable at the community level, generating a positive impact on the social cohesion of the area."

"We have learned ways of acting in ways that foster greater community cohesion and participation."

"Collaboration with other entities, such as the City Council, the Aula de Respiro and the Health Center, has strengthened the project's impact on the community."

"Networking has been key to the integration of the project in the community and to the sustainability of the initiatives created."

"Reforzando Vínculos has allowed us to strengthen our work on values and enhance collaboration with other organizations."

"The Cascante City Council, the Aula de Respiro and the Health Center have been key spaces of collaboration for the development of the project."

"From the primary care center, we already had an important track record in community activities for health, but the coordination work that this project has brought has been key to strengthening these initiatives."

"The project has allowed us to generate new alliances and synergies that benefit both the people involved and the community at large."

"It is imperative that programs like this continue, as they have proven to be a key resource for preventing loneliness and improving the quality of life for seniors."

"The time spent seeking partnerships has been critical to ensuring the sustainability of the project and broadening its impact."

"The quality of the program has been exceptional thanks to the coordination and involvement of the team, which has been able to build trust and strengthen the social fabric of the community."

"The coordination work has made it possible to highlight many community resources that were previously unconnected, improving health promotion and prevention in the community."

"It is necessary to have a person with involvement and strategic vision to maintain the level of development that the project has reached."

"The project has facilitated access to other Red Cross initiatives, such as cognitive stimulation activities, caregiver trainings and adapted transportation, thus expanding the positive impact on the community."

"Reforzando Vínculos has facilitated the creation of new alliances with health centers, retiree associations and respite classrooms, strengthening the community fabric and generating greater involvement of different agents in the care of the elderly."

"This project has made it possible to create the first community day in Cornellà, encouraging the meeting and participation of different sectors of the community."

"The key to the success of Reforzando Vínculos has been the coordination and the network of alliances that its team has been able to build, facilitating collaboration between entities and enhancing the impact on the community."

"The program has generated an increase in collaboration between entities from different fields, promoting a more comprehensive approach to care for the elderly."

"Networks have been woven between associations, local administrations and community agents, leading to greater integration and social cohesion in the community."

"The project has succeeded in bringing health services closer to the elderly, facilitating their access and improving their well-being."

"Reforzando Vínculos has been key to reducing home isolation, encouraging the creation of spaces for social interaction and support networks for the elderly."

"From our health center, we have seen how the initiative has strengthened social cohesion in the community, which reinforces the need to continue with programs of this type to continue generating positive impact."

"The community work developed has been a great contribution, as it has not only benefited the participants, but has also strengthened the collaborating organizations by boosting their networking."

"The coordination of the project has been key to connecting different groups. A striking example has been how music festivals, originally aimed at a young audience, have managed to integrate older people, generating a very positive intergenerational impact."

"The sustainability of the project depends on the coordination of all community actors. Reforzando Vínculos has generated a fundamental cohesion, and from the health center we consider it key to maintain this line of work, since mutual support and synergy exponentially multiply the benefits for the community."

"If the project ends, many users will lose access to activities that contribute to their autonomy, combat unwanted loneliness and allow them to continue to feel valued

and active in the community."

"In our municipality there is no day center or spaces exclusively for seniors. Reforzando Vínculos is one of the few spaces that favor social interaction, so its continuity is essential to maintain these benefits."

"The program has allowed the development of activities and workshops that, without this initiative, would not have been carried out."

"Networking and the presence of a technician specialized in community intervention have been key to strengthening cohesion among different entities and groups."

"Reforzando Vínculos has been a meeting point between associations, local administration and health services, facilitating the connection between different agents and promoting more efficient collaborative work."

"The impact of the program in the community has been significant. If it ends, it will be necessary to look for new alternatives to sustain the work done so far and avoid losing the progress achieved."

"From our entity, we value the possibility of continuing to participate in community activities that strengthen the social fabric and favor the integration of the elderly in the life of the municipality."

"The project has shown that when there are adequate spaces for socialization, seniors can develop new relationships and improve their well-being, which reinforces the need to sustain these initiatives over time."

"If the coordination and leadership of the intervention disappear, all the progress made over time could fade away. It is essential to ensure its continuity in order to consolidate the positive impact generated in the community."

"It is essential to ensure the continuity of the program, not only maintaining the current team, but even expanding it to strengthen its impact in the community."

"The level of activity and cohesion achieved so far can only be maintained if the presence of a coordinating figure capable of energizing and sustaining community initiatives is ensured."

"The project has been fundamental for the elderly in the locality, as it has promoted their integration into the community and generated accessible and meaningful spaces for participation."

"Coordination and networking with Reforzando Vínculos have generated very positive impacts, but limitations have been detected in terms of time availability and work overload, which has prevented the promotion of new initiatives."

"There is a need for additional resources, such as transportation for seniors and accompaniment, in order to improve accessibility to workshops and community activities."

"The actions promoted within the framework of Reforzando Vínculos have been very positively valued by the community and have strengthened the sense of belonging among the elderly and other population groups."

"The benefits of the program go beyond organized activities, as they have facilitated spontaneous interactions between seniors and other groups in community spaces, such as stores and supermarkets, reinforcing a sense of connectedness and reducing feelings of loneliness."

"It is key to have dynamic agents that promote intergenerational initiatives and exchanges, ensuring that older people continue to have opportunities for active

participation in the community."

"To guarantee the sustainability of the program, it would be necessary to have municipal economic resources that would allow its continuity in the long term."

"The collaboration with Reforzando Vínculos has been an enriching experience for all the entities involved, and its continuity is essential to continue promoting community actions with a positive social impact."

III. Qualitative and quantitative questions to participants and their families

III.I Quantitative questions to participants and their families

Qualitative questions to participants

Block	Main question	In-depth questions
A. Activities	*"What project activities or dynamics have you done that you feel have impacted your life?"*	*- "What struck you most about those activities?"* *- "How did they make it easy for you to participate (schedules, materials, support)?"*
B. Identification	*"What changes have you experienced in your life after participating in these activities?"*	*- "Can you describe a specific time when you noticed that change?"* *- "How did that change manifest itself in your day-to-day life?"*
C. Causes	*"What do you think that change is due to?"*	*- "What specific element of the activity (group, methodology, resources) was most influential?"* *- "Were there external factors that also contributed?"*
D. Consequences	*"What effects has that change had on other areas of your life?"*	*- "Has any other relationship or aspect improved/worsened as a result of this change?"* *- "Did unanticipated effects arise?"*

E. Meaning	*"Of all the changes we have already discussed, which do you consider the most important or significant for you?"*	*- "Why do you choose that change over others?"* *- "What impact does that change have on your day-to-day life compared to others?"*
F. Secondary impacts	*"Has this change affected other people around you."*	*- "Who and in what form?"*
G. Inputs	*"In addition to your time, what other resources did you contribute to make these activities take place?"*	*- "Materials, transportation, third party support...?"*

Qualitative questions to family members of participants

Block	Main question	In-depth questions
A. Activities	*"What project activities or dynamics have you experienced or observed as a family member that you believe have impacted your life?"*	*- "What did you find most meaningful about those activities?"*
B. Identification	*"What changes have you experienced as a family member following your family member's participation in Strengthening Bonds?"*	*- "Can you tell us a specific moment when you noticed that change in your day-to-day life?"* *- "How did it reflect on your relationship with him/her?"*
C. Causes	*"What do you think those changes in your life as a family member are due to?"*	*- "Was any specific dynamic (group, workshop, support) the most influential?"* *- "Were there external factors (work, health, etc.) that also impacted?"*
D. Consequences	*"How have those changes impacted other areas of your life (extended family, friendships, daily routine)?"*	*- "Were any relationships strengthened or did any new challenges arise?"* *- "Did unintended consequences appear?"*
E. Meaning	*"Of all the changes you have experienced as a family member, which do you consider the most important or significant?"*	*- "Why do you highlight that change over others?"* *- "What difference did it make to your quality of life?"*
F. Secondary impacts	*"Do you think the changes in your life as a family member have also affected other groups (your family participant, other family members, friendships)?" can be explored*	*- "To what extent do you think your change impacted your participating family member?"* *- "What other side effects grew out of it?"*

	here.	
G. Observation of changes	*"What changes have you directly observed in your participating family member throughout these activities?"*	*- "Can you give a specific example of a new behavior or attitude you noticed?"* *- "At what point did you first detect it?"*
H. Inputs	*"In addition to your time and emotional support, what other resources (transportation, arrangements, materials) did you provide to facilitate your family member's participation?"*	*- "How do you value that input in terms of effort and resources?"*

III.II Quantitative questions to participants and their families

Questions	Frequency
Satisfaction with life: Overall, on a scale of 1 to 10, where 10 is the highest degree of overall satisfaction with life, how satisfied do you feel NOW / AFTER participating in the Strengthening Links intervention? **Type of scale:** Likert scale from 1 to 10	**Generic, 1 time**
Happiness: Overall, on a scale of 1 to 10, where 10 is the highest degree of happiness, how happy do you feel NOW / AFTER participating in the Strengthening Links intervention? **Type of scale:** Likert scale from 1 to 10	**Generic, 1 time**
Identification: Would you say that what is described in the following sentences has happened to you? In relation to the changes identified. **Type of scale:** Yes/No	**Repeated for each change**
Importance (non-monetized rating): How important have the changes you have experienced as a result of your participation in the Strengthening Links intervention been to you? **Type of scale:** Likert scale from 1 to 10	**Repeated for each change**
Economic value (monetized valuation): To determine the potential economic value of these changes, how much would you be willing to pay for the activities that generated them or for the changes as a whole? Alternatively, what would be the cost in the market for products and services that could have produced these same changes? **Type of scale:** Open-ended question	**Repeated for each change**
Depth: How much would you say has changed due to this change? **Scale type:** Likert scale from 1 to 10	**Repeats for each change**
Duration: Do you think these changes in your life will be maintained over time or do you think they will disappear quickly? **Type of scale:** 1 year, 2 years, 3 years, 4 years, 5 years, 6 years	**Repeats for each change**

Dead Weight: If you had not participated in the Strengthening Linkages activities this year, do you think you would have done other activities that would produce the same changes? What would they be? **Scale type:** Open-ended question	**Generic, 1 time**
Displacement: Do you think that the changes in well-being/discomfort you have experienced as a result of your participation in Strengthening Links may have generated discomfort or some negative effect on other people? If so, do you consider this to be a serious or minor effect? **Type of scale:** Open-ended question	**Generic, 1 time**
Attribution: Throughout this questionnaire, you have identified changes that you attribute to your participation in Strengthening Links. During this time, do you believe that any other person, organization, or activity has also contributed to those same changes? **Scale type:** Open-ended question	**Generic, 1 time**
Drop: A question related to the drop in value was not included in the form, as it was considered that the question would not be adequately understood by the participants. Therefore, it was discarded and we opted to use other sources to obtain this information.	**Generic, 1 time**
Other changes: Do you wish to add any other changes you have experienced? **Type of scale:** Open-ended question	**Generic, 1 time**
Negative changes: Were all changes positive or do you consider that any negative changes have been generated? **Type of scale:** Open-ended question	**Generic, 1 time**
Inputs: Apart from your time and dedication, would you say you have contributed anything else in order to be able to participate? **Scale type:** Open-ended question	**Generic, 1 time**
Other impacts: Who or what else has been affected by the above change? **Scale type:** Open-ended question	**Generic, 1 time**
In addition, detailed information was requested on each change to understand its causes and consequences. These questions are not detailed here, as they were designed specifically for each stakeholder group and each change identified with the objective of enriching the data analysis beyond what was strictly necessary for the SROI.	

IV. Qualitative and quantitative questions to paid staff and volunteers

IV.I Qualitative questions to paid staff and volunteers

Block	Main question	In-depth questions

A. Activities	*"What project activities or dynamics have you done as a professional or volunteer that you feel have impacted your role?"*	*- "What aspects of those activities were most meaningful to you?"* *- "How were your conditions for participation made easier or more difficult (schedules, resources)?"*
B. Identification	*"What changes have you observed in the way you work, in your skills or in your life after participating in these activities?"*	*- "Can you describe a specific situation where you noticed that change?"*
C. Causes	*"What aspects of those activities do you consider drove the change in you?"*	*- "Which element of the dynamic (e.g., collaborative work, feedback, materials) carried the most weight?"* *- "How did your peers or leaders contribute to making that change happen?"*
D. Consequences	*"How has that change impacted the team or the volunteer and professional community?"*	*- "Were processes, communication channels or forms of coordination modified?"*
E. Meaning	*"Among the changes you experienced in your role, which do you consider the most important or significant to your career?"*	*- "What makes that change stand out from the others?"* *- "How do you think this change will influence your professional development or future volunteer activities?"*
F. Challenges and lessons learned	*"What challenges did you encounter in experiencing that change?"*	*- "In what ways did you confront them and what supports did you request?"* *- "What learnings do you value most from that experience?"*
G. Secondary impacts	*"Do you think the changes in your life have affected other groups (family, friends, other professional people)?" can be explored here.*	*- "To what extent do you think your change impacted other groups?"*
H. Observation of changes	*"What changes have you directly observed in the participants following these activities?"*	*- "Can you share a specific example of a new behavior or attitude you noticed?"* *- "At what point did you first detect that change?"*
I. Resources provided	*"In addition to your time and dedication, what other resources (training, technical support, materials) did you contribute to make those*	*- "How do you value that contribution in terms of effort and commitment?"*

	changes happen?"	

IV.II Quantitative questions to paid staff and volunteers

Questions	Frequency
Identification: Would you say that what it says here in the sentences has happened to you? In relation to identified changes. **Type of scale:** Yes/No	**Repeated for each change**
Importance (non-monetized rating): How important is it to you to have experienced these changes as a result of your/their participation in Strengthening Links? **Type of scale:** Likert scale from 1 to 10	**Repeated for each change**
Economic value (monetized valuation): To determine the potential economic value of these changes, how much would you be willing to pay for the activities that generated them/the changes as a whole? Alternatively, what would be the cost in the market for products and services that could have produced these same changes?" **Type of scale:** Open-ended question.	**Repeated for each change**
Depth: How much would you say has changed from this change? **Type of scale:** Likert scale from 1 to 10	**Repeated for each change**
Duration: Do you think these changes in your life will stay for a long time or do you think it will be over very quickly? **Type of scale:** 1 year (during Reinforcing Links), 2 years, 3 years, 4 years, 5 years, 6 years	**Repeated for each change**
Dead Weight: If you had not participated in the Reinforzando Vínculos activities this year, do you think you would have done other activities that would have produced the same changes? **Type of scale:** Likert scale from 1 to 10	**Repeated for each change**
Displacement: Do you think that the changes in well-being/discomfort that have been generated in you as a consequence of your participation in Strengthening Links may have generated discomfort or any negative effect on other people? **Type of scale:** Likert scale from 1 to 10	**Repeats for each change**
Attribution: Throughout this questionnaire, you have identified changes that you attribute to	**Repeats for each**

your participation in Reforzando Vínculos. During this time, do you believe that any other person, organization or activity of yours has also contributed to these same changes? **Type of scale:** Likert scale from 1 to 10	**change**
Drop: A question related to the drop in value was not included in the form, as it was considered that participants would not adequately understand the question. Therefore, it was discarded and we opted to use other sources to access this information.	**Repeats for each change**
Other changes: Do you want to add more changes? **Type of scale:** Open-ended question.	**Generic, 1 time**
Negative changes: Were all changes positive or would you say that any negative changes have been generated? **Type of scale:** Open-ended question.	**Generic, 1 time**
1.6 Inputs: Apart from your time and dedication, would you say you have contributed anything else in order to be able to participate? **Type of scale:** Open-ended question.	**Generic, 1 time**
1.6 Others: Who or what else has been affected by the above change? **Type of scale:** Open-ended question.	**Generic, 1 time**
In addition, detailed information was requested on each change to understand its causes and consequences. These questions are not detailed here, as they were designed specifically for each stakeholder group and each change identified with the objective of enriching the data analysis beyond what was strictly necessary for the SROI.	

V. Qualitative and quantitative questions to entities cooperating in the community process ,

V.I Qualitative questions to entities cooperating in the community process

Block	Main question	In-depth questions
A. Activities	*"What activities or dynamics have occurred as a result of working with Reforzando Vínculos that you feel have impacted your processes or outcomes?"*	*- "What aspects of those activities were most valuable to your institution?"* *- "How were your conditions to participate made easier or more difficult?"*

B. Identification	*"What changes have you observed in the way you collaborate or in your internal procedures after carrying out these activities?"*	*- "Can you describe a specific example of that change?"* *- "How is that change now reflected in your day-to-day institutional life?"*
C. Causes	*"What elements of those activities do you consider drove the changes in your entity?"*	*- "Which component (e.g., practice sharing, shared resources, coordination meetings) carried the most weight?"* *- "How did internal individuals or teams contribute to make that change happen?"*
D. Consequences	*"How have those changes impacted your network of collaborations or other entities you work with?"*	*- "Have alliances been strengthened or new agreements emerged?"* *- "Have you detected any unanticipated side effects?"*
E. Meaning	*"Of all the organizational changes you have experienced, which do you consider the most important or significant to your mission?"*	*- "What criteria do you use to assess that such change is a priority?"* *- "To what extent does this change reinforce your strategic objectives?"*
F. Improvements and challenges	*"What challenges did you encounter in implementing those changes in your entity?"*	*- "What steps did you take to overcome those challenges?"* *- "What institutional learnings did you take away from that experience?"*
G. Observation of changes	*"What changes have you observed in the participants or other entities after your intervention?"*	*- "Can you share a specific example of a new institutional behavior or practice you noticed?"* *- "At what point did you first detect it?"*
H. Resources provided	*"In addition to the time and space you gave up, what other resources (staff, funding, infrastructure) did your organization provide to facilitate these changes?"*	*- "How do you value that contribution in terms of commitment and sustainability of the project?"*

V.II Quantitative questions to entities cooperating in the community process

Questions	Frequency

Identification: Would you say that what it says here in the sentences has happened to you? In relation to changes identified for the organization. **Type of scale:** Yes/No	**Repeats for each change**
Importance (non-monetized rating): How important is it for you to have experienced these changes as a result of the organization's participation in the Strengthening Links project? **Type of scale:** Likert scale from 1 to 10	**Repeated for each change**
Economic value (monetized valuation): To determine the potential economic value of these changes, how much would you be willing to pay for the activities that generated them/the changes as a whole? Alternatively, what would be the cost in the market for products and services that could have produced these same changes?" **Type of scale:** Open-ended question.	**Repeated for each change**
Depth: How much would you say has changed from this organizational change? **Type of scale:** Likert scale from 1 to 10	**Repeated for each change**
Duration: Do you think these changes will be maintained for a long time in the organization or do you think it will be over very quickly? **Type of scale:** 1 year (during Reinforcing Links), 2 years, 3 years, 4 years, 5 years, 6 years	**Repeated for each change**
Dead Weight: If you had not participated in the activities of Reforzando Vínculos this year, do you think you would have done other activities that would have produced the same changes for the organization? **Type of scale:** Likert scale from 1 to 10	**Repeated for each change**
Displacement: Do you think that the changes in well-being/discomfort that have been generated in the organization as a consequence of your participation in Strengthening Links may have generated discomfort or some negative effect on other people or organizations? **Type of scale:** Likert scale from 1 to 10	**Repeated for each change**
Attribution: Throughout this questionnaire, you have identified changes that you attribute to the organization's participation in Strengthening Links. During this time, do you believe that any other person, organization or activity of yours has also contributed to these same changes? **Type of scale:** Likert scale from 1 to 10	**Repeated for each change**
Drop: A question related to the drop in value was not included in the form, as it was considered that participants would not adequately understand the question. Therefore, it	**Repeated for each change**

was discarded and we opted to use other sources to derive this information.	
Other changes: Do you want to add more organizational changes? **Type of scale:** Open-ended question.	**Generic, 1 time**
Negative changes: Were all changes positive or would you say that any negative changes have been generated for the organization? **Type of scale:** Open-ended question.	**Generic, 1 time**
1.6 Inputs: Apart from your time and dedication, would you say that the organization has contributed anything else in order to be able to participate? **Type of scale:** Open-ended question.	**Generic, 1 time**
1.6 Others: Who or what else has been affected by the above change? **Type of scale:** Open-ended question.	**Generic, 1 time**
In addition, detailed information was requested on each change to understand its causes and consequences. These questions are not detailed here, as they were designed specifically for each stakeholder group and each change identified with the objective of enriching the data analysis beyond what was strictly necessary for the SROI.	

VI. Zarit Scale

COG1.1. Did you think/do you think that because of the time you spend with your family member you do not have enough time for yourself?		
BEFORE	AFTER	CHANGE
3,00	2,00	is reduced
3,00	0,00	is reduced
3,00	0,00	is reduced
4,00	3,00	is reduced
3,00	2,00	is reduced
4,00	4,00	is maintained
4,00	4,00	is maintained
0,00	0,00	is maintained
0,00	2,00	increases
2.67	**1.89**	
COG1.2. Did you feel burdened by trying to juggle the care of your family member with other		

responsibilities (work, family)?		
BEFORE	AFTER	CHANGE
3,00	3,00	is maintained
4,00	1,00	is reduced
3,00	0,00	is reduced
4,00	1,00	is reduced
0,00	0,00	is maintained
4,00	4,00	is maintained
4,00	4,00	is maintained
2,00	0,00	is reduced
0,00	2,00	increases
2.67	**1.67**	

COG1.3. Did/do you think that caring for your family member negatively affects the relationship you have with other members of your family?		
BEFORE	AFTER	CHANGE
2,00	2,00	is maintained
1,00	0,00	is reduced
0,00	0,00	is maintained
2,00	3,00	increases
3,00	0,00	is reduced
3,00	3,00	is maintained
4,00	4,00	is maintained
2,00	2,00	is maintained
0,00	3,00	increases
1.89	**1.89**	

COG1.4. Did you think/do you think that your health has worsened due to having to take care of your relative?		
BEFORE	AFTER	CHANGE
2,00	2,00	is maintained
1,00	1,00	is maintained
0,00	0,00	is maintained
3,00	0,00	is reduced
4,00	3,00	is reduced
2,00	1,00	is reduced
4,00	4,00	is maintained
1,00	1,00	is maintained

3,00	3,00	is maintained
2.22	**1.67**	
COG1.5. Did you feel tense when you were near your family member?		
BEFORE	AFTER	CHANGE
2,00	2,00	is maintained
0,00	0,00	is maintained
0,00	0,00	is maintained
0,00	0,00	is maintained
0,00	0,00	is maintained
3,00	2,00	is reduced
3,00	2,00	is reduced
1,00	1,00	is maintained
0,00	0,00	is maintained
1.00	**0.78**	
COG1.6. Do you feel that you have lost control of your life since your relative's illness began?		
BEFORE	AFTER	CHANGE
2,00	2,00	is maintained
1,00	1,00	is maintained
0,00	0,00	is maintained
4,00	4,00	is maintained
0,00	0,00	is maintained
3,00	3,00	is maintained
3,00	3,00	is maintained
0,00	0,00	is maintained
0,00	0,00	is maintained
1.44	**1.44**	
COG1.7 Globally, what degree of 'burden' did you experience/do you experience from caring for your family member?		
BEFORE	AFTER	CHANGE
2,00	2,00	is maintained
1,00	1,00	is maintained
0,00	0,00	is maintained
4,00	0,00	is reduced
2,00	3,00	increases
2,00	1,00	is reduced
4,00	1,00	is reduced

1,00	1,00	is maintained
0,00	0,00	is maintained
1.56	**1.00**	

VII. Risk analysis

The risk analysis conducted, and detailed in the following section, determined, prior to data collection, that the data collected required a **MEDIUM-HIGH** degree of **RIGOR**[149] in both the completeness and accuracy dimensions, as they would be used for **operational decision making** in the implementation of the Reforzando Vínculos intervention methodology in other territories in Spain. A low degree would have increased the risk of ignoring the voices of the different stakeholders or of not understanding with sufficient accuracy the changes in their lives, while a high degree would have implied an unnecessary use of resources in data collection, without significantly improving decision making based on this report.

In summary, the data would be used to improve Strengthening Linkages by adjusting, adapting and optimizing activities to maximize positive impacts and minimize negative ones, for which a medium-high degree of rigor would be sufficient.

To reach this conclusion, the following four criteria (type of decision, degree of reversibility, degree of precision and degree of completeness) are evaluated through the process indicated in the first column.

[149] Rigor, according to Social Value International (n.d.). *Principle 8: Be responsive*. https://www.socialvalueint.org/principle-8-be-responsive.

Criterion: Decision typology	
Process	***Analysis and conclusion***
The evaluation team, composed of 3 members: a) Analyzed the different typologies of decisions according to Principle 8 ***Respond appropriately .*** [150] b) Seeked to understand at what point data would be used for decision making from 2025 onwards. c) Validated the risk analysis defined in the 2023 forecast. d) Verified the scope of the report by exposing the data to validation by 2 people from the project. e) Identified the corresponding type of decision.	Among the decision typologies (strategic, tactical, operational) the decision is of an **operational** nature**, as it is about "**making improvements to existing activities[151] ". Decisions will focus on how to adapt, improve the activities of the existing set of activities and methodology, to optimize the impacts on the well-being of the impacted people based on impact data and feedback from the different stakeholders who have experienced the intervention. It is also reviewed regularly (quarterly or semi-annually). **Conclusion:** Therefore, it was considered sufficient that the data in the report had a **MEDIUM-HIGH RIGOR**.
Criterion: Level of Reversibility	
The evaluation team, composed of 3 members: a) Conducted a discussion on the following topic: how quickly a decision regarding the intervention methodology could be reversed if the data in the report were to generate negative impact or little positive impact. b) Analyzed the predicted impacts in the Projected Social Value report of the intervention, assessing the degree of reversibility of changes, both positive and negative, on a scale of 1 to 5. A 1 indicated a low degree of reversibility to potential "harm" caused by incorrect decisions based on the data, and a 5 indicated a high degree of reversibility to potential "harm." (b) Combined the distribution of changes on the	Given that all the changes generated by the project activities, both predicted and intentional, referred to short-term, emotional, attitudinal and, in some cases, circumstantial changes, these were considered to be easily and quickly reversible. This is due to the fact that operational decisions are made in short periods of time and the possible damages would be neither serious nor sustained over time. **Conclusion:** Therefore, it was concluded that the possible damages that could be generated would be **easily reversible.**

[150]Social Value International (n.d.). *Principle 8: Be responsive*. https://www.socialvalueint.org/principle-8-be-responsive.
[151]Description of operational decision, according to the principle 8 ***Respond appropriately*** of Social Value International.

scale with the qualitative content and determined the corresponding degree of reversibility.	
***Criterion:* Level of Accuracy** **Refers to the level of accuracy with which the results and impacts have been quantified.**	
The evaluation team, composed of 3 members: a) Developed a scale from 1 to 5 to evaluate accuracy, based on the concept of objective data and subjective data, assuming that objective data would offer a higher degree of accuracy. More objective data were assigned higher values on the scale and subjective data lower values. A 1 represented tools that collected data with lower accuracy (such as retrospective subjective assessments), while a 5 corresponded to objective data through scales validated in Spain with data collected before and after the intervention, which would represent the highest level of accuracy. The tool also included sources such as "research," "other SROI studies" and "other stakeholders" to weight intermediate levels. b) The team evaluated the type of decision (operational decision making) and the type of data needed for the decision, identifying the appropriate level on the scale. Finally, the degree of accuracy required for the analysis was defined.	A report is most accurate when the indicators accurately reflect the change, the relative importance of the results is quantified using a consistent approach, statistical confidence in the quantified data is high, and the extent to which the change was caused by activities within the scope of the analysis is clearly evidenced. Given that operational decisions based on this report would be quickly reversible and that the changes assessed were not expected to be related to physical well-being (which would require greater precision) or monetary aspects, but to emotional well-being, attitudes, and some circumstances, it was felt that a maximum degree of precision would not add significant additional value to decision making. However, too low a level of precision could detract from value and potentially lead to detrimental decisions. **Conclusion:** A **medium-high** degree of accuracy was assigned, employing a combination of tools to capture both the overall picture of change and the depth of critical changes for different stakeholders. This would be achieved through the use of validated scales and open-ended, subjective questions, ensuring that the data collection tools were tailored to generate the necessary information to support the operational decisions for which the data in this report would be used.
***Criterion:* Level of Completeness** **Refers to the degree to which the report includes all material impacts experienced by all stakeholders. Material impacts are those changes in well-being that are relevant and significant.**	

The evaluation team, composed of 3 members: a) Developed a scale from 1 to 5 to analyze completeness, based on two criteria: - **Representativeness**: A 1 indicated 1% representativeness (sample versus target population), while a 5 represented 100% of the people involved in the project. - **Subjectivity**: A 1 reflected the use of tools of low subjective rigor (such as consulting other stakeholders about changes in the group being analyzed), a medium level implied the use of forms with the group itself, and a high level meant individual interviews. b) The team evaluated the type of decision (operational decision making) and the type of data needed for the decision, identifying the appropriate level on the scale. c) Finally, the degree of completeness required for the analysis was defined.	A report is most complete when the various changes, both positive and negative, experienced by different groups of people are thoroughly explored and synthesized. It was felt that the report could be compromised if the participation levels of the people affected were low, as this would limit the understanding of the changes they experience. However, 100% participation and individual interviews with each person active in the intervention would be considered an inefficient use of participants' time, as more data would not alter operational decisions. **Conclusion: A medium-high degree** of completeness was assigned, ensuring that the data collection tools were adapted to generate the necessary information to support the decisions for which the data in this report would be used.

VIII. Value map

The complete value map here (.xlsx)

Contents

Sheet	Description
Guidance	General and column specific guidance to using the SROI Value Map and Value Map (non-SROI) sheets.
Scope	This sheet is for providing information on your activities and the analysis.
SROI Value Map	This sheet is designed to help you develop your SROI analysis. The SROI Value Map sheet is to be used where the analysis uses financial valuation of outcomes (i.e. a conventional SROI analysis).
Value Map (non-SROI)	This sheet is designed to help you develop your Social Value (non-SROI) analysis. The Value Map (non-SROI) sheet is to be used where the analysis does not use financial valuation of outcomes (i.e. relative importance of outcomes is expressed using a weighting).
Glossary	A glossary of social value terms.
Change log	This sheet logs the updates made to the value map spreadsheet.

Guidance for using the Value Map

1. General

This spreadsheet is a free download and the guidance below is not designed to be a workbook. Support, training and additional guidance is available from Social Value UK (http://www.socialvalueuk.org/) and Social Value International (http://www.socialvalueint.org/).

This spreadsheet includes two versions of the impact map;

This spreadsheet has been designed to follow the methodology in the SROI Guide (http://www.socialvalueuk.org/app/uploads/2016/03/The%20Guide%20to%20Social%20Return%20on%20Investment%202015.pdf). It is recommended that the Guide is read before using the spreadsheet. It is the responsibility of the user to

The duration of outcomes is limited to 6 years (where outcomes start during the period of activity (Year 0)) or 5 years (where outcomes start in period after activity (Year 1)).

Year 0 includes the year of activity. Activities are assumed to start and end in Year 0.

The spreadsheet will not be applicable in all situations. For example, this spreadsheet may not be suitable for very complex systems or projects where outcomes start more than one year after the activity.

2. Structure

The spreadsheet has not been protected in order to provide users with some flexibility. Great care should be taken in making any changes to ensure the integrity of the calculations. It is the responsibility of the user to ensure that any changes do not effect the integrity of the calculations.

In particular:
· New columns should not be added

3. Column specific guidance

Column - Inputs, Financial value (for the total population for the accounting period)

Cells in this column should only be filled in a number. Do not include the currency sign, for example £.

Column - Quantity (scale), Number of people experiencing described outcome

Cells in this column should only be filled in with a number. Do not include text.

Column - Duration of outcomes, How long (in years) does the outcome last for?

Cells in this column should only be filled in with a whole number (do not include text, for example 'years'). Duration includes the year of activity (e.g. if an outcome starts in the year of activity and lasts for an additional 2 years, overall duration would be 3 years. The duration of outcomes is limited to 6 years (where outcomes start

Column - Valuation approach, Describe the monetary valuation approach used to express the relative importance (value) of each outcome.

Cells in this column should detail the approach used to express the relative importance (value) of the outcome from the perspective of the stakeholder. For more information on how to value outcomes, please consult the SROI Guide (http://www.socialvalueuk.org/app/uploads/2016/03/The%20Guide%20to%20Social%

Column - Monetary valuation, How important is the outcome to stakeholders (expressed in monetary terms)?

This is the value of the outcome per stakeholder per year. Cells in this column should only be filled in with a number. If using financial value, do not include the currency sign, for example £.

Column - How much caused by the activity?, Deadweight %

Cells in this column should only be filled in with numbers between 0 and 100. The percentage symbol is automatically added.

Column - How much caused by the activity?, Displacement %

Cells in this column should only be filled in with numbers between 0 and 100. The percentage symbol is automatically added.

Column - How much caused by the activity?, Attribution %

Cells in this column should only be filled in with numbers between 0 and 100. The percentage symbol is automatically added.

Column - How much caused by the activity?, Drop off %

Cells in this column should only be filled in with numbers between 0 and 100. The percentage symbol is automatically added.

Column - Weighting

To make comparison between outcomes possible, your analysis should be consistent in the type of weighting used.

4. Links to further guidance

Standard on Applying Principle 1 Involve stakeholders (Draft)

Standard on Applying Principle 2: Understand what changes (Part One: Creating well defined outcomes)

A Discussion Document on the Valuation of Social Outcomes

Standard on Applying Principle 4: Only include what is material

Supplementary Guidance on Using SROI

Maximise Your Impact : A Guide for Social Entrepreneurs

A guide to Social Return on Investment

Translations of guidance

Translated versions of guidance documents are available in more than 10 different languages including Russian, Japanese and Portuguese. Browse and download the full selection from the Social Value International website: http://www.socialvalueuk.org/resources/sroi-guide/

Scope

Organisation	Red Cross				Name	Reforzando Vínculos
Objectives	Identify the main impacts (positive, negative, intentional or unintentional) generated by the project. Contribute to optimizing resource management and improving the understanding of the issues addressed. Accurately assess the impact on autonomy and the deinstitutionalization of older adults.				Date	January 2023 – June 2024 (implementation period)
Scope	Activity	Implementation of the “Reforzando Vínculos” project to reduce unwanted loneliness, promote autonomy, and prevent the institutionalization of older adults through companionship activities and the strengthening of support networks.	Goals - how the activity leads to the desired impact	Reduce vulnerability and dependency, contributing to personal autonomy. Improve the quality of life and well-being of older adults. Promote community participation and support through networks.	Time Period of activity	January 2023 – June 2024 (18 months)
					Time Period of analysis	June – December 2024 (data collection and validation)
	Contract / Funding / Part of org	Funded by the European Union (Next Generation EU), managed by the Ministry of Social Rights, Consumer Affairs and the 2030 Agenda. Additional contribution from the Red Cross: €31,695.28 Total budget considered for this 18-month period: €1,638,880.00	What decisions will be influenced by this analysis?	Optimization of resource allocation within the project and future similar interventions. Improvements in the design of care models aimed at older adults. Informed decision-making regarding the replicability and scalability of the project.	Forecast or Evaluation	Evaluation (based on the SROI methodology)

SROI Value Map

#VALUE!

This sheet is designed to help you develop your SROI analysis. If your analysis does not use monetary valuation of outcomes, please use the "Value Map (non-SROI)" tab. For further information please see the "Guidance" tab.

| Stakeholders | Stage 1 | Stage 2 | | | | Stage 3 | | | | | | | | | | | | | Stage 4 | | | | | | | | | | | | |

Glossary

Term	Definition
Attribution	An assessment of how much of the outcome was caused by the contribution of other organisations or people. It is unlikely that our activities are the only thing in a person's life that helps them to change.
Cost allocation	The allocation of costs or expenditure to activities related to a given programme, product or business.
Deadweight	A measure of the amount of outcome that would have happened even if the activity had not taken place. For example, there is often the chance the people could have experienced the same changes by working with another organisation, or even without the support from anyone.
Discounting	The process by which future financial costs and benefits are recalculated to present-day values.
Discount rate	The interest rate used to discount future costs and benefits to a present value.
Displacement	An assessment of how much of the outcome has displaced other outcomes. For example, if our activities prevent people experiencing the same changes somewhere else we should take account of this.
Drop-off	The deterioration of an outcome over time.
Duration	How long (usually in years) an outcome lasts after the intervention, such as length of time a participant remains in a new job.
Financial proxy	A financial proxy is a monetary representation of the value of an outcome
Impact	The difference between the outcome for participants, taking into account what would have happened anyway, the contribution of others and the length of time the outcomes last.
Indicator	Indicators are measures that provide information on how much of an outcome is expected to happen or has happened. They can be based on information provided by those experiencing the outcome or from other sources.
Inputs	The contributions made by each stakeholder that are necessary for the activity to happen.
Materiality	Information is material if its omission has the potential to affect the readers' or stakeholders' decisions.
Net present value	The value in today's currency of money that is expected in the future minus the investment required to generate the activity
Net social return ratio	Net present value of the impact divided by total investment.
Outcome	The changes resulting from an activity. The main types of change from the perspective of stakeholders are unintended (unexpected) and intended (expected), positive and negative changes. For example, this could be an increase in someone's mental wellbeing, or a reduction in loneliness.
Outputs	The summary of activities in numbers. These are the easiest things to count. For example, the number of training classes attended, or the quantity of a product grown.
Ranking	Putting outcomes in order of importance from lowest to highest, from the perspective of the stakeholders experiencing the changes. Ranking can be considered a form of equal weighting.
Weighting	Giving outcomes a weighting (e.g. on a scale of 1 to 10) to allow comparisons to be made about relative importance. For example, an outcome with a weighting of 6 out of 10 would be considered three times as important as an outcome with a weighting of 2 out of 10.
Scope	The activities, timescale, boundaries and type of SROI analysis.
Sensitivity analysis	Process by which the sensitivity of an SROI model to changes in different variables is assessed.
Social return ratio	Total present value of the impact divided by total investment.
Social value	Social value is the quantification of the relative importance that people place on the changes they experience in their lives. Some, but not all of this value is captured in market prices. It is important to consider and measure this social value from the perspective of those affected by an organisation's work.
Stakeholders	People, organisations or entities that experience change, whether positive or negative, as a result of the activity that is being analysed.
Valuation	Outcomes can be more or less important to the stakeholders that experience them. Valuation is a process that assesses relative importance. Financial measures are used as a proxy for value and allow for comparisons to be made between different changes. Sometimes these proxies will relate to actual amounts of money but this is not necessary.

Change log

Changes from previous version
Rebranded in line with SVUK branding guidelines
Updates to Guidance tab
Inclusion of cells for time period of activity and time period of analysis on Scope tab
On SROI Value Map tab, increased number of data rows to 25
On SROI Value Map tab, set data validation rules for columns: - Stakeholders, How many in group? - Inputs, Financial value (for the total population for the accounting period) - Duration of outcomes, How long (in years) does the outcome last for? (validated drop-down list) - Quantity, Number of people - Outcomes start, Does it start in period of activity (1) or in period after (2) (validated drop-down list) - Value, What is the value of the proxy for the change per person? - Deadweight %, What will happen/what would have happened without the activity? - Displacement %, What activity would/did you displace? - Attribution %, Who else contributed to the change? - Drop off %, Does the outcome drop off in future years?
On SROI Value Map tab, set data validation rule for Discount rate cell.
On SROI Value Map tab, renamed "Current year" to "Year 0" for clarity. The spreadsheet now runs from Year 0 to Year 5.
On SROI Value Map tab, amended calculation for duration to automatically account for change in outcome start period.
On SROI Value Map tab, amended calculation for drop-off to automatically account for changes in duration and outcome start period.
On SROI Value Map tab, column "How long (in years) should we measure the change for / how long are we accountable?" has been renamed to "How long (in years) does the outcome last for?" for clarity.
On SROI Value Map tab, column "Impact (year 0)" renamed to "Impact calculation" for clarity.
On SROI Value Map tab, section "How valuable?" has been simplified to comprise Valuation approach and Value columns only.
On SROI Value Map tab, "How much change per person" has been removed. The "What changes?" column has been updated to include this information.
On SROI Value Map tab, "Number of people" reworded to "Number of people experiencing described change"
On SROI Value Map tab, "Does the outcome start in period of activity (1) or in period after (2)?" updated with dropdown options for "Period of activity" and "Period after".
On SROI Value Map tab, "What is the financial value of the outcome per stakeholder per year (in currency)?" reworded to "What is the value of the outcome per stakeholder per year?"
Inclusion of Glossary tab.
On SROI Value Map tab, moved duration column.
On SROI Value Map tab, "Description (including amount/extent of change)" column reworded.
Included a Value Map (non-SROI) tab for use with analyses which do not use monetary valuation of outcomes.
We have split the column for outcomes. This now has "Outcome description - What is the change experienced by stakeholders?" and "Amount of change per stakeholder (depth) - Describe the average amount of change experienced (or to be experienced) per stakeholder)".
Reworded "Indicator and source" text. This now reads "Describe how you will measure the described outcome (including any sources used)".
"Quantity" column reworded to "Quantity (scale)".
Weighting column has been reintroduced to the SROI Value Map tab. The reference to rating has been removed from the weighting column, now reads "Weighting - How important is this outcome to stakeholders? (e.g. on a scale of 1-10) (N.B. To make comparison between outcomes possible, your analysis should be consistent in the type of weighting used)."
Glossary entries for Ranking and Weighting have been updated.
Duration column has been moved. Now sits between "Quantity (scale)" and "Outcomes start".
References to "financial valuation" of outcomes changed to "monetary valuation".