

THE SOCIAL VALUE OF



- A SOCIAL-EDUCATIONAL INNOVATION MODEL WITH CHILDREN AND FAMILIES IN VULNERABLE SITUATIONS



SROI EVALUATION REPORT

The "Innovation Program for the Prevention of Institutionalization in Childhood" is made up of two projects. On the one hand, the "Risk Reduction Project in Vulnerable Childhood through Educational Intervention" and on the other hand, the "Vulnerable Qualitative Research Project" that is being worked on jointly. The State Coordinator of Salesian Social Platforms and the Pere Tarrés Foundation each led one of the two projects financed by the Ministry of Social Rights, Consumption and Agenda 2030, within the framework of the Recovery, Transformation, and Resilience Plan, by the Royal Decree 1101/2021, of December 10, in which the Chair of Social Impact of the Comillas Pontifical University and The Social Consulting Agency, have formed the impact measurement team.



WARRANTY STATEMENT

This report has been assured by Social Value UK¹ in September 2025. According to the accreditor: *“The report shows a good understanding of, and is consistent with, the Social Value process and principles”*.

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 a "seal" visible on the first page of the report, which is delivered only if the document satisfactorily passes the accreditation process.

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

Also, this report is presented in Spanish, in compliance with Article 3 of the Spanish Constitution (BOE-A-2005-10623), which stipulates Spanish as the official language of the State, reflecting its purpose of serving the public interest, and its state financing by Spain.

The report led by Patricia Pólvora - accredited in SROI by Social Value International Level 3 and Trainer of The Social Consulting Agency and Blanca de Cominges Sureda and Beatriz Delfa Rodríguez from la Cátedra de Impacto Social de la Universidad Pontificia Comillas.

¹Social Value International. "Report Assurance." <https://www.socialvalueint.org/report-assurance>.



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The Social Value of SomosVoz - A Social-Educational Innovation Model with Children and Families in Vulnerable Situations

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Signed

Mr Ben Carpenter
Chief Executive Officer
Social Value International



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EXECUTIVE SUMMARY

This executive summary offers a clear and succinct presentation of the most significant findings, recommendations and essential procedures of the study on Monetized Social Return (SROI) applied to the SomosVoz socio-educational intervention model. This report focuses on evaluating the Social Value derived from the model by defining “Social Value” as; *“The importance that people give to different aspects of their well-being and the changes they experience (in these aspects of well-being).”*

This Social Return on Investment (SROI) evaluation assesses the **social value created by SomosVoz**, a socio-educational innovation model designed to reduce the risk of institutionalization of children and adolescents through integrated work with minors and their families in socio-educational centers across Spain. The model was piloted over **12 months in 2023** in **25 centers** across **9 Autonomous Communities**, within the national “Innovation Program for the Prevention of Institutionalization in Childhood,” coordinated by the State Coordinator of Salesian Social Platforms and the Pere Tarrés Foundation.

Method and scope. The study applies accredited SROI standards to identify, measure, and monetize material changes for key stakeholder groups: children and adolescents, mothers and fathers, professionals, and participating socio-educational organizations. Mixed qualitative and quantitative methods were used with strong stakeholder involvement and validation, and transparent treatment of limitations and risks. The evaluation period covers **January–December 2023**; data were collected **February–June 2024**.

Who was reached and how robust are the findings? Target populations were **384** children/adolescents, **320** mothers/fathers, **91** professionals, and **39** socio-educational organizations. Samples achieved statistical representativeness for children/adolescents (**sampling margin of error: 5.33%**), mothers/fathers (**7.23%**), and professionals (**8.36%**); organizational data were **partially** representative (**sampling margin of error: 17.17%**).

SROI results.

- **Headline ratio:** Between **€1.42 and €3.37** of social value generated per **€1** invested, depending on whether results reflect only the direct sample (lower bound) or are



extrapolated to the full population (upper bound). The **extrapolated SROI is 3.37**.

Total investment considered: **€1,559,073.95**; corresponding **Net Present Value (NPV)** of social value (net of investment): **€5,249,076.49**.

- **Distribution of value: 66.42%** of total social value accrues to **children and adolescents** (\approx €3,481,242.81); **28.57%** to **mothers and fathers** (\approx €1,499,741.02); **4.84%** to **socio-educational organizations** (\approx €254,079.13); **0.27%** to **professionals** (\approx €14,013.52).
- **Per-person values (illustrative):** Children/adolescents: **€9,066** per child; mothers/fathers: **€4,687** per parent; professionals: **€670** positive and **-€546** negative per person (net reduced by stress).
- **Balance of impacts:** Positive impacts account for **99.05%** of total value; negative impacts **0.95%**, arising exclusively from **increased stress** among professionals.

What changed and where the value concentrates. The largest contributions come from children's outcomes: **improved intra-family relationships, better relationships with peers, improved behavior in school/other settings, broader support networks, and greater autonomy**. For families, high-value outcomes include **personalized socio-emotional and community help, enhanced family atmosphere and wellbeing at home, and greater family autonomy**. At organizational level, material outcomes include **improved quality and efficiency of services, increased possibility of obtaining financing, and enhanced technological assets**.

Domains of wellbeing. The program's social value concentrates in **Interpersonal Relationships (60.20%)** and **Social Inclusion (19.38%)** within the Schalock–Verdugo framework, underscoring the model's relational and community strengths.

Inputs and sensitivity. The investment figure combines financed and non-financial resources, including significant in-kind contributions and professional overtime reported by



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centers. Sensitivity tests show the SROI ratio remains within the stated range under conservative assumptions.

Recommendations

- **Mitigate staff stress:** Add regular supervision, manageable caseload guidelines, and brief psychosocial check-ins to address the identified negative effect among professionals.
- **Prioritize high-value outcomes:** Focus delivery tools and supervision on intra-family relationships, peer relationships, behavior in educational settings, support networks, and autonomy.
- **Strengthen family partnership practices:** Systematize personalized socio-emotional support, referral pathways, and family goal-plans with scheduled follow-ups.
- **Safeguard model fidelity at scale:** Define core components, minimum dosage, and supervision cadence to maintain quality during expansion.
- **Targeted capacity building:** Provide short, practice-oriented training in relational work, behavior support in schools, and community network mapping.
- **Improve organizational evidence quality:** Increase center participation and standardize data capture to reduce the organizational sampling margin of error in future cycles.
- **Establish feedback loops:** Create a simple dashboard of key outcome indicators and hold quarterly learning reviews to iteratively refine delivery.

Conclusion. SomosVoz demonstrates **strong social value creation**, especially for children and families, with material improvements in family dynamics, peer relations, autonomy, social support, and inclusion. While staff stress emerged as a compensating negative effect, overall impacts are highly positive and robust—supporting **scaling and operational refinement** of the model across socio-educational centers in Spain.



RECOGNITIONS

The creation of this report has been possible thanks to the active participation of the entire team that is part of the program, as well as the collaboration of the organizations involved: the State Coordinator of Salesian Social Platforms², the Pere Tarrés Foundation³, Canaria-Main⁴, and BoscoSocial⁵. Each of these entities played a fundamental role in various stages of this evaluation process. For the team responsible for this report, the evaluator team would like to express our most sincere gratitude for your dedication, time, and commitment.

We also extend our gratitude to the children, mothers, and fathers, and to all the people and organizations who opened their homes and offices to answer both curious and amazing questions. Their generosity and collaboration enabled the collection of detailed data that significantly enriched this report.

REPORT WRITERS

This report has been led by Ms. Patricia Pólvara an accredited professional in SROI (Advanced Practitioner Level 3) and an accredited Trainer of the agency. [The Social Consulting Agency](#)⁶. It has been prepared in close collaboration with two researchers from [la Cátedra de Impacto Social de la Universidad Pontificia Comillas](#)⁷, Blanca de Cominges Sureda and Beatriz Delfa Rodríguez.

The Pontifical University of Comillas (UPC) is a Spanish university based in Madrid.

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

² State Coordinator of Salesian Social Platforms. (n.d.) <https://psocialesalesianas.org/>

³ Pere Tarrés Foundation. (n.d.) <https://www.peretarres.org/>

⁴ Canaria-Main. (n.d.) <https://fundacionmain.org/>

⁵ BoscoSocial. (n.d.) <https://boscosocial.org/>

⁶ The Social Consulting Agency. (n.d.). Consulting in Madrid <http://www.thesocialconsulting.agency/>

⁷ Comillas Pontifical University. (s.f.) <https://www.comillas.edu/>



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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 value results but also to ensure that resources are used efficiently, maximizing social benefit.”

Patricia Pólvara (Accredited Consultant in SROI Level 3 Accredited Practitioner)

This document presents an evaluation report of the Social Return on Investment⁸ (hereinafter referred to as SROI), which quantifies in monetary terms the social value generated by the Preventive Pedagogical Innovation Model, aimed at avoiding or reducing the institutionalization of children and adolescents (hereinafter referred to as NNA), during the pilot implementation of this same in the year 2023. A socio-educational intervention model under the name **Socio-educational Innovation Model SomosVoz** (hereinafter referred to as **SomosVoz**), designed and implemented within the framework of the “Innovation Program for the Prevention of Institutionalization in Vulnerable Children”⁹ itself composed of two projects: “Risk Reduction Project in Vulnerable Childhood from Educational Intervention” led by the State Coordinator of Salesian Social Platforms (hereinafter, will be called CEPSS) with a budget of €2,713,138.10, and “Qualitative Research and Pedagogical Innovation Project for the Reduction of the Institutionalization of Childhood Vulnerable” led by the Pere Tarrés FFoundation(hereinafter referred to as PT) with a budget of €1,117,897.57. Both were financed by the Ministry of Social Rights, Consumption and Agenda 2030¹⁰. Through the direct granting of subsidies to Third Sector entities for innovation and research projects aimed at modernizing social services and care models for the elderly, children, and people experiencing homelessness and with disabilities, within the framework of the Recovery, Transformation, and Resilience Plan¹¹, in accordance with Royal Decree Royal Decree 1101/2021, of December 10, March 2, 2021.

⁸ “The Social Return on Investment (SROI),” *Wikipedia*, last modified on [access date], <https://es.wikipedia.org/wiki/SROI>.

⁹ Innovation Program for the Prevention of Institutionalization in Vulnerable Children. [*SomosVoz*]. s.f. <https://psocialesalesianas.org/programapipii/>

¹⁰ Ministry of Social Rights, Consumption and Agenda 2030. *Website of the Ministry of Social Rights, Consumption and Agenda 2030*. s.f. <https://www.mdsocialesa2030.gob.es/index.htm>

¹¹ BOE. 2021. *Royal Decree 1101/2021, of December 10, which regulates the direct granting of subsidies to Third Sector entities for innovation and research projects aimed at the modernization of social services and models of care and attention to people. elderly, children and people experiencing homelessness, within the framework of the Recovery, Transformation and Resilience Plan*. BOE no. https://www.boe.es/diario_boe/txt.php?id=BOE-A-2021-20481



The impact evaluation comes from the CEPSS project budget and comprehensively covers the impact generated by the innovative pedagogical model co-created by both projects. It provides a detailed description of the representative sample of organizations including specific information about the participating individuals in the appropriate sections throughout the report.

In this report the SROI methodology (internationally accredited by Social Value International) is applied.¹², mainly due to its approach to understanding the impact generated, its methodological rigor and the possibility of accreditation it offers to analyze the impact generated.

Glossary of terms:

Various sector- or context-specific terms or abbreviations are repeated throughout the report. These terms, with their descriptions, are listed in the annexes at the end of this report.¹³

1.1 METHODOLOGY



“The word 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"

Social Return on Investment (SROI) is a methodology to measure and value the social, environmental, and economic impact generated by an organization or project. This methodology uses principles of social accounting and auditing, combining qualitative and quantitative techniques to provide a holistic view of how activities affect different stakeholder groups. This methodology translates social and environmental results into monetary terms, facilitating comparison with investments made and allowing organizations to better understand the total value they are creating or destroying.

¹² Social Value International. (n.d.) <http://www.socialvalueint.org>

¹³ See Glossary of Terms in the [Annex I](#) for a detailed explanation of the terms used.



The application of SROI involves identifying the different stakeholders, determining the changes they experience due to the organization's activities, and valuing these changes in monetary terms. This process requires data collection, rigorous analysis, and often independent verification to ensure the accuracy and credibility of the results. By providing a clear measure of social and environmental impact, this data in its monetized format helps organizations become more transparent and accountable, improving decision-making and demonstrating the added value of their initiatives to funders, partners, and society at large.

The eight principles: The methodology is based on eight fundamental principles that guarantee an inclusive, precise, and transparent measurement of the social, environmental, and economic impact, offering a complete vision of the value generated.

Figure 1. SROI methodological principles



Use: The figure shows the methodological principles defined by Social Value International as a framework for the methodology. *Source:* Own elaboration.

The SROI has a framework based on 8 principles that are reflected transversally throughout the entire report and 10 impact questions. Throughout the report, both the principles and questions will be referenced, systematically and visually, using the official “icons” of the Social Value International methodology. Following these principles, all the information collected below about the evaluation process of the Social Value of the “preventive intervention model” is presented transparently.

This is not a new methodological proposal but is based on a well-established evaluation of approaches and procedures with more than 13 years of history, which has been applied in

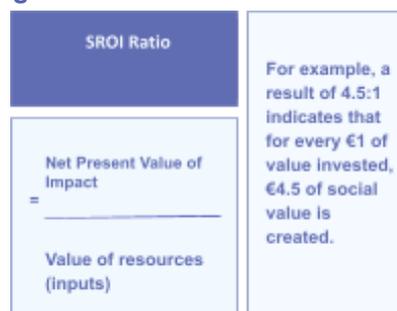
multiple Public Administrations around the world and has more than 650 accredited professionals.¹⁴ The SROI method focuses on the idea that everything we earn or achieve in life has a value—a Social Value. Understanding whether Social Value has a positive or negative impact is generated on people's well-being.

The methodology takes a holistic approach to measuring impact. This allows positive, negative, intentional, and unintentional changes to be counted in economic terms. Thus, the relative importance of each one is understood, facilitating the making of better decisions.

Therefore, what distinguishes SROI from most impact measurement frameworks is its ability to translate into common language—in economic and financial terms—the value of the changes generated for people and in their lives, through the actions we execute within the framework of the funded project. A shared language that allows comparing the total investment made with the value added in social benefit.

Social Value International states; *"Many people can provide evidence that these activities generate some change. However, few clearly explain why it matters. What would happen if they didn't exist? What is the real value of what they do? Social Return on Investment balances this balance, analyzing value, not just cost."* - A Guide to Social Return on Investment, UK Cabinet Office, 2015¹⁵.

Figure 2. Formula to calculate SROI



Use: The figure shows the mathematical formula used to calculate the SROI. Source: Own elaboration.

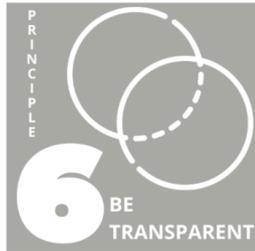
¹⁴ Social Value UK. (n.d.). <https://socialvalueuk.org/about-social-value-uk/>

¹⁵ UK Cabinet Office. *A Guide to Social Return on Investment*. 2015.

<http://www.socialvaluelab.org.uk/wp-content/uploads/2016/09/SROI-a-guide-to-social-return-on-investment.pdf>.



1.1.1 Corrective actions during the methodological process



The sixth principle, “*Be transparent*”, encourages highlighting imperfections in the methodology or process that have been detected during data collection or analysis. This is done to ensure that these aspects are considered when interpreting the data and making decisions. All limitations identified from the beginning are set out below, and any deviation of the process from the established methodology has been explicitly documented in the subsequent table.

1.1.2 Complexity, limitations, contingency plan, and errors

In this report, the terms “complexities” and “limitations” refer to situations that were anticipated from the outset to restrict the scope of data collection or analysis or that arose during the process (and how they were addressed). These complexities and limitations have been listed in the following table to ensure the principle of transparency, as some of them directly influenced the representativeness of the changes observed in certain stakeholder groups. Therefore, they should be considered in decision-making given their impact on the rigor of the data regarding the changes.

[Table 1](#), in addition to describing limitations and complexities, also details the contingency plan that was activated to mitigate the risk that the data did not achieve the necessary rigor according to the detailed risk analysis (see [Annex X](#)) and the type of decision that will be made with them. Likewise, it includes an analysis of the level of risk that the data is not completely representative or rigorous, an aspect that must be considered when making operational decisions.

Finally, the table presents the errors made during the analysis and assesses whether they could have affected the quality of the data.



Table 1. Complexities, limitations, and contingency plan

Complexity and/or limitations	Expected effects before evaluation (January 2024)	Contingency plan applied to mitigate the effects (during the evaluation)	Stipulated result and risk
L1. Low degree of connection between the professional and the families	Loss of a representative sample because families did not want to sign consents to participate in the evaluation.	Activity: Raising awareness among families, showing the benefit of participating. Result: The effects were mitigated, therefore it did not affect the sample.	Mitigated - No risk
L2. Analog data logging process	Professionals entered the data of children and adolescents and mothers and fathers into the digital tools offered, which could generate human error in the data.	Activity: Digital data collection solutions adopted. Result: The sensitivity analysis showed that reducing the depth of change value by 10% did not affect the ratio significantly (Table 79).	Mitigated - No risk
L3. Low level of representation of fathers (male)	High degree of difficulty in collecting data from parents due to their low participation in the intervention itself	Activity: Be transparent in the descriptions so that it is clear whose “voice” is in the stakeholder group “fathers and mothers” Result: Described in the sample description.	Partially mitigated - medium degree of risk
L4. Reduced time for data collection	Data is limited to people active and present at the time of data collection.	Activity: Of the 25 participating centers, certain questions (how much changed, causality, monetary valuation) were assigned to a limited number of centers to give them more time or ensure quality data for each center. The collection of data in various profiles and various centers. Result: The sample was valued for being representative.	Mitigated - No risk
L5. Temporality evaluated not sufficient to identify changes in the medium/long term	Report based on the evidenced value of short-term changes (during the intervention). It excludes medium/long-term impacts as they cannot be evidenced.	Activity: Developed a base of changes in the digital tool and transferred knowledge of the SROI methodology to professionals. Result: The report only takes into account the value generated during the program and the estimate of how much it would last over time.	Mitigated - No risk
L5. Low level of access to AAPP representatives	Due to the short intervention time, it was not possible to identify AAPP representatives who had experienced changes during the period evaluated, so the report lacks representative	Activity: Intensive search for contacts that could be representative and several (failed) attempts to obtain interviews with said members. Result: Failed contingency plan. In the exclusion of these groups,	Unmitigated - medium degree of risk



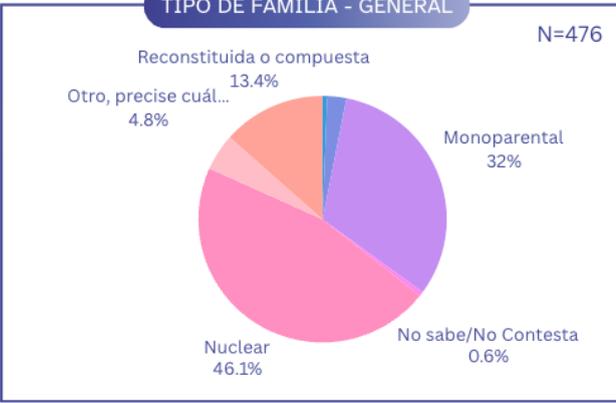
	data for this stakeholder group.	the degree of sample achieved and the reasons why they are excluded from the quantitative analysis are detailed.	
C1. Difficulty in understanding	Lower-quality data due to difficulty with language, culture, or understanding	Activity: Materials adapted in languages and/or simplified language. Group interviews, videos, and explanatory guides. Including a “marked” so that the professional could mark whether the question had been understood (and take into account in the analysis the cases in which there was no understanding). Result: Only 2% of the responses contained data where the question had been “partially” understood.	Partially mitigated low degree of risk
C2. Low level of parent representation	High degree of difficulty in collecting data from parents due to their low participation in the intervention itself	Activity: Be transparent in the descriptions so that it is clear whose “voice” is in the stakeholder group “fathers and mothers” Result: Described in the sample description.	Partially mitigated medium degree of risk
C3. Data Risk Based on Behavioral Responses	Possible impact on the data due to the relationship with the interviewer, which could generate specifically “positive” responses to please and not compromise the relationship, which presents a risk of excluding negative impacts and “real” impacts.	Activity: A coding system was implemented to ensure anonymity in the different high-dependency stakeholder groups (vulnerability, as well as families, children and adolescents). Repeated questions about “negative” changes. Result: Negative changes were obtained, so it is evident that to a certain extent, it has been mitigated.	Partially mitigated - medium degree of risk
C4. Limited validation	Low degree of validation by families and children and adolescents because they stopped going to the centers at the end of the school year. The validation took place in the last week of the school year, so the entire sample could not be reached.	Activity: Developed highly educational materials in digital/face-to-face formats so that they could be distributed through mobile phones and in recent meetings. Forecast ¹⁶ data and “value” data validated earlier in the process were included in the final validation analysis to give it more rigor and reduce the risk of error. Result: Acceptable degree of validation.	Partially militia - low degree of risk

Source: Own elaboration.

¹⁶ Pólvara, P., Delfa Rodríguez, B., y De Cominges Sureda, B. *Revisión Documental de Informes de Medición de Impacto de Programas de Prevención a la Institucionalización de Niños/as*. The Social Consulting Agency y la Cátedra de Impacto Social de la Universidad Pontificia Comillas, última modificación en 2023.



Table 2. Errors and risks identified

Errors	Error description	Risk analysis												
E1. Unidentified Parent Sample	<p>No specific quantitative data was collected on the gender of the fathers/mothers who participated in the parenting/parenting programs, nor was such information collected regarding how many fathers and mothers were involved in the evaluation process. To mitigate the error, qualitative information was obtained from 14 coordinators. These, using a scale of "a lot", "medium", "a little" and "very little", confirmed a low male representation among the participants in the parenting programs, and even lower among the people surveyed.</p> <p>The analysis poses a significant challenge in the representation of the father's voice (male parent) since a high percentage of the families studied correspond to nuclear family nuclei (46.1%) or reconstructed/composite (13.4%), according to data from the 476 families involved in the program. The absence of data corresponding to the male voice of the family may influence the interpretation of the results, since it limits a comprehensive view of family dynamics, underrepresenting possible contributions or perspectives of the mothers in the data collected.</p> <div data-bbox="432 797 1086 1234" style="text-align: center;">  <table border="1" style="margin: auto;"> <caption>TIPO DE FAMILIA - GENERAL (N=476)</caption> <thead> <tr> <th>Tipo de familia</th> <th>Porcentaje</th> </tr> </thead> <tbody> <tr> <td>Nuclear</td> <td>46.1%</td> </tr> <tr> <td>Monoparental</td> <td>32%</td> </tr> <tr> <td>Reconstituida o compuesta</td> <td>13.4%</td> </tr> <tr> <td>Otro, precise cuál...</td> <td>4.8%</td> </tr> <tr> <td>No sabe/No Contesta</td> <td>0.6%</td> </tr> </tbody> </table> </div> <p><i>Source:.. Own elaboration.</i></p> <p>Comment: The risk involved in making decisions based on the data provided by the stakeholder group "mothers and fathers" is pointed out, assuming that they represent "the voice of the family." This is because this voice is, for the most part, expressed by the mother. Therefore, specific recommendations for this case are included in Chapter 14. Recommendations.</p>	Tipo de familia	Porcentaje	Nuclear	46.1%	Monoparental	32%	Reconstituida o compuesta	13.4%	Otro, precise cuál...	4.8%	No sabe/No Contesta	0.6%	<p>High risk</p>
Tipo de familia	Porcentaje													
Nuclear	46.1%													
Monoparental	32%													
Reconstituida o compuesta	13.4%													
Otro, precise cuál...	4.8%													
No sabe/No Contesta	0.6%													
E2. Error in the interpretation of the question about duration in "mothers and fathers" and children and adolescents	<p>These stakeholder groups confused, in several cases, the question "How long do you think the effect of the change will last" with "how long do you want it to last." The "desire" for it to last over time was reflected in the data that indicate a high degree of desire for it to last, but does not necessarily reflect the subjective opinion of the sustainability of the change.</p>	<p>Low risk</p>												

	<p>Comment: The duration data of these stakeholder groups was completed with observations from both professionals and researchers.</p>	
<p>E3. Error in question 51 regarding the duration of a change corresponding to the “mothers and fathers” group</p>	<p>Due to an error on a form, professionals were unable to correctly record the mothers' and fathers' responses to the question “<i>They get a safe space to express themselves (the center)</i>”, so this data had to be recorded separately in another tool, which made the analysis of this question difficult. Once the data was corrected, it was analyzed correctly.</p> <p>Comment: The data were correctly included in the analysis.</p>	<p>No risk</p>
<p>E4. Union of data from questions with non-identical formulation of the same question</p>	<p>A data consolidation of two questions with non-identical formulations that share the same essence, directed at the same stakeholder group, has been carried out to evaluate the impact on the sense of purpose and personal satisfaction. The formulations used were: “<i>Do you agree that SomosVoz has caused you to have a greater connection with your sense of purpose and fulfillment?</i>” and “<i>Do you agree that your sense of purpose and satisfaction in your work life has increased due to your work at SomosVoz?</i>”.</p> <p>Comment: Since the change focuses on the concept of “purpose”, the result of both formulations was considered valid.</p>	<p>Low risk</p>
<p>E5. Change not validated by a stakeholder group</p>	<p>The change identified by the children and adolescents: “<i>Behaves better at school or other places</i>” could not be validated, since it was adjusted later at the time of validation, and the children and adolescents had already completed the intervention, so the data collection could not be completed.</p> <p>Comment: This change must be worked with caution, since it has not been validated by children and adolescents, and, therefore, it is highlighted as one of the imperfections of the methodology.</p>	<p>Medium risk</p>
<p>E6. Digital bias</p>	<p>During the data collection process, digital interviews were carried out with the different stakeholder groups: staff from the centers where the program was implemented, representatives of the entities participating in the program and representatives of the Public Administration (this last group was excluded due to the low degree of relevance).</p> <p>To mitigate possible biases¹⁷ typical of this technique (digital), Clear instructions and technical support were provided before the interview, they were carried out by interviewers trained to interpret digital signals and avoid prejudices, and clear materials and questions were designed to avoid relying exclusively on non-verbal responses. Likewise, when planning the place and means by which the interviews were carried out, consensus was reached with those directly involved to ensure accessibility and sufficient quality of the Internet connection.</p>	<p>Low risk</p>

¹⁷ STOMACH UC. *Notes on qualitative interviews via videoconference*. EvalPerú, 2021. <https://www.evalperu.org/wp-content/uploads/2021/04/APUNTES-MIDE-UC-Entrevistas-cualitativas-1.pdf>



	<p>Comment: A low-risk level is assigned since the people interviewed were familiar with the digital medium.</p>	
<p>E7. Behavioral responses</p>	<p>In the case of fathers/mothers and children, stakeholder groups that had a direct relationship with the professionals who carried out the data collection process, and to mitigate possible behavioral responses such as the case of the effect Hawthorne¹⁸ and the demand effect, the interviews were scheduled in places and times more convenient for the interviewees, the privacy of their answers was ensured and, if that was their preference, the possibility of responding in spaces with other interviewees was offered. And thus facilitate obtaining a clear and reliable answer.</p> <p>Comment: A medium risk level is assigned, since the people interviewed were familiar with the environment, the people and considered the space to be a safe space in which they felt comfortable.</p>	<p>Medium risk</p>
<p>E8. Subjectivity of qualitative data and triangulation</p>	<p>By basing the identification of changes on qualitative data, methodological rigor was reinforced by incorporating diverse perspectives: the voice of professionals, family members, and the analysis of reports by the researchers. This triangulation strategy, which combines multiple sources and approaches, is essential to ensure validity and depth in qualitative research. According to Denzin (2017)¹⁹, triangulation allows researchers to gain a more complete understanding of the phenomena studied by integrating diverse perspectives and methods.</p> <p>Comment: The risk is considered low since more data was provided in the analysis phase.</p>	<p>Low risk</p>
<p>E9. Error in question about happiness, a change corresponding to the group “mothers and fathers”</p>	<p>Due to an error on the form, mothers and fathers were unable to correctly record their responses to the question: “<i>How much has your sense of happiness changed?</i>”, which prevented access to this data.</p> <p>Comment: This incident did not impact the analysis, as such a change was considered too generic and was therefore excluded from both the value map and the SROI calculation.</p>	<p>No risk</p>
<p>E10. Misinterpretation of question</p>	<p>During the verification of changes and chains of events with children and adolescents, the wording of the question and the placement of the response icon may have misled participants into identifying only with the final change, rather than validating the entire chain. This likely introduced discrepancies in the collected verification data, resulting in reported confirmation rates that may not fully reflect reality.</p>	<p>Low risk</p>

¹⁸ Wikipedia. (n.d.). *Hawthorne effect*. Retrieved on [date of consultation], from https://es.wikipedia.org/wiki/Efecto_Hawthorne

¹⁹ Teachers 2.0. *Triangulation in research: Key to validity and depth*. 2024. <https://blog.docentes20.com/2024/10/%E2%9C%8Dtriangulacion-en-investigacion-clave-para-la-validez-y-profundidad-docente-s-2-0/>



	To address this, the evaluation team also engaged professionals in a parallel verification exercise and closely examined the “partly verified” responses to provide additional context and mitigate potential misinterpretations.	
E9. Socio-educational organizations could not be consulted about the validation of changes and chains	<p>Due to a setback, the group of “socio-educational organizations” could not be consulted using the materials developed for the last step of the validation process.</p> <p>Comment: Considering the multiple consultations carried out throughout the process on the concept of value, this omission is not considered to represent a significant risk for decision-making.</p>	Low risk

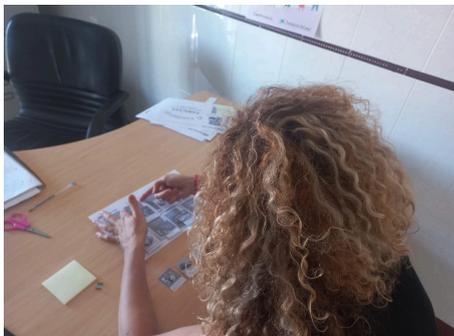
Source: Own elaboration.

1.2 CONTEXT

This section answers impact question 1:

What problem are we trying to solve?

The following section will address the answer to this first “impact” question that the report will answer, so it describes in what context the evaluation has been carried out. The evaluation is carried out in a pilot preventive intervention in socio-educational childhood that aims to address the following problems:



The problem addressed: The need to prevent the risk of institutionalization and promote the deinstitutionalization of people in vulnerable situations is identified. This is achieved by addressing the diverse needs identified in people who turn to aid organizations, with a special focus on reducing unwanted loneliness.

Mother - SomosVoz participant



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The problem addressed by the intervention model evaluated in this report is based on statistical data and findings derived from recent research.²⁰

According to the statistical bulletin of the Children's Observatory (2022),²¹ 50,272 children and adolescents were assisted by the protection system in Spain. Of these, 35,238 are under guardianship measures: 17,061 in residential care and 18,177 in family care. Regarding your notifications, by the RUMI²², and without being able to ignore that not all the CCAA complete all the notification records in the RUMI, among the 48,187 records, the most frequent type of abuse recorded is negligence with 41.44%, followed by emotional abuse with 28.48% while physical abuse represents 18.76% and sexual abuse represents 11.3% of the total. By level of severity, 13,072 cases are classified as serious compared to 16,698 as mild-moderate.



To this data it is added that the Educo Foundation found that 54.2% of children and adolescents consulted in a report felt that educational centers were the least safe spaces and that violence consisted, according to young people, of "continuous attacks that make you feel inferior" to others and that you feel that you should not exist in this world" ("Once upon a voice", Fundación Educo 2019, pp. 23-35). Below, two figures are represented that facilitate the understanding of the institutionalization process.

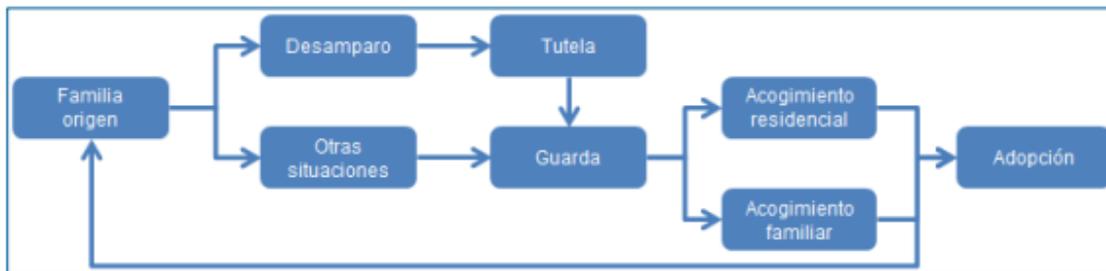
Children participating in SomosVoz.

²⁰ Morata, T., Marzo, M., and Palasí, E. *Executive report. Qualitative research and pedagogical innovation project to reduce the institutionalization of vulnerable children.* 2023. <https://www.peretarres.org/arxius/xacs/informe-ejecutivo-2024.pdf>

²¹ *Bulletin of statistical data on protection measures for children and adolescents.* 2022.

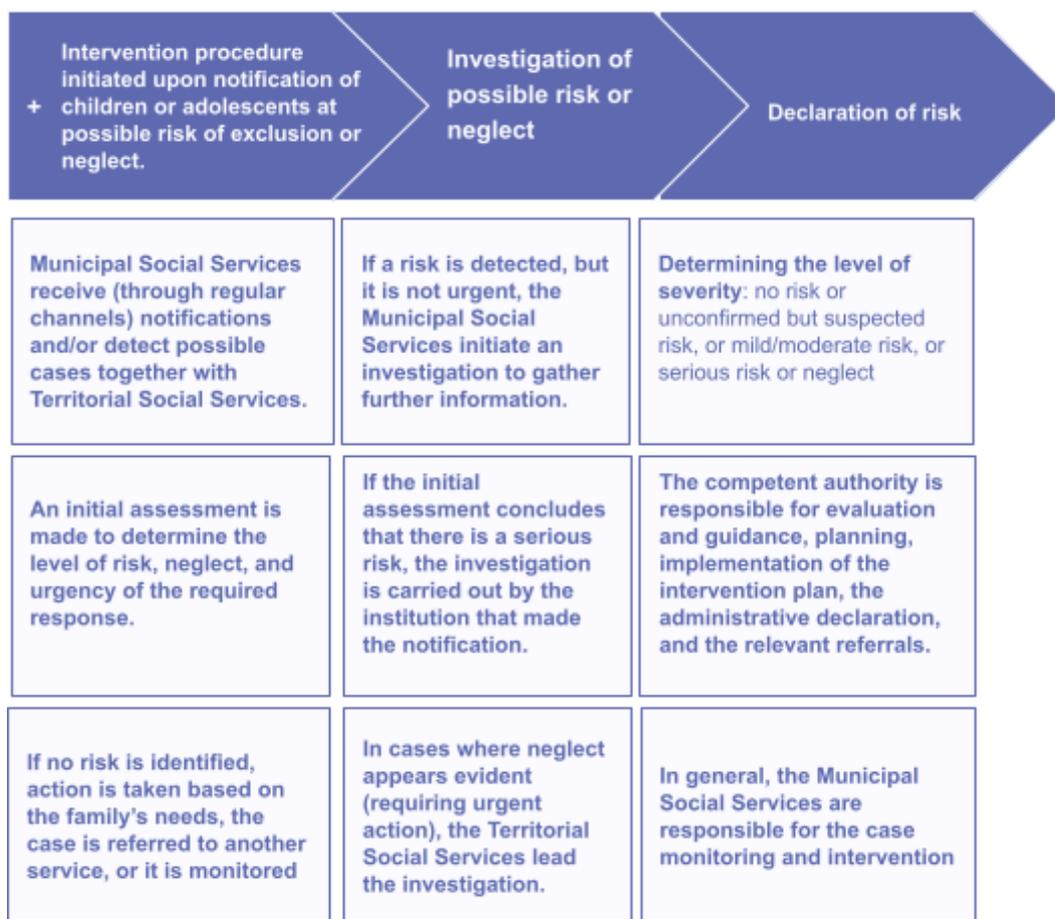
²² Unified registry database in force until the entry into operation of the Unified Registry of Social Services on Violence against Children (RUSSVI I).

Figure 3. Institutionalization process



Source: Bulletin of statistical data on protection measures for children and adolescents: Bulletin number 25, Data 2022.

Figure 4. Institutionalization Management by Social Services



Source: Own elaboration.



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Multiple bibliographic sources have attempted to draw up a synthesis on the development of children and adolescents under alternative care, both institutionalized and included in temporary family care programs. One of the aspects that emerge from this is the existence of various failures in the care established for institutionalized children and adolescents. It details how the absence of an exclusive, stable, significant, available, and sensitive care figure for children and adolescents leads to delays and difficulties in their development and psychophysical health. It has been possible to detail delays and complications in various areas of development such as cognitive, socio-affective, physical, and neurological.²³

This Innovative Socio-educational Model, which this report talks about, contemplates a comprehensive intervention considering all the individual and structural needs of children and families in vulnerable situations within the described context.



Purpose:

Impact assessment with the SROI methodology focuses on serving as a tool for operational decision-making. In this report, it is intended to provide data support to be able to make improvements in the implementation of the SomosVoz socio-educational intervention model in other socio-educational centers in Spain.²⁴ The qualitative, quantitative, and monetized data in this report show the social value generated and affected in the different stakeholder groups as a result of the socio-educational intervention analyzed.

Teenager - SomosVoz participant

²³ Moretti, Paula, Maria Mariana Torrecilla, and Norma. *Development in institutionalized childhoods and in foster families: An interdisciplinary bibliographic review*. Vol. 36, no. 2, 263-281. 2019. National Scientific and Technical Research Council, Argentina. Inter-American Center for Psychological Research and Related Sciences. <https://www.redalyc.org/journal/180/18060566017/html/>

²⁴ *Catalog of innovative initiatives to prevent the institutionalization of children and adolescents*. Ministry of Social Rights, Consumption and Agenda 2030, 2025. At the time of the presentation of this report, the platform was not yet active.



2. SCOPE

The following section describes the scope of the evaluation carried out for the project titled SomosVoz whose main objective is *“Generate learning and knowledge to, through prevention, provide socio-educational support to reduce the risk of institutionalization of children and adolescents and contribute to reducing the rate of child institutionalization in Spain.”*

2.1 THE ACTIVITY EVALUATED

This section answers impact question 2:

What is the proposed solution to the problem?

The SomosVoz socio-educational intervention model, available in the Catalog of innovative initiatives to prevent the institutionalization of children and adolescents²⁵, for its implementation in socio-educational centers, was evaluated in this report for its implementation in socio-educational centers. This corresponds to the solution proposed for the previously detailed problem. This model's main objective is the prevention of violence, neglect, and child abuse in the family environment, through socio-educational actions aimed at both minors and their families from socio-educational centers. Its purpose is to reduce or avoid the institutionalization of minors, promoting a safe and protective environment for children within the context of the home.

The model was developed in 2022, and was implemented in a “pilot” format in 25 socio-educational centers during 2023. The main objective was to generate learning and knowledge on how to support, from a socio-educational perspective, the reduction of the risk of children and adolescents arriving to a situation of institutionalization. The implementation of the developed intervention model lasted twelve months, scheduled to end on December 31, 2023, with a scale-up of the model planned for 2024.

²⁵*Catalog of innovative initiatives to prevent the institutionalization of children and adolescents*. Ministry of Social Rights, Consumption and Agenda 2030, 2025. At the time of the presentation of this report, the platform was not yet active.



The development and piloting were carried out within the framework program: "Innovation program for the prevention of institutionalization in childhood." This program was made up of two projects. On the one hand, the "Risk Reduction Project in Vulnerable Childhood from Educational Intervention" and on the other hand, "Qualitative research and pedagogical innovation project to reduce the institutionalization of vulnerable children" that were worked on jointly.

The State Coordinator of Salesian Social Platforms and the Pere Tarrés Foundation each led one of the two projects financed by the Ministry of Social Rights, Consumption and Agenda 2030.²⁶, within the framework of the Recovery, Transformation, and Resilience Plan, by Royal Decree 1101/2021, of December 10, in which the Social Impact chair of the Universidad Pontificia Comillas and The Social Consulting Agency, formed the impact measurement equipment.

This model was the result of the work of a team of researchers from the Pere Tarrés Foundation who developed research whose results served as a starting point for the design of the socio-educational Innovation Model that was implemented in twenty-five centers in 9 CCAA (Castilla y León, Castilla La-Mancha, Madrid, La Rioja, Catalonia, Valencia, Balearic Islands, Canary Islands, and Andalusia).

Through this program, new ways of addressing the prevention of institutionalization of vulnerable children and adolescents were proposed, generating methodologies and educational innovation initiatives that were piloted in the socio-educational centers of the two organizations with the idea of providing an intervention model that would largely serve the CCAA and address said prevention from a holistic framework of childhood (family, school, other relational spaces) with the participation of all the different stakeholder groups involved.

The Innovation Model has also been present, although without implementation, in Galicia, Aragon, Murcia and Cantabria, during the years 2023 and 2024. In these communities, awareness-raising was carried out.

²⁶ Ministry of Social Rights, Consumption and Agenda 2030. *Start.* s.f. <https://www.mdsocialesa2030.gob.es/>

Program Description: The Innovation Model “preventive intervention model” includes eight action programs that involve both children and adolescents and their families (mothers/fathers or guardians). Below are the objectives of each program, and their relationship with the activities proposed to achieve them. And the estimated monthly dedication time for each of them.

School Learning Program: Improve the academic skills of children and adolescents and make families responsible for accompanying them in carrying out school tasks and participating in interviews called by schools. In addition, discover resources of the territory, such as the library, civic center-study classrooms, and community spaces in which to participate and benefit from the programmed activities. Dedication: 16 hours per month for primary school children and 18 hours for secondary school children.

Violence Program: Provide tools to children and adolescents to identify situations of violence in themselves and their environment, which will help them resolve them; know the resources to request help, manage conflicts, and identify emotion management. Furthermore, approaching the concept of violence from various perspectives (sexual violence, between equals, within families, social networks, bullying).” Dedication: 2 hours per month.

Leisure sports and culture program (ODyC): Know the ODyC resources of the territory to use them as spaces for socialization, expand friendship networks, learn about activities, and identify new hobbies; About families, give the possibility of approaching universal resources in which to meet other families, as well as activities and resources offered by the territory. This opening to the territory tries to reduce the stigmatization of this group of children and families. Dedication: 12 hours per month.

Parenting/Maternal Skills Program: Identify fathers'/mothers' difficulties with parenting processes, as well as various personal/family transitions, and provide the tools, both provided by professionals and by the participating families themselves. Generate a group of mentor families that interact with each other, beyond the activity offered by the center, as well as expand the network of friends. Dedication: 2 hours per month.



Group and individual psychological support program: aims to help solve emotional difficulties and stimulate the personal development of the children and adolescents who attend the CSE/CdD/CAD. It proposes two types of care, one individual, in which families also participate, occasionally, when the professional considers it pertinent based on the work plan to be carried out; and a second group, aimed at group care focused on personal interactions, so that personal and interpersonal problems can be addressed in groups, from listening, understanding, respect and confidentiality. Dedication: Group accompaniment: 2 hours monthly. Individual accompaniment: 1.5 hours per month for primary school children and 2 hours per month for secondary school children.

Child Participation Program: Learning and practicing the exercise of their rights, through active participation in internal spaces in the center and external spaces in the community. Empower and co-responsible children and their families in making decisions related to their life projects. Dedication: 2 hours per month.

Socio-educational Accompaniment Program in a family environment: Support families with a higher level of risk of institutionalization of their children, so that they can improve these situations, acquire parental/maternal skills that help them improve the situation in the family context, and avoid family breakdown processes. Offer professional references whom to trust, and from the bond, move towards improving the family atmosphere and environment. Dedication: 2 hours per month.

Socio-emotional Skills and Competencies Program: Promote personal self-knowledge and provide tools for emotional management; develop empathy and assertiveness, among equals; learn to verbalize and share emotions and diverse cultural conceptions and constructs. Become aware of discomfort and know how to ask for help, as well as discover individual and group potential. Dedication: 2 hours per month.



2.2 THE ORGANIZATION

To carry out the program, a multidisciplinary team made up of more than 35 people was hired. 15 from the FPT and 21 from the CEPSS, which covered the following roles:

Table 3. Organizations part of the project

CEPSS professionals in whose socio-educational centers the program was implemented (2023)	ENTITIES LEADED BY FPT in whose socio-educational centers the program was implemented (2023)
-State Coordinators (1 person)	-Project technician/coordinator (3 people)
-Communication Technician (1 person)	-Specialized staff (5 people)
-Management Technician (1 person)	-Technician (2 people)
-Innovation Project Technician for Social Entities (9 people)	-Teacher (1 person)
-Staff specialized in the execution of Innovation for Social Entities (9 people)	-Hired doctor (1 person)
	-Doctor assistant (1 person)
	-Research technician (1 person)
	-Training Coordinator (1 person)

Source: Own elaboration.

Said personnel represented the different organizations that have been part of the framework program during the 36-month duration of the program (2022-2024) composed of model development, piloting and preparation for scaling.

Leading entities of the SomosVoz Program and responsible for the research:

The leading entities in the development of the Program are the State Coordinator of Salesian Social Platforms (hereinafter CEPSS) and the Fundació Pere Tarrés (hereinafter FPT). Both are responsible for coordinating the program teams, as well as implementing the “Pedagogical Innovation Model” in their entities.



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Table 4. Organizations part of the project

ENTITIES LEADED BY CEPSS in whose socio-educational centers the program was implemented (2023)	ENTITIES LEADED BY FPT in whose socio-educational centers the program was implemented (2023)
Juan Soñador Foundation, Mornese Foundation, Don Bosco Foundation, María Auxiliadora Foundation, Valponasca Association, Angel Tomás Foundation (FISAT), Valsé Foundation, Salesians Sant Jordi, Pinardi	Carles Blanch Foundation, Salut Alta Foundation, La Vinya Foundation, Bosco Social, Canary Islands

Source: Own elaboration.

2.3. THE SCOPE OF MEASUREMENT

The following section describes in detail the approach used to measure impact. This approach is agreed upon with the contracting party and, before starting the process, it is validated with representatives of the different groups of the contracting party, to ensure that the scope is as contracted.

Financing:

The report is part of the funding assigned to the “Project Reducing Risk in Vulnerable Childhood through Educational Intervention” of the SomosVoz Program, which was led by CEPSS. This program was financed by the Ministry of Social Rights, Consumption and Agenda 2030, within the framework of the Recovery, Transformation, and Resilience Plan, in accordance with Royal Decree 1101/2021, of December 10, March 2, 2021. with a budget of €2,713,138.10.

Management:

The CEPSS (Platform formed by 12 Salesian social entities in Spain dedicated to promoting the comprehensive inclusion of children, adolescents, young people, and families at risk) and the Pere Tarrés Foundation, a non-profit educational and action organization social that was born to promote free-time education of children and young people, improve social intervention and strengthening the associative fabric based on values of Christian humanism.



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Characteristics of the participating people:

The program is aimed at children and adolescents aged 6 to 17, born between 2006 and 2017, who face conditions of vulnerability or risk of social marginalization due to factors related to their family, social, and personal context. These factors include deficiencies in the satisfaction of physical, security, educational, and social needs, the relationship between fathers and mothers, and the emotional and behavioral sphere. Children and adolescents participate in extracurricular activities in the socio-educational center where the program is applied.

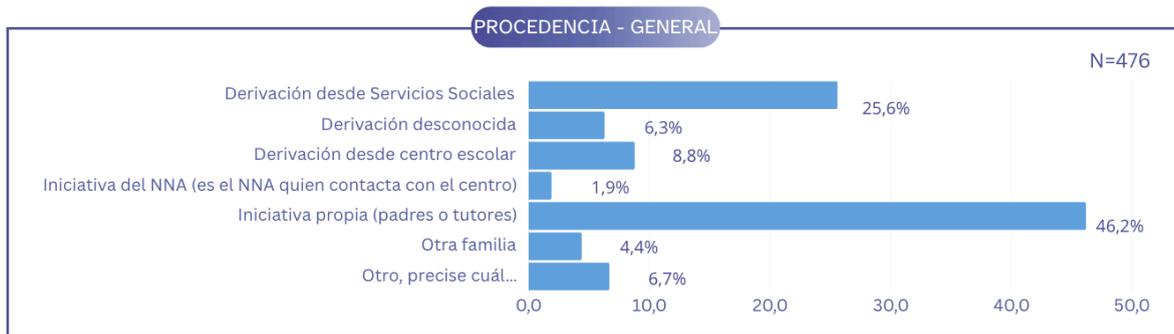
Figure 5. % of children and adolescents with different risk factors



Source: Own elaboration.

The families and their children who attended the activities of the socio-educational centers came to the resource for different reasons and ways.

Figure 6. Distribution of children and adolescents by schooling



Source: Own elaboration.

Socio-educational centers (hereinafter CSE) seek to promote the comprehensive development of minors, their socialization and integration, and prevent social risks or family separation. In addition, they work to compensate for educational deficiencies, promote learning, and support families in the education of their sons and daughters. Any child who receives care according to the Model at the center for at least 9 hours a week or who attends 7 hours a week and who complements the remaining 2 hours with activities aligned with the program methodology carried out in external resources is considered a program participant. Both children and adolescents with and without disabilities are considered participants. Families are also part of the program, especially the adults responsible for the care of children and adolescents. The following graphs show various characteristics related to families, children, and adolescents, their housing situation, and educational level.

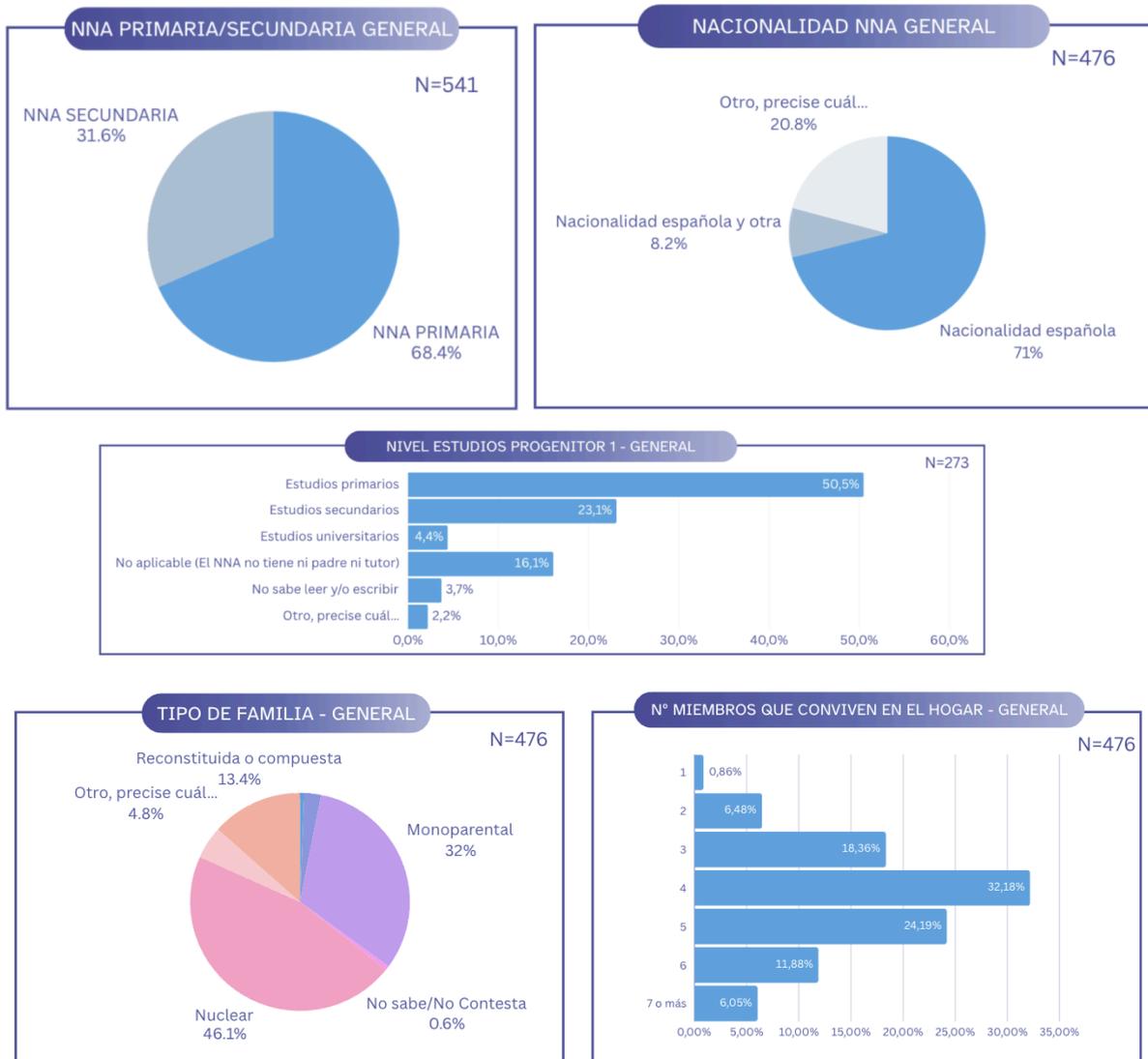


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Figure 7. Characteristics of families and their children



Source: Own elaboration.



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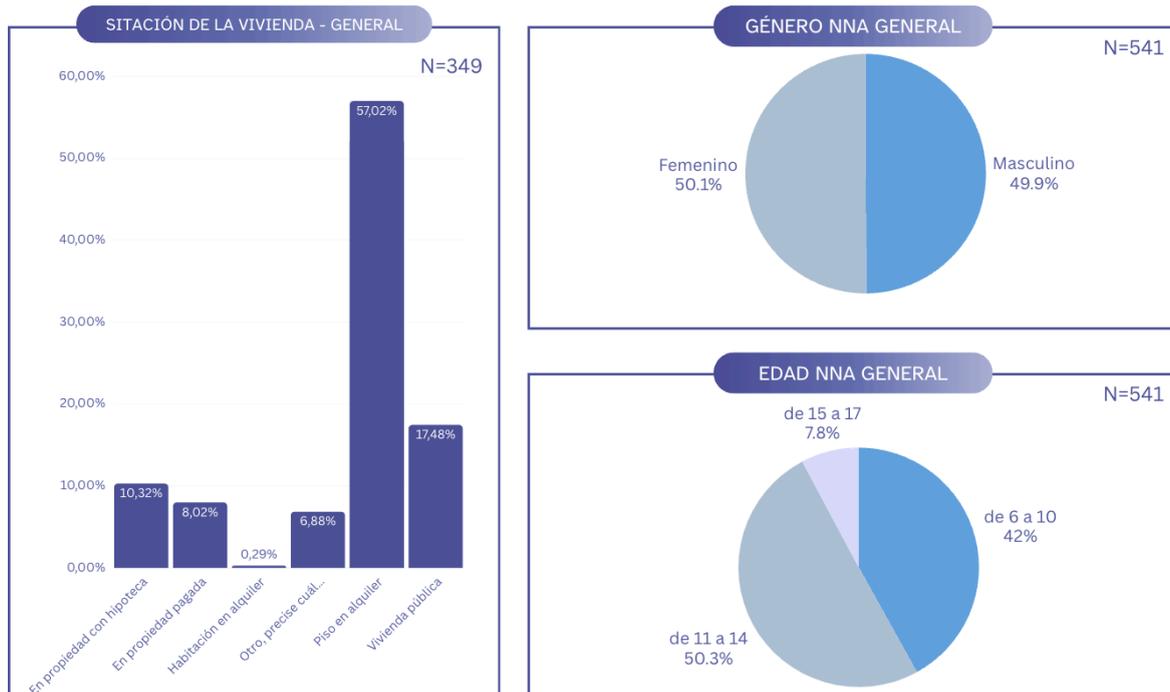


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Source: Own elaboration

Report Type:

This is a social impact evaluative report that monetizes the social value generated through the SROI methodology, commonly abbreviated to “SROI evaluative report.”

Report Hearing:

This document has been created as a resource to facilitate the creation of data, wisdom and lessons learned from the "SomosVoz" program. This report, intended for external readers due to its public nature, also functions as an ex post evaluation instrument, designed to provide evidence to guide the decisions of the financing entity, the Ministry of Social Rights, Consumption and Agenda 2030.



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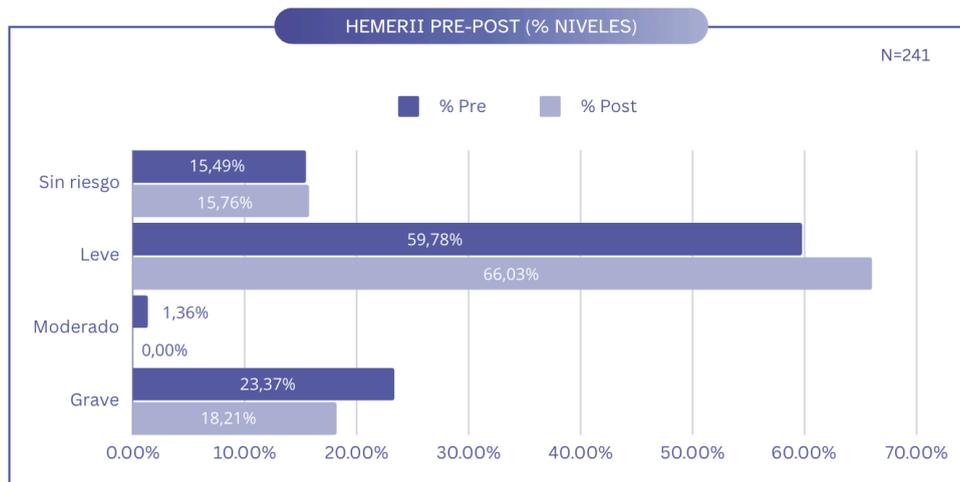


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Scope Delimitation:

The analysis of this report is limited to carrying out the collection and analysis of the data of the children and adolescents who have been part of the intervention.²⁷ of the “Pedagogical Innovation Model”, regardless of the level of institutionalization risk (No risk, mild, moderate or serious) determined by the HEMERII tool²⁸. Furthermore, as contemplated by the SROI methodology, it includes all the different stakeholder groups identified.

Figure 8. Risk levels of institutionalization according to HEMERII



Note: The graph indicates the risk levels identified “before the intervention” (pre) and “after” having participated in the programs (post). Source: Own elaboration.

Evaluated period: January 1 to December 31, 2023. The data collection period was between February and June 2024.

2.3.1 Thresholds and Compliance

Principle 8 “**Respond appropriately**”²⁹ The SROI methodology highlights the importance of establishing impact thresholds and objectives to enrich the exploration of risks in decision-making regarding the impact generated. They are mainly established for strategic and tactical decision-making, once values have been identified in previous evaluations.

²⁷ Children and adolescents for whom the research team has signed consent from them and/or their parents/guardians for the use of their data in this report.

²⁸ Tool for measuring the risk of institutionalization of childhood, developed within the framework of the SomosVoz Program and adapted to the scope of the CSE/CdD/CAD (and the program's own development).

²⁹ Social Value International. (n.d.). *Principle 8: Be responsive*. www.socialvalueint.org/principle-8-be-responsive

Since this evaluation is being carried out for the first time, it could not be based on previously referenced data, so there was no basis to establish a compliance threshold. However, it was also decided to establish two thresholds that would contribute to the transparency required by Principle 6. “*Be Transparent*”³⁰ of Social Value International standards.

The following thresholds were established to ensure representativeness and significant depth of change in data collection, as they were two key concepts for decision-making. Once the data analysis was completed, it was concluded that the thresholds had been exceeded in the majority of the different stakeholder groups:

Table 5. Threshold criterion

Threshold criterion: <i>Sample percentage achieved</i>	Result
<p>Program participants (NNA, mothers, and fathers): The minimum threshold was established to exceed the representative sample. For this threshold, the representative sample was calculated based on the FAD scale.³¹, applied in data collection, and was combined with a statistical sample calculation with a confidence interval (margin of error) that was not greater than 5%.</p> <p>Staff, socio-educational centers: It was established with a statistical sample calculation with a confidence interval that was not greater than 7%.</p>	<p>THRESHOLD EXCEEDED with a low margin of error (some risk is assumed)</p> <p><i>View the engagement plan.</i> (Table 31) .</p>

Source: Own elaboration.

³⁰ Social Value International. (n.d.). *Principle 6: Be transparent*. www.socialvalueint.org/principle-6-be-transparent

³¹ Scales: Family assessment device (FAD) (Family atmosphere) ; APQ Alabama parenting Questionnaire Parent version and Child version (parenting skills)



3. INVOLVING STAKEHOLDERS



Source: Own creation based on the original image of the [principles in English by Social Value International](#)³².

To inform what is measured and how it is measured and valued in a social value account, **It is essential to involve the different stakeholder groups.**

This principle implies that it is necessary to identify the different stakeholder groups, and then involve them in consultation throughout the analysis. In this way, the value and the way it is measured will be informed by those people who are affected by the activity or who affect the activity.

This section answers impact question 3:

Who experiences changes in their lives as a result of SomosVoz?

According to Social Value International standards³³ and the applied methodology (*A guide to social return on investment*, UK Cabinet Office, 2015)³⁴, the different stakeholder groups are defined as **“people or organizations that experience changes or impact the intervention, whether through economic or non-economic resources.”** These changes can be positive or negative, intentional or unintentional, and manifest as a result of the activity in question.

In this section the reader will know both the set of stakeholder groups involved in this evaluation report and their participation (when and in what way, in the Involvement Plan ([Table 31](#)), the tools used for consultation and other technical aspects such as sample calculation.

³² Social Value International. 2022. *The Purpose of the Principles of Social Value and the SVI Standards*. <https://static1.squarespace.com/static/60dc51e3c58aef413ae5c975/t/623c98ac4b918944ef0b75db/1653296439434/The+Purpose+of+the+Principles+of+Social+Value+and+the+SVI+Standards+.pdf>

³³ Social Value International. (n.d.) www.socialvalueint.org

³⁴ 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>



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Plan de
Recuperación,
Transformación
y Resiliencia

3.1 INCLUDED AND EXCLUDED STAKEHOLDERS

In the name of the sixth principle, "*Be transparent*", which "requires that each decision be explained and documented with the different stakeholder groups."³⁵, to define the groups a validation process was carried out (see [Chapter 12. Verifying the result](#)). Below is not only a list of the groups included (see [Table 6](#)), but also a list of excluded groups (see [Table 7](#)). This reduces the risk of decisions being 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 exclusion are known. To said group.

Figure 9. Stakeholder groups included in the study



Source: Own elaboration.

³⁵ Social Value International. *Principle 6: Be Transparent*. s.f. www.socialvalueint.org/principle-6-be-transparent

Table 6. Stakeholder groups included and justification

This first section details the stakeholder groups whose changes in well-being were integrated into the monetized social value of this report.

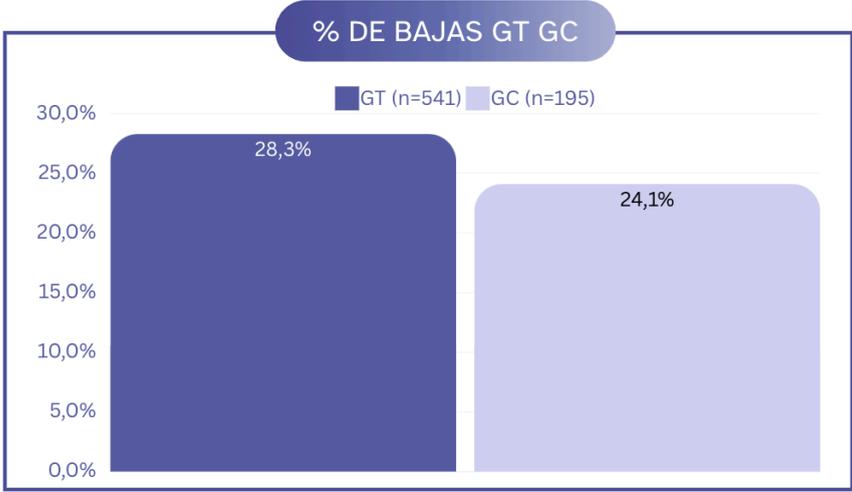
Stakeholder group	Description	Reason for inclusion
<p>Children and adolescents</p> 	<p>Children or adolescents (born between 2011-2017 with 6 years of age in January-22 to 16 years of age in June-24), who participate in SomosVoz, whose parents or guardians have consented to participation in the evaluation.</p>	<p>Highly relevant and significant changes were revealed.</p> <p>Identified: By professionals, mothers/fathers, the project, and the financier. Receives 100/100 points on a weighing scale exceeding the identified threshold.</p> <p>Validated: 7 people from various stakeholder groups, with 80% agreeing to inclusion.</p> <p>Identify relevant changes: 99% of the target population identifies with one or more changes.</p>
<p>Fathers and mothers</p> 	<p>Cohabiting people, who perform the main functions of caregiver.</p>	<p>Highly relevant and significant changes were revealed.</p> <p>Identified: By professionals, children, the proband, etc., the financier. Receives 92/100 points on the weighing scale, exceeding the identified threshold.</p> <p>Validated: 7 people from various stakeholder groups, with 80% agreeing to inclusion.</p> <p>Identify relevant changes: 39.60% of the target population identifies with one or more changes.</p>

<p>Professionals</p> 	<p>People who implement (educational and psychological support staff), as well as staff coordinating the implementation of the "SomosVoz" Model.</p>	<p>Highly relevant and significant changes were revealed.</p> <p>Identified: For the project, the organization. Receives 70/100 points on the weighing scale, exceeding the identified threshold.</p> <p>Validated: 7 people from various stakeholder groups, with 80% agreeing to inclusion.</p> <p>Identify relevant changes: 77% of the target population identifies with one or more changes.</p>
<p>Socio-educational organizations</p> 	<p>Socio-educational centers that are involved in the implementation of the "SomosVoz" Pedagogical Innovation Model.</p>	<p>Highly relevant and significant changes were revealed and identified by the professionals. Receives 71/100 points on the weighing scale, exceeding the identified threshold.</p> <p>Validated: 7 people from various stakeholder groups, with 75% agreeing to inclusion.</p> <p>Identify relevant changes: 18% of the target population identifies with one or more changes.</p>
<p>Financing organization - Ministry of Social Rights, Consumption and Agenda 2030.</p> 	<p>The ministry is included as a stakeholder group because its impact on the Model was significant since it financed the implementation and was the main recipient of the results.</p>	<p>Highly relevant.</p> <p>Identified: By the professionals. Receives 46/100 points on the weighing scale, exceeding the identified threshold. It does not exceed the 70% threshold.</p> <p>Validated: 7 people from various stakeholder groups, with 70% agreeing to inclusion.</p> <p>Identify relevant changes: No changes are identified. It is included because it provides vital financial value (input) so that the activity can be carried out.</p>

Source: Own elaboration

Table 7. Excluded stakeholder groups and justification

Stakeholder group	Reason for exclusion								
<p>Children and adolescents from the same center not participating in the activities</p>	<p>The validation of its exclusion did not reach the required threshold (57.5%), so it was included in the data collection but was excluded due to:</p> <p style="text-align: center;">Lack of resources and time</p>								
<p>children who leave the program</p>	<p>During the evaluation period, 153 children and adolescents voluntarily withdrew, which represents 28% of children and adolescents. Although these families could not be contacted, the reasons for withdrawals were documented, none of which were related to the program. These were classified as “natural” casualties, derived from moves or other similar causes.</p> <p>Figure 10. Number of attended children that withdrew voluntarily</p> <div data-bbox="616 831 1473 1406" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">% BAJAS GT POR NIVELES</p> <p style="text-align: right;">N=153 BAJAS</p>  <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Risk Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>SIN RIESGO</td> <td>11,1%</td> </tr> <tr> <td>LEVES</td> <td>68,6%</td> </tr> <tr> <td>GRAVES</td> <td>20,3%</td> </tr> </tbody> </table> </div> <p style="text-align: center;"><i>Source: Own elaboration.</i></p> <p>This is evident in this second graph, which compares the percentage of withdrawals from the treatment group (GT) with the control group (GT), showing a similar proportion during the same period.</p>	Risk Level	Percentage	SIN RIESGO	11,1%	LEVES	68,6%	GRAVES	20,3%
Risk Level	Percentage								
SIN RIESGO	11,1%								
LEVES	68,6%								
GRAVES	20,3%								

	<p>Figure 11. Comparison of number of children that withdrew</p>  <p style="text-align: center;"><i>Source: Own elaboration.</i></p>
<p>Cohabiting adults or extended family</p>	<p>The validation of its exclusion did not reach the required threshold (67.5%), so it was included in the data collection but was excluded due to:</p> <p style="text-align: center;">It was not possible to access the group</p>
<p>Professionals from the same center who do not intervene in the activities</p>	<p>The identification assigns an average of 36/100 points and does not exceed the threshold. Don't get involved.</p> <p style="text-align: center;">Lack of relevance</p>
<p>Local and Autonomous Social Services</p>	<p>Due to the nature of the project, a direct relationship with this stakeholder group is not established, which limits access to it. Likewise, in cases where interviews and forms were carried out, it was not possible to identify changes that were relevant and significant.</p> <p style="text-align: center;">Insufficient sample to be representative Unable to identify relevant changes</p>
<p>Host institutions for children</p>	<p>Due to the nature of the project, a direct relationship with this stakeholder group is not established, which limits access to it. Likewise, in cases where interviews and forms were carried out, it was not possible to identify changes that were relevant and significant.</p> <p style="text-align: center;">Insufficient sample to be representative</p>



	Unable to identify relevant changes
School (the entity) and professionals	<p>The validation of its exclusion did not reach the required threshold (65-67.5%), so it was included in the data collection but was excluded due to:</p> <p style="text-align: center;">Insufficient sample to be representative Unable to identify relevant changes</p>
Allied entities within the community (other agents)	<p>This group was initially identified, but no stable contacts had been established at the time of the evaluation.</p> <p style="text-align: center;">It was not possible to access the group</p>

Source: Own elaboration.

3.1.1 Reasoning and evidence for inclusion and exclusion

With the purpose of facilitating the understanding of the reasons that justify the selection of the groups included in [Table 6](#), the seven criteria used for inclusion are detailed. Likewise, the reasons for the exclusion of those groups that did not meet these criteria are explained.

Table 8. Inclusion and exclusion criteria of stakeholder groups

1. Criteria - Identified
<p>how and who</p> <p>Before data collection, 37 people were involved in 4 focus groups to answer the question <i>¿Who impacts us and who do we impact with the SomosVoz intervention model? To what degree are they relevant? To what degree are the changes expected to be significant?</i> The result was a list of groups weighted between 1 and 100 points.</p> <p>Who was involved</p> <p>Personnel, model implementing entities, model designers, and the evaluation team.</p>
<p>Evidence</p> <p>The groups that exceeded 70 points (out of 100) were included to be evidenced by the</p>



beautification of changes.

2. Criterion - Validated

how and who

The initial mapping described in the previous step was validated by 78 people, representatives of stakeholder groups, before the development of the engagement plan ([Table 31](#)) through a form to answer the question *¿To what degree do you agree with the inclusion and exclusion of said groups in relatiaboutsVoz intervention model?* A threshold of 70% was defined³⁶ on average among the people surveyed, which would validate the inclusion of the group.

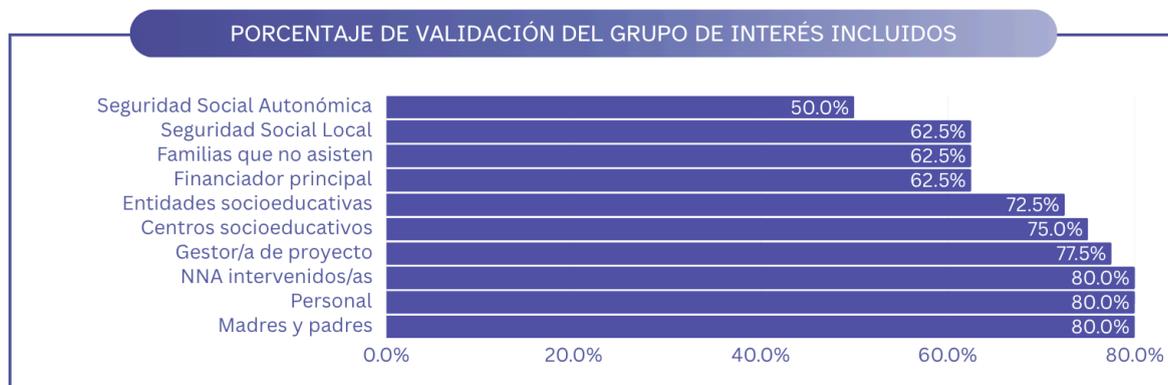
Who was involved

1 representative from each group: professionals, model implementing entities, model designers, and the evaluation team.

Evidence

The following graph shows the result of the validation process of the stakeholder groups. Those who obtain an average percentage higher than 70% were initially included in the data collection.

Figure 10. Validation of included stakeholder groups

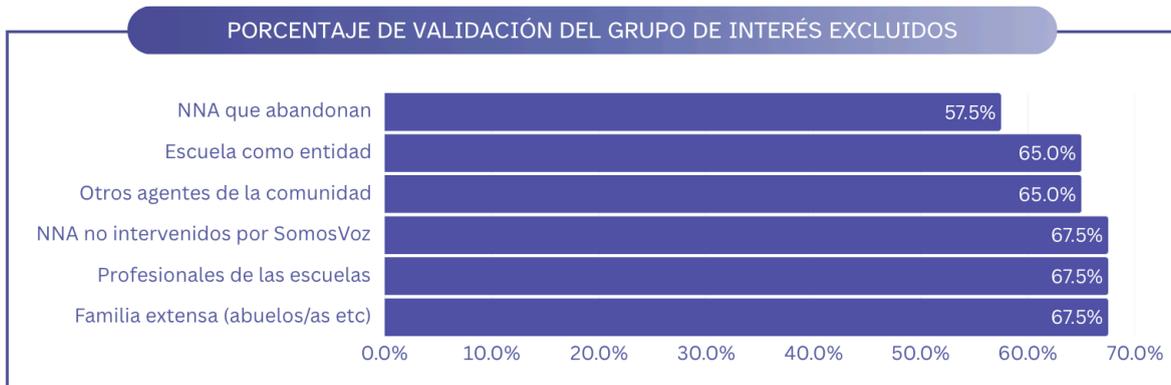


³⁶ A scale of 1 to 5 was used to validate the inclusion and exclusion of the group. A threshold of 70% (3.5) was defined to qualify for inclusion. The average of the responses of each group was calculated and the scale was translated into %.

Source: Own elaboration.

Regarding the stakeholder groups that were excluded, the process was repeated to validate the exclusion of stakeholder groups that did not exceed the 70% threshold.

Figure 11. Validation of excluded stakeholder groups



Source: Own elaboration.

3. Criterion - identifies relevant changes experienced

how and who

Once the chains of events were carried out in which all the changes experienced by each stakeholder group were shown, qualitative data collection (through interviews) and quantitative data (through forms) was carried out, which revealed the experimentation by the stakeholder groups of relevant and significant changes.

To evaluate the relevance of the identified changes, questions were asked focused on the degree of importance, perceived by the participants, of experiencing said change. Likewise, to determine their significance, questions related to their depth and duration were included. To identify the most relevant and significant changes, a threshold of 70% was applied as the average number of people involved who identified with the different changes. This criterion guarantees that only those changes that are substantial and representatively reflect the collective experience of the evaluated groups are considered in the analysis. In addition, a



data collection and analysis of the resources (inputs) contributed by the different stakeholder groups was carried out, to ensure the inclusion of groups that, although they were not impacted, significantly impacted the evaluated program.

Who was involved

All stakeholder groups contributed data on relevance, significance, and resources (inputs) (see [Table 33](#)).

Evidence

The evidence of the groups' participation based on the observed changes is detailed in [Chapter 4. Understanding what changes](#) and in [Chapter 5. Measuring change](#). In addition, the representativeness ratios of the sample were ensured, guaranteeing adequate coverage of the groups involved as detailed in the Involvement Plan ([Table 31](#)).

4. Criterion - Financier

how and who

The collection of qualitative data (interviews) and quantitative data (forms) revealed that certain stakeholder groups, identified in [Table 6](#), provided financial or non-financial value (inputs) of high relevance to the execution of the analyzed activity. All groups were asked the question: *What has been your contribution to the SomosVoz intervention model?* Given the crucial impact of these contributions on the execution and quality of the content, the role of the founder of the program was established as an inclusion criterion, regardless of whether they changed. As a result of the analysis, it was decided to include the main financier of the program in the list of stakeholder groups in the Value Map.

Who was involved

This criterion was introduced by the evaluation team, following principle 4 of Social Value International “*Value what really matters*”³⁷.

Evidence

³⁷ Social Value International. *Principle 4: Only Include What Is Material*. s.f. www.socialvalueint.org/principle4-only-include-what-is-material



The inclusion of a group that is included for its contribution of resources (inputs) is evident, despite the fact that no changes are generated, in the data presented in the table of “Resources (Inputs), Products (Outputs), and Changes (Outcomes).

5-7. Criterion - Exclusion due to lack of access to the person, lack of representative, and, simple or lack of resources

how and who

In addition to the previously established criteria, some groups identified before data collection were excluded for different reasons. Among them, the lack of access to the people necessary to be surveyed, or an insufficient number of respondents, which prevented a representative sample from being formed and did not allow achieving a high degree of data saturation. These criteria appear in the groups excluded from [Table 7](#).

Who was involved

This criterion was applied by the evaluation team once the qualitative data collection was completed, following **Principle 1 “Involve stakeholder groups”³⁸** from Social Value International, and 4 from Social Value International “Only include what is material.”

Evidence

The engagement plan ([Table 31](#)) details those groups that did not reach a satisfactory level in terms of sample size, and are therefore excluded under this criterion.

3.2 CRITERIA AND RATIONALE FOR SEGMENTATION (INCLUSION / EXCLUSION OF SUBGROUPS)

According to the Social Value International glossary, a “subgroup” (segmentation) is defined as “*a subgroup of people affected, based on profile characteristics and/or materially different impact experienced.*” **Principle 1 (“Involve stakeholders”)** highlights several reasons for segmentation, but the primary justification is whether dividing a group would support better decision-making or more targeted impact management.

³⁸ Social Value International. *Principle 1: Involve Stakeholders*. s.f. www.socialvalueint.org/principle-1-involve-stakeholders



When the evaluator team began identifying stakeholders in cooperation with the stakeholder, it was tempting to assume uniform responses across broad categories. In reality, factors such as age, household composition, survey responses or past experiences can produce distinct outcomes for different subgroups. To determine whether segmentation was warranted, the team analyzed key metrics—comparing means, medians and response patterns across relevant characteristics—and asked: *do these differences diverge enough to alter our conclusions or impact the decision making?* Only where clear evidence of divergence was found the team would create separate subgroups; otherwise, it is explained why the single cohorts were retained.

These were the criteria studied, analyzed and evidenced below:

- a) Whether the groups experienced different changes, differs enough between groups to affect decision-making.
- b) Whether the groups experienced different changes, differs enough, caused by different characteristics between groups to affect decision-making.
- c) Whether the groups experienced negative changes that would incentive the division of that group into subgroups that would affect decision-making if not subdivided
- d) Whether the value assigned to those changes differs enough to affect decision-making.
- e) Whether the duration of the changes differs enough to affect decision-making.
- f) Whether the depth (intensity) of the changes differs enough to affect decision-making.
- g) Whether the incidence of adverse outcomes (“casualties”) differs enough to affect decision-making.

Below all criteria are displayed for all stakeholder groups that were analysed, but as generic comments to the readers, these were some judgments made by the evaluators.

Children and adolescents: During the evaluation and analysis process, it was initially considered to divide the stakeholder group of children and adolescents into subgroups by age range, under the hypothesis that the results or the degree of importance could vary significantly between different ages. However, after an exhaustive analysis of the data collected, as displayed in the table **it was concluded that there were no significant material differences in the changes experienced that would justify this division.** The



indicators related to change, value, characteristics, duration, depth and casualties of the results remained consistent across the whole group, which evidenced homogeneity in the impacts experienced.

Mothers and fathers: On top of the analysis of the tables below the evaluator team initially planned to split this group into two subgroups—(1) mothers and fathers who directly participated in activities, and (2) mothers and fathers whose children participated but who did not—the second subgroup was never accessible. Only parents who actively took part in the activities completed the evaluation, so it was impossible to compare their outcomes with those of non-participating parents.

Social-educational organizations: Initially, the evaluator team treated the two organizational types—the central office and its affiliated host centres—as separate subgroups. The central office oversaw program implementation, managing resources, budgets, and staff, while the host centres executed activities on the ground. However, after collecting and analyzing the data (see table below), no meaningful differences emerged between these subgroups. Consequently, they were combined into a single stakeholder group. Further splitting would not have altered decision-making or provided distinct insights into organizational outcomes, as both the management and operational arms viewed themselves—and were viewed by others—as a unified entity.



Table 9. Consolidated findings on experience different changes

	Children	Mothers and fathers	Professionals	Social Educational organization
Experience different changes	The changes pertained specifically to their well-being and their relationships with others, making these outcomes uniquely theirs.	For the parent group, the changes pertained specifically to their well-being and to the household—or “family”—dynamic, making these outcomes uniquely theirs.	The changes pertained primarily to their well-being in their professional roles and, to a lesser extent, to their personal lives—making these outcomes uniquely theirs. Also, regardless of the role and relationship to the project, no changes were sticking out to the extent that it would justify a segmentation. This is shown in Figure 12 .	The changes were organizational—unrelated to the personal well-being impacts seen in other groups—making these outcomes uniquely theirs. Also, Internal organizations, regardless of their relationship to the project, were treated as a single group due to the high saturation of the same changes. Both “entities” that did not have direct contact with the intervention and “centers” that carried out the intervention were included.
<p>Evaluators’ judgment: According to Principle 1 “Involve stakeholders” asking open questions would almost other things also help in “...<i>shape your thinking about who changes and the different segments or subgroups that exist</i>”³⁹. Throughout the evaluation, it became clear that each stakeholder group was genuinely distinct, both in the changes they experienced and in how they saw themselves relative to other groups. The evaluator team judged that these variations—detailed in Section 4.4—were different enough to guide decision-making for these groups as separate groups; combining any of these subgroups would have risked drawing incorrect conclusions.</p>				

Source: Own elaboration

³⁹ Social Value International. “Principle 1: Involve Stakeholders.” www.socialvalueint.org/principle-1-involve-stakeholders.

Table 10. Consolidated findings on why the group was kept as one

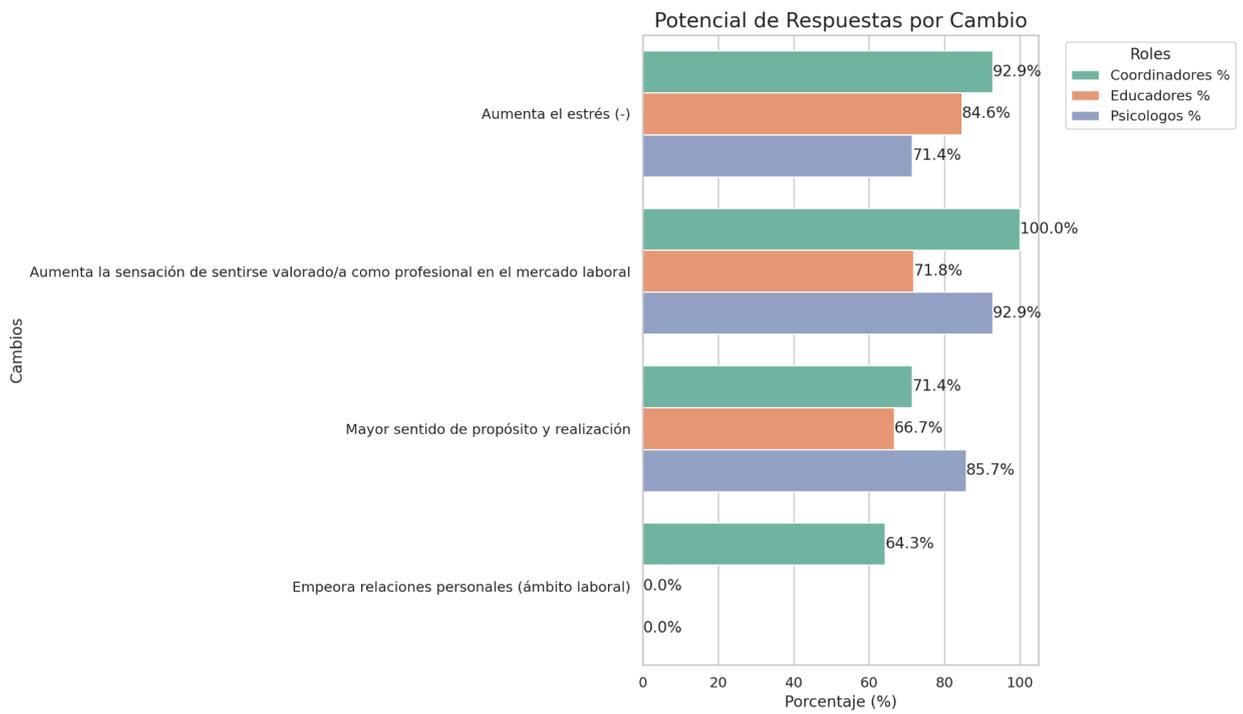
	Children	Mothers and fathers	Professionals	Social Educational organization
Group kept as one as experienced same changes	<p>This stakeholder group remained undivided because, according to the judgment of the evaluation team, every member experienced the same changes regardless of which characteristic was analyzed.</p> <p>For a deeper breakdown made for several variables, see the detailed analysis in the tables that follows (gender, age, level of risk).</p>	<p>Furthermore, the analysis of qualitative and quantitative data showed homogeneity in the identification of changes. Of the 127 people surveyed who were presented with the 17 changes identified from the qualitative evaluation by asking “<i>Do you identify</i>”?.</p> <p>The average shows that all the people surveyed identify with one or several changes to a high degree since each change shows a range between 50% and 88.80%. It means that more than half feel represented at least and to a very high degree in more than half of the changes.</p> <p>These changes are part of a chain or are the defined change itself, which shows that they represent the voice of the majority. It is important to note that no person did not identify with at least one of the changes. For more details see relevant changes in: Section 7.1.2.</p> <p>Furthermore, once the analysis was finished, a high percentage (81.98% of the representative sample) of participants positively evaluated the chain of events and the final changes, confirming that they truthfully represented the group's perspective. For more details see Chapter 12. Verifying the result.</p>	<p>Regardless of stakeholder role or relationship to the project, no subgroup showed change of sufficient magnitude to warrant separate segmentation. As illustrated in Figure 12, only coordinators (the green bar) reported identifying with the latest change (“Worsens personal relationships”).</p> <p>However, the relevance test Table 48) confirmed that this change did not meet the threshold of materiality for the cohort as a whole, therefore it would not justify a segmentation.</p> <p>Therefore, this group was kept as a single group, since no other distinctions emerged that were both significant and attributable to the intervention .</p>	<p>The changes were organizational—unrelated to the personal well-being impacts seen in other groups—making these outcomes uniquely theirs.</p> <p>Also, Internal organizations, regardless of their relationship to the project, were treated as a single group due to the high saturation of the same changes.</p> <p>Both “entities” that did not have direct contact with the intervention and “centers” that carried out the intervention were included.</p>

Evaluators' judgment: According to Principle 1 “Involve stakeholders” asking open questions would almost other things also help in “...*shape your thinking about who changes and the different segments or subgroups that exist*”⁴⁰. This was applied to be valid in the analysis within the stakeholder group (analyzing all answers from all members of the stakeholder group). Throughout the evaluation, it became clear that each stakeholder group was genuinely distinct according to the analyzed criteria. The evaluator team judged that these variations—detailed in [Section 4.4](#)—were different enough to guide decision-making for these groups as separate groups; combining any of these subgroups would have risked drawing incorrect conclusions.

Source: Own elaboration

⁴⁰ Social Value International. “Principle 1: Involve Stakeholders.” www.socialvalueint.org/principle-1-involve-stakeholders.

Figure 12. Relationship between identified changes and “Professionals” group



Source: Own elaboration



Table 11. Consolidated findings on risk level and changes

Children	
Relation between characteristic - risk level and changes	Children and adolescents faced varying levels of institutionalization risk (high, medium, low, none). A chi-square test found no p-values below 0.05, indicating no significant relationship between risk level and any observed changes. The evaluation team judged that there was no reason for dividing into subgroups based on this characteristic. See Annex XII .

Source: Own elaboration

Table 12. Consolidated findings on age and changes

Children	
Relation between characteristic - age and changes	This group included children of various ages; however, the valuation of their changes (as can be seen in Table 13 and Table 14). did not differ significantly across age ranges. All valuations were very similar no pikes, so none stood out enough to affect decision-making, according to the evaluators. Thus, the group was kept as one without subdividing in subgroups.

Source: Own elaboration

Table 13. Importance of changes according to age groups in absolute numbers

	6-10 AÑOS IMPORTANCIA ESCALA 1-10	11-14 AÑOS IMPORTANCIA ESCALA 1-10	15-17 AÑOS IMPORTANCIA ESCALA 1-10
CAMBIOS BIEN DEFINIDOS	Grado	Grado	Grado
Me llevo mejor con mi familia	9,06	9,32	9,56
Tengo más personas que me apoyan	8,77	8,74	8,57
Estoy más contento/a y feliz	8,78	8,59	8,95
Ayudo más a las personas que lo necesiten	8,72	8,63	8,30
Me llevo mejor con mis amigos y amigas	8,52	8,62	8,45
Me porto mejor en la escuela u otros lugares	8,57	8,59	7,76
Puedo hacer más cosas por mí mismo/a sin necesitar ayuda	8,16	7,90	8,64

Note: The graph shows, for each change, the average value by age group (6–10, 11–14 and 15–17 years). The close alignment across groups indicates no deviations large enough to influence decision-making.
Source: Own elaboration.

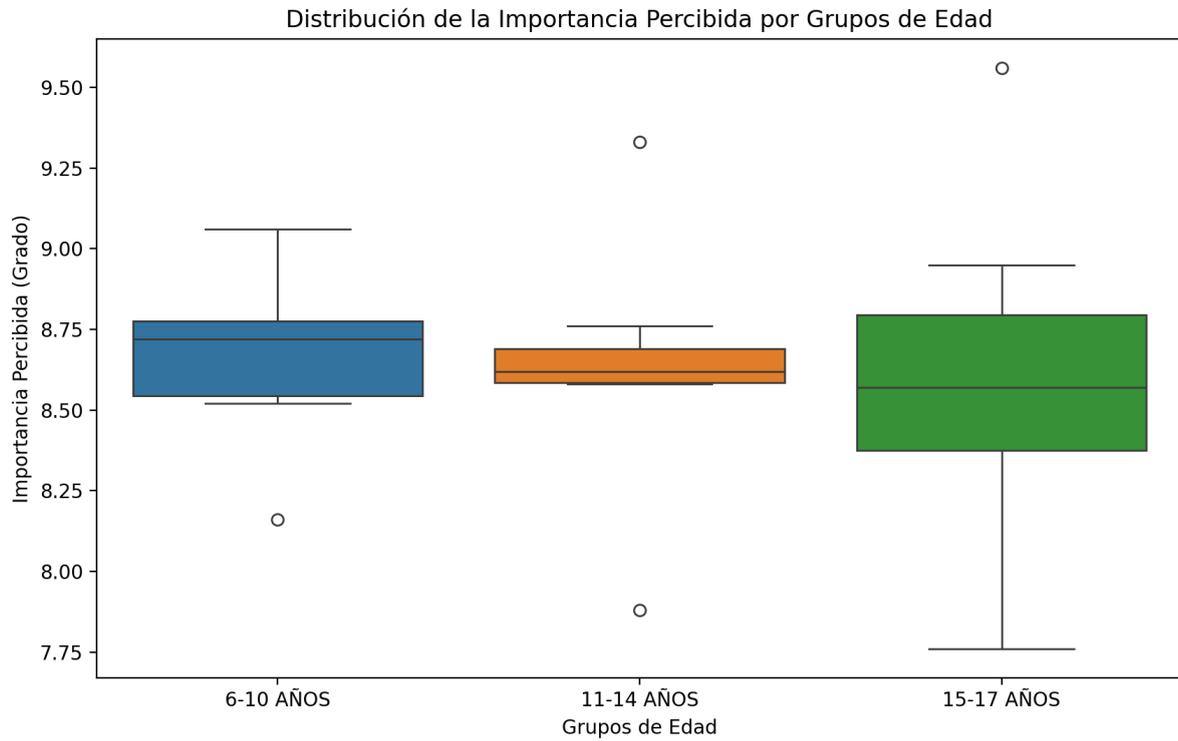
Table 14. Children identifying with the change by age

	6-10 AÑOS. DE LOS 188 NNA QUE RESPONDEN 72 TIENEN ENTRE 6 Y 10 AÑOS	11-14 AÑOS. DE LOS 188 NNA QUE RESPONDEN 91 TIENEN ENTRE 11 Y 14 AÑOS	15-17 AÑOS. De los 188 que responden 25 tienen entre 15.17
CAMBIOS BIEN DEFINIDOS			
Me llevo mejor con mi familia	36,70%	46,81%	12,23%
Tengo más personas que me apoyan	35,64%	46,81%	12,23%
Estoy más contento/a y feliz	36,17%	46,28%	12,23%
Ayudo más a las personas que lo necesiten	36,17%	46,81%	12,23%
Me llevo mejor con mis amigos y amigas	36,70%	46,28%	12,23%
Me porto mejor en la escuela u otros lugares	36,17%	46,81%	12,23%
Puedo hacer más cosas por mí mismo/a sin necesitar ayuda	36,70%	46,81%	12,23%
Relación total al universo	38,30%	48,40%	18,62%

Note: The graph plots, for each change, both the proportion of children who identify with it (relative to the total sample) and the raw count of those children. Their close alignment indicates there are no deviations large enough to influence decision-making.
Source: Own elaboration.



Figure 13. Importance of changes according to age groups



Note: This boxplot shows the distribution of the perceived importance of changes among three age groups. The age groups are represented on the X axis, and the degree of perceived importance is represented on the Y axis. The boxes represent the median (center line), the first and third quartiles (upper and lower borders), and the whiskers indicate the range of the data. The similarities in size and position of the boxes, as well as the alignment of the medians, indicate that there are no significant differences in the perception of importance between the age groups, which agrees with the results of the previous ANOVA analysis. Own elaboration.

Table 15. Consolidated findings on gender and changes

Children and adolescents	
Relation between characteristic - gender and changes	<p>Another hypothesis was that there could be differences in gender concepts, so the same analysis described above was replicated, reaching the conclusion that a significant difference in gender issues could not be identified that would justify the division into subgroups. In addition, there was an equitable gender relationship in the study, which reflected the almost exact relationship with the number of children and adolescents who had participated. Similarly, an analysis was carried out studying the relationship between the degree of vulnerability and the value assigned (degree of importance) using data from the HEMERII tool.⁴¹ which measured pre and post in six domains: physical abuse, sexual abuse, psycho-emotional abuse, neglect, behavior of the caregiver, family atmosphere and psycho-emotional behavior of all children, levels of severity and ages. Nor could a significant difference be detected that would validate the division of this group into subgroups.</p>

Figure 14. Equitable gender distribution



Source: Own elaboration.

⁴¹ Tool for measuring the risk of institutionalization of childhood, developed within the framework of the SomosVoz Program and adapted to the scope of the CSE/CdD/CAD (and the program's own development).

Table 16. Consolidated findings on “groups with bad experiences”

	Children	Mothers and fathers	Professionals	Social Educational organization																
Relation based on “groups with bad experiences”	<p>In this group there were no distinct “subgroups” that would have, through the evaluation, expressed bad experiences more than others within the same sample. Only 10 children mentioned “something negative” and they didn’t share any characteristics nor were the negative changes significant enough for decision making (see Section 4.4.1.7)</p>	<p>In this group, no negative changes considered relevant were identified, despite having been investigated on two occasions. Wherefore the criteria does not apply.</p>	<p>The only negative change identified was an <i>increase in stress</i>; however, there were no significant differences across stakeholder groups that would justify dividing them into subgroups.</p> <p>Figure 14. Number of staff that identified</p> <table border="1"> <thead> <tr> <th></th> <th>GM</th> <th>Educadores</th> <th>Psicologo</th> </tr> </thead> <tbody> <tr> <td>Universe</td> <td>14</td> <td>39</td> <td>14</td> </tr> <tr> <td>Identify</td> <td>10</td> <td>33</td> <td>10</td> </tr> <tr> <td></td> <td>71,43%</td> <td>84,62%</td> <td>71,43%</td> </tr> </tbody> </table> <p>Source: Own elaboration.</p>		GM	Educadores	Psicologo	Universe	14	39	14	Identify	10	33	10		71,43%	84,62%	71,43%	<p>The only negative change identified was an <i>increase in staff turnover</i>, reported by just three organizations that shared no unifying characteristics. Because this change was not material—and even if it had been, the evaluator team judged it would not have altered overall decision-making—it would have been treated as secondary. Moreover, these organizations were accustomed to frequent rotations, and the principal concern remained the effect of stress on staff well-being which was identified by another stakeholder group.</p>
		GM	Educadores	Psicologo																
Universe	14	39	14																	
Identify	10	33	10																	
	71,43%	84,62%	71,43%																	
<p>Throughout the evaluation, it became clear that the negative changes experienced by some members did not differ significantly from those of others in the same group, so there was no justification for creating subgroups. The evaluation team determined that these variations were not material enough to influence decision-making or to warrant separate subgroup analysis.</p>																				



Table 17. Consolidated findings on different valuation

	Children	Mothers and fathers	Professionals	Social Educational organization
<p>Relation based on different valuation</p>	<p>This group included children of various ages; however, the valuation of their changes (as can be seen in Table 13 did not differ significantly across age ranges. All valuations were very similar no pikes, so none stood out enough to affect decision-making, according to the evaluators. Thus, the group was kept as one without subdividing in subgroups.</p>	<p>This group proved highly homogeneous. Initially, the evaluator team considered whether single mothers might experience outcomes differently, but following our first round of data collection it became clear—both staff and external evaluators agreed—that their experiences were indistinguishable from those of other participants. Because many single mothers lived in multi-person households, the criterion of “living alone” did not meaningfully differentiate their results. As shown in Table 17 outcome measures did not vary significantly by valuation deviate markedly from the overall mean. In other words, there were no sharp peaks or outliers to suggest meaningful subgroup differences. Consequently, the evaluators judged to retain a single, undivided cohort for all subsequent analyses.</p>	<p>Valuation of the outcomes was largely consistent across the different roles in this stakeholder group, with the sole exception of the Grupo Motor (GM), which assigned a higher value to <i>increased stress</i>. Although this initially suggested the possibility of segmenting GM separately, this role was created exclusively for this innovation pilot—and will not exist in future editions—so isolating it would not yield actionable insights for subsequent programs. Furthermore, even if GM had been reported separately, its valuation score of 10 versus the overall average of 8.3 (Table 17) would have had a negligible impact on the SROI ratio, leaving the monetized outcome virtually unchanged.</p>	
<p>Throughout the evaluation, it became clear that the negative changes experienced by some members did not differ significantly from those of others in the same group, so there was no justification for creating subgroups. The evaluation team determined that these variations were not material enough to influence decision-making or to warrant separate subgroup analysis.</p>				

Figure 15. Importance of changes according to mothers and fathers

CAMBIOS BIEN DEFINIDOS	IMPORTANCIA ESCALA 1-10 (media)	IMPORTANCIA ESCALA 1-10 (mediana)	Diferencia
Están más tranquilos/as	9,16	10	No significativa
Son más felices	9,38	10	No significativa
Mejora el clima familiar	8,98	10	No significativa
Disminuye el sentimiento de aislamiento	8,02	8	No significativa
Mejoran las relaciones sociales	7,67	8	No significativa
Son más autónomos como familia (sin necesidad de apoyo)	8,2	8	No significativa
Incrementan el tiempo destinado a compartir actividades con sus hijos/	8,84	10	No significativa
Reciben ayuda personalizada socio-emocional y comunitario para la fan Obtengan un espacio seguro donde expresarse (el centro)	9,29	10	No significativa

Note: The graph overlays mean and median values; their close alignment indicates there are no deviations significant enough to impact decision-making. Source: Own elaboration.

Figure 16. Importance of changes according to professionals

Cambios importante	GM	Educadores	Psicólogos
Aumenta el estrés (-)	10	7,7	7,2
Mejora de las perspectivas de su carrera profesional	7,5	7,4	8,8
Mayor sentido de propósito y realización	8,2	7,4	8,3
Empeora relaciones personales (ámbito laboral) -	8,3	0	0
Experimentado una mejora en tu situación económica	9	7	7,14

Source: Own elaboration.

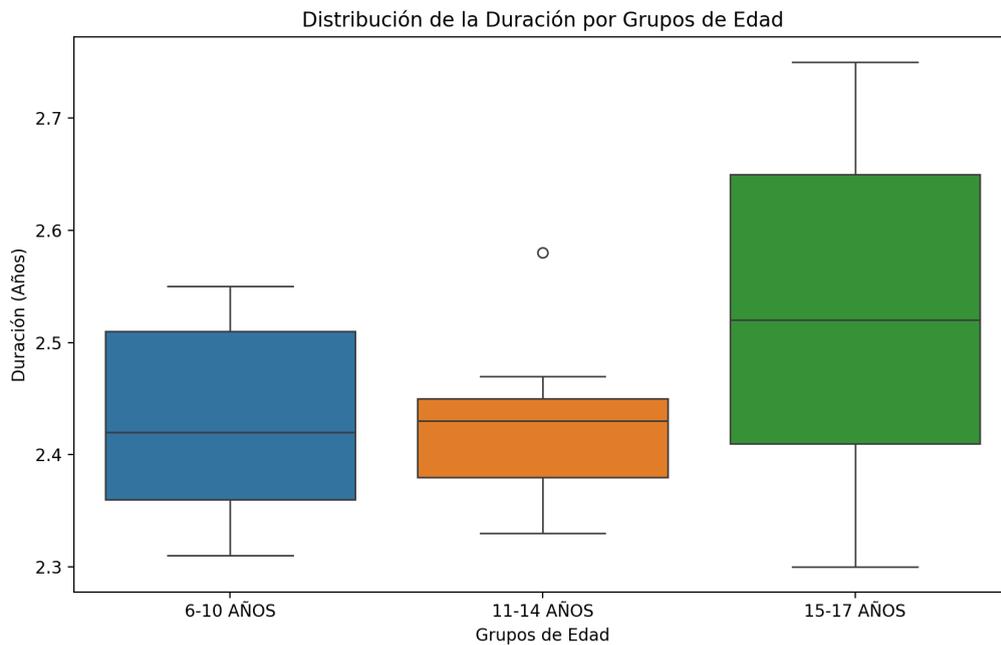


Table 18. Consolidated findings on duration

	Children	Mothers and fathers	Professionals	Social Educational organization
Relation based on duration	The analysis related to the duration showed that no significant differences were observed that would justify a division into subgroups. This reinforces the decision to maintain the group as a single unit, reflecting in a more coherent and effective way the experience shared by all members. See Figure 15 .	Stakeholder duration estimates were informed both by the participants themselves and by staff with firsthand experience. No individual reported a duration exceeding three years; most fell within a two- to three-year range. As a result, the group’s average duration closely reflected every member’s experience—there were no outliers indicating a distinctly shorter or longer tenure. Consequently, there was no justification for segmenting the cohort based on duration.	Duration was assigned within 1-5 years depending on the change, Although “increased stress” exhibited some variation in duration—ranging from one to three years depending on role—the magnitude of its financial impact (–€29,899.31 across 53 participants) was insufficient to materially affect the overall SROI ratio. Even doubling that value would not have altered the evaluator team’s conclusions, since the decision focused on stress management for the entire staff rather than on any one subgroup. Consequently, no special segmentation by role was warranted: the cohort was treated as a single, unified group. See Table 20 .	This stakeholder reported organizational changes, but since organizations were not the focus of this evaluation, their input would only influence decisions if something truly stood out. All reported durations for this stakeholder were similarly short, and the relationship between the central office and its local centres meant that any hypothetical difference in duration would still affect the entire network. Moreover, understanding the average duration provided more insight into change longevity than breaking it down by organizational type. Therefore, the evaluator team decided against subgroup segmentation—maintaining a single cohort preserved the holistic “one company” perspective and reflected the interdependence between all units.
<p>Evaluators’ judgment: Although duration might have warranted subgroup segmentation, the evaluator team found no extreme outliers—differences between individuals never exceeded two years. Moreover, because duration estimates were forecasted (and thus inherently uncertain) and sustainability was not the primary focus of the decision at hand, segmenting by duration would not have altered conclusions or improved precision. Consequently, the team retained a single cohort without further subdivision. The general idea that “changes do not last forever”, was a more revealing conclusion than the actual details on possible smaller differences.</p>				



Figure 17. The average duration of changes according to age groups for children



Note: This boxplot shows the distribution of the mean duration assigned to changes among three age groups. The age groups are represented on the X axis, and the degree of perceived importance is represented on the Y axis. The boxes represent the median (center line), the first and third quartiles (upper and lower borders), and the whiskers indicate the range of the data. The similarities in size and position of the boxes, as well as the alignment of the medians, indicate that there are no significant differences in the perception of importance between the age groups, which agrees with the results of the previous ANOVA analysis. Source: Own elaboration.

Table 19. The average duration of changes according professionals

	Aumento de valor profesional en el mercado laboral	Mayor conexión con tu sentido de propósito y realización	Aumento de sensación de estrés (-)	Mejora de tus habilidades/capacidades profesionales
Grupo Motor	3	3	1	5,5
Educadores/as	4	3	2	4
Psicólogos/as	4	4	3	4

Source: Own elaboration.

Table 20. Consolidated findings on depth

	Children	Mothers and fathers	Professionals	Social Educational organization
Relation based on depth	When examining the relationship between age and depth, the analysis revealed that younger children (ages 6–14) showed stronger gains in several outcomes (helping others (+1.09), changed behavior in school (+1.76), feeling supported (+1.87) and family relations (+0.50))while the other changes showed no significant differences between age groups (see Table 22). However, the evaluation team judged that these increases were driven by normal developmental stages rather than the programme itself. Therefore, depth by age was not considered a meaningful basis for subgroup segmentation, and no specific decision-making insights would have arisen from such a split.	Neither the median nor the mean revealed any meaningful deviation within this cohort, and no additional characteristics emerged that could justify subgroup segmentation. As a result, dividing the stakeholders further would neither enhance decision-making nor mitigate any identified risks. The data support treating this group as a single, homogenous population.	Depth of the outcomes was largely consistent across the different roles in this stakeholder group, with the sole exception of the Grupo Motor (GM), which assigned a higher depth to <i>increased stress</i> . Although this initially suggested the possibility of segmenting GM separately, this role was created exclusively for this innovation pilot—and will not exist in future editions—so isolating it would not yield actionable insights for subsequent programs.	This stakeholder reported organizational changes, but since organizations were not the focus of this evaluation (wellbeing was), their input would only influence decisions if something truly stood out. All reported depths for this stakeholder were similarly short, and the relationship between the central office and its local centres meant that any hypothetical difference in depth would still affect the entire network. Moreover, understanding the average depth provided more insight into change longevity than breaking it down by organizational type. Still an analysis was made to understand if there were any significant variations that should be highlighted (Table 24 and the analysis). For the three changes that showed some differentiation and potential variation in responses, both the central organization and the local units were affected. Therefore, the evaluation team decided against subgroup segmentation—maintaining a single cohort preserved the holistic “one company” perspective and accurately reflected the interdependence of all units.
Evaluators’ judgment: Although depth differences might have suggested subgroup segmentation, the team observed only minor deviations in a few outcomes for children—and these were attributable to normal developmental processes rather than the programme itself. Moreover, the scales showed minimal age-related variation, offering no solid rationale for splitting the cohort. Consequently, the evaluators retained a single group without further subdivision. Ultimately, the more revealing conclusion was that “changes do not last forever,” which outweighed any minor differences detected.				



Table 21. The average depth according professionals

Agrupación por edad	¿Haces más cosas solo/a sin necesitar ayuda?	¿Te llevas mejor con tus amigos y/o amigas?	¿Ayudas más a los demás?	¿Te portas mejor en sitios como la escuela?	¿Te sientes más apoyado/a?	¿Te sientes más feliz y alegre ahora?	¿Te llevas mejor con tu familia?	¿Ha aumentado la felicidad?
Adolescentes	5,97	6,49	5,59	5,01	5,51	6,03	6,79	0,99
Niños 6-14 años)	5,91	6,98	6,68	6,77	7,38	7,51	7,29	0,8
Dif	0,06	-0,49	-1,09	-1,76	-1,87	-1,48	-0,5	0,19

Source: Own elaboration.

Table 22. The average depth according professionals

Cambios importante	GM	Educadores	Psicólogos
Aumenta el estrés (-)	5,08	4,64	4,5
Mejora de las perspectivas de su carrera profesional	1,43	1,26	1,64
Mayor sentido de propósito y realización	0,5	0,36	0,93
Empeora relaciones personales (ámbito laboral) -	Only valued by GM (not identified by the others)		
Experimentado una mejora en tu situación económica	Weighting was not used		

Source: Own elaboration.

Table 23. Comparison of average and median depth by social educational organization

Respondiente	MEJORA DEL AMBIENTE LABORAL	TRANSFORMACION DEL CUANTO A ESCALA 1-10	AUMENTO EN LA POSIBILIDAD DE OBTENER FINANCIACIÓN	TRANSFORMACION DEL CUANTO A ESCALA 1-10	AUMENTO EN LA ROTACIÓN DE PERSONAL	TRANSFORMACION DEL CUANTO A ESCALA 1-10	MEJORA EN LA REPUTACIÓN DE LA ORGANIZACIÓN	TRANSFORMACION DEL CUANTO A ESCALA 1-10	MEJORA DE LA CALIDAD Y EFICACIA DE LA INTERVENCIÓN	TRANSFORMACION DEL CUANTO A ESCALA 1-10
Media:	7,14	8,00	5,78	6,56	5,60	6,80	6,88	8,50	6,33	7,17
Mediana	7	8	5	7	5	7	7	8,5	5,5	7
Variación	0,14	0,00	0,78	-0,44	0,60	-0,20	-0,13	0,00	0,83	0,17

Source: Own elaboration.



Absolute and relative (to the 1-10 scale) gaps between Average and Median

- Mejora del ambiente laboral | $\Delta = 0.14$ (1.4 %) → Trivial
- Transformación “ambiente” | $\Delta = 0$ (0 %) → None
- Posibilidad de financiación | $\Delta = 0.78$ (7.8 %) → Noticeable
- Transform. “financiación” | $\Delta = 0.44$ (4.4 %) → Minor
- Rotación de personal | $\Delta = 0.60$ (6.0 %) → Noticeable
- Transform. “rotación” | $\Delta = 0.20$ (2.0 %) → Trivial
- Reputación organizativa | $\Delta = 0.12$ (1.2 %) → Trivial
- Transform. “reputación” | $\Delta = 0$ (0 %) → None
- Calidad / eficacia | $\Delta = 0.83$ (8.3 %) → Noticeable
- Transform. “calidad” | $\Delta = 0.17$ (1.7 %) → Trivial

Interpretation (significance on a 1-10 scale): Gaps ≈ 0.5 pt or more ($\sim 5\%$ of scale) can be considered practically relevant. Only three metrics exceed that threshold: Aumento en la posibilidad de obtención de financiación, Aumento en la rotación de personal, Mejora de la calidad y eficacia de la intervención. For the other seven metrics, Average and Median align very closely; any difference is too small to matter in practice.



Table 24. Consolidated findings on causality

	Children	Mothers and fathers	Professionals	Social Educational organization
Relation based on causality	<p>Causality proved the most difficult data to collect, as children struggled to understand the questions. To address this, the evaluators had to run workshops. These had to be mixed-age as resources were limited, but this prevented disaggregating responses by age or other characteristics. Although the data collector was asked to record ages for example, the process had to be simplified to ensure any data was captured at all. As a result, subgroup analysis based on causality attribution wasn't possible using primarily stakeholder-informed data. Moreover, over 60% of attributions clustered into three categories (see Table 26), indicating age did not meaningfully differentiate responses. The same held true for deadweight: existing support structures were uniform across ages. Displacement was uniformly low across all participants, rendering it unhelpful for segmentation. Given its minimal variation—and because it coincided for everyone—the evaluator team treated displacement as a constant and did not subdivide the cohort on this basis.</p>	<p>Because no characteristics differentiated members of this stakeholder group, it was harder to identify any subgroups with distinct causality patterns. Families' responses were recorded via web form, indicating how many and which attributors already existed in their ecosystem (see Figure 25), but no clear clusters emerged. In fact, the data show that most participants cited the same top 5 attributors, showing that the majority had the same idea of casualties.</p>	<p>The causality reported by this group was very similar across all changes; therefore, the evaluation team determined that the variations were not significant enough to warrant creating subgroups within this stakeholder group (see Figure 24).</p>	<p>This stakeholder reported organizational changes, but since organizations were not the focus of this evaluation, their input would only influence decisions if something truly stood out. All reported causality for this stakeholder were similar. Therefore, the evaluator team decided against subgroup segmentation—maintaining a single cohort preserved the holistic “one company” perspective and reflected the interdependence between all units.</p>
<p>Evaluators' judgment: Causality attribution proved challenging to collect and interpret reliably for this segmentation decision. Although the team attempted to analyse these data, the results were neither robust nor sufficiently differentiated to justify subgrouping on their own. It was considered that causality findings may inform or reinforce segmentations based on other metrics, but they were not suitable as a sole basis for dividing the cohort. Consequently, the evaluator team maintained the single, unified groups.</p>				



Table 25. Most repeated “attribution” by all children

Respuesta	Frecuencia	Porcentaje %
amigos	51	23,94
familia	50	23,47
otras maestras del centro y escuela	26	12,21
escuela	15	7,04
amigos/as	10	4,69
otras maestras del centro	8	3,76

Source: Own elaboration.

Table 26. Logic on calculation used to assign the attribution for all mothers and fathers

Tabla de index	Calculo
Nada o ninguna mención	0
Se menciona 1 ente de atribucion	0,2
Se menciona 2 ente de atribucion	0,4
Se menciona 3 ente de atribucion	0,6
Se menciona 4 ente de atribucion	0,8
Se menciona 1 ente de atribucion	1

Source: Own elaboration.

Table 27. Most repeated “attribution” by all mothers and fathers

Respuesta	Frecuencia	comentario	Porcentaje Atribucion	Peso muerto	Solo SomosVoz - Ninguna causalidad	Algún tipo de causalidad
Familiares	43		51,19%			
Otras entidades	7			8,33%		
Amigos	14		16,67%			
No seleccionó ninguna	11				13,10%	
Escuela	2		2,38%			
Centro socio-educativo	5				5,95%	
Otras cosas	2	Puzle		2,38%		
	84		70,24%	10,71%	19,05%	80,95%

Source: Own elaboration.

Table 28. Compared causality for different groups for professionals

	percibes que tu valor profesional en el mercado laboral habrá aumentado	Experimentado aumento de sensación de estrés (-)	Incrementa el sentido de propósito y satisfacción en la vida laboral
Grupo Motor	5	5	7
Educadores	5	5	6
Proscólogo/a	5	5	6

Source: Own elaboration.

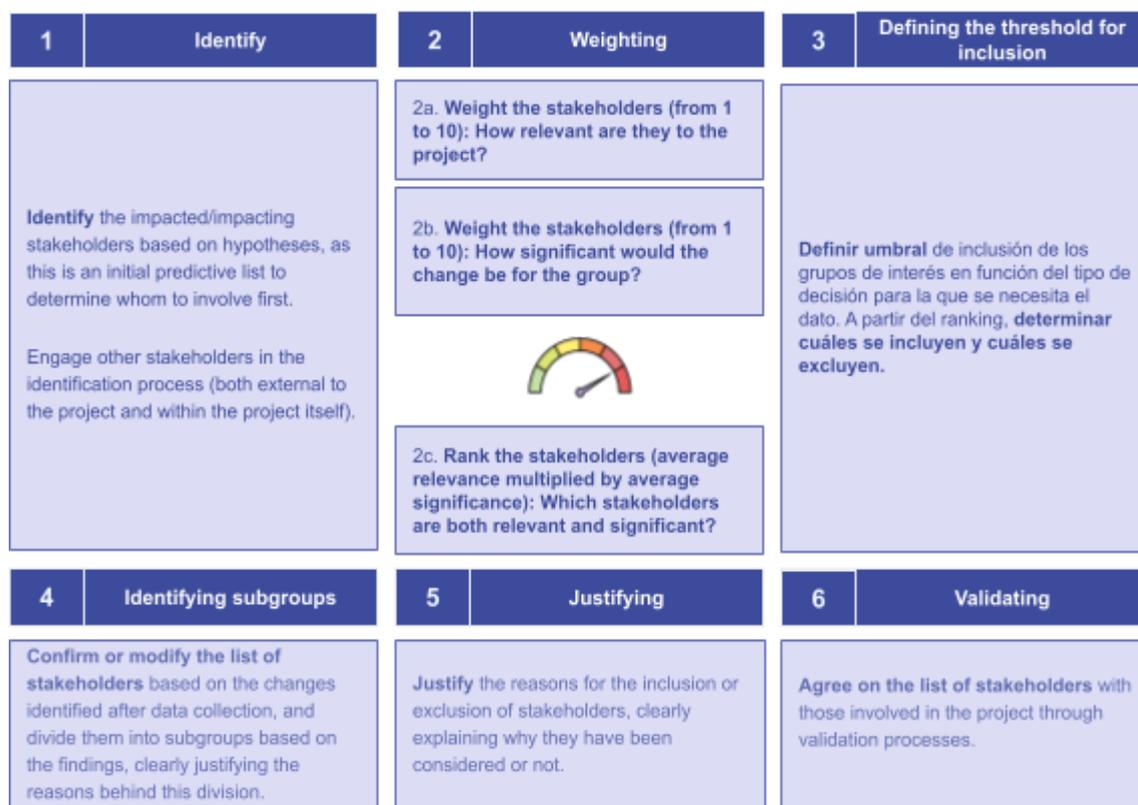


3.3 PROCESS OF IDENTIFICATION OF STAKEHOLDER GROUPS

The following graph illustrates the steps taken to identify the different stakeholder groups included in the engagement plan (Table 31) and excluded from it. This process was not only based on the analysis before data collection to determine which groups to include, but also integrated a specific question for the stakeholder groups involved to identify other possible impacted groups, or validate the preselected ones, and thus take them into account when collecting data if necessary. This question was incorporated in both the qualitative phase and the quantitative form of data collection: *"Apart from you, who else would you say has been impacted by the activity?"*.

The process of identifying the different stakeholder groups was structured in several phases, which are detailed in the following figure.

Figure 16. Gol identification, selection, and validation process



Source: Own elaboration.



First, the groups that could impact or be impacted by the intervention model were identified, based on hypotheses, experience, and data from the prognostic report.⁴² that had been carried out for the same project the previous year. Then, the relevance and significance of these groups were weighted and classified using a scale from 1 to 10, which allowed a ranking to be established based on a calculated index. Next, a threshold was defined to decide which groups to include or exclude in the data collection, considering their importance and the rigor required by the study.

After data collection, in which the interviewed stakeholder groups were involved, the list was reviewed again to incorporate subgroups in case the data showed significant differences in the changes within a previously identified group and analyzed the data to identify possible new groups. Finally, a literature review was carried out, identification of emerging groups in qualitative interviews, and validation with a form involving selected representatives of the different stakeholder groups.

3.3.1 Stakeholder groups included in the identification of other groups

It is detailed below, in reference to the indications of principle 1 “*Involve stakeholder groups*”⁴³, at what point in the process what and how many were involved in the identification of other stakeholder groups. The entire universe can be seen in [Section 3.4.1](#), and the questions for each step of involvement are detailed in [Annex II](#). They are summarized in the following table.

As shown in the identification process [Figure 16](#). In step 6, “Validate”, not only were the groups identified, but they were also validated with representatives of different groups that impact or are impacted. Eight representatives validated, using a form, the inclusion or exclusion of each group in the data collection. This process was carried out to ensure that the engagement plan ([Table 31](#)) will consider all potentially impacted groups.

⁴² Pólvara, P., Delfa Rodríguez, B., and De Cominges Sureda, B. 2023. *PIII Social Value Report 2023*. The Social Consulting Agency and the Social Impact Chair of the Universidad Pontificia Comillas.

⁴³ Social Value International. *Principle 1: Involve Stakeholders*. s.f. www.socialvalueint.org/principle-1-involve-stakeholders



The groups on the list participated in the data collection, during which they were asked to mention other groups by asking the question: *Who else was impacted by the activity?*. This occurred either because they were asked directly or because they were identified when analyzing data from focus groups, interviews, or forms.

Table 29. Identification of stakeholder groups by other actors

Stakeholder group consulted	# of people involved	Query result (other groups identified) ⁴⁴	Applied process and validation
Children and adolescents	181	Mothers and fathers, friends, school teachers	<p>Method: Interviews.</p> <p>Ask: <i>Which group is relevant and should be included?</i></p>
Fathers and mothers	136	Children	<p>Because these groups had difficulty understanding the question, it was not asked literally. Instead, the qualitative data collected was analyzed to identify other groups mentioned by them, which allowed their contribution to be included.</p>
Professionals	81	Children Mothers and fathers Socio-educational centers Reception centers Local Social Services Autonomous Social Services Schools School professionals Funders	<p>Method: Focus Group and form</p> <p>Ask: <i>Which group is relevant and should be included?</i></p> <p>14 coordinators participated in the initial identification.</p> <p>67 intervention professionals identified them through a quantitative questionnaire.</p> <p>Ask: <i>To what degree is the inclusion and exclusion of groups valid?</i></p> <p>Method: Form.</p> <p>4 professionals validated the groups with a quantitative form.</p>

⁴⁴ This column includes those previously considered, not considered or excluded due to lack of relevance in the previous weighting. New ones were discarded if they were not repeated in a saturated manner; those already included validated their mention, and those excluded were evaluated according to the frequency of appearance, without reaching saturation.



Socio-educational centers	18		<p>Method: Interviews and forms</p> <p>Ask: Which group is relevant and should be included?</p> <p>11 center directors identified them through a quantitative questionnaire.</p> <p>6 directors of internal financial entities identified them through a quantitative questionnaire.</p>
External financing organizations - Ministry of Social Rights, Consumption and Agenda 2030.	1	Children Mothers and fathers Premises Social Services	<p>This stakeholder group was not involved, since in the forecast⁴⁵, they predicted that no change would be generated in the organization, but that they would be included in providing financing (input). Even so, certain groups were identified in the financing document.</p>

Source: Own elaboration.

3.3.2 Groups excluded from the identification process of other groups

The two groups for which the least stakeholder group identification data was collected were “Children” and “Mothers and Fathers.” In the case of minors, although they were asked the question about identifying other groups of interest, they faced difficulties in identifying groups beyond their family nucleus, due to a lack of familiarity with the concept of “impacted,” which was addressed in greater depth during the data collection process. Similarly, families also had trouble answering this question.

Therefore, it was decided to complement this information with analysis of the data collected in the focus groups, data provided by other stakeholder groups, such as the professionals of the centers, researchers and directors of the centers and entities, and completed with a quantitative validation based on the opinion of eight representatives of various stakeholder

⁴⁵ Pólvara, P., Delfa Rodríguez, B., y De Cominges Sureda, B. *Informe de Valor Social PIPII 2023*. The Social Consulting Agency y la Cátedra de Impacto Social de la Universidad Pontificia Comillas, última modificación en 2023.



groups who expressed an average 72.5% agreement in the inclusion of the groups presented as “groups to include and exclude” (see [Table 6](#) and [Table 7](#)). Through the combination of the data obtained from these groups, it was possible to identify and rigorously validate the different relevant stakeholder groups.

3.4 PROCESS OF INVOLVEMENT OF STAKEHOLDER GROUPS

This section presents the involvement plan ([Table 31](#)) detailed for each stakeholder group.

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 the indication whether the data collected by each group is representative (column 2).

The total number of children and adolescents (children and adolescents) involved in the process was 180, mothers and fathers 117, and professionals 69 professionals and 18 organizations. The table presents the breakdown of the target population (studied population) and the sample obtained in each phase.



Table 30. Involvement plan and sample representativeness

Stakeholder group INCLUDED AND INVOLVED	Base data and representativeness analysis			Final Data by Phase Qualitative – What Changed?				Final Data by Phase Quantitative – Importance / Duration / Value / Causality?				Final Data by Phase Verifying the result			
	Representative	Univers	Minimum sample	Sample	%	When	Method	Sample	%	When	Method	Sample	%	When	Method
Children and adolencents	✓	384	117	80	21%	Feb 24	Focus group	180	47%	Marzo - Mayo 24	Survey	189	49%	Junio 24	Survey
Mothers and fathers	✓	320	117	84	26%	Feb 24	Focus group	117	37%	Marzo - Mayo 24	Survey	91	28%	Junio 24	Survey
Profesonals	✓	91	64	38	42%	Abril 24	Interveiw	69	76%	Marzo - Mayo 24	Survey	69	76%	Junio 24	Survey
Social-educational organizations	Parcialy	39	27	18	46%	Junio 24	Interveiw	18	46%	Julio - Oct 24	Survey	Not involved			

INVOLVED and EXCLUDED	Representative	Población diana	Minimum sample	Muestra	%	Cuándo	Método	Muestra	%	Cuándo	Método	Muestra	%	Cuándo	Método
Funder- Ministerio de Derechos Sociales, Consumo y Agenda 2030	✓	1	No aplica	1	100%	Sep 24	Entrevista individual	1	100%	Oct 24	Formulario	No aplica	No aplica	No aplica	No aplica
Local Social Services	No	41	No aplica	4	10%	mayo 24	Focusgroup	4	10%	Mayo 24	Formulario	No aplica	No aplica	No aplica	No aplica
Regional Social Services	No	14	No aplica	0	0%	mayo 24	Focusgroup	0	0%	Mayo 24	Formulario	No aplica	No aplica	No aplica	No aplica
Children shelter	No	14	No aplica	2	14%	mayo 24	Focusgroup	2	14%	Mayo 24	Formulario	No aplica	No aplica	No aplica	No aplica
Schools	No	42	No aplica	1	2%	mayo 24	Focusgroup	1	2%	Mayo 24	Formulario	No aplica	No aplica	No aplica	No aplica

Source: Own elaboration.

3.4.1 Sample selection process and its degree of representativeness in terms of the degree of representativeness of the target population

How the sample subjects were selected: The study sample was selected using non-probabilistic sampling⁴⁶ stratified subject to convenience and accessibility criteria, ensuring the representativeness of the target population segmented by sex, age, and territory in the case of mothers and fathers and children and adolescents.

Only children, mothers and fathers from whom signed consent to participate in the evaluation were obtained and are considered the target population (object of study). For the other stakeholder groups, contacts provided by the organization with signed consent 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 by members of the different stakeholder groups, it is considered that the possible bias regarding the degree of representativeness of the target population was minimized by the saturation of the sample itself.

Justifications for the sample result: Once the data collection was completed, it was checked whether the sample size obtained for each stakeholder group was adequate for the predefined goals to confirm representativeness. For all groups included in this report, the established goal was reached, with a non-significant degree of statistical error in some groups, except for the validation phase of the “Socio-educational Organizations” group, which could not be carried out due to the accumulated delay. In the collection of data from the previous phases (qualitative and quantitative⁴⁷) and the impossibility of extending the deadline for the closing of the data collection period. However, it is considered low risk to make decisions based on data from this group, given that the changes identified are

⁴⁶ Valenzuela, M. T., and Vergara, M. 2019. "Biostatistics applied to clinical research: basic concepts." *Las Condes Clinic Medical Magazine* 30 (1): 9-14.

www.elsevier.es/es-revista-revista-medica-clinica-las-condes-202-articulo-bioestadistica-aplicada-investigacion-clinica-conceptos-S0716864019300045

⁴⁷ The delay in the previous phases caused the completion of the tasks involved in closing the project to coincide with the collection of data for validation in the same period of time.



organizational and are not directly related to the well-being of the people represented by another stakeholder group (Professionals).

In [Table 33](#) The data collection methodology is detailed by stakeholder group. In cases where the sample goal is met, the data is considered highly reliable and representative, supporting informed decisions. When the target sample was not achieved, the causes are explained and the reliability of the data and the risk associated with decisions based on it are evaluated.

How the minimum sample for representativeness was identified: For all groups, the evaluator team sought to achieve a degree of representativeness that would allow the data to be extrapolated, minimizing the risk of not reflecting the voice of the group as a whole. For this reason, two social return ratios were developed (see [Section 10.5](#)): one based exclusively on the people surveyed, and another that extrapolates the data from the groups with a statistically acceptable degree of representativeness and a reduced margin of error.

Once the data was collected, the sample obtained was compared with the expectations in both scenarios to determine reliability by extrapolating the results, thus allowing the social value generated by people not directly evaluated to be included. To determine representativeness, two methods were combined:

1. **Statistical representativeness criteria:** 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 was used⁴⁸ to define the minimum size required per group.
 - Once the data was collected, if the minimum sample was not reached, the error rate was calculated.⁴⁹ to evaluate whether this justified the extrapolation of data assuming a reasonable risk, guaranteeing the reliability of the extrapolated data.

⁴⁸ QuestionPro. "Sample Size Calculator." *QuestionPro*. <https://www.questionpro.com/es/calculadora-de-muestra.html>.

⁴⁹ QuestionPro. "Sample margin of error calculator." *QuestionPro*. <https://www.questionpro.com/es/calculadora-de-margen-de-error.html>



2. **Specific criteria for key groups:** For the groups of “mothers and fathers” and “children and adolescents”, as they are direct and larger beneficiaries, an additional, more rigorous analysis was used based on the scale. *Family Assessment Device* (FAD)⁵⁰. The FAD was selected because the main objective of the program was to evaluate changes in the family atmosphere. This instrument was completed by both children and adolescents⁵¹ as well as by their family members. The advanced criteria for calculating the minimum sample (FAD) were:

An advanced calculator was used⁵² considering:

- An alpha risk of 0.05.
- A statistical power greater than 0.8.
- A bilateral contrast.
- A loss rate of 15%.
- Although there was no single consensus on the minimum detectable difference (MDD) for the FAD scale, previous studies indicated that changes between 0.2 and 0.5 standard deviations in its subscales are clinically significant.



Stakeholder engagement material

⁵⁰ Scales: Family Assessment Device (FAD) (Family Atmosphere); APQ Alabama Parenting Questionnaire Parent Version and Child Version (Parenting Skills).

⁵¹ The scale, completed by children over 11 years of age and their parents before and after the intervention, allowed to calculate the minimum necessary sample.

⁵² Datarus. "Granmo: Sample Size Calculator." *Datarus*. Accessed January 28, 2025. <https://www.datarus.eu/aplicaciones/granmo/>.

Table 31. Description of the population and sample analysis

Stakeholder group	Selection method	Description of the population studied	Sample analysis	Justification and risk level
<p>Children and adolescents</p>	<p>Sample type: Non-Probabilistic, under controlled conditions.</p> <p>Each participant voluntarily agreed to collaborate in the research and provided their informed and signed consent (in addition to being signed by their parents). In addition, their availability and ability to access the specific place where the interviews or focus group were carried out within the period designated for data collection was ensured.</p>	<p>Total participants in the program: 541 children and adolescents from 9 Autonomous Communities between 6 and 17 years old, born between 2006 and 2017, who face conditions of vulnerability or risk of social marginalization due to factors related to their family, social, and personal context, and who participated in the program between January 9, 2023 and December 31, 2023, and</p> <p>Target population: 384 Children and adolescents.</p>	<p>Statistical method:</p> <p>An error rate of 5.33% is evident, which indicates that the extrapolated data presents a low risk of not being representative.</p> <p>Scale method: The minimum sample was established⁵³ “accepting an alpha risk of 0.05 and a statistical power greater than 0.8 in a bilateral contrast, 117 subjects assuming that the initial proportion of events is 0.7 and at the end 0.5. A loss to follow-up rate of 15% has been estimated.</p> <p>The minimum sample that</p>	<p>Risk level: low.</p> <p>It is considered that there is a very low risk when extrapolating the sample data due to the low statistical error rate that was generated by not exceeding the minimum sample threshold (see Section 3.4.1). In the case of using data extrapolated from the SROI, the risk is minimal, since the study demonstrates high reliability due to its representativeness.</p>

⁵³ Using reliable data from other studies applied in a sample calculator for its representativeness. <https://www.datarus.eu/aplicaciones/granmo/>

Stakeholder group	Selection method	Description of the population studied	Sample analysis	Justification and risk level
			justifies the representativeness of the FAD scale was exceeded by 35%.	
<p>Fathers and mothers</p>	<p>Sample type: Non-Probabilistic, under controlled conditions.</p> <p>Each participant voluntarily agreed to collaborate in the research and provided signed informed consent. In addition, their availability and ability to access the specific place where the interviews or focus groups were carried out within the period designated for data collection was ensured.</p>	<p>Total participants in the program: Fathers and/or mothers of the 465 families whose children have participated in the program.</p> <p>Target population: 320 mothers and fathers</p>	<p>Statistical method: An error rate of 11.16% is evident, which indicates that the extrapolated data presents a low risk of not being representative.</p> <p>Scale method: The minimum sample was established⁵⁴ “accepting an alpha risk of 0.05 and a statistical power greater than 0.8 in a bilateral contrast, 117 subjects assuming that the initial proportion of events is 0.7 and at the end 0.5. A loss to follow-up rate of 15% has been estimated.</p>	<p>Risk level: low.</p> <p>It is considered that there is a very low risk when extrapolating the sample data due to the low statistical error rate that was generated by not exceeding the minimum sample threshold (see Section 3.4.1). In the case of using data extrapolated from the SROI, the risk is minimal, since the study demonstrates high reliability due to its representativeness.</p>

⁵⁴ Using reliable data from other studies applied in a sample calculator for its representativeness. <https://www.datarus.eu/aplicaciones/granmo/>

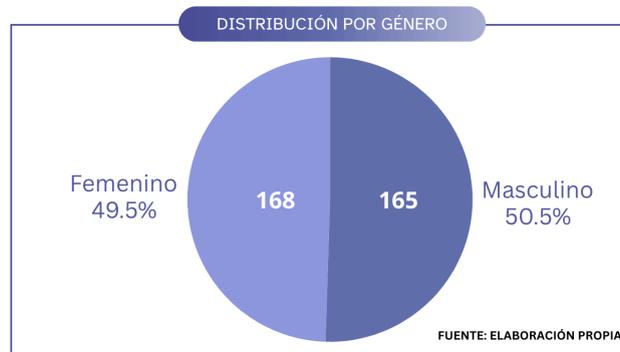
Stakeholder group	Selection method	Description of the population studied	Sample analysis	Justification and risk level
			The minimum sample that fairly represents the FAD scale was exceeded by 6.40%.	
Professionals	Sample type: Everyone who had the role of coordinator, educator or psycho-emotional and active support in the program was included, so there was no need for sampling.	Professionals from the socio-educational centers where the program was implemented with the role of coordinator, educator or psycho-emotional support, coordinators, and assets in the program. Target population: 91 professionals.	Statistical method: An error rate of 8.36% is evident, which indicates that the extrapolated data presents a low risk of not being representative.	Risk level: low It is considered that there is a very low risk when extrapolating the sample data due to the low statistical error rate that was generated by not exceeding the minimum sample threshold (see Section 3.4.1). In the case of using data extrapolated from the SROI, the risk is minimal, since the study demonstrates high reliability due to its representativeness.
Socio-educational organizations	Sample type: All centers and all entities are included in	Socio-educational centers that children and adolescents attend after school hours the entities involved in the	Statistical method: An error rate of 17.17% is evident, which indicates that the extrapolated	Risk level: medium It is considered that there is a moderate risk when extrapolating the sample data due to

Stakeholder group	Selection method	Description of the population studied	Sample analysis	Justification and risk level
	<p>whose centers the intervention was carried out, so there was no need for sampling</p>	<p>intervention and the entities to which the centers belong.</p> <p>Target population: 14 entities and 25 centers.</p>	<p>data presents a medium risk of not being representative.</p>	<p>the low statistical error rate that was generated by not exceeding the minimum sample threshold (see Section 3.4.1). In the case of using data extrapolated from the SROI, the risk is minimal, since the study demonstrates high reliability due to its representativeness.</p>
<p>External financing organizations - Ministry of Social Rights, Consumption and Agenda 2030</p>	<p>Sample type: It is a single organization, so sampling was not necessary.</p> <p>This organization provides input data only.</p>	<p>Ministry of the Spanish Government of Social Rights, Consumption and Agenda 2030.</p>	<p>Statistical method: An error rate of 0% is evident, which indicates that the extrapolated data presents a non-existent risk of not being representative.</p>	<p>Risk level: there is no risk</p> <p>This stakeholder group does not generate social value.</p>

Source: Own elaboration.

3.4.1.1 Equitable representation in terms of gender

Figure 17. Equity in gender representation



Source: Own elaboration.

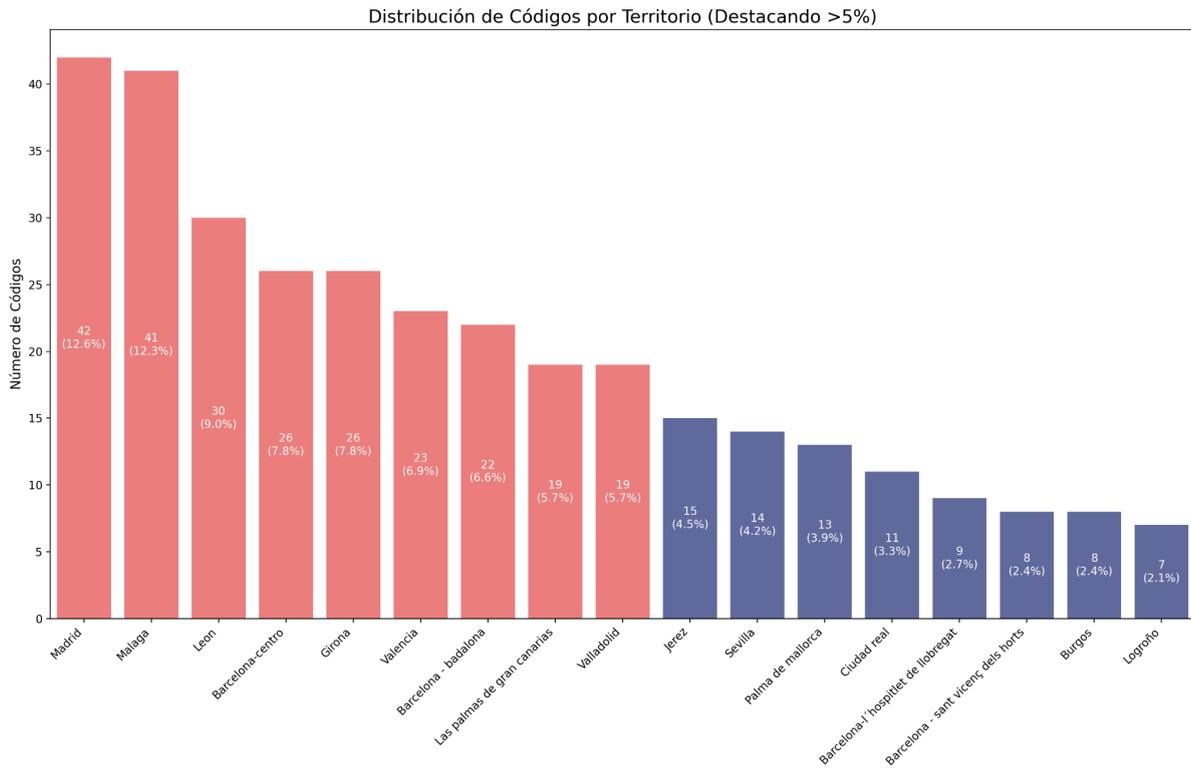
The graph shows the distribution by gender (male/female) of all children and adolescents who participated in the evaluation, evidencing balanced participation in the sample. This data is representative of the total distribution of children and adolescents who have been part of the intervention, where 270 (49.9% of the total) were boys and 271 girls (50.01% of the total). Therefore, the data collected fairly reflects the target population, ensuring equitable representation among participating minors.

3.4.1.2 Equity in the representation according to locality

A total of 25 centers in 18 cities participated in the project, being represented in the data collection by the involvement of children and adolescents, mothers and fathers to a greater or lesser extent. More than 50% of these centers managed to involve more than 50% of the children and adolescents who have been part of the SomosVoz program intervention, which guarantees that all the localities where there was intervention have contributed and are adequately represented in the data.



Figure 18. Equity in representation by locality



Source: Own elaboration.

3.4.2 Involvement of stakeholder groups as the main source of data

This section details how and when the different stakeholder groups were involved in collecting data for the study. 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 following the 8 standards of Social Value International⁵⁵.

3.4.2.1 Sources used in the research

Primary sources: The main source of information was the stakeholder groups themselves involved in the intervention. These key stakeholders provided essential data through

⁵⁵ Social Value International. *Social Value International*. s.f.. www.socialvalueint.org/



surveys, interviews, and focus groups. For a detailed breakdown of each group and their specific contribution, see [Table 33](#).

Secondary sources: To achieve the desired level of rigor (see [Annex X](#)) for more details on identifying the degree of rigor), the main source was complemented with data from various additional sources. These sources, listed below, were part of a comprehensive analysis that supported the validation and inclusion of each of the changes:

- A **comprehensive review of project objectives and intended outcomes**⁵⁶, with the purpose of identifying the changes that were intended to be achieved with the intervention. The review identified key changes that were intended to be achieved.
- **The voice of other stakeholder groups:** In relation to the changes of the “NNA” and “mothers and fathers” groups, the voice of other stakeholder groups was collected through forms addressed to professionals and socio-educational centers, in addition to 4 focus groups with professionals and 2 interviews with researchers.
- A was carried out **documentary review** from 9 other reports evaluated in the document *Documentary review of impact measurement reports of institutionalization prevention programs (1.ª ed.)*. The Social Consulting Agency and Universidad Pontificia Comillas. (2022). The review provided clarity on what other changes had been identified in similar projects, and helped to validate the identified changes.
- He **benchmarks** from international databases such as [HACT](#), [Value Bank New Zealand](#), [Open Social Value Bank](#), [Global Value Exchange](#), and reports of [Social Value Report Database](#).

⁵⁶ Morata, T., Marzo, M., and Palasí, E. 2023. *Executive report. Qualitative research and pedagogical innovation project to reduce the institutionalization of vulnerable children*. <https://www.peretarres.org/arxiu/xacs/informe-ejecutivo-2024.pdf>



3.4.3 Relationship between stakeholder involvement and SROI standards

According to Social Value International standards, stakeholders must be involved in different phases of the process. The following table summarizes the moments of involvement of each stakeholder group and the percentage of the sample that contributed data during the process.

Table 32. Level of involvement according to SROI principles

1 Involve stakeholders <i>What: Identify other stakeholder groups</i>	Children and Adolescents	Mothers and Parents	Professionals	Socio-educational organizations	Investigators	Other organizations from the community
Universe:	384	320	91	39	2	70
# of people involved:	80 (20.83%)	84 (26.85%)	69 (75.1%)	11 (28.20%)	2 (100%)	7 (10%)
<i>Representativeness</i>	For this data collection there was no threshold set as the decision was to involve all stakeholders possible Still, the collected data showed that saturation reached Section 4.3 .					
<i>Type of data collected:</i>	Quantitative					
<i>Data collection method:</i>	Focus Groups with follow up by survey					
<i>How:</i>	See details in Chapter 2. Scope . Stakeholder groups.					

2. Understand what changes What: What changed	Children and Adolescents	Mothers and Fathers	Professionals	Socio-educational organizations	School (excluded, but data was collected before exclusion)	Host institutions (excluded, but data was collected before exclusion)	Local Social Services (excluded, but data was collected before exclusion)
Universe:	384	320	91	39	42	14	14
SAMPLE - # of people reporting positive and negative changes:	80 (20.83%)	84 (26.85%)	38 (41.78%)	11 (28.20%)	1 (2%)	2 (14%)	4 (10%)
Representativeness:	Yes—saturation reached Section 4.3	Yes—saturation reached Section 4.3	Yes—saturation reached Section 4.3	Yes—saturation reached Section 4.3	Partly, the data was complemented with information from the forecast developed the year before ⁵⁷ .		
Type of data collected:	Quantitative						
Data collection method:	Focus Groups and individual interviews						
How:	The evaluator team worked with professionals to design materials adapted to groups with greater difficulty in understanding. For children and adolescents, teaching material was created with game cards and instructions to identify the changes generated. In addition, the changes that they had identified in a forecast at the beginning of the program were included, thus facilitating the work. Similarly, materials were adapted for parents, considering language and cultural barriers. Open questions were used for people to recognize the changes, and the chains of these, and determine the most important ones. For the other groups of professionals, individual interviews were conducted.						

⁵⁷ Pólvara, P., Delfa Rodríguez, B., y De Cominges Sureda, B. *Informe de Valor Social PIIPII 2023*. The Social Consulting Agency y la Cátedra de Impacto Social de la Universidad Pontificia Comillas, última modificación en 2023.

3. Value what matters What: Identify and value inputs (resources)	Children and Adolescents	Mothers And Fathers	Professionals	Socio-educational organizations	External funding organizations	Schools, Social Welfare local organizations, children's shelter (excluded, but data was collected before exclusion)
Universe:	384	320	91	39	1	70
SAMPLE - # of people reporting valuing inputs:	N/A	N/A	69 (75.1%)	39 (100%)	1 (100%)	7 (10%)
Representativeness:	Do not identify € value or indicators according methodology	Do not identify € value or indicators according methodology	Yes—See Table 33 Error rate: 8.36% (acceptable)	Partly—See Table 33 Error rate: 17.17% (not fully acceptable ⁵⁸)	Yes—See Table 33 Error rate: 0% (acceptable)	These groups were consulted but excluded because they did not experience change (see Section 3.1).
Type of data collected:	Qualitative and Quantitative					
Data collection method:	Interviews and Survey					
How:	All stakeholder groups were involved to identify their contributions, except for "children and adolescents" and "mothers and fathers", whose contributions are not monetized according to Social Value International standards. ⁵⁹ , and objective data on their hours of participation were recorded. For the other groups, a specific question was included in the form. In the Socio-Educational Centers, the coordinators together with the financial departments collected the necessary data ensuring the representativeness of all the entities involved.					

⁵⁸ Statistical method: error rate 17.17% (medium risk—sample below minimum threshold; see Chapter 3.3.1). sroi extrapolation risk: minimal, given the study's high representativeness and robust methodology.

⁵⁹ Nicholls, J., Lawlor, E., Neitzert, E., and 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>

3. Value what matters <i>What:</i> Understand what value change had	Children and Adolescents	Mothers and Fathers	Professionals	Socio-educational organizations	External funding organizations	Schools, Social Welfare local organizations, children's shelter (excluded, but data was collected before exclusion)
Universe:	384	320	91	39	1	70
SAMPLE - # of people reporting valuing importance:	181 (47.1%)	117 (36.57%)	69 (75.1%)	18 (46.20%)	1 (100%)	N/A
Representativeness:	Yes—See Table 33 Error rate: 5.33% (acceptable)	Yes—See Table 33 Error rate: 7.23% (acceptable)	Yes—See Table 33 Error rate: 8.36% (acceptable)	Partly—See Table 33 Error rate: 17.17% (not fully acceptable ⁶⁰)	Yes—See Table 33 Error rate: 0% (acceptable)	These groups were consulted but excluded because they did not experience change (see Section 3.1).
Type of data collected:	Quantitative					
Data collection method:	Interviews and Survey					
How:	We worked with professionals to design materials adapted to groups with greater difficulty in understanding. In the case of children and adolescents, teaching material was used based on the same game cards used in previous exercises, where they had to mark the degree of importance they gave to the fact that the change had arisen thanks to the program in which they participated. For both them and the mothers and fathers, a star scale was used, from small to large (1 to 5), thus facilitating understanding and considering language and cultural barriers. For the groups of professionals, questionnaires with a Likert scale from 1 to 10 were used.					

⁶⁰ Statistical method: error rate 17.17% (medium risk—sample below minimum threshold; see [Chapter 3.4.1](#)). sroi extrapolation risk: minimal, given the study's high representativeness and robust methodology.

3. Value what matters <i>What: Understand what € value change has</i>	Children and Adolescents	Mothers and Fathers	Professionals	Socio-educational organizations	External funding organizations	Schools, Social Welfare local organizations, children's shelter (excluded, but data was collected before exclusion)
Universe:	384	320	91	39	1	70
SAMPLE - # of people reporting € value:	72 (18.75%)	77 (24.1%)	69 (75.1%)	18 (46.20%)	1 (100%)	N/A
Representativeness:	SAMPLE from group that is statistically representative —See Table 33 Error rate: 5.33% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 9.75% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 8.36% (acceptable)	Partly—See Table 33 Error rate: 17.17% (not fully acceptable ⁶¹)	Yes —See Table 33 Error rate: 0% (acceptable)	These groups were consulted but excluded because they did not experience change(see Section 3.1).
<i>Type of data collected:</i>	Quantitative					
<i>Data collection method:</i>	Combined focus group and Survey					
<i>How:</i>	For the "NNA" and "mothers and fathers" groups, data collection was done in two phases. First, activities and products valuable to them were identified, with the participation of 72 children and adolescents, and 77 parents. Recurring items were assigned a "proxy" (approximate monetary value). A set of images was then used to relate these values to the relevant changes, allowing them to multiply the value if they felt necessary. Professionals indicated whether participants understood the exercise to decide whether to include their data. 20% of the children and adolescents did not completely understand, and after an analysis of all the data in its entirety, it was concluded that this would not affect the results.					

⁶¹ Statistical method: error rate 17.17% (medium risk—sample below minimum threshold; see Chapter 3.3.1). sroi extrapolation risk: minimal, given the study's high representativeness and robust methodology.



4. Only include what is material <i>What:</i> Understand how many identify with the change	Children and adolescents	Mothers and Fathers	Professionals	Socio-educational organizations
Universe:	384	320	91	39
SAMPLE - # of people reporting positive and negative changes:	181 (47.1%)	117 (36.56%)	69 (75.1%)	18 (46.20%)
Representativeness:	SAMPLE from group that is statistically representative —See Table 33 Error rate: 5.33% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 7.23% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 8.36% (acceptable)	Partly—See Table 33 Error rate: 17.17% (not fully acceptable ⁶²)
# of people reporting negative impacts:	10 (2.61%) -see Section 4.4.1.7 (different non relevant impacts)	0 (0%) -see Section 4.4.2.7	53 (60.23%) -see Section 4.4.3.7 (only 1 relative impact)	7 (7.70%) -see Section 4.4.4.7 (only 1 non relative impact)
# of people not identifying with any change:	All participants identified at least one change; no respondents failed to identify any. See Section 4.4 for each stakeholder to understand the number of people that did not identify with the well defined outcomes.			
Type of data collected:	Quantitative			
Data collection method:	Combined focus group and Survey			
How:	We worked with professionals to design materials adapted to groups with greater difficulty in understanding. For children and adolescents, teaching material was created using the same game cards from the previous exercise, where they had to mark whether they identified with the changes and evaluate their importance on a Likert scale from 1 to 5, thus reducing the difficulty. Similarly, materials were adapted for families, considering language and cultural barriers. For the other groups of professionals, questionnaires with a Likert scale from 1 to 10 were used.			

⁶² Statistical method: error rate 17.17% (medium risk—sample below minimum threshold; see Chapter 3.3.1). sroi extrapolation risk: minimal, given the study's high representativeness and robust methodology.



4. Only include what is material What: Understand how much changed	Children and adolescents	Mothers and Fathers	Professionals	Socio-educational organizations
Universe:	384	320	91	39
SAMPLE - # of people reporting amount of changes:	139 (36.9%)	76 (23.8%)	69 (75.1%)	18 (46.20%)
Representativeness:	Statistically representative —See Table 33 Error rate: 7.23% (acceptable)	Statistically representative —See Table 33 Error rate: 9.83% (acceptable)	Statistically representative —See Table 33 Error rate: 5.83% (acceptable)	Partly—See Table 33 Error rate: 17.17% (not fully acceptable ⁶³)
Type of data collected:	Quantitative			
Data collection method:	Survey			
How:	The data were obtained through pre and post forms on family atmosphere (FAD), and parenting skills (Alabama), using scales validated in Spain. In addition, a post-event form was applied to measure changes not covered by these scales. For these changes, the evaluator team worked with professionals to create materials adapted to groups with comprehension difficulties. The children and adolescents were provided with a teaching form with drawings and a Likert scale from 1 to 5, facilitating understanding. Similarly, the forms were adjusted for families, considering language and cultural barriers. The professionals used questionnaires with a Likert scale from 1 to 10. To ensure comparability, all data were transferred to a scale from 1 to 10, thus allowing a consistent analysis between the different groups and scales.			

4. Only include what is material What: Understand how long the change lasted	Children and adolescents	Mothers and Fathers	Professionals	Socio-educational organizations
Universe:	384	320	91	39
How many:	181 (47.1%)	117 (36.56%)	69 (75.1%)	18 (46.20%)
Representativeness:	SAMPLE from group that is statistically representative	SAMPLE from group that is statistically representative	SAMPLE from group that is statistically representative	Partly—See Table 33 Error rate: 17.17% (not fully acceptable ⁶⁴)

⁶³ Statistical method: error rate 17.17% (medium risk—sample below minimum threshold; see Chapter 3.3.1). sroi extrapolation risk: minimal, given the study's high representativeness and robust methodology.



	—See Table 33 Error rate: 5.33% (acceptable)	—See Table 33 Error rate: 7.23% (acceptable)	—See Table 33 Error rate: 8.36% (acceptable)	
Type of data collected:	Quantitative			
Data collection method:	Combined focus group and Survey			
How:	<p>We worked with professionals to design materials adapted to groups with greater difficulty in understanding. For children and adolescents, teaching material was used based on the same game cards used in previous exercises, in which they had to indicate whether the change occurred only during the activity, was maintained afterward, or even much later. For both them and the mothers and fathers, a star scale was used, from small to large (1 to 5), facilitating understanding and considering language and cultural barriers. For the groups of professionals, questionnaires with a Likert scale from 1 to 10 were used. In addition, the process was complemented with data collected in a workshop with 13 educators and psychologists from the centers, and two researchers were consulted to ensure the validity of the approach. They were asked how long they thought the change would last.</p>			

5. Do not overclaim What: Setting Deadweight/ attribution/displacemen	Children	Mothers and Fathers	Professionals	Socio-educational organizations
Universe:	384	320	91	39
# of people reporting casualties:	99 (25.8%)	80 (25%)	51 (56%)	18 (46.20%)
Representativeness:	SAMPLE from group that is statistically representative —See Table 33 Error rate: 8.50% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 9.50% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 9.15% (acceptable)	Partly—See Table 33 Error rate: 17.17% (not fully acceptable ⁶⁵)
Type of data collected:	Quantitative			
Data collection method:	Combined focus group and Survey			
How:	In collaboration with professionals, adapted material was developed for groups with greater comprehension difficulties. For children and			

⁶⁴ Statistical method: error rate 17.17% (medium risk—sample below minimum threshold; see Chapter 3.3.1). sroi extrapolation risk: minimal, given the study's high representativeness and robust methodology.

⁶⁵ Statistical method: error rate 17.17% (medium risk—sample below minimum threshold; see Chapter 3.3.1). sroi extrapolation risk: minimal, given the study's high representativeness and robust methodology.



adolescents, a specific tool to help them understand the concepts of deadweight, displacement, and attribution was created. These materials used an illustration of a glass of milk: participants were asked to “fill the glass with as much milk as they thought the programme contributed,” then indicate who else would have contributed (if the glass wasn’t full) and whether the outcome would have occurred anyway. Because “drop-off” proved too abstract, the evaluator team instead assigned drop-off rates based on each change’s estimated duration in years. For all other stakeholder groups, deadweight, displacement, attribution, and drop-off data were collected via surveys.

Principle 6 “Be transparent”⁶⁶ 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.

7. Verify the result	Children	Mothers and Fathers	Professionals	Socio-educational organizations
Universe:	384	320	91	39
# of people reporting verifying the changes:	189 (49.22%)	91 (28.4%)	42 (46%)	0 (0%)
Representativeness:	SAMPLE from group that is statistically representative —See Table 33 Error rate: 5.09% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 8.70% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 11.16% (acceptable)	Did not validate the organizational outcomes BUT verified the future use of the data explained in Section 12.4 sSand 12.5
Type of data collected:	Quantitative			
Data collection method:	Survey			

⁶⁶ Social Value International. (n.d.). Principle 6: Be transparent www.socialvalueint.org/principle-6-be-transparent.



How: In collaboration with professionals, adapted materials were developed for groups with greater comprehension difficulties. For children and adolescents, a comic was created that told the story of a girl who visited a center, while other children and adolescents described the changes experienced in their lives throughout the story (see separate chapter for more details on this. [Chapter 12. Verifying the result](#)). Each "chain of events" (changes that trigger other changes) included the option to mark "like" if they identified with that sequence. The children and adolescents validated each chain of changes individually. In this case, the importance of the changes was not evaluated, since this task had been previously carried out during their identification and assessment, this approach being considered sufficient to avoid redundancies.

For the families, a story was designed in novel format that recounted the changes experienced and how these generated other changes (chain of events). Parents could mark "like" if they identified completely or indicate if they did so partially. In addition, they validated both the relationships between the different changes and they also verified the relative impotence of each change.

In the case of the professionals the chains of events were validated using specific questionnaires. For the group of professionals, a form was developed in which they were asked to evaluate on a scale of 1 to 10 the degree of agreement with the chains of events designed to reflect their changes. They also verified the relative impotence of each change.

Socio-educational organizations did not verify their outcomes in the final phase because these were considered internal, organizational changes and thus fell outside the report's primary focus. However, they were involved in the data-collection process—specifically in assessing how likely the organization would be to use the information provided—and, in accordance with Principle 1⁶⁷, should also have participated in reviewing and providing feedback on any proposed changes to the activity that arose from the impact data, in order to verify the results.

Source: Own elaboration.

⁶⁷ Social Value International. (n.d.). Principle 1: Involve stakeholders www.socialvalueint.org/principle-1-involve-stakeholders.



3.4.4 Description of Research Tools

The research focused on adapting the tools used to the level of understanding, age, and cultural context of the different stakeholder groups. The instruments used in each phase of the data collection process are described below. The questions on these forms are detailed in the [Annex II](#).

Table 33. Data collection tools

Tool	Application
Interviews	Individual interviews were carried out, aimed especially at representatives of organizations, public administration, and implementing entities.
Focus groups	Focus groups were used with children, adolescents, and mothers and fathers, taking advantage of natural encounters such as classes and workshops. They were especially applied to address complex questions, such as "duration" and "causation", adapting the context. Likewise, they served to complete data on the changes in these groups, from the observation of professionals and researchers.
Forms	Several types of forms were designed, and adapted to each stakeholder group. Some of them could be completed individually, while others required the support and guidance of the center's professionals.
Literature analysis	The existing literature and accounting documentation were reviewed to complement the data on resources (inputs), the chain of events in the identification of changes and causalities. Additionally, this analysis helped validate the data obtained through primary sources.

In order to gather qualitative data on *What changed? and the degree of importance and duration*, a card game was designed that was used by "children" and "mothers and fathers." The game consisted of identifying activities and the changes experienced throughout the process, and in a later step, the degree of importance and duration of each change. [Figure 19](#) illustrates some of these materials that were accompanied by an instruction guide.



Figure 19. Material on “What changed, importance and duration”



Source: Own elaboration.

Figure 20. Material on “How much changed”

To collect qualitative data on How much had changed?, teaching material was designed aimed at "children" and "mothers and fathers." The form consisted of using scales to indicate the magnitude of the change they had experienced, combining texts with drawings.

Source: Own elaboration.

2. Ahora que puedes hacer más cosas por ti mismo/a, ¿qué nuevas decisiones tomas? Aquí tienes algunas opciones. ¡Dibuja un círculo alrededor de las opciones que encajen con lo que ahora haces! Si crees que falta algo, ¡añádelo en los espacios vacíos!

 Elijo mi dieta o plan alimenticio	 Elego mi estilo y look para eventos y salidas	 Decido cómo administrar mi tiempo entre estudios, amigos y hobbies	 Elijo contenido de entretenimiento, incluyendo películas, series y podcasts	 Elijo mis actividades extracurriculares, incluyendo deportes, música o voluntariado	 Planifico mis fines de semana, eligiendo entre salir, estudiar o relajarme
 Personalizo mi espacio personal, eligiendo decoración y configuración	 Gestiono mi presupuesto y tomo decisiones sobre ahorro y gasto				

To obtain information on deadweight, attribution and displacement, teaching material was designed aimed at "children" and "mothers and fathers". The exercise consisted of participants marking how much water they would add to a glass to represent how much of the change was due to the intervention. If the glass wastefully filled, they were asked who else had contributed. They were also asked if the change had had an impact on other people.

Figure 21. Causality data collection material

EJEMPLO

1 cosas por ti mismo/a sin necesitar ayuda". ¿Crees que este progreso se debe exclusivamente a tu participación en las actividades del programa SomosVoz en el centro, o también a otras influencias como personas o actividades de otros lugares?

- Si crees que ahora puedes hacer más cosas solo/a gracias solo a Somos Voz, **llena el vaso todo**.
- Si piensas que otras personas o sitios también te ayudaron para este cambio, **llena el vaso un poco**, según lo mucho que creas que SomosVoz ha ayudado.

Todo gracias a SomosVoz

PUEDO HACER MÁS COSAS POR MÍ MISMO/A SIN NECESITAR AYUDA

Nada gracias a SomosVoz

Código de la persona que contesta:

2 En estos espacios, escribirás **quién más te ha ayudado a "hacer más cosas por ti mismo"**. ¿Crees que por ejemplo, la escuela también te ha apoyado? Añade personas o sitios que también te han ayudado, y haz un círculo alrededor de las que hemos mencionado si los quieres incluir.

FAMILIA	AMIGOS/AS	OTRAS MAESTRAS DEL CENTRO	ESCUELA
Escribe aquí: VIDEOS DE YOUTUBE	Escribe aquí:	Escribe aquí:	Escribe aquí:

3 Ahora que puedes "hacer más cosas por ti mismo", ¿crees que esto podría tener alguna consecuencia negativa en otras personas o sitios que visitas?"

Escribe tu respuesta aquí:

CREO QUE MI MAMÁ PUEDE SENTIRSE MAL PORQUE SENTIRÁ QUE YA NO LA NECESITO PARA HACER MUCHAS COSAS QUE ANTES ELLA ME HACÍA...

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2

Source: Own elaboration.

3.4.5 Data protection

To guarantee the protection of the identity of the people surveyed, a guide was prepared that established the levels of protection necessary at each stage of the process. This guide is designed to ensure the confidentiality and security of personal data collected. The criteria applied were the following.

Signature of consents: All people involved in data collection signed a consent that detailed the purpose of the interviews, the use and confidential treatment of the data in accordance with current regulations (RGPD and LOPDGD), the people with access to the information

collected, and the right of participants to withdraw their consent at any time without negative repercussions. This tool guaranteed transparency and respect for the privacy of the people involved.

Using a coding system: Those stakeholder groups that required a high degree of protection were protected by a coding system. Only the staff of the center where children, adolescents and families were treated had access to the list that identified those who responded. The evaluation team only accessed the data through said coding, which did not allow the identification of the person who responded.

Table 34. List of data protection measures

Protection degree	Typology of stakeholder group	Justification	Protection management
High	Children, adolescents, and mothers and fathers	<ul style="list-style-type: none"> • The high degree of vulnerability • Participants • Minors 	Coding Signed consent
Half	Professionals	<ul style="list-style-type: none"> • Adults and adults • They are part of the project protected by protection clauses according to the agreement 	Signed consent Coding in some highly sensitive surveys
Low	Private or state entities (AAPP etc.)	<ul style="list-style-type: none"> • Adults and adults • Public entities are the voice of the public 	Signed consent

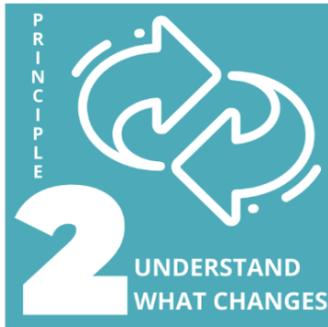
Source: Own elaboration.



4. UNDERSTANDING WHAT CHANGES

This section answers the question:

What changed in the well-being of people in each stakeholder group?



In this chapter dedicated to Principle 2: "**Understand what changes**"⁶⁸ of the methodology, a detailed description of the well-being changes identified in each stakeholder group is presented. This section details the theory of change, developed in collaboration with the stakeholder groups themselves, supported by the evidence provided by the chain of events, to explain how these changes are generated. To ensure a comprehensive understanding, an overview of the process carried out is included, addressing both the identification methodology and the validation of these changes, following the principles of Social Value International.

Throughout this section and for each stakeholder group:

- Summarize what the relevant changes generated would be
- Contextualizes and describes the data collection process about the changes
- Includes a graphical description of how the changes were created (theory of change, chain of events)
- The process of identifying relevant changes (relevance test)

In this way, the reader can understand how the degree of relevance that makes up the definition of materiality has been identified.⁶⁹ of each change, is a fundamental element to quantify Social Value.

⁶⁸ Social Value International. *Principle 2: Understand What Changes*. s.f. www.socialvalueint.org/principle-2-understand-what-changes

⁶⁹ Information is material if its omission has the potential to affect the readers' decisions. For the purpose of optimising social value, material information is all relevant and significant impacts on wellbeing. Relevance is determined by the organisation's policy, needs of people affected, existing social norms and financial consequences. Significance is determined by outcome depth, scale, value and causality. (2023). *SVI Glossary 2.0*. <https://www.socialvalueint.org>.



4.1 IDENTIFICATION AND SELECTION OF RELEVANT CHANGES

This section answers the following questions:

What changed? What were the changes that the program generated in the different stakeholder groups? And what are the relevant changes?

The changes disclosed in the report are linked to a stakeholder group that has experienced said change. Each stakeholder group is described individually.

The process followed to identify these changes is described in [Table 33](#) which includes evidence of how the change definition process was designed to capture any intended and unintended, positive and negative changes. You can also see these changes in the Value Map in the [Annex XIII](#).

Identifying the well-defined changes caused by the program involves, in its first phase, defining the criteria regarding the rigor and detail required for the analysis of the changes, defining the activity that causes the changes, collecting information about the changes that occur in different stakeholder groups and analyze and interpret said information through a chain of events.

In this report, a rigorous and detailed methodological approach has been adopted to identify and analyze the changes generated by the implementation of the evaluated model. Recognizing that this report has a strategic purpose for both strategic financing decisions and implementation operations for the search for accreditation of the report, tools that combine qualitative and quantitative techniques were applied to ensure the validity and reliability of the results obtained according to the level of detailed rigor in the [Annex X](#). In particular, subjective questions were combined with psychometric scales⁷⁰ recognized, focused on key indicators such as parenting skills and family atmosphere in children and adolescents and their guardians. This methodological strategy, described in the corresponding section of the report, not only allows decisions to be based on evidence but also reinforces the capacity of the model to generate verifiable and significant social impact.

⁷⁰ Scales: Family Assessment Device (FAD) (Family Atmosphere); APQ Alabama Parenting Questionnaire Parent Version and Child Version (Parenting Skills).



The main source of information collection about the changes was that reported by the members of the program's different stakeholder groups, through focus groups, personal online interviews, or questionnaires. Both in the focus groups and in the personal interviews, to include both positive and negative changes, they were openly asked at first. *What has changed for you? What did that mentioned change cause, and what did it lead you to?*

To create a well-defined change, the information reflected in the chains of events was analyzed and interpreted and the causality between the results was reviewed to identify the change where value was created. All this ensured that the causing activity corresponded to the SomosVoz program.



In the principle related to Principle 4: “**Only Include what is Material**”⁷¹, the process by which relevant and significant changes are identified for social impact analysis is described in detail, in line with the Social Value International methodology. To ensure that the analysis will focus exclusively on changes that are truly important to the stakeholder group, selection criteria were applied through a **relevance test** and a **significance test** to identify what were the material changes for decision-making, for which this report is developed.

Relevance test: Through this test, the degree of relevance of each of the identified changes was determined. The test used a systematic approach based on specific criteria to ensure the inclusion of the most significant changes in the analysis. The decision to include or exclude a change was made considering that at least two of the five defined criteria had to be positively met for the change to be considered relevant and, therefore, included in the analysis.

The five criteria evaluated in this process are the following:

Criterion 1: Relevance Index. It is verified whether the change has a quantitative index of relevance within the context of the project, evaluating its relative importance in the set of observed changes. To do this, the evaluator team considered the number of people who

⁷¹ Social Value International. *Principle 4: Only Include What Is Material*. s.f. [/www.socialvalueint.org/principle4-only-include-what-is-material](http://www.socialvalueint.org/principle4-only-include-what-is-material)



identified with each change and the degree of importance reported by the stakeholder groups using forms. A previously established threshold of 70% was applied to the highest relevance index of the changes evaluated (multiplying the number of people who identified with the change, with the degree of importance).

Criterion 2: Inclusion by Principle/Objective of the Organization. It is reviewed whether the change responds to a fundamental principle or a key objective of the organization that is aligned with its mission or strategic goals.

Criterion 3: Social Norm That Demands Inclusion. It is analyzed whether there are social norms or recognized standards that require the change to be included, such as legal regulations or sectoral regulations that cannot be ignored.

Criterion 4: Short-Term Financial Impact Requiring Inclusion. It is examined whether the change generates a significant financial impact in the short term, which would require its inclusion due to the economic implications it entails.

Criterion 5: Change Management by Other Organizations. It is determined whether other organizations are actively managing or reporting on this change, which could justify its inclusion to ensure consistency and transparency in the information reported.

This approach (see [Table 36](#)) allowed for a rigorous and equitable evaluation, ensuring that only those changes that met more than two of the indicated criteria were included, thus reducing the risk of omitting significant changes in the social impact analysis.



Table 35. Example of values to identify relevant changes

Cambios/CRITERIOS	Aumenta el estrés (-)	Empeora relaciones personales (ámbito laboral)	Experimentado una mejora en tu situación económica
Número de personas (percepción de persona impactada)	56	3	14
grado de importancia (1-10)	8,3	8,3	5,9
Criterio 1: INDEX DE RELEVANCIA	465	25	83
UMBRAL ASIGNADO (70%)	SUPERA UMBRAL	NO SUPERA UMBRAL	NO SUPERA UMBRAL
CRITERIOS APLICADOS			
Criterio 2. La organización la tiene que incluir por principio/objetivo	No	No	No
Criterio 3. Norma social que exige inclusión	No	No	No
Criterio 4. Impacto financiero a corto plazo que exige inclusión	Si	No	Si
Criterio 5. Otras organizaciones gestionan el cambio/informes	No	No	Si
SON RELEVANTES/ SON EXLUIDOS	INCLIDO - BIEN DEFINIDO	EXCLUIDO - NO CUMPLE CON CRITERIOS	INCLIDO - BIEN DEFINIDO

Source: Own elaboration.

4.2 THE PROCESS TO IDENTIFY THE WELL DEFINED OUTCOMES

Initially, a sampling strategy was employed to ensure representation across all predefined stakeholder groups (see [Section 3.4.1](#) for group definitions, selection criteria, session counts, and participant numbers). Although this sample was deemed sufficient at the outset, the final sample size was guided by the point of saturation (see [Section 4.3](#)) for how saturation was assessed). Consequently, professionals were informed that, should the initial sample fail to yield adequate insights, additional participants would be recruited. Thus, the number of focus groups and interviews was limited once data saturation was reached.

The table below shows the number of participants involved in this part of the evaluation, as detailed in [Section 3.4.3](#) which represents the initial contact with stakeholders. Thus, all participants provided written informed consent prior to their sessions.

The “Sample” row under each stakeholder group indicates the total number of participants, combining those who took part in focus groups and individual interviews. The table also specifies the number of focus groups conducted and the number of individual interviews held for each stakeholder group.

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



Table 36. Summary of the data collection process for understand what changed

2. Understand what changes What: What changed	Children and Adolescents	Mothers and Fathers	Professionals	Socio-educational organizations	School (excluded, but data was collected before exclusion)	Host institutions (excluded, but data was collected before exclusion)	Local Social Services (excluded, but data was collected before exclusion)
Universe:	384	320	91	39	42	14	14
SAMPLE - # of people reporting positive and negative changes:	80 (20.83%)	84 (26.85%)	38 (41.78%)	11 (28.20%)	1 (2%)	2 (14%)	4 (10%)
Representativeness:	Yes—saturation reached Section 4.3	Partly, the data was complemented with information from the forecast developed the year before ⁷² .					
Type of data collected:	Quantitative						
Data collection method:	Focus Groups and individual interviews						

⁷² Pólvara, P., Delfa Rodríguez, B., y De Cominges Sureda, B. *Informe de Valor Social PIPII 2023*. The Social Consulting Agency y la Cátedra de Impacto Social de la Universidad Pontificia Comillas, última modificación en 2023.



Table 37. Summary of the data collection process for understand how many reported the change

4. Only include what is material <i>What:</i> Understand how many identify with the change	Children and adolescents	Mothers and Fathers	Professionals	Socio-educational organizations
Universe:	384	320	91	39
SAMPLE - # of people reporting positive and negative changes:	180 (46.88%)	117 (36.56%)	69 (75.1%)	18 (46.20%)
Representativeness:	SAMPLE from group that is statistically representative —See Table 33 Error rate: 5.33% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 7.23% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 8.36% (acceptable)	Partly—See Table 33 Error rate: 17.17% (not fully acceptable ⁷³)
# of people reporting negative impacts:	10 (2.61%) - See Section 4.4.1.7 (different non relevant impacts)	0 (0%) - See Section 4.4.2.7	53 (60.23%) - See Section 4.4.3.7 (only 1 relative impact)	7 (7.70%) - See Section 4.4.4.7 (only 1 non relative impact)
# of people not identifying with any change:	All participants identified at least one change; no respondents failed to identify any. See Section 4.4 for each stakeholder to understand the number of people that did not identify with the well defined outcomes.			
Type of data collected:	Quantitative			
Data collection method:	Combined focus group and Survey			

Source: Own elaboration.

⁷³ Statistical method: error rate 17.17% (medium risk—sample below minimum threshold; see Chapter 3.3.1). sroi extrapolation risk: minimal, given the study's high representativeness and robust methodology.



Table 38. Summary of the data collection process for understand how important the change was

3. Value what matters <i>What: Understand what value change had</i>	Children and Adolescents	Mothers and Fathers	Professionals	Socio-educational organizations	External funding organizations	Schools, Social Welfare local organizations, children's shelter (excluded, but data was collected before exclusion)
Universe:	384	320	91	39	1	70
SAMPLE - # of people reporting valuing importance:	181 (47.1%)	117 (36.56%)	69 (75.1%)	18 (46.20%)	1 (100%)	N/A
Representativeness:	Yes—See Table 33 Error rate: 5.33% (acceptable)	Yes—See Table 33 Error rate: 7.23% (acceptable)	Yes—See Table 33 Error rate: 8.36% (acceptable)	Partly—See Table 33 Error rate: 17.17% (not fully acceptable ⁷⁴)	Yes—See Table 33 Error rate: 0% (acceptable)	These groups were consulted but excluded because they did not experience change(see Section 3.1).
<i>Type of data collected:</i>	Quantitative					
<i>Data collection method:</i>	Survey					

Source: Own elaboration.

⁷⁴ Statistical method: error rate 17.17% (medium risk—sample below minimum threshold; see Chapter 3.3.1). sroi extrapolation risk: minimal, given the study's high representativeness and robust methodology.



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In each stakeholder section, readers can see how many respondents reported no change (if any) and how many experienced negative change (if any), as detailed in [Section 4.4](#).

Most data were gathered via focus groups during the children’s “natural classes”—their regular day-school sessions—where they participated in established groups. For data collection, the teacher would simply convene the entire class. Individual sessions were arranged only in exceptional cases (for example, if a child had concentration difficulties or a disability that prevented participation), although this occurred rarely, since there were typically only one or two teachers available and the rest of the class could not be left unsupervised.

It is important to note that the sessions began with reminders of the voluntary nature of participation, assurances of confidentiality, and an explanation of the concept of “change” (with examples).

Figure 22. Example of focus with children



Note: These images are used with permission. Source: Project materials.

The same approach was used with families: they were invited to the facilities specifically for data collection. Although families did attend regular monthly activities at the site, attendance

was inconsistent, so professionals made extensive efforts to ensure their participation in the data-gathering sessions—both for children and, especially, for parents. To address language barriers, materials were translated into Chinese, French, Arabic, English, and Spanish. Team members also provided on-the-spot interpretation and reading support so that no one was excluded due to language or literacy challenges.

Even for this group it was important to explain in the beginning of the sessions reminders of the voluntary nature of participation, assurances of confidentiality, and an explanation of the concept of “change” (with examples).

It is important to note that when disagreements about causality arise in a focus group—especially under **Principle 1, “Involve Stakeholders”⁷⁵**—there is a risk that more assertive participants may steer the conversation and shape others’ interpretations of which actions led to which outcomes. This was a situation the evaluator team was well aware of.

To mitigate this, the facilitators—all with five to fifteen years of experience (including several clinical psychologists)—employed proven techniques to ensure every voice was heard. For example, during the “radio” exercise, a single physical microphone was passed from child to child, giving each participant an uninterrupted turn to describe how they experienced each change or link in the Chain of Events. The program emphasized respect for others’ voices and encouraged participants to give everyone a chance to express themselves, even when opinions differed. This approach was already part of the stakeholders’ principle practice, so the activity felt entirely natural to them. It was just one of many techniques the facilitators regularly applied in their day-to-day work.

On several occasions, the facilitators told the evaluation team that the children were so accustomed to having their opinions heard that—even when completing validated scales with very specific questions—they would raise their hands and say, “*I want to discuss this question; I don’t agree with how it’s framed; I’d like to give my own opinion.*” As a result, what was meant to be a 15-minute scale exercise turned into a one-hour workshop, since

⁷⁵ Social Value International. “Principle 1: Involve Stakeholders.” www.socialvalueint.org/principle-1-involve-stakeholders.



the children insisted on voicing their perspectives, even if others in the group disagreed, and even if the scale was not designed for opinion giving.

Complementing the focused work of the facilitators that collected the data (being professionals in education and sociologies), the evaluation team implemented a structured registration system: facilitators recorded the number of children who identified each specific change in the qualitative data collection and added free-form comments on what was said, if anything had arisen. For example “*just small children identify better relationships with peers*” or “*2 of 3 would not agree to...*” .

Table 39. Extraction from qualitative data collection follow-up tool

Cambio bien definido	Entidad	Número de	Código (80)	COMENTARIOS
Tengo + amigos y personas que me ayudan	Fundación JuanSoñador	2	021/015	Quieren más actividades lúdicas... jugar por jugar
Tengo + amigos y personas que me ayudan	Pinardi	0	022/029	Quieren más actividades lúdicas... jugar por jugar
Mejora la comunicación con el resto de iguales	María auxiliadora	2	003/007	Las actividades que menos les gustan son las que más les ayudan
Mayor autoestima	Fundación JuanSoñador	7	008/012	
Mejora su actitud	Fundación JuanSoñador	3	001/005	
Más reflexivo	Fundación JuanSoñador	5	002/009	

Note: This table includes modified data to protect the identity of the organizations and the children involved. Source: Project materials.

Although not a perfect safeguard, this system gave the evaluation team oversight of how rigorously each facilitator captured all perspectives. Moreover, every facilitator had completed SVI Level 1 training⁷⁶, so they understood to a large extent which nuances to probe, whereas the evaluator team trusted the experience of the facilitators in catering for changes or chain of events that not all would agree to.

Because sessions were not audio-recorded (due to identity protection), the evaluator nonetheless acknowledged an inherent risk that some changes could have been under-represented or that the documented chains might not capture every subtlety of change. They took the decision to move forward with the collected data as it was highly valued to bring in the voices of the children, even if knowing that it could not be guaranteed to be 100% accurate. By triangulating children’s input with parallel validation by professionals—and extending verification to the full stakeholder group in all consequent data

⁷⁶ Social Value International, “Level 1: Social Value Associate,” Social Value International, accessed June 22, 2025, <https://www.socialvalueint.org/level-1-svi-associate>.

collection as described in this report —the team judged the qualitative data sufficiently robust to inform the next steps in the process without causing a major risk.

Also, the high number of respondents that took place in this evaluation exercise cater for a higher number of possible voices that could speak up on changes and chains relevant to them.

Figure 23. Example of focus with mothers and fathers



Note: These images are used with permission. Source: Project materials.

When it came to professionals, each was interviewed individually to ensure they could speak openly without colleagues or managers listening. This approach enabled the evaluator team to capture both positive and negative changes. The same process was applied to the other stakeholders, including socio-educational centers and community organizations.

Due to the high vulnerability of both children and their families, it was jointly decided with the organization that data collection would not be conducted by the external evaluation

team—one of the most important enablers for open dialogue was that participants trusted the person asking the questions.

Therefore, the evaluation team implemented a “train-the-trainer” model: the 14 coordinators (one per entity) completed the Social Value International Level 1: Social Value Associate course⁷⁷ (to ensure they fully understood the SROI process and could accurately carry out data collection). These coordinators also received specialized training in conducting initial interviews and designing chains of events.

For confidentiality and to protect the identities of children and families, none of the focus groups were recorded; instead, their occurrence was documented through photographs—some of which are displayed in this report with the entities’ consent.

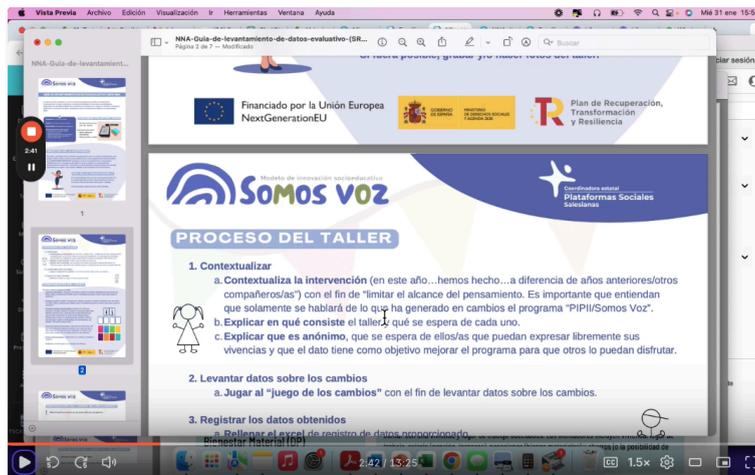
Additionally, both video- and paper-based guidelines were developed and distributed to the educators and psychologists supporting the program, who occasionally assisted with data collection during various phases, and meetings were held to make sure they understood the instructions. The material was developed so that they could print it locally in high resolution.

While the team recognized that involving multiple internal stakeholders could introduce bias or comprehension challenges when identifying outcomes, the fact that the sample size exceeded the saturation threshold significantly (see [Section 4.3](#)) for how saturation was assessed) reduced the risk of overlooking important findings.

⁷⁷ Social Value International, “Accredited Training,” Social Value International, accessed June 20, 2025, <https://www.socialvalueint.org/accredited-training>.



Figure 24. Example of video guidance on support material



Source: Own creation.

Figure 25. Example of guidance document featuring an embedded QR code



GUIÓN DETALLADO DEL JUEGO

1 IDENTIFICAR ACTIVIDADES 3min

- De forma grupal, identificar cuáles son las actividades que se han hecho utilizando las Fichas de "Actividades". Los más importantes en unas Fichas serán el título que las actividades que los niños en PDF.
- Colocar las actividades a la vista en un lado de la mesa para poder hacer referencia hacia ellas.

3 VALIDAR CAMBIOS BIEN DEFINIDOS PRONOSTICADOS 5min

- Explica que les presentará uno por uno "cambio" que otros niños han dicho que han "pasado" a fecha de hoy (un año después).
- Preguntar cómo se pararon los cambios pronosticados de las fichas con "cambios pronosticados".
- Preguntar cómo que "eso" cambio de la carta de la mesa?
- Si se afirmativo por uno o más jugadores, señala la carta acerca del bienestar correspondiente (o si no las fichas que presentar sobre la mesa, coloca la carta sobre la mesa).
- En caso de que el cambio no está dicho por los jugadores, aparta la carta o si es muy similar a un cambio dicho por su carta al lado de la otra.
- Preguntar cuántas personas se identifican. ¿Alguno más se identifica con este cambio?
- Mover en la carta del estado (o en fichas el número de personas que se identifican).
- Preguntar si ese cambio les ha llevado a que cambie otra cosa, o cómo se sintieron ahora hace algo de tiempo (manera diferente / pasan diferente / otra diferente)?
- Por cada nuevo cambio que se genera, apunta en una carta de estado el nuevo estado y marca cuántas personas se identifican.

2 IDENTIFICAR CAMBIOS BIEN DEFINIDOS NUEVOS 15min

- Coloca las Fichas de "Cambios" sobre la mesa con mucho espacio entre ellas.
- Repara las fichas de cambios "vacías" entre los jugadores.
- Preguntar las preguntas de FASE 1 a todos los jugadores y cada uno debería decir que está en "SOMOS VOZ" y debería explicar un cambio. Si la ficha indica el número de personas que se identifican que pensar. ¿Cambia? ¿Ha cambiado algo en tu bienestar físico?
- Para el primer jugador que saque su carta sobre la mesa, apunta a quién se identificó con el cambio de bienestar (o que se refiere, si se demuestró difícil entre los niños de jugar).
- Al poner el primer jugador un cambio sobre la mesa, pregunta: ¿Alguno más se identificó con este cambio?
- Mover en la carta del estado (o en fichas el número de personas que se identifican).
- Preguntar si ese cambio les ha llevado a que cambie otra cosa, o cómo se sintieron ahora hace algo de tiempo (manera diferente / pasan diferente / otra diferente)?
- Por cada nuevo cambio que se genera, apunta en una carta de estado el nuevo estado y marca cuántas personas se identifican.
- Continúa con el segundo jugador y repite el proceso.

4 PONER FICHA DE "POSITIVO/NEGATIVO" 2min

- Repara las fichas de los jugadores de "positivo/negativo".
- Para a los niños que indiquen en su ficha si se sintieron mejor o peor con el cambio que se generó. ¿Cambia? ¿Ha cambiado algo en tu bienestar físico o emocional?

CAMBIOS DE LENGUAJE DE LOS CAMBIOS

OUTCOME BIEN DEFINIDO	FICHAS DEL BIENESTAR - Traducido a lenguaje simplificado	ESTADO
Aumenta su malestar emocional	Me siento más triste o preocupado/a	PRONOSTICADO
Mejora salud emocional	Me siento más feliz y tranquilo/a	PRONOSTICADO
Mejora relaciones familiares - sociales	Me llevo mejor con mi familia y amigos	PRONOSTICADO
Hace más actividades de ocio con su familia	Pasa más tiempo divertido con mi familia	PRONOSTICADO
Aumenta su red de apoyo	Tengo más amigos/as y personas que me ayudan	PRONOSTICADO
Ayuda más a los demás	Ayudo más a las personas que lo necesitan	PRONOSTICADO
Crecimiento personal	Aprendo más sobre mi mismo/a y como ser mejor persona	PRONOSTICADO
Mejora rendimiento escolar	Me va mejor en la escuela y aprendo más	PRONOSTICADO
Aumenta su autonomía	Puedo hacer más cosas por mi mismo/a sin necesitar ayuda	PRONOSTICADO
Mejora capacidad de identificar violencia	Aprendo a dar cuenta cuando alguien está siendo violento o está mal	PRONOSTICADO
Toma decisiones a nivel comunitario	Ayudo a decidir cosas importantes en mi barrio o escuela	PRONOSTICADO
Mejora comportamiento en ámbitos institucionales	Me porto mejor en lugares como la escuela o en otros sitios	PRONOSTICADO



Video explicativo

Source: Own creation.

When language barriers emerged, a translator or bilingual participant facilitated communication—an approach chosen despite its potential for bias, because it ensured that each speaker’s perspective was heard directly. To meet the needs of Arabic, Chinese, French, and English speakers, key support materials—such as guides on “understanding the questions,” definitions of “change,” and response scales—were translated or custom-developed. As an example, AI-generated videos were scripted in collaboration with native Arabic speakers, and presentation slides featured key terms in Arabic as illustrative examples. These measures guaranteed that no respondent was excluded due to language or literacy challenges.

Figure 26. AI-generated material used to overcome language barrier



Source: Own elaboration

Figure 27. Official scales translated into non-spanish languages

罗森伯格的自尊量表 (SES)

欢迎参加本次测试。自尊量表(self-esteem scale, SES)由Rosenberg于1965年编制，最初用以评定青少年关于自我价值和自我接纳的总体感受，目前是我国心理学界使用最多的自尊测量工具。

本测试共有十题，以下每题分为四个级别请按照与自己的符合程度进行选择。

Pregunta	非常不同意 Muy en desacuerdo	不同意 En desacuerdo	同意 De acuerdo	非常同意 Muy de acuerdo
1. 我觉得我和其他人一样是个有价值的人。 <i>Me siento una persona tan valiosa como las otras.</i>				
2. 我一般倾向于认为自己是失败者。 <i>Generalmente me inclino a pensar que soy un fracasado.</i>				
3. 我觉得我有许多优点。 <i>Creo que tengo muchas cualidades buenas.</i>				
4. 我有能力做的事情和别人一样好。 <i>Soy capaz de hacer las cosas tan bien como los demás.</i>				
5. 我认为我有很多值得骄傲的地方。 <i>Creo que tengo mucho de lo que estar orgulloso/a.</i>				
6. 我对自己持有肯定的态度。 <i>Tengo una actitud positiva hacia mí mismo/a.</i>				
7. 一般来说，我对自己感到满意。 <i>En general me siento satisfecho/a conmigo mismo/a.</i>				
8. 我想有更多的自尊。 <i>Me gustaría tener más respeto que el mismo/a.</i>				
9. 我有时真的觉得自己很没用。 <i>Algunas veces me siento inútil en algunas ocasiones.</i>				
10. 有时我觉得自己一无是处。 <i>A veces pienso que no sé nada para nada.</i>				

Versión Atlanta, Balaguer & Moreno 2000.

ESCALA DE AUTOESTIMA DE ROSEMBERG

L'estime de soi est définie comme le jugement ou l'évaluation que l'on fait de soi-même, de sa valeur personnelle. De façon plus simple, l'estime de soi peut être également assimilée à l'affirmation de soi. L'estime de soi est un facteur essentiel dans la performance sportive. (Voir article : « encore une erreur d'arbitrage ou comment maintenir une estime de soi positive... »)

En répondant à ce test, vous pourrez ainsi obtenir une évaluation de votre estime de soi.

Pour chacune des caractéristiques ou descriptions suivantes, indiquez à quel point chacune est vraie pour vous en encadrant le chiffre approprié.

Plutôt Plutôt Tout à fait
Tout à fait en désaccord en accord

Question	Tout à fait en désaccord	Plutôt en désaccord	Plutôt en accord	Tout à fait en accord
1. Je pense que je suis une personne de valeur, au moins égale à n'importe qui d'autre. <i>Me siento una persona tan valiosa como las otras.</i>				
2. Tout bien considéré, je suis porté à me considérer comme un raté. <i>Generalmente me inclino a pensar que soy un fracasado.</i>				
3. Je pense que je possède un certain nombre de belles qualités. <i>Creo que tengo algunas cualidades buenas.</i>				
4. Je suis capable de faire les choses aussi bien que la majorité des gens. <i>Soy capaz de hacer las cosas tan bien como los demás.</i>				
5. Je sens beaucoup de raisons d'être fier de moi.				

Source: Own elaboration.



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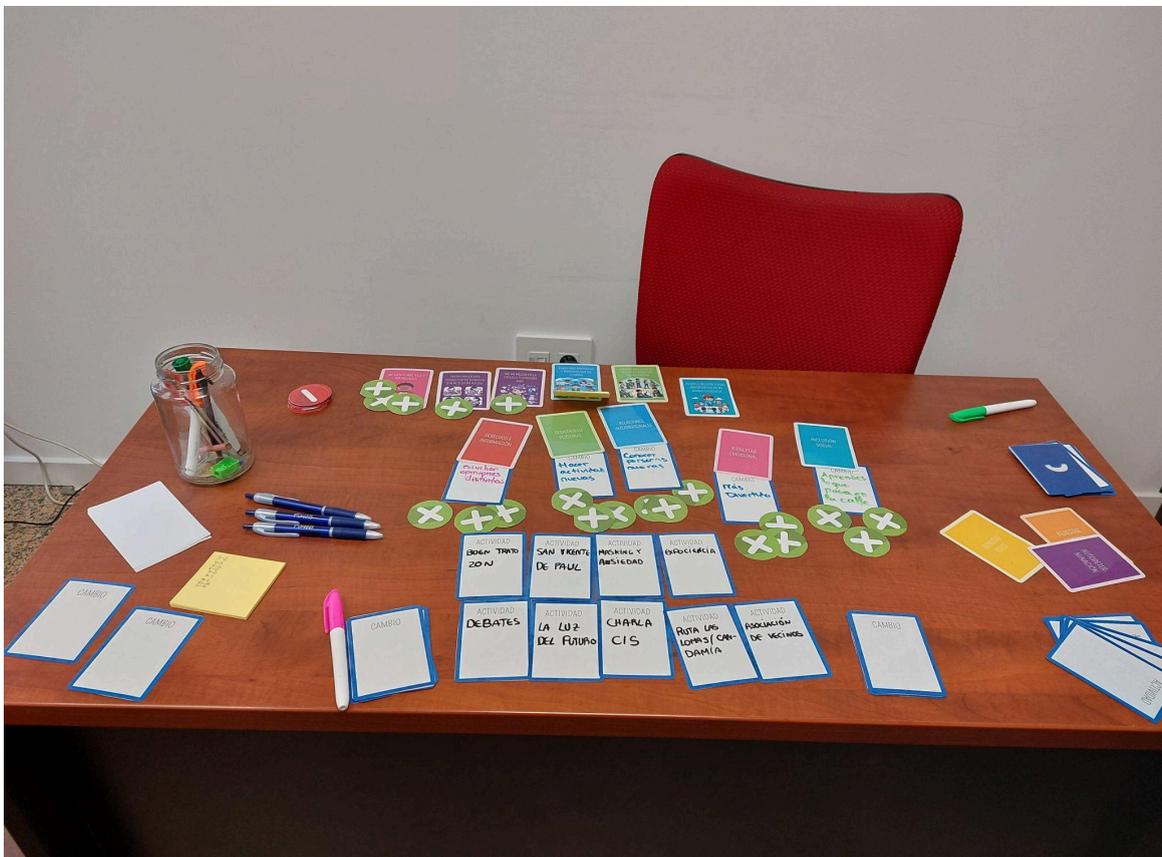
Plan de
Recuperación,
Transformación
y Resiliencia

4.2.1 Collection of qualitative evidence on change

“In order to comply with **Principle 1 “involve stakeholders”⁷⁸**, all stakeholders must be involved in informing “*what outcomes should be measured*”, defining all of the changes they had experienced and “*which outcomes in the chain of events should be the ones to measure quantities for*’ (e.g., amount of change, value, and counterfactual).”

Sessions with children and parents took place in small groups of two to six participants and were framed as collaborative workshops rather than formal evaluations to foster engagement.

Figure 28. Example of material used for the data collection on what had changed



Source: Own elaboration.

⁷⁸ Social Value International. (n.d.). Principle 1: Involve stakeholders www.socialvalueint.org/principle-1-involve-stakeholders.

At the start of each session, the data collector explained that the information gathered would be used to improve the program and emphasized the importance of honest feedback—positive or negative. The concept of “change” was defined clearly, along with who else might have been affected. Participants then identified and reviewed the program activities together to ensure everyone understood which elements were being evaluated, and all data-collection tasks used specially designed, adaptable materials (see other chapters for examples).

Central to the children’s sessions and the parents’ sessions was the “juego de los cambios” (the game of changes), guided by detailed facilitator instructions.

Psychologists involved in its development recommended offering two character cards—a boy and a girl—as a third-person prompt to help especially vulnerable children open up by describing what those characters might have experienced in the program. The data collector reminded participants they could choose to speak on behalf of the characters or about their own experiences; ultimately, participants were encouraged to discuss their personal journeys directly.

Figure 29. Example of “El juego de los cambios” used for the data collection



Source: Own elaboration.

Using blank change-cards, participants identified changes in each of the eight well-being domains by Sherlock-Verdugo⁷⁹ (drawn from a validated Spanish scale) by writing or drawing their observations.

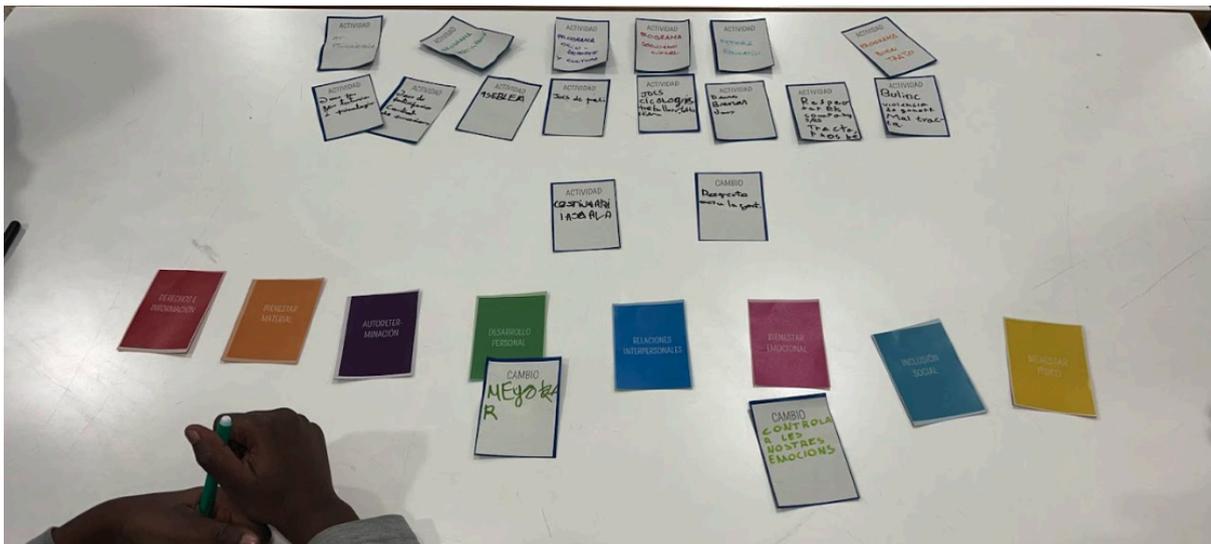
Figure 30. The wellbeing framework - 8 domains of Sherlock-Verdugo



Source: Own elaboration.

⁷⁹ Schalock, R. L., y M. Á. Verdugo. 2002. *Calidad de vida: Manual para profesionales de la educación, salud y servicios sociales*. Alianza Editorial. <https://dialnet.unirioja.es/servlet/libro?codigo=98116>.

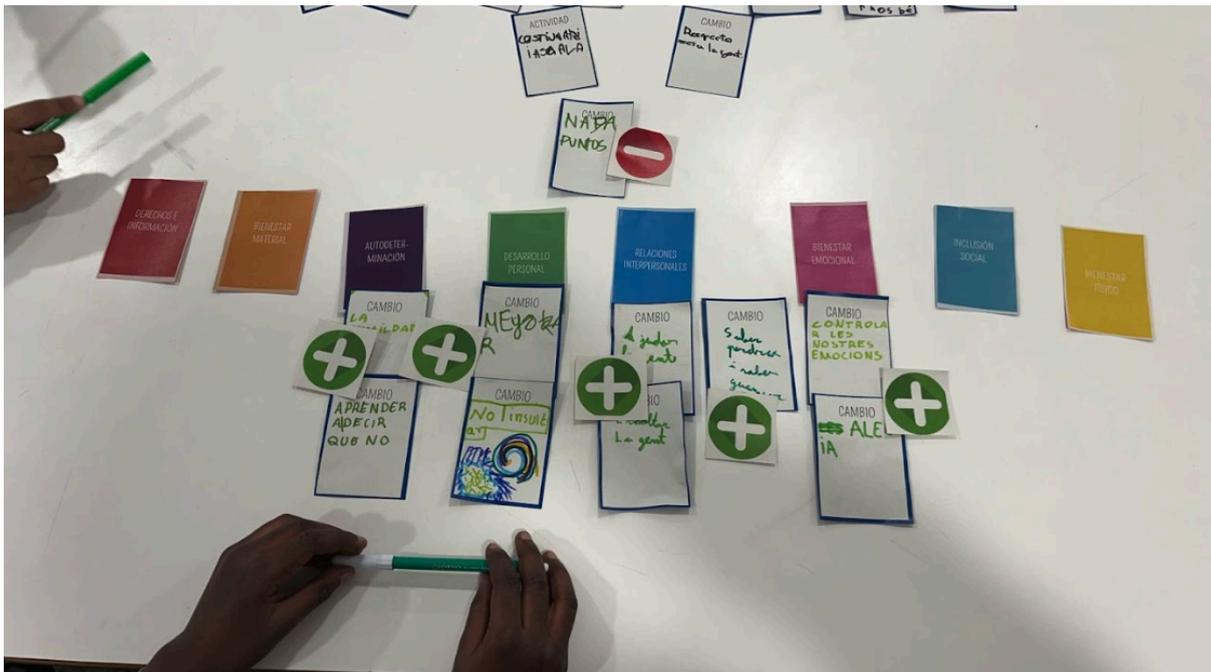
Figure 31. The wellbeing framework - 8 domains of Sherlock-Verdugo



Source: Own elaboration.

Once all changes were recorded, each card was marked with a “+” or “-” to indicate positive or negative outcomes as can be seen in the images above.

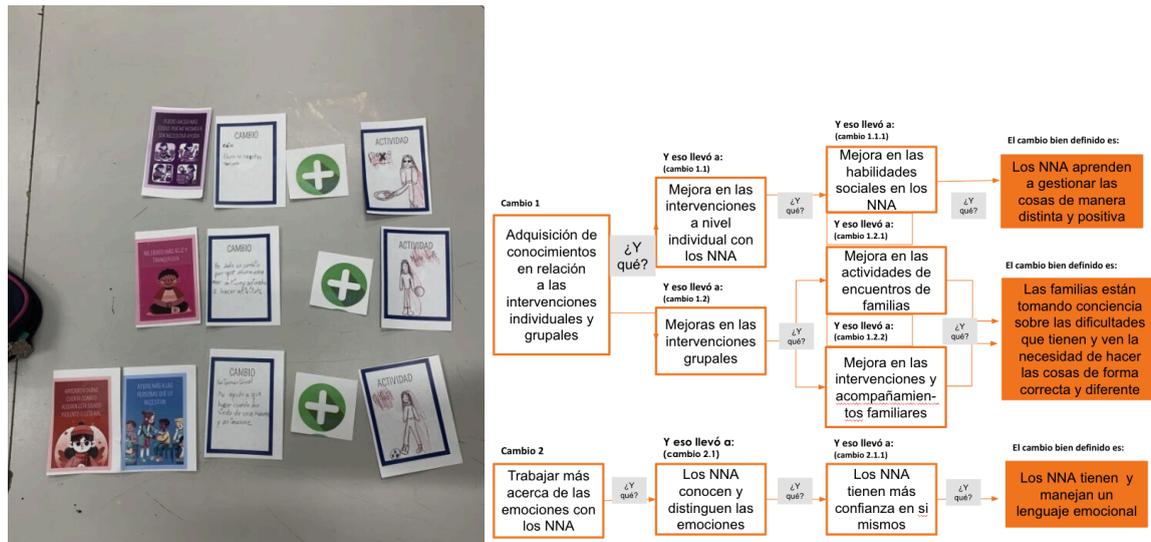
Figure 32. Example on how positive and negative outcomes were identified



Source: Own elaboration.

Participants then collaborated to link these cards into a chain of events, illustrating how one change led to another.

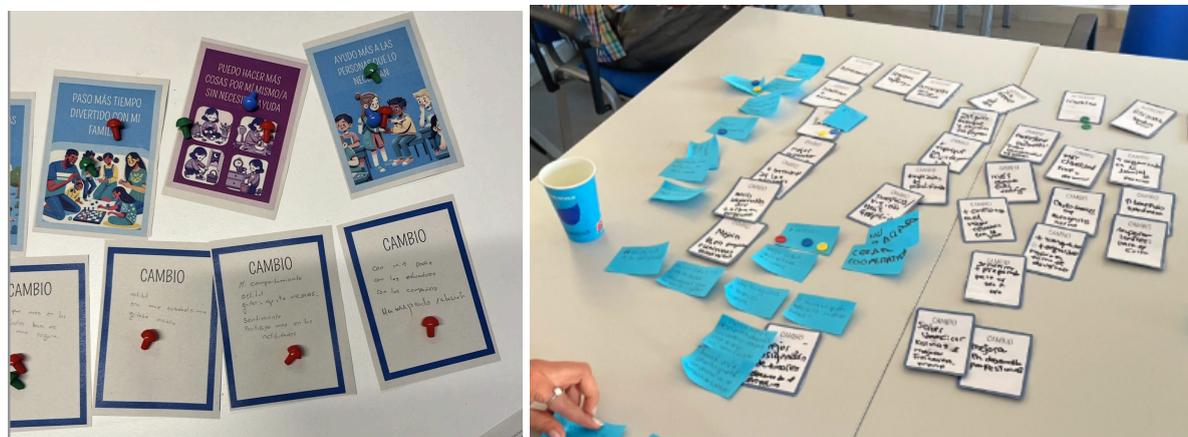
Figure 33. Example of chain of events as summary of the focus group



Source: Own elaboration.

After the group validated the chain by consensus, each person received a token (ficha) to place on the change they valued most, highlighting the outcomes of greatest importance to be measured quantitatively.

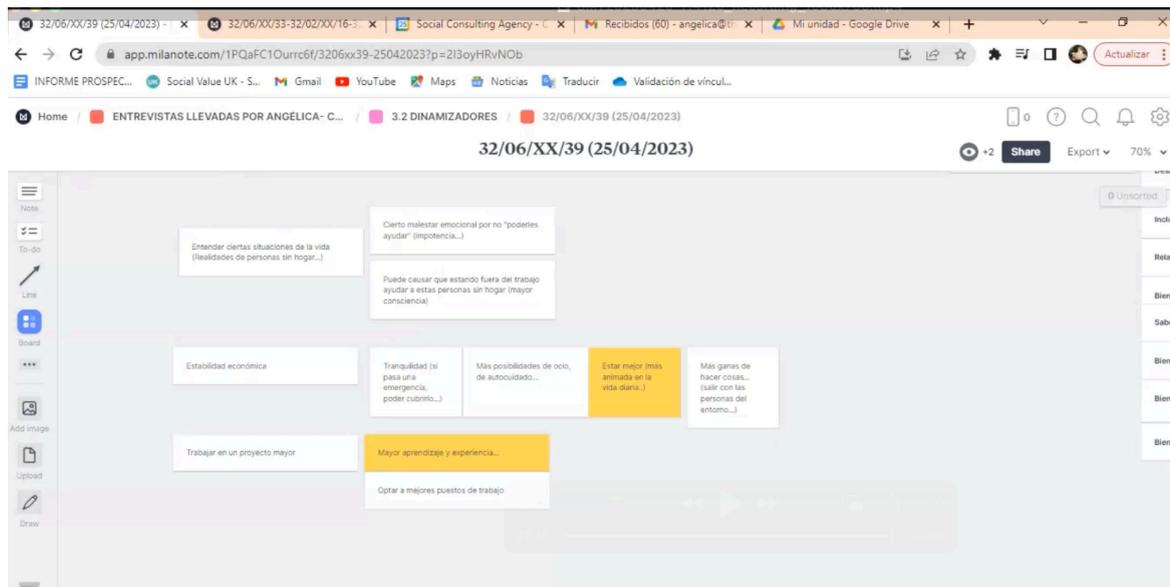
Figure 34. Example of chain of events with token indicating importance



Source: Own elaboration.

For staff and organizational representatives, the process was adapted to their level of knowledge about impact measurement. They were asked directly, *“What changed as a consequence of your participation in the program?”* and, when needed, prompted domain by domain: *“What changes have you experienced in this area (e.g., relationships) as a consequence of your participation?”* followed by, *“What did that change lead to?”* to capture the full chain of events and well-defined outcomes, as well as *“which one of the changes should be measured (because you value it most)?”*.

Figure 35. Material used to capture the chain of events



Source: Own elaboration.

Organizational stakeholders were also invited to identify changes experienced at the institutional level in the same way as conducted for the professionals.

In order to reflect on “who else changed” as a result of the program, all stakeholders were asked to contribute with their thoughts. In particular, when families, professionals and organizations were consulted, they were asked not only about their own experience but also “what has changed for the children and the families?”—and when children were interviewed,

they were occasionally asked “what has changed at home?”—ensuring that data on outcomes was informed both by self-report and by observations of others.

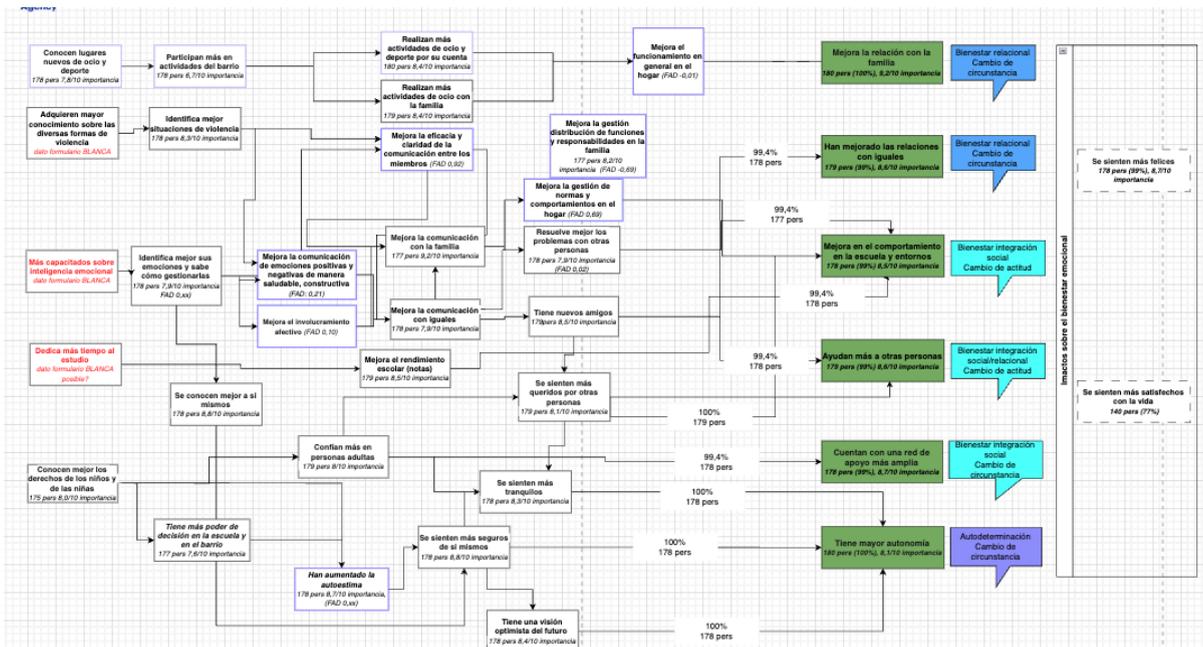
Finally, because a forecast had been conducted a year earlier, the facilitator presented the forecasted changes to the children and families (that had emerged from a forecast made a year earlier⁸⁰) and asked them to confirm whether those changes had actually occurred—and if so, where they should be placed within the chain. Once the chain was complete, the facilitator also asked, “*What changes might we have missed?*” This two-step validation process ensured that no outcomes were overlooked.

By using this process, the outcomes were identified for all stakeholders, assuring that all changes were understood and recorded properly in the chains. Saturation point was met along the process (which is explained in detail in [Section 4.3](#) below). Once all chains were outlined, they were consolidated into one single change per stakeholder group, prepared to identify the well defined outcomes to be measured, and involved stakeholders.

⁸⁰ Pólvara, P., y A. Ferreira, eds. 2023. *Informe pronóstico de valor social de la intervención CRECE: Impulsando las capacidades, competencias y el empoderamiento de las personas para la prevención de la institucionalización y desinstitucionalización*. The Social Consulting Agency.



Figure 36. Example of consolidation of one chain of events



Source: Own elaboration

Figure 37. Example of consolidation of all 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*⁸¹”, “...the levels of involvement must be adequately justified...”. In the qualitative phase of stakeholder engagement, it is therefore recommended to apply the concept of saturation point—the stage at which no new information or insights are emerging from additional respondents.

Saturation sampling is a non-probability approach—most often used in qualitative research—where you continue to recruit or observe units (people, cases, documents, etc.) until “saturation” is reached, that is, until additional data no longer yield new themes, insights or information⁸².

In the SROI (Social Return on Investment) methodology, the term *saturation* refers to a point in stakeholder engagement and data collection—particularly during qualitative interviews or focus groups—where no new significant information, themes, or outcomes are emerging from additional participants. It is a qualitative research concept applied to ensure rigor, relevance, and efficiency in the stakeholder consultation process.

For this report, the evaluation team pre-specified a qualitative sample size (see [Section 3.4.1](#)) large enough to ensure that thematic saturation could be achieved and to cater for drop-off of children which could raise up to 30% of the assigned group to study. The initial sample was set higher than the minimum expected, so that if saturation occurred early, no additional interviews would be required.

The saturation point for each stakeholder group was identified through the informed judgment of the facilitator leading the sessions in collaboration with the team of evaluators. Based on previous experience, an initial sample size was proposed with the expectation that it would be sufficient to reach saturation (which was based on the experience of the evaluator team, and because a forecast had been done previously⁸³, so it was also based on that experience). Focus groups and interviews were conducted in a way that allowed for

⁸¹ Social Value International. (n.d.). Principle 1: Involve stakeholders www.socialvalueint.org/principle-1-involve-stakeholders.

⁸² Guest, G., Bunce, A., & Johnson, L. (2006). “How Many Interviews Are Enough? An Experiment with Data Saturation and Variability.” *Field Methods*, 18(1), 59–82.

⁸³ Pólvara, P., Delfa Rodríguez, B., y De Cominges Sureda, B. *Informe de Valor Social PIPII 2023*. The Social Consulting Agency y la Cátedra de Impacto Social de la Universidad Pontificia Comillas, última modificación en 2023.



early termination if saturation was achieved before the full sample was consulted (spread out by dates). This approach ensured the ethical and efficient use of stakeholders' time, avoiding unnecessary participation when no further data was needed.

An agreement was also made with the organization to assist in recruiting additional participants if the saturation point was not reached. In the event that saturation could not be satisfactorily achieved due to limited access to stakeholders, the evaluator planned to supplement the findings with third-party data to validate the identified changes.

In all stakeholder groups, it was ultimately determined that the saturation point had been reached. This assessment was supported by evaluators who would consult with their peers, stating, for example, *"I've reached saturation—I keep receiving the same things repeatedly from the data collection"* 25 centers were involved in data collection and they had all been assigned a sample to cover, but as they were reporting the results, the evaluation team could judge quite easily when saturation point was met. To confirm this, the facilitator conducted a comparative analysis of the outcome chains, coding all identified changes from interviews and focus groups along the process. A specific tool was developed to compare the incoming data from the data collection sessions.



Figure 38. Example of tool that gathered all incoming data

Incluir	En Inglés	Cambios (outcomes) bien definidos	Estudios	Outputs	Informes	Otros	Cadena	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
		Surgen conflictos con otras personas dentro del programa (-)	2					✗	#¿NOMBRE?	Relaciones Interpersonales	Circunstancia	Social	0 1
		Incremento en la participación en actividades y ocio	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
		Más motivado/a para involucrarse en actividades	3					✓	#¿NOMBRE?	Bienestar Emocional	Circunstancia	Social	2 12
	Cadena	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
		Disminución del sentimiento de soledad	103					✓	#¿NOMBRE?	Desarrollo Personal	Actitud	Social	0 0
	Loneliness	Aumenta la motivación de estudiar	1					✓	#¿NOMBRE?	Bienestar Emocional	Circunstancia	Social	3 5
		Aumenta la empatía hacia otras personas	0					✗	PENDIENTE	Relaciones Interpersonales	Actitud	Social	0 0
		Mayor percepción de soledad fuera de las actividades	0					✗	#¿NOMBRE?	Desarrollo Personal	Actitud	Social	0 0
	Loneliness	Incrementa en la eficacia de la memoria y habilidades	1					✓	#¿NOMBRE?	Desarrollo Personal	Circunstancia	Social	1 10
		Mejora la calidad del sueño	0					✓	#¿NOMBRE?	Desarrollo Personal	Capacidades	Social	0 10
		Cuidada más de nietos/as	0					✓	#¿NOMBRE?	Bienestar Físico	Hábito/Comportamie	Social	0 6
		Hace más actividad física	0					✓	#¿NOMBRE?	Relaciones Interpersonales	Circunstancia	Social	0 6
		Acepta mejor su vulnerabilidad	1					✓	#¿NOMBRE?	Bienestar Físico	Circunstancia	Social	0 5
		Mejora el autocuidado de la salud física	1					✓	#¿NOMBRE?	Bienestar Físico	Hábito/Comportamie	Social	0 5
		Reducción del consumo de sustancias y mejora en la salud	1					✓	#¿NOMBRE?	Bienestar Emocional	Conciencia	Social	1 1
		Incremento en el sentido de pertenencia y conexión con un	1					✓	PENDIENTE	Inclusión Social	Circunstancia	Social	0 0
	Satisfaction with the	Mejora la condición física	0					✓	PENDIENTE	Bienestar Físico	Circunstancia	Social	0 0
		Se reducen los síntomas de las enfermedades mentales	0					✓	PENDIENTE	Desarrollo Personal	Circunstancia	Social	0 0
		Mayor satisfacción económica	100					✓	PENDIENTE	Bienestar Material	Circunstancia	Social	0 0
		Mayor satisfacción con su situación de vivienda (hogar)	100					✓	PENDIENTE	Bienestar Material	Circunstancia	Social	0 0
													233

Source: Own elaboration

Each change was reviewed across stakeholder groups to verify repetition and consistency (i.e. if another stakeholder group had observed the change in the stakeholder analyzed). This was considered a strong argument for those changes being saturated. The evaluator also compared these findings with the forecast⁸⁴ and other similar SROI reports to ensure saturation had been met for the majority of the identified changes.

4.3.1 Ensuring reliability in stakeholder-derived data

To enhance rigor, the evaluation team supplemented children’s and parents’ contribution in the stakeholder engagement exercise with secondary data sources.

Recognizing the broad age range of participants (6–17 years), the evaluator team reviewed 55 external SROI evaluation reports from similar programs across various countries and consulted practitioners of the Social Value International community to identify additional

⁸⁴ Pólvara, P., Delfa Rodríguez, B., y De Cominges Sureda, B. *Informe de Valor Social PIPII 2023*. The Social Consulting Agency and la Cátedra de Impacto Social de la Universidad Pontificia Comillas, última modificación en 2023.



potential changes. These findings were synthesized into a comparative report⁸⁵, enabling the team to contrast stakeholder-identified outcomes with those documented elsewhere. Once the data was collected from the focus groups, they were contrasted with these sources.

Simultaneously, families would mention in the interviews “changes” they had experienced in their children. These were collected and analyzed to add rigor to the data collected from the primary source. The same went for the children. Especially coming from the question *“who else, besides you, has been impacted”?*

Professionals and organizational representatives were likewise asked to describe changes they’d witnessed in children and families. Information provided by 69 professionals and 18 organizations, on the changes witnessed in children and families, served as data to understand if saturation was met and rigorous.

Table 40. Example of tool that gathered all incoming data

CAMBIOS EN NNA Ahora, reflexiona sobre los cambios que podrían haber experimentado *los niños, niñas y adolescentes* debido a su participación en PIPII durante este año. *¿Qué crees que haya cambiado en ellos como resultado de su participación en el programa PIPII?*	CAMBIOS EN FAMILIAS Ahora, reflexiona sobre los cambios que podrían haber experimentado las *familias* debido a su participación en PIPII durante este año. *¿Qué crees que haya cambiado en ellos como resultado de su participación en las actividades de intervención PIPII?*
más resolutivos, más independientes, ahora reconocen más sus emociones, ahora expresan más como se sienten	Ahora las familias están más integradas a nuestro centro, ahora las familias participan más en las actividades de nuestro centro, ahora las familias solicitan más ayuda para ellas y sus hijos
Pueden llegar a tener un carácter más activo a la hora de sentirse realizados y favorecer así su independencia a la hora de desenvolverse en la sociedad	Tendrán una mayor cercanía con sus hijos, un mayor impacto a la hora de educarles de buena manera y tendrán un mejor vínculo
Más atención personalizada	Mas participación de las familias
Son capaces de crear y cuidar los momentos de grupo como espacios seguros. Tienen mayor facilidad para la expresión emocional.	Mejorará el clima familiar y las relaciones familiares en los casos en los que ha habido intervención familiar y/o acompañamiento socioeducativo. Habrán mayores vínculos de confianza entre las familias, consolidando el espacio seguro en las sesiones de habilidades parentales.
Ser más conscientes de la importancia que tienen, que son escuchados y esto tiene consecuencias positivas en	Son más conscientes de la importancia de comunicarse más con sus hijos/as

Source: Own elaboration

⁸⁵ Pólvara, P., Delfa Rodríguez, B., y De Cominges Sureda, B. *Revisión Documental de Informes de Medición de Impacto de Programas de Prevención a la Institucionalización de Niños/as*. The Social Consulting Agency y la Cátedra de Impacto Social de la Universidad Pontificia Comillas, última modificación en 2023.

By triangulating these three perspectives—self-reports from children, observations from families and professionals, and external evidence—the team ensured, to the extent it was possible, that stakeholder-informed data were thorough, validated, and reduced the risk from unexamined biases. Finally, all outcomes were cross-checked against the forecasted changes⁸⁶ generated one year earlier, securing a comprehensive and rigorous outcome set.

As a final validation step, the facilitator conducted one or two additional sessions to confirm that no new significant information was emerging.

4.4 THE CHANGES IDENTIFIED BY EACH GROUP

This section presents the analysis carried out to identify and evaluate the most relevant changes in well-being for decision-making in relation to each stakeholder group with a chain of events, supported with graphs 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.⁸⁷ The World Happiness Report, published annually by the United Nations Sustainable Development Solutions Network (UN SDSN), has evaluated since 2012 global progress in citizen well-being, defined primarily as self-reported life evaluation and measured using the Cantril scale⁸⁸ via Gallup World Poll⁸⁹. Likewise, employers have used indicators such as job satisfaction and happiness for decades to evaluate the well-being of their employees, key elements to predict customer satisfaction, job retention, and productivity.⁹⁰ In Spain, the National Institute of Statistics (INE)⁹¹ It has collected data on the well-being of citizens since 2013, to take said data into account when making public policy decisions.

⁸⁶ Pólvara, P., Delfa Rodríguez, B., y De Cominges Sureda, B. *Informe de Valor Social PIPII 2023*. The Social Consulting Agency y la Cátedra de Impacto Social de la Universidad Pontificia Comillas, última modificación en 2023.

⁸⁷ Sustainable Prosperity. (2023) <https://www.sustainableprosperity.org>.

⁸⁸ Cantril, H. (1964). *The Pattern of Human Concerns*. New Brunswick, NJ: Rutgers University Press.

⁸⁹ Gallup. (n.d.). Global Research. <https://www.gallup.com/analytics/318875/global-research.aspx>.

⁹⁰ 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>.

⁹¹ National Institute of Statistics (INE). (n.d.). *Quality of life and subjective well-being survey*. <https://www.ine.es>.



The results, analysis, and conclusions presented in this chapter are based on the concepts of global satisfaction with life and the happiness indicator as a state of well-being and fulfillment, proposed by the INE, to evaluate the impact of SomosVoz in improving the well-being of the people. In addition, the well-being domains of Sherlock-Executioner are integrated⁹², allowing more specific changes to be addressed and more accurate data to be generated that effectively supports decision-making.

Regarding the monetization of changes in well-being⁹³, and in line with the methodology used in this report, in the United Kingdom, 1.0 WELLBY (equivalent to 1 point on a well-being scale of 0 to 10) is valued between GBP 10,000 and GBP 16,000, with an average of GBP 13,000. This social value offers a monetary reference to contextualize the importance of measuring these indicators of improvements in well-being.

In the evaluation, the children and adolescents were asked: "**How satisfied were you with your life before participating in SomosVoz and now after your participation?**", using the same life satisfaction scale from the National Institute of Statistics (INE)⁹⁴. The average increase observed was 0.90 points. In comparison, the increase recorded in Spain's young population (16 to 25 years old) during the last reported year (2022-2023) was 0.4 points, indicating that the project achieved an increase of approximately two times greater. Although specific data are not available for a smaller population, this comparison is used as a reference, and, in the absence of more precise data, it could also be considered a deadweight in the analysis.

The same question addressed to mothers and fathers showed an even greater increase, with an average of 2.04 points. In comparison, the increase recorded in the population of the two lowest income groups in Spain (9th and 10th decile) during the last reported year (2022-2023) was 1.2 points⁹⁵, indicating that the project achieved an approximately double improve in life satisfaction. However specific data on the income of the families in the program are not available.

⁹² Schalock, R. L., and Verdugo, M. Á. 2002. *Quality of life: Manual for education, health and social services professionals*. Editorial Alliance. <https://dialnet.unirioja.es/servlet/libro?codigo=98116>

⁹³ 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>.

⁹⁴ National Institute of Statistics (INE). (n.d.). *Quality of life and subjective well-being survey*. <https://www.ine.es>.

⁹⁵ National Institute of Statistics (INE). (n.d.). *Quality of life and subjective well-being survey*. <https://www.ine.es>.



Figure 39. Increase in satisfaction with life



Source: Own elaboration.

In the case of professionals, the increase in their general well-being was not evaluated in detail. However, the program coordinators (belonging to this group) were asked if they perceived that their well-being had improved thanks to their participation in SomosVoz, and 61.54%⁹⁶ of people surveyed indicated that they did experience a positive impact on their overall satisfaction with life. Likewise, the socio-educational organizations indicated that the work environment had improved, with an average rating of 8 out of 10, which suggests that, in general, professionals perceived a positive effect to a greater or lesser extent, derived from their work in the program.

For ease of understanding, each stakeholder group is analyzed individually, highlighting the specific well-being changes that affect each of them. The data collection involved the following groups.

4.4.1 Results - Children and adolescents

Through data collection, with a representative contribution of 180 children and adolescents (46.88% of the total population studied), 7 relevant changes were identified, each with a variable degree of importance. These changes are presented in the following image, where

⁹⁶ The target population was 91 people, but only 13 (14.29%) were consulted, of which 61.54% responded positively, representing 8.88% of the total.

the stars indicate which were the most notable according to the voice of the participants and the analysis carried out based on the criteria described in [Table 42](#).

Figure 40. Relevant changes in children and adolescent



Source: Own elaboration.

4.4.1.1 Chain of events

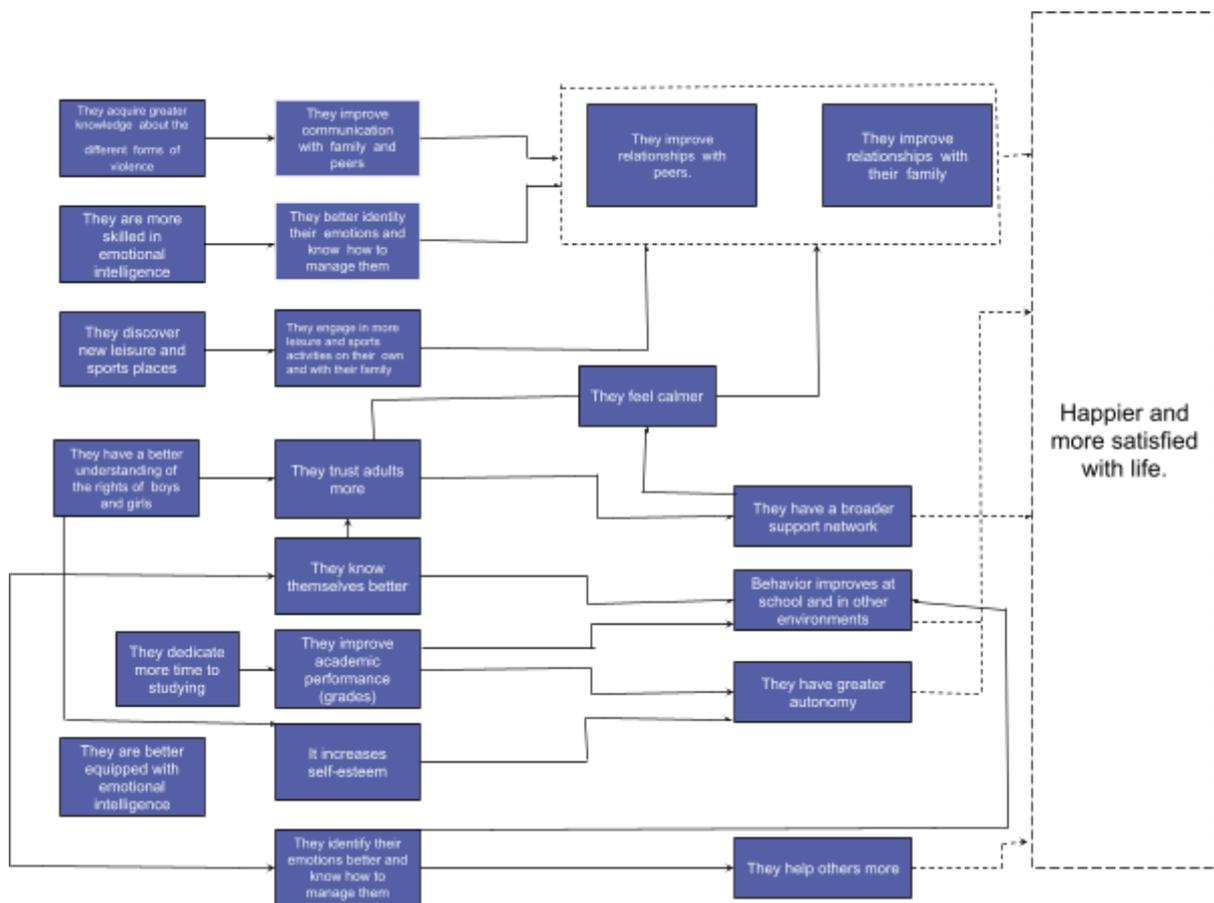
To collect data and build the chain of events, a participatory workshop was organized with a dynamic called the “Game Change”. In this, the children and adolescents responded to the question: “*What has changed since you have been at SomosVoz?*”, noting each response on individual cards. Then, to identify well-defined changes, they were asked: “*Because of this change, do you now do something different, think differently or are you different?*”. This question was repeated, generating a chain of changes, until the evaluator team understood what the final change was that represented the value generated. The data obtained was completed with validation by the children and adolescents themselves of predicted changes.⁹⁷ previously by themselves asking, in relation to said

⁹⁷ Pólvara, P., Delfa Rodríguez, B., and De Cominges Sureda, B. 2023. *PIPII Social Value Report 2023*. The Social Consulting Agency and the Social Impact Chair of the Universidad Pontificia Comillas.

changes: *“Would you say this change has happened to you?”*. The material was worked on adapting the language to the group of interest, considering possible language difficulties.

The combination of identified changes and the validation of those previously predicted changes generated a sequence of events that relates intermediate changes to well-defined changes, highlighting in the chain the well-defined and final changes that encapsulate the social value generated from the entire chain of events (see [Figure 41](#)).

Figure 41. Chain of events for children and adolescents



Source: Own elaboration.



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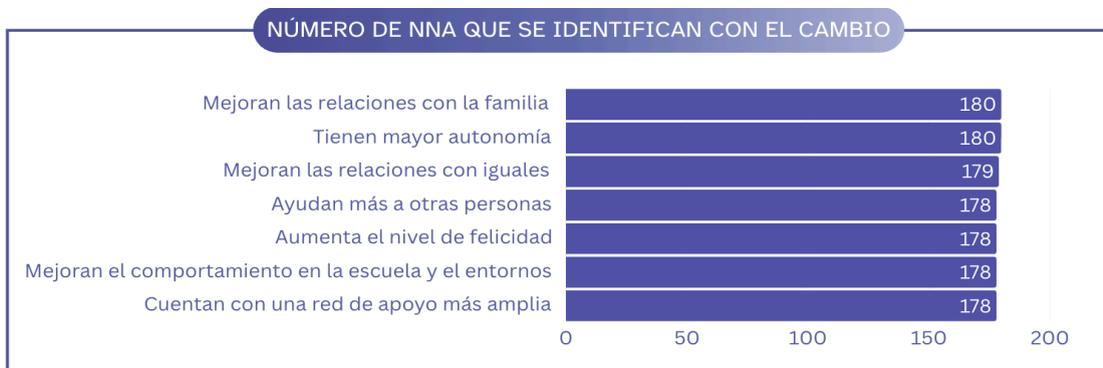


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4.4.1.2 Identification

The changes identified in the focus group chains were summarized and validated with 180⁹⁸ Children and adolescents through an adaptation of the "Game of Changes". During the dynamic, cards were used with each change, and the question was asked: ***“Would you say that this change has been generated in you as a consequence of your participation in SomosVoz?”***. The graph shows how many people identify with each change, making it evident that, of the people involved, whose sample is considered representative, between 99-100% identified with all the relevant changes.

Figure 42. Relationship between changes and the number of people identified



Source: Own elaboration.

For this process, every child or adolescent identified at least one change. As a matter of fact, of the 180 respondents, 178 confirmed all listed changes; the remaining 4 did not identify the following specific changes. The evaluator team assessed that this low number of non-responses poses minimal risk to the representativeness of the stakeholder group.

⁹⁸ 180 "Children and adolescents" represent 46.88% of the target population.

Figure 43. Respondents who did not identify with the relevant changes

	They have greater autonomy	They improve the intra-family relationship	They improve relationships with peers	They improve behavior at school and in other environments	They help more people in need	They feel more supported
# of people that Identify	180	180	179	178	179	178
# of people that did NOT Identify	0 (0%)	0 (0%)	1 (0,60%)	2 (1,11%)	1 (0,60%)	2 (1,11%)

Source: Own elaboration.

The evaluator team also checked whether these respondents would have nominated any additional changes in the chain of events. One did so—adding “*I do more fun things with my family*” under the chain of “improving relationships with peers.” However, this single case was deemed too few to retain the change as a well-defined outcome, since it would not alter the overall decision-making.

Principle 3, “Understand what changes⁹⁹,” states that outcomes for all stakeholders must be considered: “...if there are ten stakeholders and eight are experiencing an outcome, it is necessary to consider what the other two have experienced. It may be a negative outcome or it may be that they have experienced no outcome at all. All of this must be captured otherwise the chain of events will be incomplete. ... Each time a chain is extended it is possible that not everyone in the group experiences the same outcomes. For example, going further with the group that reduces drinking, some could become healthier and some may not.”

Naturally, the evaluator team examined the small number of children who did not identify specific changes to see whether they had experienced earlier steps in the chain of events. However, with only one or two children per change in this category, the data were too sparse to yield meaningful insights. Consequently, no detailed analysis was undertaken for these very few cases representing 1,11% of the respondents and 0,52% of the whole population, since almost all children identified with nearly every change and the minimal non-identification revealed no distinct patterns or unmet experiences.

Furthermore, as noted in [Section 3.2](#), every change in the chain of events was independently corroborated by both professionals and the evaluation team during

⁹⁹ Social Value International. "Principle 2: Understand What Changes." www.socialvalueint.org/principle-2-understand-what-changes.



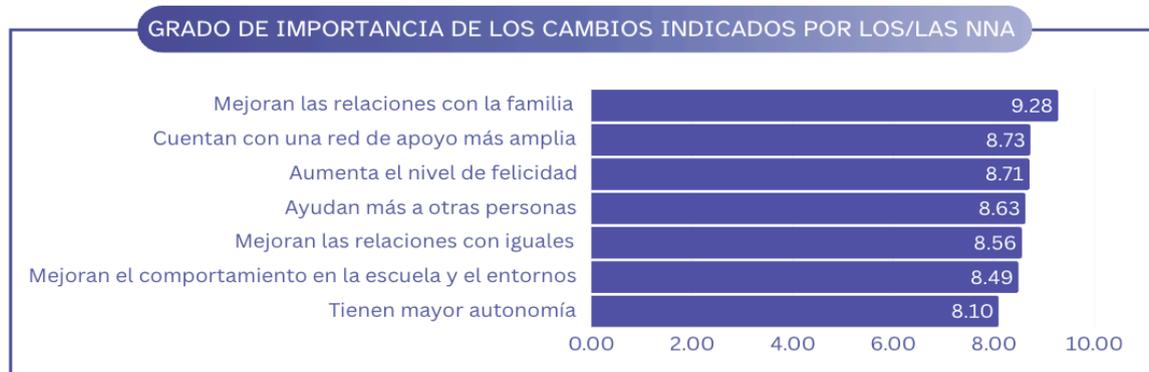
benchmark reviews. Outcomes were triangulated against program documentation, best-practice materials, and investigator field notes, ensuring they reflected on-the-ground realities.

Because the same set of changes consistently surfaced across children, families, educators, psychologists, and external benchmarks, the evaluator team judged the risk of the causal chain or well-defined outcomes failing to represent the broader stakeholder group to be low. In other words, despite minor individual variations, the evaluator team judged the collective pattern of change presents a coherent and reliable story of how SomosVoz delivers impact.

4.4.1.3 Importance

To assess the importance of each change from the perspective of those affected, the 180 were asked¹⁰⁰ Children and adolescents who will mark on a scale of 5¹⁰¹ how important it was for them to have achieved that change as a consequence of their participation in SomosTheo the figures presented in [Table 75](#) It was arrived at by calculating the average and multiplying it by 2 to go to the scale of 1 to 10. The score reflected represents the average of all the importance scores given by the children and adolescents to each change. The degree of importance exceeds 8.10 points on a scale of 10, reaching up to 9.24 points.

Figure 44. Relationship between importance and well-defined changes



Source: Own elaboration.

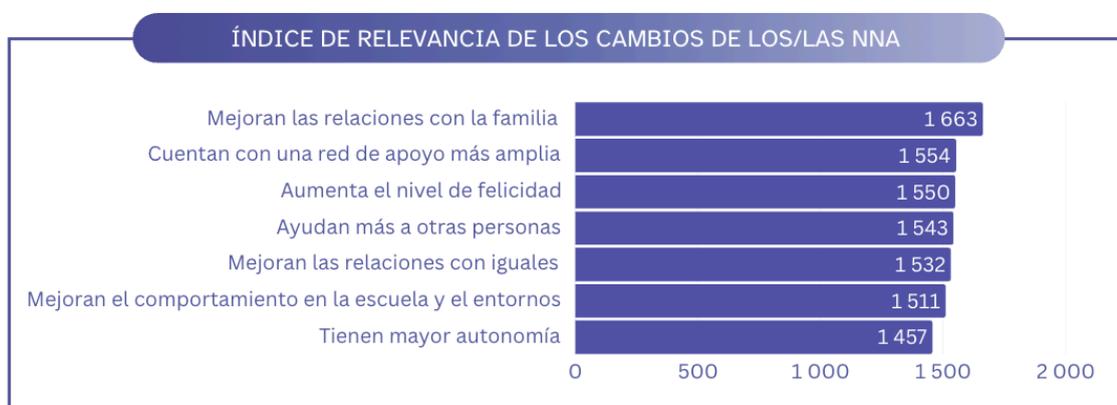
¹⁰⁰ 180 children and adolescents represent 46.88% of the target population.

¹⁰¹ Explanation given to children and adolescents when indicating 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 nothing and the largest being very very important."

4.4.1.4 Relevance index

Once the number of children and adolescents who recognized each well-defined change had been identified and the importance they assigned to each had been evaluated, the relevance index of 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 that underlies this report. The results are shown in the following figure:

Figure 45. Comparison of relevance index



Source: Own elaboration.

4.4.1.5 Relevance test

To identify relevant changes, in addition to applying the threshold criterion¹⁰², four additional criteria were considered, which are represented in [Table 42](#). A change was considered relevant, and therefore included, if it met at least two of these criteria.

¹⁰² Explanation given to children and adolescents when indicating 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 nothing and the largest being very very important."

Table 41. Relevance test - Children and Adolescents

	They have greater autonomy	They improve the intra-family relationship	They improve relationships with peers	They improve behavior at school and in other environments	They help more people in need	They feel more supported	Happier	More satisfied with life
Number of people who identify with the change	180	180	179	178	179	178	178	138
Degree of importance (1-10)	8,1	9,24	8,56	8,49	8,62	8,73	8,71	N/A
RELEVANCE INDEX	1458	1663	1532	1511	1543	1554	1550	N/A
ASSIGNED THRESHOLD (70%)	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL
CRITERIA APPLIED								
The organization must include it as a matter of principle/objective	No	Si	No	No	No	Si	No	No
Social norm requiring inclusion	Si	Si	No	No	No	No	Si	Si
Short-term financial impact requiring inclusion	No	No	No	No	No	Si	No	No
Other organizations manage the change/reports	Si	Si	Si	Si	No	No	Si	Si
ARE RELEVANT/ ARE EXCLUDED	INCLUDED- WELL-DEFINED	INCLUDED- WELL-DEFIN D	INCLUDED- WELL-DEFIN D	INCLUDED- WELL-DEFIN D	INCLUDED- WELL-DEFIN D	INCLUDED- WELL-DEFINED	NOT INCLUDED - TOO GENERIC	NOT INCLUDED - TOO GENERIC

Source: Own elaboration.


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In most of the changes (*greater autonomy, improve the intra-family relationship, improve relationships with peers, improve behavior at school and in other environments, help more people in need, feel more supported and happier* almost all children and adolescents identified with them. For the change “more satisfied with life,” detailed in [Section 4.4](#) the survey question (“*How satisfied are you with life on a scale from 0 to 10?*”) was answered by 138 respondents, all of whom indicated this change. Moreover, several of these outcomes met multiple validation criteria: they align directly with the program’s objectives, correspond to social expectations for a family-atmosphere intervention, and were consistently reported by participants.

Regarding the *support network*, a direct financial impact is even highlighted, since the loss or improvement of the support network could influence the number of users (Children and Adolescents) who come to the center, which would affect the number of resources and materials used (economic impact for the organization).

It is highlighted that the change *helps more people who need it* pass the relevance test, despite meeting only one criterion (note that 99% of children and adolescents were identified), since it was decided to evaluate the depth of this change through the significance test. The reasoning for inclusion was based on the programs addressing key topics such as communication, empathy, and children's rights that could impact the feeling of solidarity intrinsically related to this change, and of importance for decision-making.

It is highlighted that the change passed the relevance test even though it only meets one criterion (99% of children and adolescents were identified), because the evaluator team wanted to test the degree of depth of this change, because the programs worked on issues of communication, empathy and rights, being an important focus that resulted in this relational effect.

Feeling happier and improved life satisfaction

On the other hand, the changes in feeling *happier* and *improved life satisfaction* were ruled out as well-defined outcomes. Although most children identified with these changes,



Principle 2, “Understand what changes¹⁰³,” gives instruction on applying the “going back up the chain” practice when stakeholders report outcomes that extend beyond what is necessary for decision-making. In this case, the evaluator team together with professionals and investigators examined whether exposing these broad well-being changes as well-defined outcomes to be measured and valued, would provide the best opportunity to optimize the program.

They concluded that these generic outcomes—while valuable and worth highlighting—were too wide-ranging for precise measurement and could lead to unclear decisions about program adjustments or communications. Instead, the focus remained on the more specific subjective and objective aspects of wellbeing (changes), precursor to these generic well-being changes, to support decision making.

To honor participants’ experiences without losing sight of overall life satisfaction, the report includes a dedicated chapter on these generic well-being experiences (see [Section 4.4](#)). However, for the relevance test the evaluator team applied “going back up the chain” and did not include *feeling happier* and *improved life satisfaction* in the measurement of duration and casualties, nor in the significance test, and thus they are not part of the value map (see [Annex XIII](#)).

The relevant changes, which were included in this relevance test, were subjected to a significance test to determine their degree of materiality, which is detailed in [Chapter 7. Material Changes](#).

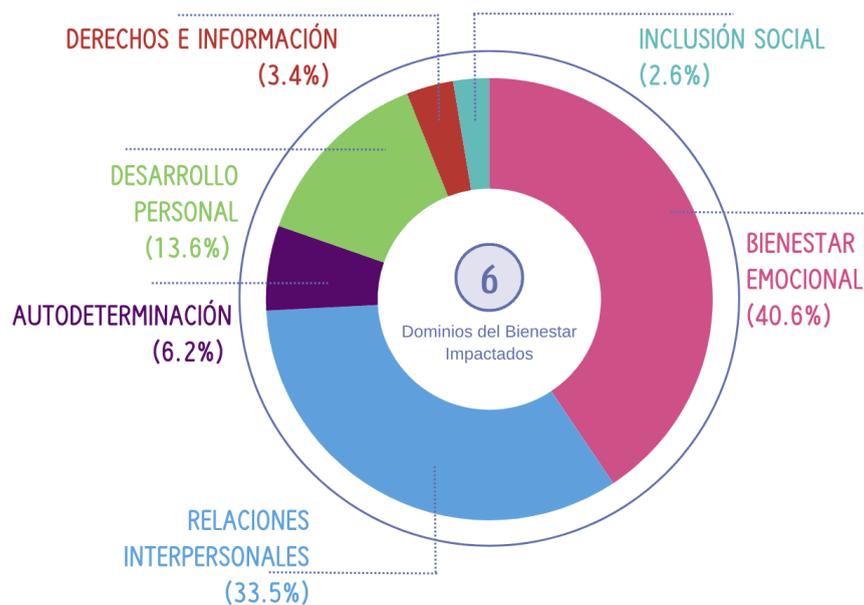
¹⁰³ Social Value International. "Principle 2: Understand What Changes." www.socialvalueint.org/principle-2-understand-what-changes.



4.4.1.6 Well-being domains and exchange rates

The following graphs show the grouping of the different changes according to the well-being domains defined by the Sherlock-Verdugo well-being domains.¹⁰⁴, thus facilitating the understanding of the specific areas impacted by the changes generated. The second graph presents the changes by type, thus illustrating whether they are changes of action or inaction. For this stakeholder group, it is highlighted that the changes identified are mainly concentrated in the domain of emotional well-being (40.6%) and interpersonal relationships (33.5%). These changes correspond, for the most part, to intrapersonal transformations (27.3%) related to emotional aspects, as well as modifications in habits and behaviors (22.6%).

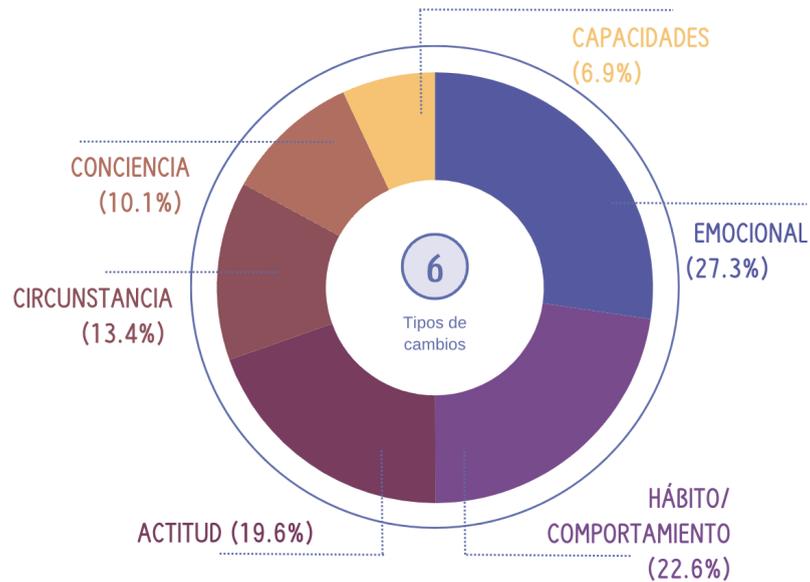
Figure 46. Distribution of changes in the well-being of children and adolescents



Source: Own elaboration.

¹⁰⁴ Schalock, R. L., and Verdugo, M. Á. 2002. *Quality of life: Manual for education, health and social services professionals*. Editorial Alliance. <https://dialnet.unirioja.es/servlet/libro?codigo=98116>

Figure 47. Distribution of Children and Adolescents exchange rates



Source: Own elaboration.

4.4.1.7 Relationship between positive and negative changes

For this stakeholder group, no negative changes were identified (despite being asked twice) among those considered relevant, since, although negative changes were identified, they were specific cases that do not represent a generalized impact on the group. Of interest. This is the case of 10 children and adolescents (5.50% of the people surveyed) who mentioned *feeling sadder* as they developed a greater understanding of their situation, while another commented that, although they recognized that *it's easier to learn together*, this dynamic also had *generated more conflicts* (3.33% of the people surveyed). Another person indicated that they now felt *less talkative* (1 person) as a result of the program. Negative changes were detected in the prognosis, such as being *more insecure when it comes to not recognizing violence* (-), an increase *in discomfort when feeling rejected* (-), and *the concern about losing prominence in the center in favor of their families* (-).



4.4.1.8 Conclusions - Children and adolescents

The vast majority of children and adolescents (97.22%-100%)¹⁰⁵ They reported having experienced relevant changes in various areas of their well-being, reflecting the comprehensive positive impact of the program. The positive changes encompassed multiple dimensions of well-being, while the negative changes identified were isolated and non-representative cases. This analysis confirms that the program has had a significant and sustained influence on children and adolescents, promoting the improvement of their quality of life and general satisfaction.

The most notable changes were concentrated in emotional well-being and interpersonal relationships (families and friendships), which together represent more than 73% of the changes experienced. These areas were considered highly relevant according to the participants, providing tangible benefits in their daily lives and consolidating the program as an effective tool in these dimensions.

A high degree of importance was observed attributed to intra-family relationships, which directly impacted the family atmosphere, being a change that all the people surveyed identified with. In addition, the expansion of the support network and the importance of having access to it were highlighted, along with the value that the participants gave to helping others more, considering it a relevant aspect for their well-being. Likewise, the relevance of relationships with peers was highlighted as a significant component of positive impact.

Although positive changes in behavior were also identified within the school environment and in other spaces, as well as an improvement in autonomy, these were perceived as less relevant compared to the previously mentioned changes.

The positive changes identified are mainly manifested in emotional and behavioral aspects, which together represent approximately 50% of the total impact. This emphasis on the transformation of habits and attitudes suggests, according to the research on which the

¹⁰⁵ Between 175 and 180 children and adolescents experienced all or almost all of the changes evaluated, which is equivalent to a percentage of between 45.57% and 46.88% of the population studied.



development of the program is based, a fundamental basis for meeting the program's objectives that seek to improve the family atmosphere.

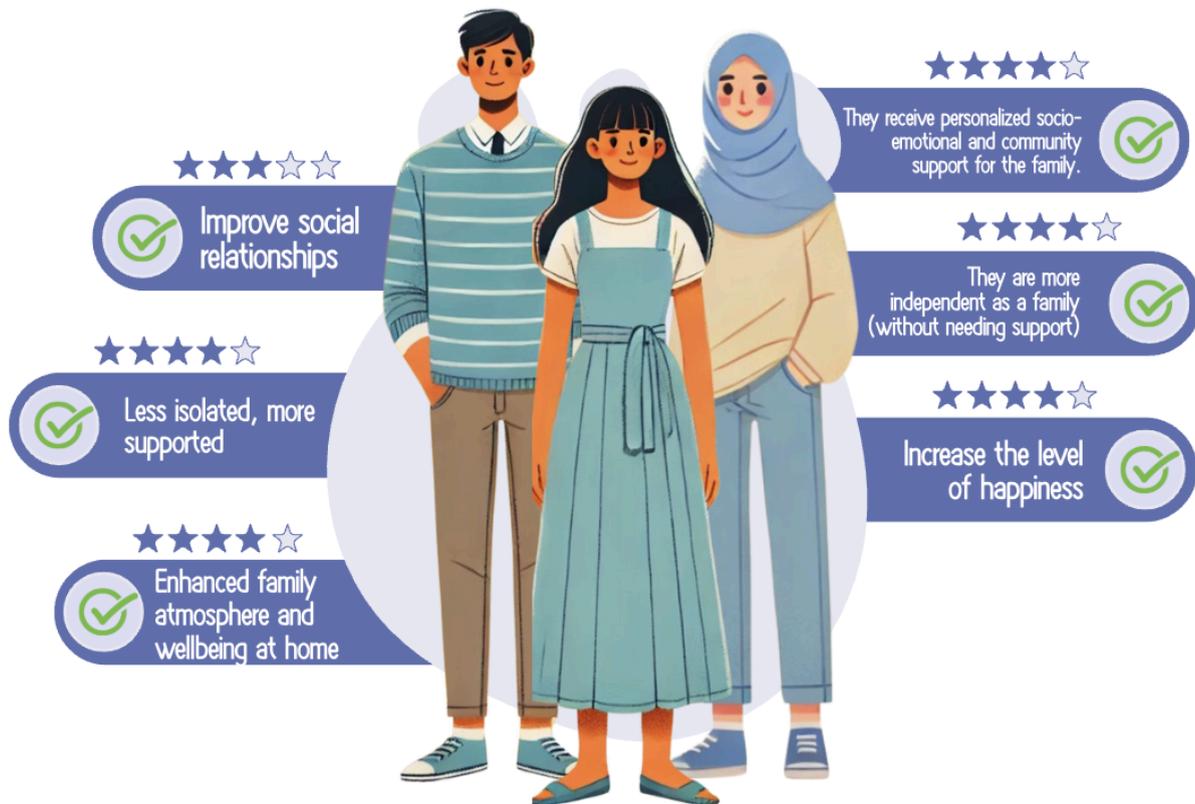
Although the program generated highly relevant effects in most of the well-being dimensions evaluated, areas related to the well-being domains of "social inclusion" and "rights" showed considerably lower percentages compared to the others. This suggests that, according to the stakeholder group's own observations, the changes attributed to the program in these areas were not perceived as significant as in other prominent domains.

4.4.2 Results - Mothers and fathers

Through data collection, with a representative contribution of 112 mothers and fathers (39.10% of the total population studied), 6 relevant changes were identified, each with a variable degree of importance. These changes are presented in the following image, where the stars highlight the most relevant ones according to the voice of mothers and fathers, and the analysis carried out based on the criteria described in [Table 46](#).



Figure 48. Relevant changes in mothers and fathers



Source: Own elaboration.

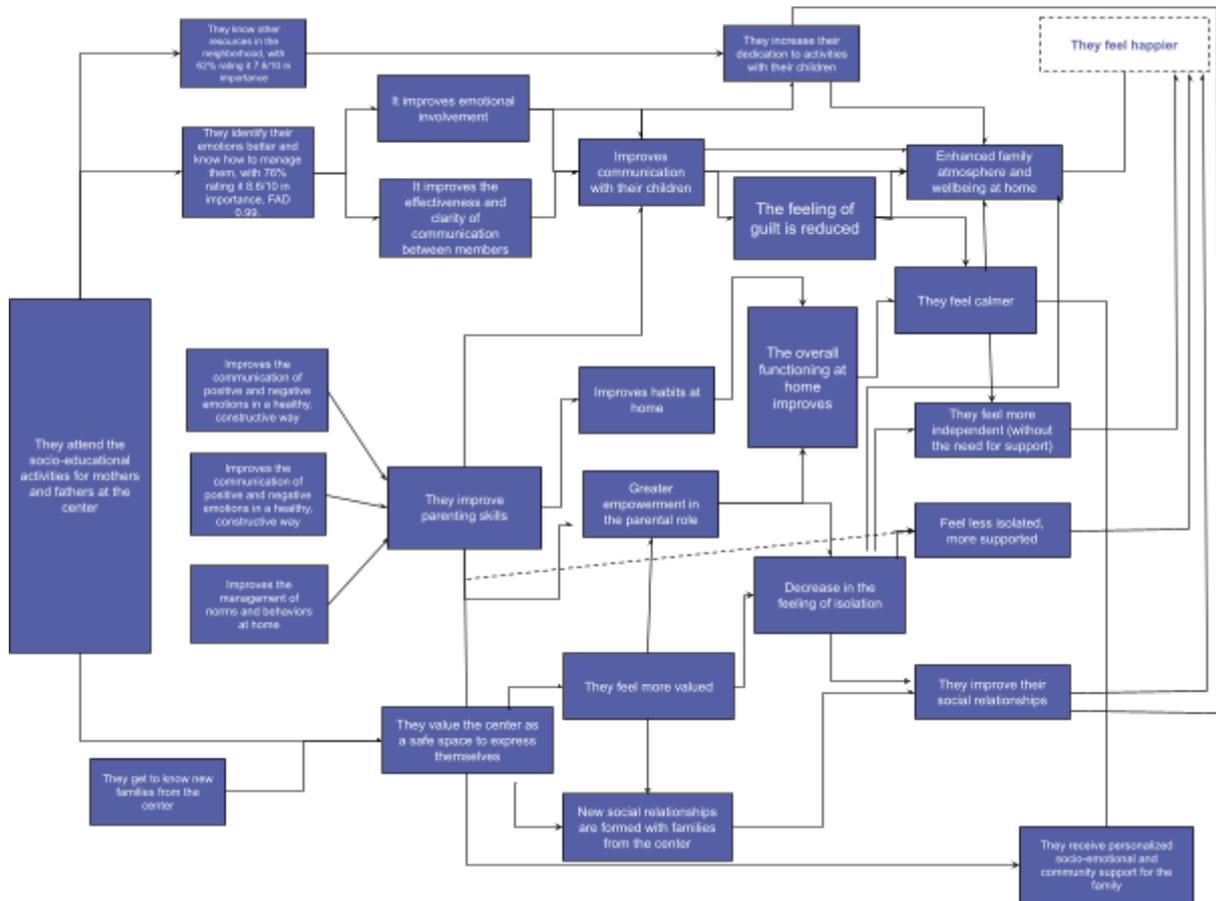
4.4.2.1 Chain of events

Like the data collection with children and adolescents described in [Table 33](#) builds the chain of events, a participatory workshop was organized using the “Game of changes” dynamic. In this space, mothers and fathers responded to the question: “**What has changed since you have been at SomosVoz?**”, recording each response on individual cards. Subsequently, to specify the changes, they were asked: “**Because of this change, do you now do something different, think differently or are you different?**”.

The material was worked on by adapting the language to the group of interest, considering possible language difficulties and different cultural levels, to ensure full understanding and effective participation of everyone. In addition, a validation of the predicted changes was

carried out¹⁰⁶ previously, asking: *“Would you say this change has happened to you?”*. This question was repeated, generating a chain of changes, until the evaluator team understood what the final change was that represented the value generated. This process made it possible to identify and connect intermediate, well-defined, and final changes, generating a visual representation that highlights the social value created and helps focus resources strategically.

Figure 49. Chain of events in mothers and fathers



Source: Own elaboration.

¹⁰⁶ See results from: Pólvara, P., Delfa Rodríguez, B., and De Cominges Sureda, B. *PIII Social Value Report 2023*. The Social Consulting Agency and the Social Impact Chair of the Universidad Pontificia Comillas, last modification in 2023.



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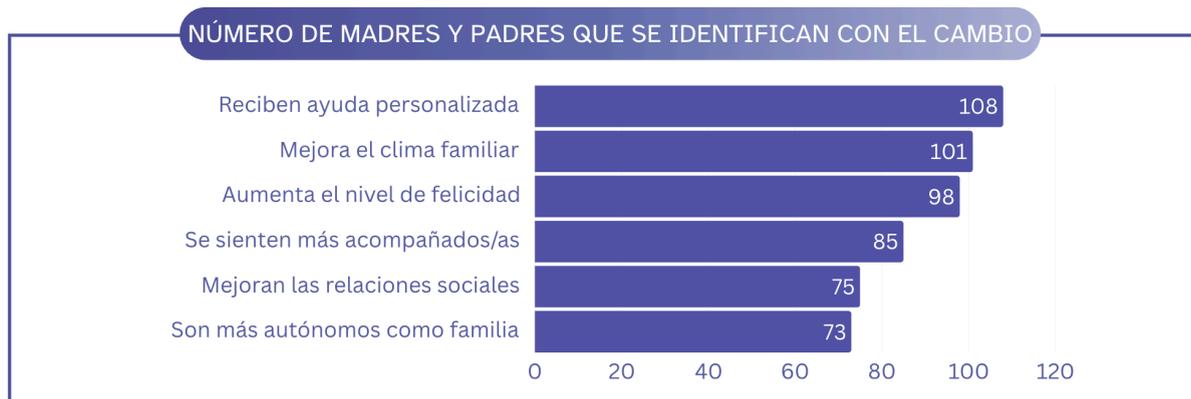


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4.4.2.2 Identification

The changes identified in the focus group chains were summarized and validated with 112¹⁰⁷ mothers and fathers through an adaptation of the "Game of Changes". During the dynamic, cards were used with each change, and the question was asked: *"What has changed since you became part of SomosVoz?"*. The graph shows how many people identify with each change.

Figure 50. Relationship between changes and people who identify themselves



Source: Own elaboration.

Of the 117 families surveyed, 116 (99.15%) reported experiencing at least one of the changes identified through qualitative data collection, and 108 (92.31%) experienced more than seven changes—including both chain-event and well-defined outcomes. 21 families (18% of respondents) stated that they identified with all 14 changes surveyed (encompassing both chain events and well-defined outcomes). Only 1 family marked a single change; although flagged as a probable web-form error (early submission, unusually short completion time), their response was included to respect the answer provided.

9 parents did not identify with the intended change *"enhanced family atmosphere and wellbeing at home"*, a pattern anticipated by **Principle 2, "Understand what changes"**¹⁰⁸ that states: *"Each time a chain is extended it is possible that not everyone in the group*

¹⁰⁷ 112 "Mothers and fathers" represent 35% of the target population.

¹⁰⁸ Social Value International. "Principle 2: Understand What Changes." www.socialvalueint.org/principle-2-understand-what-changes.

experiences the same outcomes.” Not all families will experience every change, and some may identify with certain outcomes but not others.

Table 42. Respondents who did and did not identify with the well-defined outcomes

	It improves the family atmosphere	They improve social relationships	More autonomous as a family (without the need for support)	Feel happier	They receive personalized socio-emotional and community support for the family	Feel less isolated, more supported
# of people that Identify	101	75	73	98	108	85
# of people that did NOT Identify	16 (13,68%)	42 (35,90%)	44 (37,61%)	19 (16,24%)	9 (7,69%)	32 (27,35%)

Source: Own elaboration.

The evaluator team assessed that this low number of non-identification with the intentional change (7.70% of all respondents) posed low risk to the representativeness of the stakeholder group, since most families identified with the majority of changes, including the one mentioned—meaning decisions based on well-defined outcomes would positively affect most families or, if removed, negatively impact most families.

As mentioned, an outcome-level analysis showed that the majority of families identified the core program changes—*“enhanced family atmosphere and wellbeing at home”* and *“received personalized socio-emotional and community support for families”*—exceeding the 70% threshold by a comfortable margin. *“Becoming more autonomous as a family,”* also an intended outcome, fell just below the threshold but remained very close.

Additionally, two non-intended outcomes—*“improved social relationships”* and *“feeling less isolated, more supported”*—were also at or above the threshold. The evaluator team judged these patterns to indicate that the program generated value within its intended outcomes but also produced positive spillovers beyond those.

Also, by validating the changes that form part of the chain of events leading to these outcomes, the evaluator team confirmed that those precursor changes had genuinely been experienced. Respondents not only indicated whether they identified with the well-defined outcomes emerging from the qualitative data collection and illustrated in the chain of events for this stakeholder group, but also validated that each change in the chain had actually occurred. In this way, the entire chain of events was validated both by the qualitative sample and by the statistically significant survey sample representing the full stakeholder group.

This approach also captured data from families who did not experience the well-defined outcomes but “stayed” at a precursor change in the chain—without that change progressing to a well-defined outcome. These cases are analyzed further in this chapter.

Table 43. Respondents who did and did not identify with changes in the chain

	New social relationships with families at the center	They are calmer	Improved parenting skills	Greater empowerment in the parental role	Increased time spent sharing activities with their children	Parents experience a greater sense of being valued	Improved habits at home	Better communication with their children	Better identification of their emotions and knowledge of how to manage them	Knowledge of other resources in the neighborhood	Reduced feelings of guilt
# of people that identify	70	107	96	98	91	96	87	98	76	62	70
# of people that did NOT identify	47 (40,17%)	10 (48,55%)	21 (17,95%)	19 (16,24%)	26 (22,22%)	21 (17,95%)	30 (25,64%)	19 (16,24%)	41 (35,04%)	55 (47,01%)	47 (40,17%)

Source: Own elaboration.



In order to provide detailed information on what happened to all respondents in a stakeholder group, the evaluator team conducted a targeted analysis of the 16 families (13.67% of respondents) who did not identify the core outcome “*enhanced family atmosphere and wellbeing at home*,” as this was the program’s main intended result, in order to understand if any relevant information, supporting decision making, could arise from this analysis, even if the number of families was considered low.

Table 44. Changes reported by the 16 families who did not identify with “enhanced family atmosphere and wellbeing at home”

Indicador	Families_1	Percent (16)
Feels calmer	12.0	75.0%
Reciben ayuda personalizada socio-emocional y comunitario para la familia Obten...	12.0	75.0%
Spend more time doing activities with their children	9.0	56.2%
Feel happier	9.0	56.2%
Improve parenting skills	7.0	46.7%
Se sienten más acompañados/as Disminución del sentimiento de aislamiento	7.0	43.8%
Improve social relationships	7.0	43.8%
Improve household habits	7.0	43.8%
Identify and manage their emotions better	7.0	43.8%
Know other neighbourhood resources	7.0	43.8%
Reduced feeling of guilt	7.0	43.8%
More autonomous as a family (need less support)	6.0	37.5%
Parents feel more valued	6.0	37.5%
Greater empowerment in their parental role	5.0	31.2%
Better communication with their children	5.0	31.2%

Source: Own elaboration.

Of these 16 families, 12 (75% of the subgroup; 6.67% of all respondents) reported the change “*feeling calmer*”, being this a change part of the chain that led to the well-defined outcome analysed. The evaluator team determined that this preconditioning change—consistently noted in both qualitative and quantitative data collection—fed directly

into “*enhanced family atmosphere and wellbeing at home*” , “*becoming more autonomous as a family*” and “*receiving personalized socio-emotional and community support for the family*”. So the conclusion was that out of these 12 families that had not experienced “*enhanced family atmosphere and wellbeing at home*” out of “*feeling calmer*” they had experienced “*becoming more autonomous as a family*” or “*receiving personalized socio-emotional and community support for the family*” both well-defined changes. Thus, the value of “*feeling calmer*” was englobed in these changes.

If considered as a well-defined outcome for these 12 families, the team debated whether “*feeling calmer*,” as a subjective well-being measure, might offer the best opportunity to optimize program improvements. **Principle 2, “Understand what changes”**¹⁰⁹, advises setting aside outcomes that exceed what is necessary for decision-making (“going back up the chain”).

Wherefore professionals were consulted. After consulting with professionals, it became clear that funders and stakeholders would make better decisions using tangible improvements in family circumstances rather than emotional or psychological shifts as targets and indicators. Consequently, “*feeling calmer*” was ruled out as a well-defined outcome; it remained a valuable part of the chain of events, but no family identified it as the change holding primary value, and the downstream changes it led to were already identified by the majority.

Excluding “*feeling calmer*” thus focused attention on well-defined outcomes deemed “good enough” for decision-making, was, judged by the evaluator team, posing minimal risk of harm or missed opportunities to optimize well-being.

The evaluator team also checked whether any respondents would have nominated additional changes in the chain of events. One did so—adding “*I do more fun things with my family*” in relation to the outcome “*improving relationships with peers*.” However, this single case was not considered significant to retain as a well-defined outcome, since it would not alter overall decision-making and was very similar to other changes in the chains.

¹⁰⁹ Social Value International. “Principle 2: Understand What Changes.” www.socialvalueint.org/principle-2-understand-what-changes.



Next, the team examined whether any families reported precursor changes that did not lead to any of the core well-defined outcomes. Two families (1.71% of respondents) described “*improved parenting skills*,” “*greater empowerment in the parental role*,” and “*better emotional self-management*” as far as their chains went—without progressing to the well-defined outcomes experienced by others. The evaluator team considered elevating these changes to well-defined outcomes for those two families but, after consulting professionals, concluded that this very small minority would neither influence decisions nor add new insights. Instead, these responses simply validated the existing causal chain without expanding it. Consequently, the evaluator team documented these voices here but did not include them as distinct well-defined outcomes, instead reflecting them as part of the causal chain, as they did not bring any additional information that would support decision making.

The change “*felt happier*” was identified by 83.76% of families, many noting that other changes led to this improved feeling. However, **Principle 2 “Understand what changes”**¹¹⁰—advises, if needed, setting aside outcomes beyond what is necessary for decision-making (“going back up the chain”). The evaluator team, after consulting professionals, judged “*felt happier*,”- which had emerged in the qualitative data collection - too generic to serve as a well-defined outcome, as its broad nature risked misdirecting optimization efforts and leading to incorrect decisions.

Nevertheless, the importance of well-being and happiness was highlighted with a dedicated chapter in this report (see [Section 4.4](#)) to ensure participants’ experiences were fully represented. For decision-making, focus shifted to more tangible and being aspects of wellbeing outcomes: “*enhanced family atmosphere and wellbeing at home*” one of the most frequently cited changes reflecting concrete shifts in family circumstances; “*received personalized socio-emotional and community support for the family*,” an indicator of new service access that families highly valued and would lose if the program closed; and “*more autonomous as a family*,” a highly rated intended outcome suggesting avenues for deeper impact. By excluding “*felt happier*” from the list of well-defined outcomes, the evaluator team did not diminish its importance but ensured that program adjustments relied on

¹¹⁰ Social Value International. “Principle 2: Understand What Changes.” www.socialvalueint.org/principle-2-understand-what-changes.



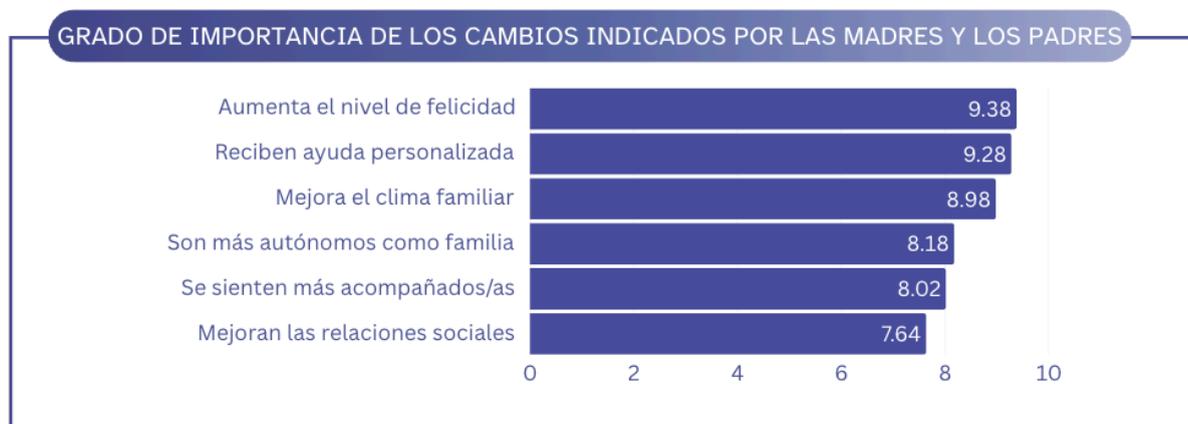
evidence-based, measurable, actionable indicators that offered the best opportunity to maximize social value creation, and reduced the risk of making incorrect decisions.

4.4.2.3 Importance

To assess the importance of each change from the perspective of those affected, the 112¹¹¹ mothers and fathers to mark on a scale of 5 how important it was for them to have achieved this change as a result of their participation in SomosVoz. To the figures presented in [Figure 50](#) It was arrived at by calculating the average and multiplying it by 2 to go to the scale of 1 to 10.

The score reflected corresponds to the average of all the importance ratings assigned by mothers and fathers to each change. It is observed that, in all cases, the degree of importance reaches outstanding values, with scores higher than 7.64 on a scale of 10 and a maximum of 9.38 points. It should be noted that the changes with the highest social value (importance scores) are linked to the family environment and the improvements experienced in this context.

Figure 51. Relationship between identified changes and importance



Source: Own elaboration.

¹¹¹ 112 "Mothers and fathers" represent 35% of the target population.

4.4.2.4 Relevance index

The number of mothers and fathers who recognized each well-defined change was identified and multiplied by the degree of importance they assigned to each one. The results are shown in the following figure.

Figure 52. Comparison of relevance index



Source: Own elaboration.

4.4.2.5 Relevance test

In the case of changes *Enhanced family atmosphere and wellbeing at home*¹¹², *more autonomous as families*, and *improve social relationships* Various criteria were identified that support its relevance. First, mothers and fathers assigned a high degree of importance to this change. Likewise, this change was directly aligned with one of the main objectives of the program, reinforcing its strategic coherence.

Furthermore, the change analyzed complied with the social norm, since it is reasonable to expect that a program aimed at strengthening the family atmosphere will achieve results aligned with this objective. Finally, the associated short-term economic impact was considered, under the reasoning that an improvement or deterioration in the family atmosphere could influence the number of children and adolescents referred to specialized

¹¹² A threshold of 70% was applied to the highest index recorded among all changes ('Relationships with family improve', with an index of 1663), to determine its relevance and prioritization in the analysis.

centers or the decrease in said need, which would directly affect the economy of the entities responsible for financing these resources.

This same criterion led to the inclusion of the change, *receiving personalized socio-emotional and community help for the family*, given that their addition or exclusion could have a significant impact on the center's resource planning. On the other hand, the change *in the degree of happiness* was excluded despite meeting two criteria, because its scope was too broad, making it less useful as a basis for future decision-making, for which this report is developed. Like “Feeling more accompanied”, since it was part of the chain of events.

A special note is made of the “*feeling calmer*” outcome reported by several families. Although this change emerged in the interviews, it was not included in the relevance test because it was ruled out during the chain-of-events analysis of the predefined, well-defined outcomes (see [Section 4.4.2.2](#)). Consequently, “feeling calmer” is documented here for transparency but was not carried forward into the significance or depth analyses.

Table 45. Relevance test - mothers and fathers

Cambios/CRITERIOS	Mejora el clima familiar	Mejoran las relaciones sociales	Son más autónomos como familia	Más feliz	Reciben ayuda personalizada socio-emocional y comunitario para la familia	Se sienten más acompañados/as
Número de personas (percepción de persona impactada)	101	75	73	98	108	85
grado de importancia (1-10)	8,98	7,67	8,2	9,38	9,29	8,02
INDEX DE RELEVANCIA	907	575	599	919	1.003	682
UMBRAL ASIGNADO (70%)	SUPERA UMBRAL	NO SUPERA	NO SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	NO SUPERA
CRITERIOS APLICADOS						
La organización la tiene que incluir por principio/objetivo	Si	No	Si	No	No	No
Norma social que exige inclusión	Si	Si	No	Si	No	No
Impacto financiero a corto plazo que exige inclusión	Si	No	Si	No	Si	No
Otras organizaciones gestionan el cambio/informes	si	Si	Si	Si	No	Si
SON RELEVANTES/ SON EXCLUIDOS	INCLUIDO - BIEN DEFINIDO	INCLUIDO - BIEN DEFINIDO	INCLUIDO - BIEN DEFINIDO	NO INCLUIDO - POR SER GENERALISTA	INCLUIDO - BIEN DEFINIDO	INCLUIDO - BIEN DEFINIDO

Source: Own elaboration.

4.4.2.6 Wellbeing domains and exchange rates

The graphs below represent the classification of the identified changes based on the well-being domains established by the Sherlock-Verdugo well-being domains.¹¹³, allowing for a better understanding of the specific areas affected by such changes. The second graph

¹¹³ Schalock, R. L., and Verdugo, M. Á. 2002. *Quality of life: Manual for education, health and social services professionals*. Editorial Alliance. <https://dialnet.unirioja.es/servlet/libro?codigo=98116>

organizes the changes according to their nature, differentiating between changes of action and inaction. For this stakeholder group, it is highlighted that the changes identified are mainly concentrated in the domain of emotional well-being (49.9%) and personal development (22.5%). These changes correspond, for the most part, to intrapersonal transformations (29.4%) related to emotional aspects, as well as changes in habits and behaviors (19.2%).



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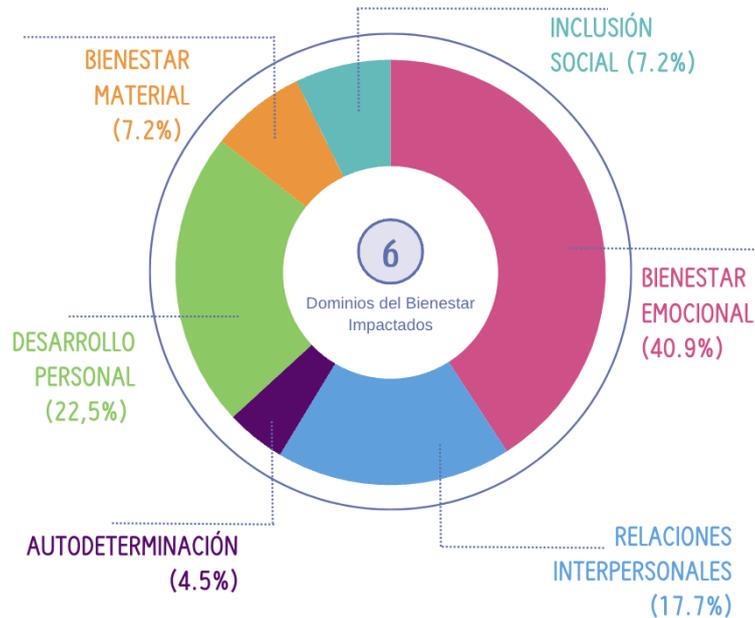
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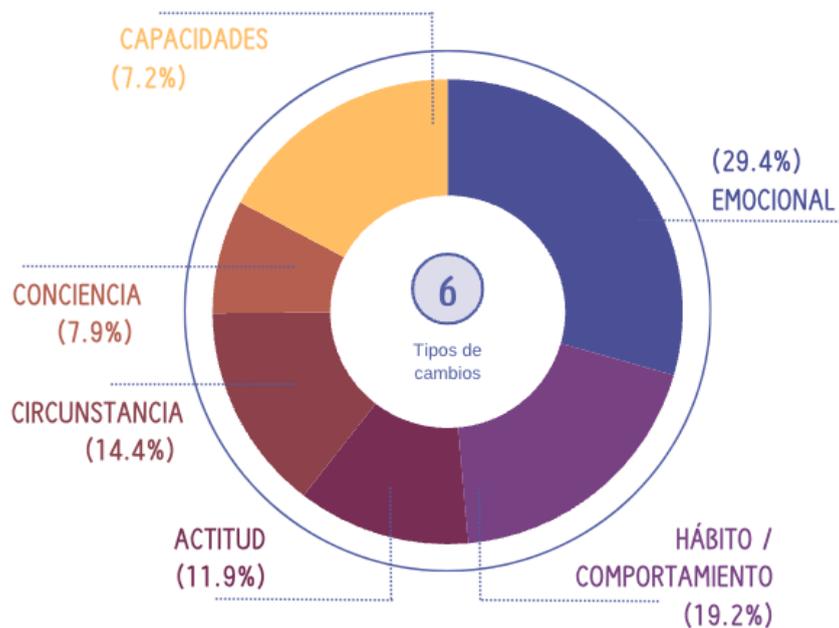
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Figure 53. Distribution of changes in the well-being of mothers and fathers



Source: Own elaboration.

Figure 54. Distribution of types of mothers/fathers changes



Source: Own elaboration.



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4.4.2.7 Relationship between positive and negative changes

In this stakeholder group, no negative changes considered relevant were identified, despite having been investigated on two occasions.

4.4.2.8 Conclusions - Mothers and fathers

The vast majority of mothers (58.40%-86.40%) reported having experienced relevant changes in various areas of their well-being, reflecting the comprehensive positive impact of the program. The positive changes covered multiple dimensions of well-being, with no negative changes identified at any time during the data collection. This analysis confirms that the program has had a significant and sustained influence on parents, promoting the improvement of their quality of life and general satisfaction.

The analysis shows a notable impact on family well-being, with significant improvements in emotional well-being and personal development, both key aspects for improving the family atmosphere, one of the objectives of the program. Changes like *Enhanced family atmosphere and wellbeing at home* and “receive personalized socio-emotional and community help for the family” were identified as highly relevant to mothers and fathers, as a result of their participation in SomosVoz. Within the family environment, important transformations were observed in family dynamics, including better communication, a strengthening of the parental role, and the development of parenting skills that promote greater autonomy and more effective emotional management.

Mothers and fathers reported feeling more valued, with an increase in self-esteem and confidence, dedicating more time to meaningful activities with their sons and daughters. This not only reduced feelings of guilt, but also improved social relationships. In addition, the program promoted new connections with other families in the environment, thus expanding social support networks. Participants now better identify their emotions and have tools to manage them, which gives them a greater sense of calm and reinforces their confidence in the parental role.



Access to community resources and improved habits at home, such as greater domestic organization, have enhanced the empowerment of the participants, strengthening their abilities to face daily challenges, such as conflict resolution and boundary management with their children. This progress has also favored greater social integration. The testimonies reflect a positive perception of how their role as fathers and mothers has evolved compared to their previous situation. Likewise, the program has contributed significantly to reducing the feeling of social isolation, promoting an attitude of openness towards new people and the discovery of other cultures.

4.4.3 Results - The Professionals



Write in a slightly different way to avoid being plagiarized:
 Through data collection, with a representative contribution from 56 professionals (61.53% of the total population studied), 5 relevant changes were identified, each with a variable degree of importance.

These changes are presented in the following image, where the stars highlight the most relevant ones according to the voice of the mothers and fathers, and the analysis carried out based on the criteria described in [Figure 55](#).

Adolescent - participant in SomosVoz, supported by professionals from the center.

Figure 55. Relevant changes in professionals

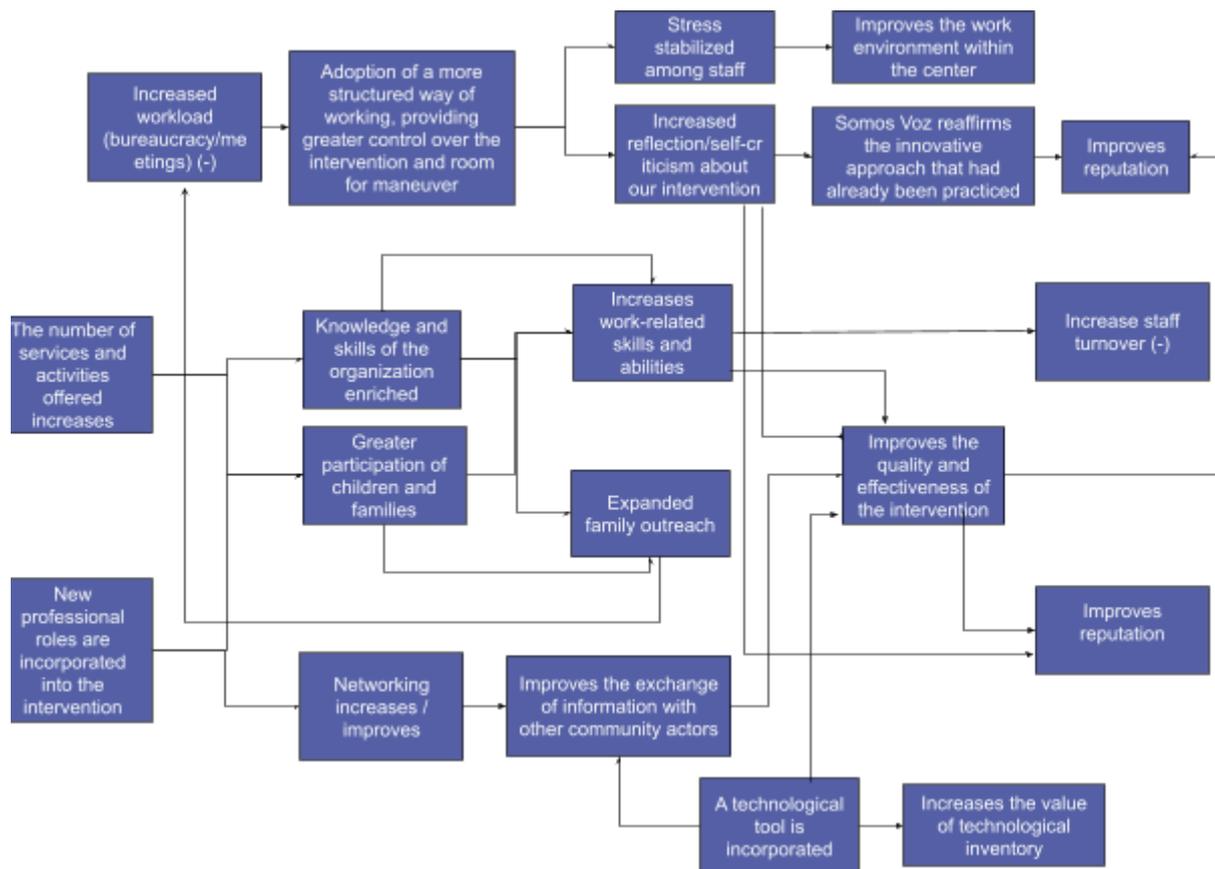


Source: Own elaboration.

4.4.3.1 Chain of events

To build the chain of events, individual interviews were carried out in which the professionals responded to the question: “**What has changed since you worked at SomosVoz?**”, recording each response in an individual chain of events. Subsequently, to specify the changes, they were asked: “**Because of this change, do you now do something different, think differently or are you different?**”. This process was repeated as many times as necessary for the professionals to identify the definitive changes.

Figure 56. Chain of events in intervention personnel



Source: Own elaboration.

4.4.3.2 Identification

The changes identified in the interview chains were synthesized and subsequently validated with a group of 56¹¹⁴ professionals who played various roles related to SomosVoz. During this process, they were asked the question: "***Do you identify with this change as an effect of your work with SomosVoz?***" (see detailed questions in [Annex V](#)). The graph shows how many people identify with each change, making it evident that, of the people involved, whose sample is considered representative, between 9.10-100% identified with all the relevant changes.

¹¹⁴ Of a total of 91 professionals (including coordinators, psychologists and educators), 55 responded, representing 60.41% of the target population.

Figure 57. Relationship between changes and people who identify themselves



Source: Own elaboration.

None of the 69 professionals surveyed reported that “nothing had happened” to them; all identified experiencing at least one of the changes documented in the qualitative data collection. Although no negative outcomes had been anticipated by the organization, 53 respondents (76.81%) reported experiencing “more stress” as a negative outcome—an issue highlighted throughout this report.

In addition, 37 respondents (54%) experienced four of the five well-defined outcomes, indicating that over half of the group (nearly 70%) identified with almost all targeted changes. This suggests a fairly homogeneous set of experiences, with no participant entirely outside the program’s impact. After validating the causal chain with stakeholders in the qualitative phase, the quantitative survey focused on those well-defined outcomes but also included an open-ended question to capture any additional changes. Only one comment was received, and it did not address the intended question.

This pattern aligns with *Principle 2, “Understand what changes”¹¹⁵*, which notes that “each time a chain is extended, it is possible that not everyone in the group experiences the same outcomes.” Still an analysis of how many professionals did not identify with the change was made in order to clear out if there were more than 70% of the respondents.

¹¹⁵ Social Value International. “Principle 2: Understand What Changes.” www.socialvalueint.org/principle-2-understand-what-changes.

Table 46. Professionals who did and did not identify with the well-defined outcomes

	Increased stress	Improved career prospects	Greater sense of purpose and fulfillment	Deterioration of personal relationships	Experienced an improvement in financial situation
# of people that Identify	53	55	48	5	14
# of people that did NOT Identify	16 (23,19%)	14 (20,29%)	21 (30,43%)	9 (64,28%)	55 (79,71%)

Source: Own elaboration.

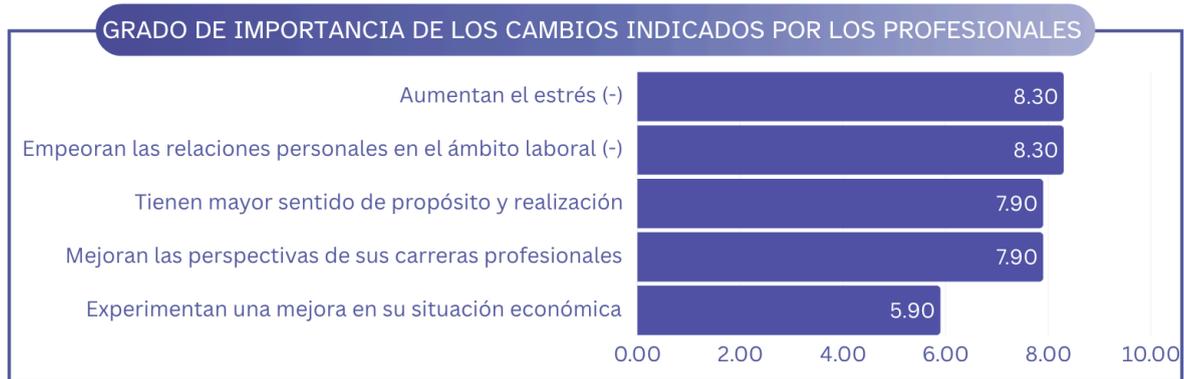
Two changes were mentioned by only a few professionals (“*Deterioration of professional relationships*” and “*Experienced an improvement in financial situation*”), but they were still included in the relevance test to ensure no significant outcome was overlooked. The evaluator team determined that excluding these from being measured could have affected decisions on team composition and staff retention. Consequently, these changes moved from qualitative to quantitative data collection and the relevance test and significance test. The experience of the evaluator team was that this variability was expected in an innovation program—different professionals experience different aspects of change—and those who did not report a specific outcome were still represented by other well-defined changes they did experience, ensuring every voice was heard.

4.4.3.3 Importance

To assess the importance of each change from the perspective of those affected, the 56 were asked¹¹⁶ professionals to mark on a scale of 1 to 10 how important it was for them to have acquired that change as a result of their work at SomosVoz. The score reflected in the following figure presents the average of all the importance scores given by the 56 professionals who responded to this data. It is observed that in four of the five changes identified, the degree of importance reaches outstanding values, exceeding 7.39 points on a scale of 10 and reaching a maximum of 8.30 points. In contrast, a single change has a significantly lower value, 5.90 points, related to the perception of the importance of *experiencing a better economic situation*.

¹¹⁶ Of a total of 91 professionals (including coordinators, psychologists and educators), 55 responded, representing 60.41% of the target population.

Figure 58. Relationship between identified changes and importance

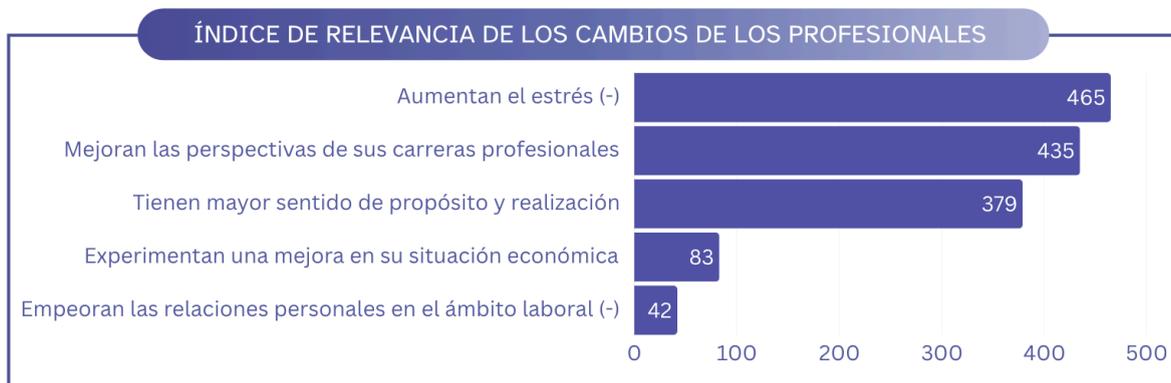


Source: Own elaboration.

4.4.3.4 Relevance index

The number of professionals who recognized each well-defined change was identified and multiplied by the degree of importance they assigned to each one. The results are shown in the following figure.

Figure 59. Comparison of relevance index



Source: Own elaboration.

4.4.3.5 Relevance test

In the case of changes *increasing stress (-)*¹¹⁷, *improving your career prospects* (increased sense of feeling valued as a professional in the labor market)", and *experiencing an improvement in the economic situation* Various criteria were identified that support its relevance. First, professionals attributed a high degree of importance to these changes. Likewise, the associated potential economic impact was considered, since a deterioration in the mental health of workers could result in sick leave that could impact economic aspects related to the assignment and training of new professionals.

In the case of a *greater sense of purpose and fulfillment*, the literature reviewed in similar reports indicated that this change was recurrent in programs with similar characteristics. Therefore, it was decided to include it not only because of the value assigned by professionals but also because of its confirmation in other studies, supporting its relevance in this context.

On the other hand, the relevance test excluded the deterioration *of personal relationships in the workplace* due to its low relevance index compared to the other changes identified within the same stakeholder group, and for not exceeding the threshold established at 70% of the highest index among the changes evaluated.

¹¹⁷ A threshold of 70% was applied to the highest index recorded among all changes ('Increases stress (-)', with an index of 465), to determine its relevance and prioritization in the analysis.



Table 47. Relevance test - professionals

Cambios/CRITERIOS	Aumenta el estrés (-)	Mejora de las perspectivas de su carrera profesional (Aumenta la sensación de sentirse valorado/a como profesional en el mercado laboral)	Mayor sentido de propósito y realización	Empeora relaciones personales (ámbito laboral)	Experimentado una mejora en la situación económica
Número de personas (percepción de persona impactada)	56	55	48	5	14
grado de importancia (1-10)	8,3	7,9	7,9	8,3	5,9
Criterio 1: INDEX DE RELEVANCIA	465	435	379	42	83
UMBRAL ASIGNADO (70%)	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	NO SUPERA UMBRAL	NO SUPERA UMBRAL
CRITERIOS APLICADOS					
Criterio 2. La organización la tiene que incluir por principio/objetivo	No	No	No	No	No
Criterio 3. Norma social que exige inclusión	No	No	No	No	No
Criterio 4. Impacto financiero a corto plazo que exige inclusión	Si	Si	No	No	Si
Criterio 5. Otras organizaciones gestionan el cambio/informes	No	Si	Si	No	Si
SON RELEVANTES/ SON EXLUIDOS	INCLUIDO - BIEN DEFINIDO	INCLUIDO - BIEN DEFINIDO	INCLUIDO - BIEN DEFINIDO	EXCLUIDO - NO CUMPLE CON CRITERIOS	INCLUIDO - BIEN DEFINIDO

Source: Own elaboration.

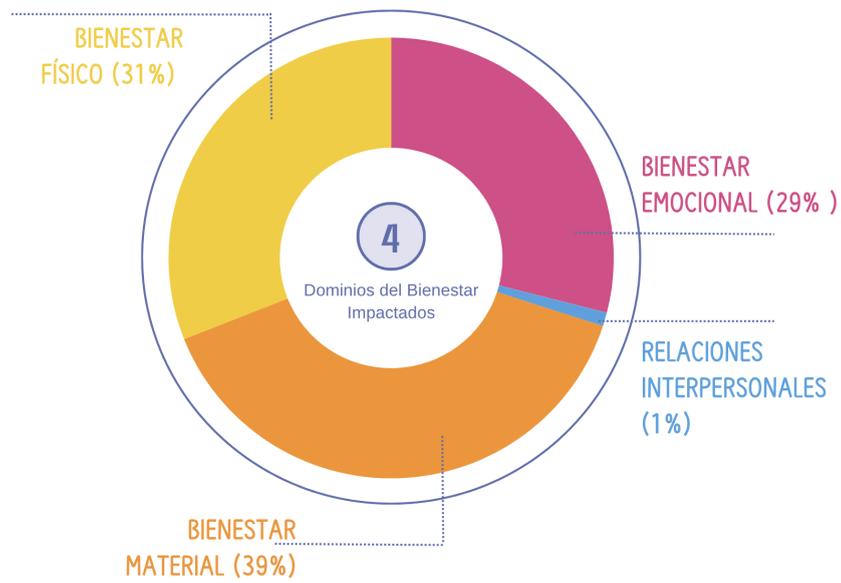
4.4.3.6 Wellbeing domains and exchange rates

The graphs below represent the classification of the identified changes based on the well-being domains established by the Sherlock-Verdugo well-being domains.¹¹⁸, allowing for a better understanding of the specific areas affected by such changes. The second graph organizes the changes according to their nature, differentiating between changes of action and inaction. For this stakeholder group, it is highlighted that the changes identified are mainly concentrated in the domain of physical well-being (31%) and material well-being (39%). These changes correspond, for the most part, to intrapersonal transformations (30%) related to emotional aspects, as well as changes in circumstances (70%).

¹¹⁸ Schalock, R. L., and Verdugo, M. Á. 2002. *Quality of life: Manual for education, health and social services professionals*. Editorial Alliance. <https://dialnet.unirioja.es/servlet/libro?codigo=98116>

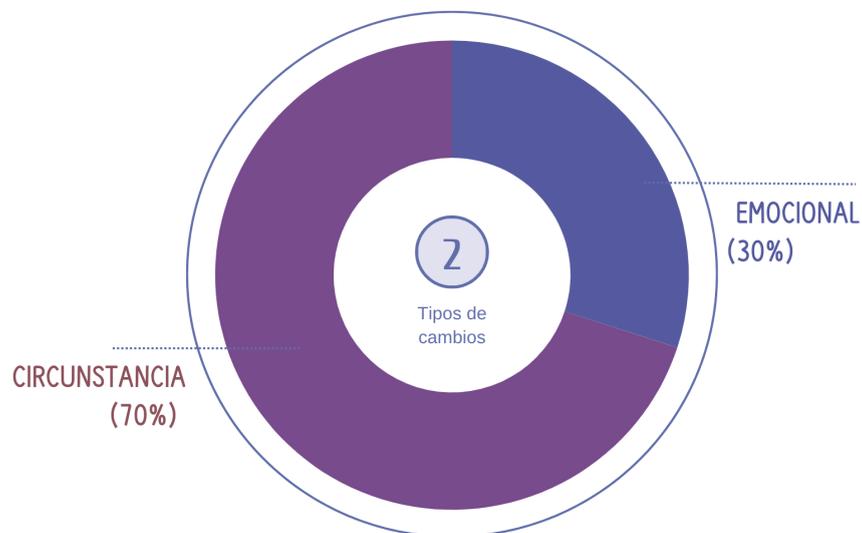


Figure 60. Distribution of changes in the well-being of professionals



Source: Own elaboration.

Figure 61. Distribution of types of professional changes



Source: Own elaboration.

4.4.3.7 Relationship between positive and negative changes

In this stakeholder group, several highly relevant negative changes were identified, among which stands out *increased stress (-)*. Other important changes were also observed, such as *personal relationships in the workplace*, and, occasionally, changes such as *increased level of anxiety (-)*, *Increased frustration (-)*, “*reduction in family conciliation (-)*, *decrease in leisure time (-)* and *decreased physical activity (-)*.

4.4.3.8 Conclusions - the Professionals

The relevance analysis in people who have worked with SomosVoz shows a dual experience, with the coexistence of positive and negative well-being changes. Among the positive aspects, the improvement in professional skills, the increase in knowledge in social innovation and impact measurement, the development of contact networks, the improvement in professional career prospects, and economic improvement stand out. On the other hand, negative changes, such as increased stress, decreased family balance, and deteriorated work relationships, reflect significant challenges that affect participants' overall well-being and work and family environment.

These results reflect a complex impact, in which opportunities for professional and personal development are accompanied by pressures that generate tensions in other areas of life and health.

The impact is distributed mainly in the domains of material, physical and emotional well-being, with a lesser impact on interpersonal relationships. This suggests that the effects of the program are concentrated on tangible aspects such as economic stability and health, while social interactions receive less attention. Furthermore, most changes are circumstantial, although emotional changes, although less frequent, have a relevant impact on the overall perception of well-being.



4.4.4 Results - Socio-educational organizations

Due to the innovative component of the SomosVoz model, it was decided to include the value generated for the organizations that, on the one hand, financed some of the resources (inputs) and, on the other, executed the socio-educational model. According to the Social Value International glossary¹¹⁹, organizational changes are defined as "*changes in an organization's resources, capacity, or circumstances*" that generate or destroy value. This value is mainly associated with material well-being (economic capital) and is not strictly considered social value. However, given the high relevance of this stakeholder group for decision-making, it was chosen to include in this report the value generated for these organizations. This approach seeks to ensure that the "voice" of the organization is considered in strategic and operational planning, especially since relevant changes were identified within the organizational structures themselves, which are presented for continuation. Through data collection, with a contribution not from the representatives of 18 professionals representing 25 centers and 14 entities, (46.15% of the total population studied), 6 relevant organizational changes were identified, each with a variable degree of importance.

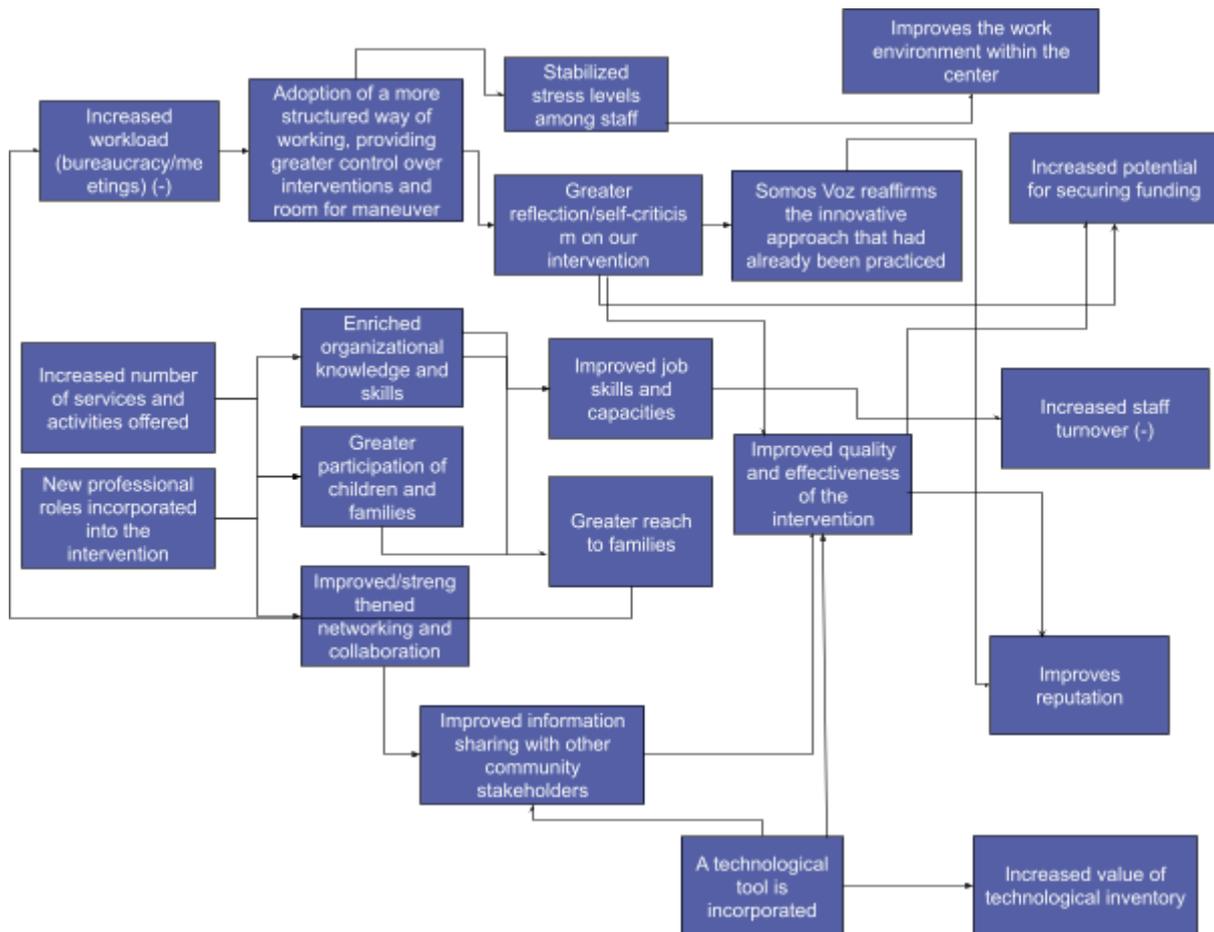
4.4.4.1 Chain of events

To build the chain of events, individual interviews were carried out in which the representatives of the organizations responded to the question: "***What has changed in the organization since you have been involved in SomosVoz?***", recording each response in an individual chain of events. Subsequently, to specify the changes, they were asked: "***Because of this change, do you now do something differently, do you think differently in the organization?***". This process was repeated as many times as necessary for the professionals to identify the definitive changes.

¹¹⁹ Social Value International. 2023. *SVI Glossary 2.0*. Published October 2023. Available under Creative Commons Attribution-ShareAlike 4.0 International license. consulted in <https://www.socialvalueint.org>.



Figure 62. Chain of events in organizations involved



Source: Own elaboration.



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4.4.4.2 Identification

The changes identified through the interview chains were synthesized and subsequently validated with 18¹²⁰ representatives of organizations that played management roles, both at a strategic and operational level, in the socio-educational centers. During this process, the following question was asked: "*Do you think that socio-educational centers, if they could express themselves, would identify with these changes as a result of the implementation of SomosVoz in their entities and centers?*" (see detailed questions in the [V](#)). The attached graph illustrates how many representatives of the organizations identified with each of the proposed changes.

It is observed that the majority of the people surveyed, equivalent to 66.67%, identify mainly with the change, *raising the standard of quality and efficiency*. To a lesser extent, between 38.88% and 44.45%, they are also recognized changes related to *reputation and financing*. Finally, a significantly lower percentage, between 16.66% and 22.22%, identifies changes such as *increase in technological value and increase in personnel turnover*.

Figure 63. Relationship between changes and identified organizations



Source: Own elaboration.

Naturally, the evaluator team would have conducted a representativeness analysis in line with *Principle 2, "Understand what changes"*¹²¹, which advises aggregating similar chains of

¹²⁰ Of a total of 39 organizations (14 entities and 25 socio-educational centers belonging to the 14 entities), 18 responded, representing 46.15% of the target population.

¹²¹ Social Value International. "Principle 2: Understand What Changes." www.socialvalueint.org/principle-2-understand-what-changes.

events into manageable clusters and ensuring that the chain reflects all respondents in the stakeholder group—even those reporting fewer or negative changes.

In this case, all 18 socio-educational organizations mentioned at least one change and most identified with three to four of the six listed changes. However, no detailed analysis was carried out to explore whether those few organizations that did not report specific well-defined organizational outcomes had experienced earlier steps in the chain leading to alternative outcomes. This decision was based on two factors: first, these outcomes concern organizational processes rather than individual well-being, and each interviewee spoke for their entire institution; second, with only 18 respondents which, as mentioned in [Section 3.4.1](#) in relation to sample representativeness, any percentage breakdown risked being misleading, due to the error rate in sample representativeness for this group.

Consequently, the evaluator team prioritized deeper analysis of the people-focused stakeholder groups, while acknowledging that although not every organization identified with every outcome, each organization was represented in the chain of events by the outcomes it did identify.

4.4.4.3 Importance

To assess the importance of each change from the perspective of those affected, the 18 were asked¹²² professionals to mark on a scale of 1 to 10 how important it was for the organization to have achieved this change as a consequence of their participation in the implementation of SomosVoz.

The score reflected represents the average of all the importance scores given by the people contributing to this data. It is observed that the degree of importance is at moderate levels, reaching a maximum in one of the changes, a value of 8 on a scale of 10, although the majority of the scores fluctuate between 5 and 7. This reflects a degree of importance;

¹²² Of a total of 39 organizations (14 entities and 25 socio-educational centers belonging to the 14 entities), 18 responded, representing 46.15% of the target population.



medium-high is worth highlighting *Improves the reputation of the organization* as the most valued among those identified.

Figure 64. Relationship between identified changes and importance

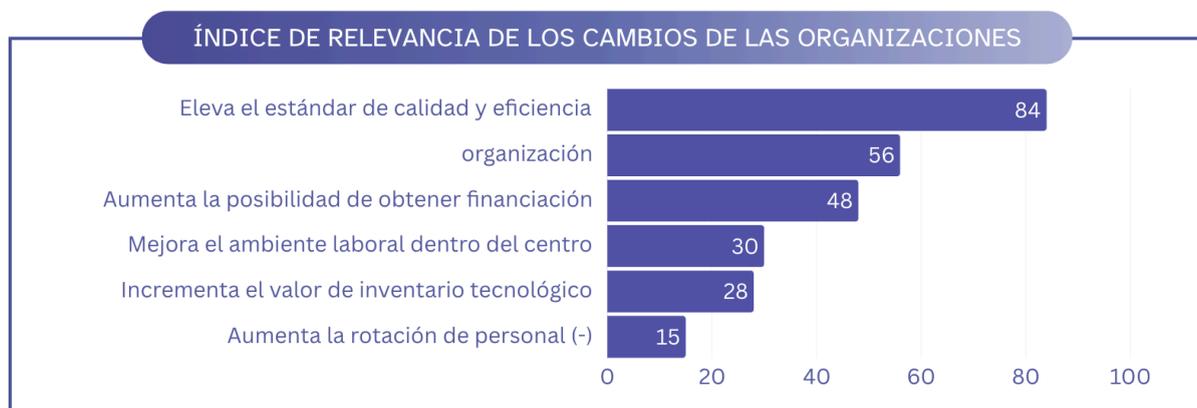


Source: Own elaboration.

4.4.4.4 Relevance index

The number of organizations that recognized each well-defined change was identified and multiplied by the degree of importance they assigned to each one. The results are shown in the following figure.

Figure 65. Comparison of relevance index



Source: Own elaboration.

4.4.4.5 Relevance test

In the case of changes, *that is the standard of quality and efficiency in socio-educational service*¹²³ and *increases the possibility of obtaining financing*, various criteria were identified that support its relevance. Firstly, the representatives of the organizations attributed a medium and high degree of importance to these changes. Likewise, the potential economic impact associated with several of them was considered, which also generated the inclusion of *Inan crease the value of technological inventory*, since it affected the financial accounting of the organization, contributing more value to intangible liabilities on the balance sheet."

On the other hand, the relevance test excluded changes *that prove the work environment within the center* and *staff turnover increases (-)* due to its low level of relevance compared to other changes identified within the same stakeholder group. This exclusion is also supported by the presence of negative changes related to the staff (professionals) in which the level of stress and worsening relationships with colleagues validate the low relevance of these changes, so it is reasonable that they have not overcome the threshold corresponding to 70% of the highest rate among the changes.

Table 48. Relevance test - socio-educational organizations

Cambios/CRITERIOS	Mejora el ambiente laboral dentro del centro	Aumenta la posibilidad de obtener financiación	Aumenta la rotación de personal (-)	Mejora la reputación de la organización	Eleva el estándar de calidad y eficiencia en el servicio socioeducativo	Incrementa el valor de inventario tecnológico
Número de personas (percepción de persona impactada)	6	8	3	7	12	4
grado de importancia (1-10)	5	6	5	8	7	7
INDEX DE RELEVANCIA	30	48	15	56	84	28
UMBRAL ASIGNADO (70%)	NO SUPERA UMBRAL	NO SUPERA UMBRAL	NO SUPERA UMBRAL	NO SUPERA UMBRAL	SUPERA UMBRAL	NO SUPERA UMBRAL
CRITERIOS APLICADOS						
La organización la tiene que incluir por principio/objetivo	No	Si	No	No	No	Si
Norma social que exige inclusión	No	No	No	No	Si	No
Impacto financiero a corto plazo que exige inclusión	No	No	Si	No	No	Si
Otras organizaciones gestionan el cambio/informes	No	Si	No	No	No	No
SON RELEVANTES/ SON EXCLUIDOS	NO INCLUIDO - POR FALTA DE RELEVANCIA	INCLUIDO - BIEN DEFINIDO	NO INCLUIDO - POR FALTA DE RELEVANCIA	NO INCLUIDO - FORMA PARTE DE LA CADENA	INCLUIDO - BIEN DEFINIDO	INCLUIDO - BIEN DEFINIDO

Source: Own elaboration.

¹²³ A threshold of 70% was applied to the highest index recorded among all changes ('Raises the standard of quality and efficiency in the socio-educational service', with an index of 84), to determine its relevance and prioritization in the analysis.



4.4.4.6 Wellbeing domains and exchange rates

Organizational changes have a predominant impact on the organization's material well-being domain, as defined by the *SVI Glossary 2.0* de Social Value International¹²⁴. Given that these changes are intrinsically linked to resources, capabilities and material circumstances, their distribution in other areas of well-being, such as emotional, physical or social, is not applicable.

4.4.4.7 Relationship between positive and negative changes

In this stakeholder group, a change in organizational well-being of a negative nature was identified: *staff turnover increases* (-), which could even hurt the organization's finances in the short term. However, due to the short duration of the project and the fact that it had a defined end date, some professionals abandoned the project before its conclusion. This implies that not enough time had passed to evaluate with certainty whether the negative changes identified by professionals would result in a significant increase in long-term staff turnover, so this change was not considered relevant, and was excluded.

4.4.4.8 Conclusions - Socio-educational organizations

Improving the reputation of the organization and *raising the standard of quality and efficiency* in the socio-educational service were identified as the most important changes according to the perception of professionals. These results emphasize the effect that the innovative aspect of SomosVoz has had on the development of the organization, with possibilities of obtaining financing that is also recognized as a relevant aspect. This suggests that securing financial resources continues to be essential for the sustainability of programs and projects.

In terms of personnel management, the increase in turnover represents a negative change that, although perceived by a smaller group of people, could have significant implications in financial terms and organizational atmosphere. This emphasizes the need to monitor and address its possible causes, especially in projects with high turnover due to their temporality or negative impacts on personnel. On the other hand, the increase in the value of the

¹²⁴ Social Value International. 2023. *SVI Glossary 2.0*. Published October 2023. Available under Creative Commons Attribution-ShareAlike 4.0 International license. consulted at <https://www.socialvalueint.org>.



technological inventory has less importance and scope, which suggests that this change is relevant mainly for the entities, and not so much for the socio-educational centers. However, this aspect could be strategic in specific situations where technology directly contributes to improving the quality of the service or facilitates the execution of the evaluation, which in itself supports the increase in obtaining financing.

In addition, some people pointed out additional aspects linked to the experience of working with innovation, highlighting the importance of reconsidering child participation from a new perspective, which could open opportunities for future improvements in this area. Likewise, the incorporation of key figures such as the psychologist and the social worker in the organization, considered fundamental to guarantee a comprehensive approach to working with minors and their families, was highly valued.

Finally, the potential of the tools proposed by SomosVoz was highlighted, which, once available, is expected to facilitate a more efficient and in-depth analysis and monitoring of minors and their families, thus optimizing the results of the program.



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4.5 THEORY OF CHANGE - INPUTS, OUTPUTS AND OUTCOMES



“Personal support and accompaniment to the team of my entity and the project, outside of my contract time”

Coordination team member

To contextualize the well-defined changes described throughout this report, the relationship between the concepts: activities (described in the [Section 2.1](#)), resources (inputs), and products (outputs) that will be detailed below, and changes in well-being (outcomes) that have been explained in [Chapter 4. Understanding what changes](#). This relationship is called “Theory of Change.”¹²⁵.

The components are the following:

- The inputs (resources) have generated a set of activities.
- Activities generate products (outputs).
- The outputs (products) 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.

All resources identified in this report, whether financial or non-financial were assigned an economic value based on the data collected from the involvement of the stakeholder groups themselves. No group was left out of this analysis since everyone contributed information to establish the value.

¹²⁵ Social Value International. *Principle 2: Understand What Changes*. s.f. Page 5. www.socialvalueint.org/principle-2-understand-what-changes



Each resource source was assessed by asking each stakeholder about their contribution in economic terms or in time dedicated to SomosVoz: “*What did you contribute to the intervention model?*”, “Fand or how long?” If he meant time, “*How many hours have you contributed?*”

Being content provided by the stakeholder groups themselves, the data comes from a primary source and is based on the value of each contribution being stipulated by the stakeholder group itself, given that no reference is made to a “cost”, but rather to a subjective assessment of the value of that resource (for example, time). In the case of a generated expense (budget, personal cost, etc.), data from secondary sources or from the project itself were used. In this way, it is ensured that the data is close to the value assigned by the stakeholder group that has imputed it to the activity being evaluated.

The total value of financial and non-financial resources Associated with one year of the SomosVoz program:

1.559.073,95€



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Table 49. Theory of change: activity, inputs, outputs and outcomes

Activity:	Socio-educational intervention program composed of 8 programs.			
Stakeholder groups	Resources (inputs)	Resource value (€)	Products (outputs)	Wellbeing changes (outcomes)
Children and adolescents (NNA)	The total hours of intervention of all children and adolescents amounts to 96.300 hours. These hours are not monetized, in accordance with the indications of the SROI methodology, since they are beneficiaries.	0,00€	<p>96,300 hours¹²⁶ of socio-educational approach experience <i>among all children and adolescents</i>:</p> <p>Learning Program: Of the 406 respondents¹²⁷, an increase of 8 percentage points was observed in the grades of those who had a "good" level and an 11 percentage point increase in the "notable" level.</p> <p>Violence Prevention Program: 80.6% of 361 children and adolescents identified at least two new forms of violence after the program. 73% learned to use support structures in situations of violence, and 66% perceived (always and/or many times) the space (the center) as insurance to share experiences and emotions.</p> <p>Leisure, Sports, and Culture Program (ODyC): 77% of the 361 children and adolescents learned about more than two leisure and cultural resources, and 83.4% agreed on extracurricular activities with their families.</p>	<ul style="list-style-type: none"> - They improve the intra-family relationship. - They have greater autonomy - Improve relationships with peers - Improve behavior at school and in other environments - They help more people who need it. - They have a broader support network

¹²⁶ It reflects the total hours of participation recorded by all children and adolescents, regardless of the level of participation, including the hours of those who abandoned the program (28%).

¹²⁷ Among the 596 children and adolescents studied, 8% obtained "insufficient", with no changes before and after SomosVoz, and the percentage of "excellent" also remained at 2%. There was a slight increase in "sufficient", from 20% to 21%. At the beginning, 39% of children and adolescents did not have data, reducing to 20% at the end, in which data was collected from 406 children and adolescents, which limits representativeness, although the data are sufficiently rigorous to validate the change.

			<p>Socio-emotional Program: More than 80% of the 361 children and adolescents expressed that they knew what empathy was and described it correctly and 86.4% of the 361 children and adolescents were able to express themselves freely in their community space.</p> <p>Participation Program: 74.2% of the 461 children and adolescents have participated in some solidarity awareness activity, 66.2% have participated in some diversity awareness activity, and 32% of the children and adolescents have participated for the first time in a children's participation commission.</p>	
Mothers and fathers	The total hours of intervention by mothers and fathers amounts to approximately 5,720 hours among all families. These hours are not monetized, in accordance with the SROI methodology, since they are also beneficiaries.	0,00€	<p>5,720 hours¹²⁸, among all families, of family socio-educational intervention approach experience.</p> <p>Program - Learning: 24.4% of the families participated in the EP and ESO study techniques sessions)</p> <p>Program - Prevention of violence 70% of the families attended the meetings to which they were revealed.</p> <p>Program - Leisure, sports, and culture (O,DyC): 70% of the families participated in at least one quarterly tutorial where they are supported in ODyC.</p> <p>Program - Socio-emotional: 50% of the program hours promoted improvements in the components</p>	<ul style="list-style-type: none"> - Enhanced family atmosphere and wellbeing at home - Improve social relationships - More autonomous as a family (without needing support) - They receive personalized socio-emotional and community help for the family

¹²⁸ It reflects the total hours of participation of families, regardless of the level of participation, including those whose children left the program before finishing (28%).

			<p>of assertiveness.</p> <p>Program - Parenting Skills: 80% of families were involved in their family work plan, and 70% of families participated in at least two community activities/resources.</p> <p>Program- Socio-educational support in the family environment: 90% of the families that participated in the program identified the repercussions of the family pattern.</p>	
Professionals	<p>Professional staff dedicate part of their unpaid free time, not included in the project budget, contributing a total of 9,399 "extra" hours beyond what is established in their employment contracts. These hours have been valued based on the average gross salary, with an hourly value of €13.79 for coordinators, €12.49 for psycho-emotional support professionals and educators, and €12.35 for others. cluster</p>	102.110,58€	<p>24,864 hours of experience in coordinating innovative socio-educational social projects (14 professionals, 1 working year).</p> <p>136,752 hours of experience in innovative socio-educational training (77 professionals 1 year of work). 40h/week)</p> <p>14 training certificates in impact measurement (1 certificate/coordinator (Motor Group).</p>	<ul style="list-style-type: none"> - Increases body pain (-) - Increases stress (-) - Increases economic insecurity (-) - Social relationships decrease (-) - Experience personal growth - Increases the sense of purpose and satisfaction in work life - Increase the network of work contacts - Will increase time with family - Improve marital and parenting skills - Perceives having more professional value in the labor market
Socio-educational organizations	<p>Socio-educational entities allocate resources and their efforts to implement SomosVoz, which were not covered by the project budget.</p>	440.000€	<p>1 Socio-educational intervention model tested and evidenced</p>	<ul style="list-style-type: none"> - Stress levels in the organizational culture will increase (-) - It will improve the quality of socio-educational



	These resources were calculated proportionally to the total cost for the entity during one year of intervention and to the percentage corresponding to the number of SomosVoz participants.			<p>services</p> <p>- The objectives of the socio-educational center will be met</p>
Funder: Ministry of Social Rights, Leisure and Agenda 2030	The project budget for the implementation year 2023: was 956.963,37€. Additionally, the value of one year of use of a digital impact measurement tool, along with associated training, valued at 60,000€	1.016.963,37€	<p>1 pilot of best socio-educational intervention practices tested and evaluated</p> <p>2 SROI evaluation reports</p> <p>1 effectiveness report</p>	<p>- Increases the possibility of obtaining financing</p> <p>- Increases the possibility of being a reference</p> <p>- Improves institutional capacity</p>
TOTAL		1.559.073,95€		

Source: Own elaboration.



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Y AGENDA 2030



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Recuperación,
Transformación
y Resiliencia

4.5.1 Reasoning applied to resource proxies (inputs)

Clarification on the value contributed by beneficiaries: “The current agreement in the SROI is that the time dedicated by the beneficiaries of a program is not assigned a financial value”¹²⁹ as stipulated in the SROI guide, so the time dedicated by the participants (children, mothers, and fathers) was not counted in economic numerical terms.

Clarification on core financing: The Ministry of Social Rights, Leisure and Agenda 2030 is the main financier, providing funding for the project. In the table, the budget corresponding to the 2023 implementation year (956.963,37€) has been assigned, including an additional value of €60,000 associated with the “digital tool”. This amount reflects the estimated cost of using a tool with similar characteristics, broken down into €24,000/year per access, €2,000 for each of the 14 equipment accesses for the entities, and €8,000 for training in impact measurement for all the team involved.

This value covers the following project-related cost categories. The data have been drawn from the project records, but to preserve financial confidentiality, the exact amounts have not been allocated to each category:

- Personnel** - Salaries, wages and statutory contributions for the 15 direct professionals:
- Maintenance & Activities** - all material needed to conduct activities specific for the projects, cost to do outdoor activities, costs to maintain the facilities.
- Per-diems & Travel Expenses** – Staff travel, participants travel and accommodation when required, meals and refreshments during site visits, inter-community gatherings and public forums.
- Equipment Improvements** – Ipads, screens, tables, flip boards, computers etc.
- Management & Administration** – Central overheads covering coordination and back-office functions, Office administration (finance, HR, procurement), Legal, auditing and compliance services, Insurance, communications and reporting tools, Management-level meetings, internal monitoring and evaluation.

¹²⁹ Nicholls, J., Lawlor, E., Neitzert, E., and 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 32. <https://www.thesroinetwork.org>



The ministry's 2023 budget did not include any unspecified in-kind contributions (e.g. pro bono time from Board members or volunteers). All donated venue space and other materials or services related to the day centers where activities took place were provided by the 14 participating social-educational entities. The total in-kind value contributed by these organizations has been recorded with individual "shadow" values, since these inputs fell outside the ministry's funded budget lines and should therefore be shown distinctly.

Clarification on the contribution of socio-educational entities: The entities participating in the SomosVoz program provided additional resources (value) not covered by the budget, including premises, supplies (internet, electricity, gas, water), material (office, school, teaching), digital and classroom equipment, snacks, insurance, outings/excursions, diets, travel, and hours of professionals whose salaries were not covered by the budget assigned to said program. These contributions were estimated using a uniform template, although it is recognized that the difficulty of accessing some data may introduce variability in the figures. In the name of transparency, it is highlighted that these values could be both higher or lower than what was reported, and their impact on the return ratio is analyzed in [Chapter 11. Sensitivity Analysis](#) assessing possible significant variations.

Clarification on the contribution of time by professionals: The calculation of the value of the overtime hours contributed by the professionals, whether voluntarily or financed by the entities, was carried out using different proxies depending on the professional role. 52.57% of the professionals reported having worked overtime, but the possible value of those who did not provide data was not considered, since it reflected more or less than half, to avoid overestimations. The sensitivity of this data in relation to the social return ratio is complemented with a sensitivity analysis in [Chapter 11. Sensitivity analysis](#) to evaluate the impact if the entire group had reported the same value.



These values were:

- ☑ **Premises:** Center halls used for the SomosVoz activity provided by the centers.
- ☑ **Supplies:** Existing material not covered by the project.
- ☑ **Internet:** Monthly broadband subscription.
- ☑ **Office supplies:** Pens, printer paper, staplers and file folders for administrative work.
- ☑ **Snacks/refreshments:** Food provided.
- ☑ **Insurance:** Public liability insurance covering participants in off-site excursions.
- ☑ **Digital equipment and classroom equipment:** In addition to what the project covered, other equipment costs.
- ☑ **School supplies, workshop materials and recreational/didactic materials:** Notebooks, pencils and erasers distributed to children in after-school programs not paid by the project budget.
- ☑ **Management expenses:** Subscription to an online accounting tool and fees.
- ☑ **Personnel (staff not funded by the project but hours used for the implementation).**
- ☑ **Direct-intervention staff costs:** Hourly fee paid to an external facilitator leading a specialized life-skills session, billed outside the project grant but used during the project.
- ☑ **Staff hours paid but not included in the budget call:** Overtime hours worked by project coordinators charged to another funding line.

The total non-financial resources reported amounted to 7,430 hours not financed by the SomosVoz budget. This calculation considered 11 months of intervention (1 month of vacation was excluded from the year) and the 1,776 working hours in 2023 according to the agreement, including an additional 20% on the value/hour that would have been paid per hour had it been remunerated outside the contract.

Table 50. Data reported by professionals

1,776h/year	Base salary/year	Value (€) / hour	Total hours 11 months	Value €
Coordinators (Engine Group)	24.493€	13.79€	390	5.378,10€
Educators	22.168€	12.49€	5632	79.343,68€
Psycho-emotional support professionals	21.928€	12.35€	1408	17.388,80€
Total			7,430 hours	102.103,58€

Source: Own elaboration.



4.5.2 Reasoning applied to resource proxies (inputs)

Clarification on the value contributed by beneficiaries: “The current agreement in the SROI is that the time dedicated by the beneficiaries of a program is not assigned a financial value”¹³⁰ as stipulated in the SROI guide, so the time dedicated by the participants (children, mothers and fathers) was not counted in economic numerical terms.

Clarification on core financing: The Ministry of Social Rights, Leisure and Agenda 2030 is the main financier, providing funding for the project. In the table, the budget corresponding to the 2023 implementation year has been assigned, including an additional value of €60,000 associated with the “digital tool”. This amount reflects the estimated cost of using a tool with similar characteristics, broken down into €24,000/year per access, €2,000 for each of the 14 equipment accesses for the entities, and €8,000 for training in impact measurement for all the team involved.

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Clarification on the contribution of time by professionals: The calculation of the value of the overtime hours contributed by the professionals, whether voluntarily or financed by the entities, was carried out using different proxies depending on the professional role. 52.57%

¹³⁰ Nicholls, J., Lawlor, E., Neitzert, E., and 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 32. <https://www.thesroinetwork.org>



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Total			7,430 hours	102.103,58€

Source: Own elaboration.



4.5.3 Reasoning applied to products (outputs)

"We have designed a series of programs with the intention that, as a whole, they will reduce the level of risk that causes children and adolescents to be institutionalized"

- Member of the SomosVoz research team.

The products (outputs), summarized in [Table 50](#), as part of the theory of change, represent the quantitative summary of the intervention according to the documentation of the SomosVoz intervention model¹³¹. Although these products (outcomes) are part of the theory of change, in accordance with the methodology and principles of Social Value International, they are not included in the SROI calculation, since they are not considered changes directly indicated by the stakeholder groups. This ensures that there is no risk of double-counting the value in this report. For clarity, it is included in [Table 50](#), also the aspects of well-being that change (outcomes) as a result of the products generated, and described in detail below.

4.5.3.1 Compliance with hours in the SomosVoz Program

It is crucial to highlight the level of compliance in the number of hours provided for the different modules of the program. In this section, a 28% reduction in the hours initially planned has been considered, corresponding to the percentage of children and adolescents who did not complete the program due to low¹³². This adjustment, although it does not represent an exact calculation, offers a reasonable estimate to evaluate the performance in terms of the intervention time of the children and adolescents (and their mothers and fathers) who completed the program to a greater or lesser extent.

Planned hours: 158,820 hours (adjusted to 28% sick leave $158,820 - 28\% = 114,390\text{h}$).

Hours worked: 102,028 hours.

Percentage of hours executed by the program in relation to those planned: $64 - 107\%$ ¹³³.

¹³¹ Morata, T., Marzo, M., & Palasí, E. (2023). *Executive report: Qualitative research and pedagogical innovation project to reduce the institutionalization of vulnerable children*. <https://www.peretarres.org/arxiu/xacs/informe-ejecutivo-2024.pdf>

¹³² *There have been no reported cases of leave attributed directly to discomfort caused by the SomosVoz model.*

¹³³ *The range reflects the proportional compliance with the hours of intervention in different socio-educational centers, where some have reported a higher degree of compliance that even exceeded what was stipulated, and others, a lower level.*



From the adjusted data, it is concluded that the fulfillment of hours in the different modules of the program varied between 65% and 102%. This reflects that, in general terms, a large and significant part of the planned intervention was implemented.

It is important to note that this percentage calculation does not distinguish between participants with very low levels of participation and those with very high levels. Therefore, it does not allow for determining precisely the degree to which each child or family reached the total programmed time. Nor can an "optimal" temporality be assured, since it depends on multiple factors beyond the hours of intervention.

Furthermore, when applying the general 28% "discount" corresponding to children and adolescents who abandoned the program, there is a margin of error, since some abandoned it earlier and others later. This means that the percentage of planned hours that accounted for dropouts may not be accurately reflected in the total calculation.

However, the results indicate that the objectives established in terms of "hours of intervention" were met relatively significantly, with more than 65% participation in all programs. As a reference, the standard established in Spain in relation to school absenteeism is used, where a margin of 15% is allowed.¹³⁴. Although in the case of SomosVoz participation is not mandatory, it was used in these conclusions that a number of hours per program below what was scheduled would have a reduced impact, so the impact that this program would generate could be "reduced" if the estimated intervention time was met.

In this sense, it was assessed that programs with more than 85% compliance with hours achieved the planned objectives, while those with a compliance range between 65% and 85% showed acceptable performance, although somewhat more moderate.

It is also evident that programs with greater compliance in participation are associated with changes with greater impact and value for children and adolescents and their families. This

¹³⁴ Telecinco. 2025. "School attendance: How many absences are allowed in secondary school?" https://www.telecinco.es/noticias/educacion/20250106/asistencia-escolar-cuantas-faltas-estan-permitidas-secundaria_18_014223726.html



shows a clear relationship between the intensity of participation and the value generated by the intervention.

Figure 66. Compliance with intervention hours by the program



Source: Own elaboration.



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5. MEASURING OUTCOMES

This section presents an analysis based on the collection of quantitative data, focused on key aspects such as how much it changes, the duration of the change, and the indicators used to measure these dimensions.

This section answers the question:

How much has each aspect of well-being measured changed for the different stakeholder groups?

This methodology allows to accurately capture the magnitude and sustainability of the changes generated. The selection of data and indicators responds to Principle 4 of Social Value International: *“Only include what is material”*¹³⁵ and is supported by Principle 2: *“Understand what changes”*¹³⁶, described in the previous chapter, as well as Principle 3 *“Value what matters”*¹³⁷ which is detailed in [Chapter 6. Valuing Outcomes](#). In this way, a fluid transition is ensured between the identification of significant changes and their material and economic evaluation, in accordance with social impact principles.

This implies that the analysis focuses exclusively on those changes that really matter (that is, that provide value) for the different stakeholder groups and that are essential (that is, material) to understand the true social value generated, a conclusion that is reached once the principles of the SROI methodology have been applied.

The sample of each stakeholder group, reflected in the [Section 3.4.1](#), was representative of the total number of people from the different stakeholder groups that reported well-being (in people). It was less representative for the valuation of the impacts on the organization included. The justification of its degree of representativeness is detailed in the sample description in [Section 3.4.1](#). Consequently, the risk of making wrong decisions due to lack of precision is very low, as what people experienced in terms of well-being has been well documented.

¹³⁵ Social Value International. (n.d.). *Principle 4: Only include what is material*. www.socialvalueint.org/principle4-only-include-what-is-material

¹³⁶ Social Value International. *Principle 2: Understand what changes*. www.socialvalueint.org/principle-2-understand-what-changes.

¹³⁷ Social Value International. (n.d.). *Principle 3: Value the things that matter*. www.socialvalueint.org/principle-3-value-the-things-that-matter

5.1 PROCESS TO IDENTIFY HOW MUCH CHANGED

In keeping with *Principle 4 “Only include what is material”¹³⁸*, this section sets out the evaluator team’s approach for quantifying the extent of change delivered by the initiative. Principle 4 underlines that focusing only on material outcomes ensures resources are devoted to capturing genuinely meaningful change, prevents dilution of analysis with irrelevant data, and underpins robust, value-maximizing decisions. Justification relates to the risk that decisions to choose one way of delivering the activity over another to increase value would not be reversed if data on the scale of these outcomes had been included.

To this end, the evaluator team designed a data-collection plan focused on two dimensions of change—depth ([Section 5.2](#)) and duration ([Section 5.3](#))—which are described in the following chapters. Because “depth” was measured using an adapted approach rather than a traditional pre-/post-test, the evaluator team will:

- Explain how “depth” was calculated.
- Outline why a standard pre-/post-test design was not appropriate for certain outcomes.
- Specify the points in time at which any pre-test and post-test instruments were administered to stakeholders.
- Assess the risk of significant differences in depth of the changes and explain how these were addressed.

¹³⁸ Social Value International. (n.d.). Principle 4: Only include what is material www.socialvalueint.org/principle4-only-include-what-is-material.

Table 52. Summary of the data collection on depth

4. Only include what is material <i>What:</i> Understand how much changed	Children and adolescents	Mothers and Fathers	Professionals	Socio-educational organizations
Universe:	384	320	91	39
SAMPLE - # of people reporting amount of changes:	139 (36.9%)	76 (23.8%)	69 (75.1%)	18 (46.20%)
Representativeness:	Statistically representative —See Table 33 Error rate: 7.23% (acceptable)	Statistically representative —See Table 33 Error rate: 9.83% (acceptable)	Statistically representative —See Table 33 Error rate: 5.83% (acceptable)	Partly—See Table 33 Error rate: 17.17% (not fully acceptable ¹³⁹)
Type of data collected:	Quantitative			
Data collection method:	Survey			

Source: Own elaboration.

When identifying how much had changed, the evaluator team encountered both an advantage and a challenge. The advantage was that a forecast¹⁴⁰, developed in advance, had anticipated potential changes and the project had already stipulated several intended outcomes. This enabled the team to plan for pre- and post-intervention scales to measure the depth of those forecasted changes. However, forecasting did not guarantee that those changes would actually occur, and administering lengthy scales to every stakeholder risked survey fatigue—which could have undermined the entire evaluation. At this point, stakeholders had already participated in qualitative focus groups and quantitative data collection on relevance (both the number of changes identified and their perceived value), so both the professionals and the beneficiaries were “tired” of the evaluation.

To balance rigor and respondent burden, the evaluator team selected three validated scales that complied with these criteria.

¹³⁹ Statistical method: error rate 17.17% (medium risk—sample below minimum threshold; see Chapter 3.3.1). sroi extrapolation risk: minimal, given the study’s high representativeness and robust methodology.

¹⁴⁰ Pólvara, P., Delfa Rodríguez, B., and De Cominges Sureda, B. *PIPII Social Value Report 2023*. The Social Consulting Agency and the Social Impact Chair of the Universidad Pontificia Comillas, last modification in 2023.

- They were aligned closely with the project's intended outcomes
- They were already validated for use in Spain
- They were adaptable to multiple languages.
- They were appropriate for both children and their parents.

Thus, for some changes, validated scales were used to understand the amount of change.

Table 53. Tools to measure the magnitude of change

Tool	Description	Justification
Forms designed for SROI data collection.	Questions were designed that met the involvement questions of the SROI methodology itself. For more detail see Annex II .	Need to understand what changes, how much it changes, how long it lasts, and how important the changes are.
FAD¹⁴¹, (Family Assessment Device) in its version for parents and version for children.	The psychometric scale is composed of 60 items in which a series of statements are presented about families in terms of problem-solving, communication, roles, emotional expression, emotional involvement, behavioral control, and general functioning of families. Each item is answered based on a 4-factor Likert scale (strongly agree, agree, disagree, and strongly disagree). Scored in a range from 1 to 4 for direct items. The maximum of the scale is 240 points and the minimum is 60.	Interest in complementing the information provided by the different stakeholder groups in relation to the family atmosphere.
Alabama ¹⁴² Parenting Questionnaire. APQ is a version for parents and a version for children and adolescents.	The psychometric scale is composed of 42 items referring to situations or behaviors regarding fathers and mothers. The possible answers are presented on a Likert scale of 5 (never, almost never, sometimes, often, always) rated in a range of 1 to 5. It is composed of 6 subscales or dimensions: parental involvement, positive parenting, discipline appropriate, inconsistent discipline, poor supervision, and harsh discipline. The maximum of the scale is 210 and the minimum is 42.	Interest in complementing the information provided by the different stakeholder groups in relation to parenting/parental skills.

¹⁴¹ Aked, J., Marks, N., Cordon, C., and Thompson, S. 2009. *Five ways to well-being: The evidence*. New Economics Foundation. <https://link.springer.com/article/10.1007/s00127-009-0022-8>

¹⁴² Scales: Family assessment device (FAD) (Family atmosphere) ; APQ Alabama parenting Questionnaire Parent version and Child version (parenting skills)

HEMERII¹⁴³ (Childhood institutionalization risk measurement tool)	<p>The tool was created and designed by the professionals of the SomosVoz project in the form of a questionnaire/instrument for detecting the possible level of risk of child abuse. Composed of 29 items that cover the following dimensions. Physical abuse, psychological abuse, violence/sexual abuse, neglect, behavior of the child, and behavior of the caregiver.</p> <p>Returns a result of the possible level of risk, no risk, Mild, moderate and severe and a score that ranges from 0 to 100. It reflects the educator's observation.</p>	<p>Need to demonstrate the change in terms of the possible level of risk of institutionalization of children and adolescents.</p>
Kanjo¹⁴⁴	<p>Software tool that allows you to visualize variations in emotional patterns regarding joy, anger, calm, disgust, sadness and fear, with the aim of early detecting risk cases with special attention to childhood.</p>	<p>Interest in providing a general vision of the evolution of the change: "Increases the degree of happiness"</p>

Source: Own elaboration.

These scales, listed in [Table 54](#) were conducted to understand depth for these changes:

Table 54. Intended changes validated with scales

Stakeholder	Change	Scale used	Comment
Children and adolescents	<i>They improve the intra-family relationship</i>	FAD¹⁴⁵, (Family Assessment Device)	<p>This was an intended outcome, and was also identified as well-defined in the end.</p>
	<i>Improved parental skills</i>	Alabama¹⁴⁶ Parenting Questionnaire	<p>In the end this became an outcome in the chain of events of the parents, but not a well-defined outcome for parents.</p>
	<i>Happier</i>	Kanjo¹⁴⁷	<p>In the end this change was discarded in the relevance test because it was too generic, thus not well-defined (See Section 4.4.1.5).</p>

¹⁴³Tool for measuring the risk of institutionalization of childhood, developed within the framework of the SomosVoz Program and adapted to the scope of the CSE/CdD/CAD (and the program's own development).

¹⁴⁴ Kanjo Emotion. (s.f.)www.kanjoemotion.com

¹⁴⁵ Aked, J., Marks, N., Cordon, C., and Thompson, S. 2009. *Five ways to well-being: The evidence*. New Economics Foundation. <https://link.springer.com/article/10.1007/s00127-009-0022-8>

¹⁴⁶ Scales: Family assessment device (FAD) (Family Atmosphere) ; APQ Alabama parenting Questionnaire Parent version and Child version (parenting skills)

¹⁴⁷ Kanjo Emotion. (s.f.)www.kanjoemotion.com

Mothers and fathers	<i>Enhanced family atmosphere and wellbeing at home</i>	FAD ¹⁴⁸ , (Family Assessment Device)	This was an intended outcome, and was also identified as well-defined in the end.
	<i>Improved parental skills</i>	Alabama ¹⁴⁹ Parenting Questionnaire	In the end this became an outcome in the chain of events of the parents, but not a well-defined outcome for parents (See Section 4.4.2.1).

Source: Own elaboration.

HEMERII¹⁵⁰ (Childhood institutionalization risk measurement tool) was developed by the evaluator team specifically for this project to assess each child’s risk of institutionalization and compare vulnerability levels across participants. While HEMERII provided valuable risk-profiling data—collected by professionals through observational assessment—it did not measure the depth of any change. It is included in this report solely to document the source and method of data collection as it added time for the professionals in data collection, even if it was not part of the evaluation treated in this report.

¹⁴⁸ Aked, J., Marks, N., Cordon, C., and Thompson, S. 2009. *Five ways to well-being: The evidence*. New Economics Foundation. <https://link.springer.com/article/10.1007/s00127-009-0022-8>

¹⁴⁹ Scales: Family assessment device (FAD) (Family Atmosphere) ; APQ Alabama parenting Questionnaire Parent version and Child version (parenting skills)

¹⁵⁰ Tool for measuring the risk of institutionalization of childhood, developed within the framework of the SomosVoz Program and adapted to the scope of the CSE/CdD/CAD (and the program’s own development).

Figure 67. Example of validated scale - FAD

ITEM	MA	A	D	MD
It is difficult to plan family activities because we do not understand each other well.				
We solve almost every day-to-day household problem				
When someone is upset, others know why				
When you are asked to do something, it is necessary to verify that you have done it.				
If someone has a problem, others get in the way too much.				
In a crisis we can count on each other for support				
We do not know what to do when an emergency arises				
Sometimes we run out of the things we need.				
We are reluctant to show our affection for each other				
We ensure that family members fulfill their family responsibilities.				
We cannot talk to each other about the sadness we are feeling				
We usually act on the problems that arise				
Others are interested in you only when it is important to them				
You can't tell how a person feels by what they say				
Family chores are not sufficiently shared				
Everyone is accepted for what he/she is				
House rules can be broken easily, without problems				
People say things openly, without beating around the bush.				
Some of us do not respond emotionally				
We know what to do in case of an emergency				
We avoid talking about our fears and worries.				
It is more difficult for us to talk to each other about feelings of affection.				
We find it difficult to make our payments				
After trying to solve a problem, our family usually discusses whether or not the solution worked well.				

Source: Own elaboration.

The benefits of the Pre/Post Approach valued by the evaluator team were:

- **Attribution:** By comparing responses before and after the intervention, the team could more confidently attribute observed changes to the program.
- **Depth Measurement:** It allowed quantification of the magnitude of change (“distance travelled”) on a consistent metric.
- **Stakeholder Engagement:** Sharing pre-test results with participants reinforced their ownership of the process and encouraged honest self-reflection.
- **Replicacy:** Could be applied in future evaluations.

Despite these advantages, the evaluator team recognized that unanticipated changes—both positive and negative—could emerge once activities were underway, for which no “pre” measurement existed. To address this gap, the evaluator team supplemented the pre/post approach with subjective scales, administering them after the intervention; these Likert-type

items captured retrospective perceptions of change. By combining structured pre/post measurements with these supplementary techniques, the evaluator team ensured that, for the intentional two complementary indicators were included in the analysis, and that, for the unplanned changes that arose during the process, depth was captured across all stakeholder groups—covering both forecasted and emergent outcomes.

The benefits of subjective retrospective perception (Likert) Scales considered by the evaluator team were:

- **Feasibility without baseline data:** Allow measurement of change even when no pre-intervention data were collected.
- **Simplicity and low burden:** Quick to administer and easy for respondents to understand, minimizing survey fatigue, already expressed.
- **Captures unanticipated outcomes:** **Could** capture all changes.
- **Flexibility across contexts:** Could be adapted to the different stakeholder groups.

The drawbacks acknowledged by the evaluator team were the following:

- **Recall bias:** Respondents may misremember their “before” state, over- or under-estimating true change.
- **Social desirability bias:** Participants might report greater improvements to please evaluators or align with perceived expectations.
- **Anchoring and scale interpretation:** Different individuals may interpret scale points differently, making comparisons less precise.
- **Lost in level of rigor:** Not considered as rigorous as a validated scale.

Taking into account the context and the inevitable trade-offs in data quality, the evaluator team recognized the risk that stakeholders might under- or overestimate change when using subjective scales. However, because decision-making hinged on how much value was perceived from the generated changes (see [Chapter 6. Valuing outcomes](#))—rather than on the precise magnitude of change—and given that this was the first application of an SROI approach to this program, the team judged that this method provided the necessary rigor within the contextual constraints.

By combining multiple measurement approaches, ensuring saturation across change topics, and securing a representative sample, the evaluation captured every stakeholder voice—even if all changes could not be fully validated against existing scales. In each stakeholder-specific section below, the evaluator team includes a risk analysis that details the evaluator team’s judgments and how they addressed these methodological uncertainties.

5.1.1 Identification of depth indicators

Indicators are tools to identify and quantify the changes experienced¹⁵¹. In this study, the outcome indicators were defined individually for each change in each stakeholder group based on, on the one hand, the prognosis¹⁵² which was carried out in 2023, and on the other hand, the results obtained once the changes in the evaluation were identified.

The purpose of these indicators was to accurately measure how much change had occurred, using the most rigorous data available through the tools applied. In those cases in which pre-existing tools or scales were not available, specific instruments were developed to allow the evaluation of the situation before and after the intervention. An example of this is HEMERII¹⁵³, a tool created ad hoc to measure the risk factors associated with institutionalization, which made it possible to evaluate the level of risk before and after for each child or adolescent who participated in the program.

Once identified, these indicators were translated into questions that, as explained above, whose answers were obtained through surveys, focus groups, and games in which the stakeholder groups themselves reported on the magnitude (depth) of the change according to their subjective opinion. Regarding the degree of depth, two questions were asked for each relevant change identified. The first focused on determining, on a scale from 0 to 10, the level at which they were with respect to change before they participated in the program, while the second asked them, using the same scale, to position themselves in the current moment. In cases where it was necessary to simplify the question, scales from 1 to 5 were used, which were later

¹⁵¹ Nicholls, J., Lawlor, E., Neitzert, E., and 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 38).

¹⁵² Pólvara, P., Delfa Rodríguez, B., and De Cominges Sureda, B. 2023. *PIPII Social Value Report 2023*. The Social Consulting Agency and the Social Impact Chair of the Universidad Pontificia Comillas.

¹⁵³ Tool for measuring the risk of institutionalization of childhood, developed within the framework of the SomosVoz Program and adapted to the scope of the CSE/CdD/CAD (and the program’s own development).

transformed to a scale from 1 to 10 to facilitate comparison of the depth of the changes with each other. The result shown in [Table 57](#) corresponds to the average obtained from the difference between the two questions previously described. Additionally, during this data collection process, the opportunity was taken to ask again about possible negative changes, since they had not been identified in previous interactions.

[Table 57](#) presents in each column the average of the individual results obtained from the people involved. It was decided to use the mean, instead of the median or another measure, considering that it was the most appropriate option for this analysis. This is because the evaluator team worked with a stakeholder group in which, for the first time, these changes were evaluated using this methodology, and the objective is to obtain an overview of the impacts generated and the value assigned to them, to inform future decisions.

The choice of the mean responds to its ability to incorporate all the values of the data set¹⁵⁴, unlike the median, which only reflects the central value. This allows subtle and significant changes to be identified in the context of this research. Likewise, to ensure an accurate interpretation of the results, the standard deviation was analyzed, without finding large variations, which reinforces the reliability of the data obtained.

In the section on how the different stakeholder groups were involved (see [Table 33](#)) the process is detailed with each group, and in [Annex II](#) the questions are detailed. Here is a summary of how many people were involved in collecting this data, how, and with what tools.

5.1.2 Process of the data collection

Children and adolescents: Once the methods were determined, the team administered pre- and post-intervention assessments to the two primary beneficiary groups—“children and adolescents” and “mothers and fathers.” The pre-intervention (“pre”) survey was conducted immediately before the intervention began, and the post-intervention (“post”) survey was administered after completion of the intervention. All scales were translated into multiple languages to ensure accessibility and comprehension for all participants.

¹⁵⁴ "The Use of the Mean in Pre-Post Data Analysis." *Journal of Educational and Behavioral Statistics*.

Figure 68. Official scales translated into non-spanish languages

<p>罗森伯格的自尊量表 (SES)</p> <p>欢迎参加本次测试。自尊量表(self-esteem scale, SES)由Rosenberg于1965年编制，最初用以评定青少年关于自我价值和自我接纳的总体感受，目前是我国心理学界使用最多的自尊测量工具。</p> <p>本测试共有十题，以下每题分为四个级别请按照与自己的符合程度进行选择。</p>				
Pregunta	非常不同意 <i>Muy en desacuerdo</i>	不同意 <i>En desacuerdo</i>	同意 <i>De acuerdo</i>	非常同意 <i>Muy de acuerdo</i>
1. 我觉得我和其他人一样是个有价值的人。 <i>Me siento una persona tan valiosa como las otras</i>				
2. 我一般倾向于认为自己是个失败者。 <i>Generalmente me inclino a pensar que soy un fracasado</i>				
3. 我觉得我有许多优点。 <i>Creo que tengo algunas cualidades buenas</i>				
4. 我有能力做的事情和别人一样好。 <i>Soy capaz de hacer las cosas tan bien como los demás</i>				
5. 我认为我有很多值得骄傲的地方。 <i>Creo que tengo mucho de lo que estar orgullosa/o</i>				
6. 我对自己持有肯定的态度。 <i>Tengo una actitud positiva hacia mí misma/o</i>				
7. 一般来说，我对自己感到满意。 <i>En general me siento satisfecho/a conmigo mismo/a</i>				
8. 我想有更多的自尊。 <i>Me gustaría tener más respeto por mí mismo/a</i>				
9. 我有时真的觉得自己很没用。 <i>Acertamente me siento inútil en algunas ocasiones</i>				
10. 有时我觉得自己一无是处。 <i>A veces pienso que no sirvo para nada</i>				
Versión Atienza, Balaguer & Moreno 2000.				

<p>ESCALA DE AUTOESTIMA DE ROSEMBERG</p> <p>L'estime de soi est définie comme le jugement ou l'évaluation que l'on fait de soi-même, de sa valeur personnelle. De façon plus simple, l'estime de soi peut être également assimilée à l'affirmation de soi. L'estime de soi est un facteur essentiel dans la performance sportive. (Voir article : « encore une erreur d'arbitrage ou comment maintenir une estime de soi positive... »)</p> <p>En répondant à ce test, vous pourrez ainsi obtenir une évaluation de votre estime de soi.</p> <p>Pour chacune des caractéristiques ou descriptions suivantes, indiquez à quel point chacune est vraie pour vous en encadrant le chiffre approprié.</p> <p>Plutôt Plutôt Tout à fait en désaccord en accord</p>				
Question	Tout à fait en désaccord	Plutôt en désaccord	Plutôt en accord	Tout à fait en accord
1. Je pense que je suis une personne de valeur, au moins égale à n'importe qui d'autre <i>Me siento una persona tan valiosa como las otras</i>				
2. Tout bien considéré, je suis porté à me considérer comme un raté <i>Generalmente me inclino a pensar que soy un fracasado</i>				
3. Je pense que je possède un certain nombre de belles qualités <i>Creo que tengo algunas cualidades buenas</i>				
4. Je suis capable de faire les choses aussi bien que la majorité des gens <i>Soy capaz de hacer las cosas tan bien como los demás</i>				
5. Je sens beaucoup de raisons d'être fier de moi				

Source: Own elaboration.



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The number of respondents were the following:

Table 55. Number of respondents that responded to the scales

Stakeholder	Scale used	Number of respondents	Representative
Children and adolescents	FAD ¹⁵⁵ , (Family Assessment Device)	Both pre-post: 85	Yes
	Alabama ¹⁵⁶ Parenting Questionnaire	Both pre-post: 271	Yes
	Kanjo ¹⁵⁷	In total: 250	Yes
Mothers and fathers	FAD ¹⁵⁸ , (Family Assessment Device)	Both pre-post: 171	Yes
	Alabama ¹⁵⁹ Parenting Questionnaire	Both pre-post: 172	Yes

Source: Own elaboration.

The scales proved difficult for children and parents to understand, so professionals invested considerable time supporting them—printing paper copies, administering the scales in multiple languages, and guiding respondents through each item. Because the data were protected, each completed scale had to be coded, scanned, and securely sent to the evaluation team for digitization. This lengthy, labor-intensive process exacerbated existing survey fatigue.

To “add value” and reduce burden, the evaluators developed dynamic digital dashboards with the results. These dashboards allowed professionals to use the pre-intervention data in real time—to assess parents’ skills, understand home environments, and gauge children’s self-esteem—turning the raw data into immediately actionable insights.

¹⁵⁵ Aked, J., Marks, N., Cordon, C., and Thompson, S. 2009. *Five ways to well-being: The evidence*. New Economics Foundation. <https://link.springer.com/article/10.1007/s00127-009-0022-8>

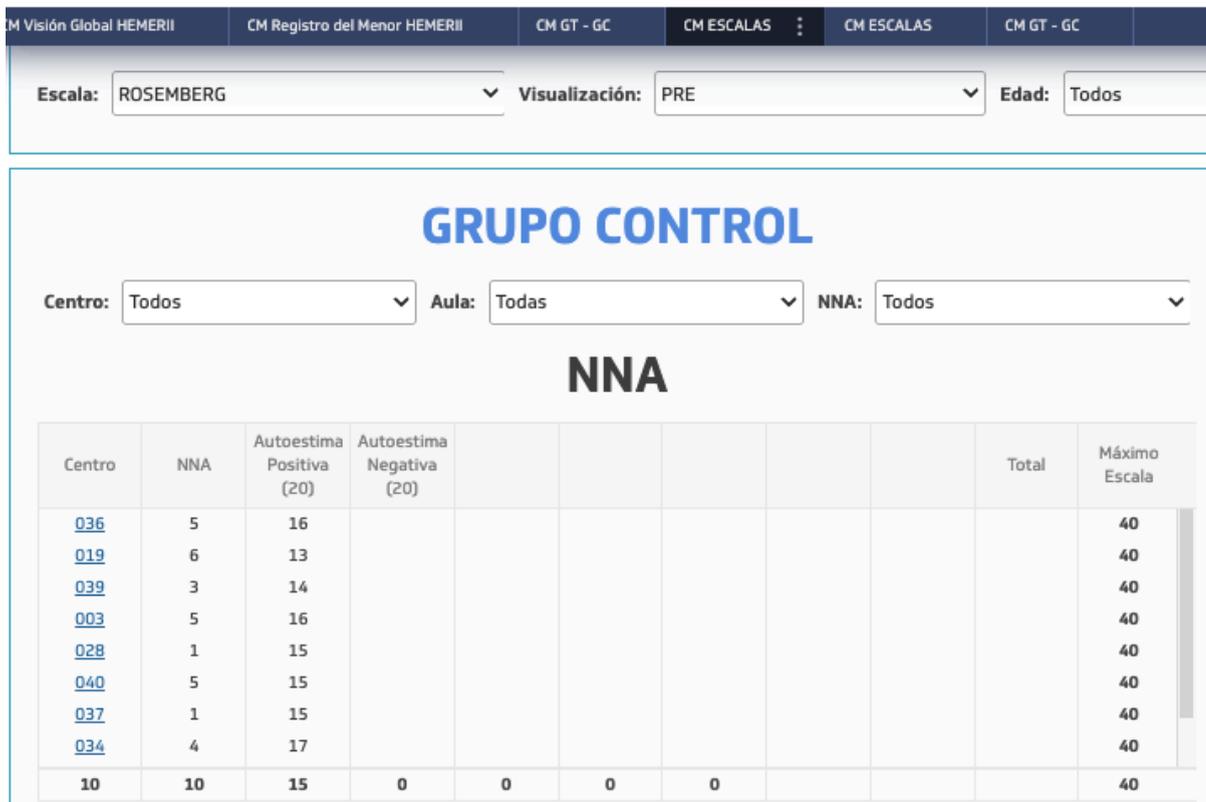
¹⁵⁶ Scales: Family assessment device (FAD) (Family atmosphere) ; APQ Alabama parenting Questionnaire Parent version and Child version (parenting skills)

¹⁵⁷ Kanjo Emotion. (s.f.) www.kanjoemotion.com

¹⁵⁸ Aked, J., Marks, N., Cordon, C., and Thompson, S. 2009. *Five ways to well-being: The evidence*. New Economics Foundation. <https://link.springer.com/article/10.1007/s00127-009-0022-8>

¹⁵⁹ Scales: Family assessment device (FAD) (Family atmosphere) ; APQ Alabama parenting Questionnaire Parent version and Child version (parenting skills)

Figure 69. Example of dashboard that illustrates the results of pre-data of the scales



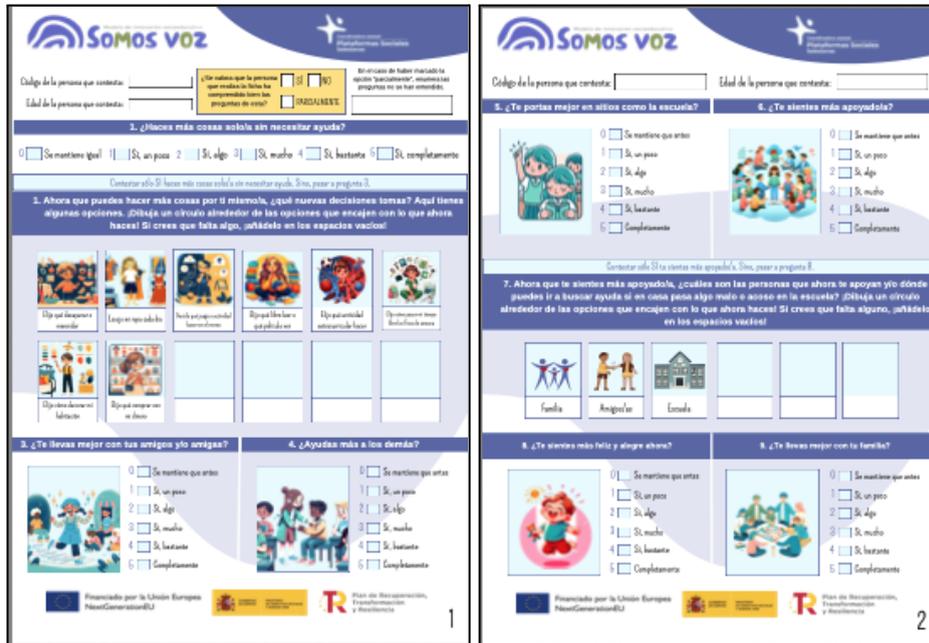
Source: Own elaboration.

Once the intervention was completed, in addition to administering the post-intervention scales for a difference-in-differences analysis (*Difference-in-Differences (DiD) is a quasi-experimental method that estimates an intervention’s effect by comparing outcome changes over time between a treatment group and a control group, assuming both would follow parallel trends absent the intervention*), the evaluator team developed stakeholder-specific materials to capture outcomes not covered by the original instruments.

These supplemental tools used subjective, retrospective perception (Likert) scales co-designed with field professionals. Separate versions were created for: Children (ages 6–12): A simplified, “fun” format with an age-appropriate scale, Adolescents: A format tailored to their developmental level and Fathers and Mothers: A version addressing adult perspectives on their own changes. Each version clarified question wording, reduced scale complexity (e.g. replacing

a 10-point scale for children), and incorporated engaging design elements to improve comprehension and response quality.

Figure 70. Sample post-intervention materials for children, ages 6–12



Source: Own elaboration.

The evaluator team initially considered a full retrospective pre-test (or “then-test”¹⁶⁰) design for children—asking them at the end of the intervention to rate both their current status and their recollected pre-intervention status on the same multi-item scale. However, educators and child psychologists warned that this format would be too complex for young participants. Consequently, the team simplified the approach by using a single-item Global Rating of Change tailored to children’s comprehension: “*How much has X changed since you took part?*” with responses on a Likert scale (e.g., faces ranging from sad to happy). This child-friendly version preserved the main advantage of the retrospective pretest—controlling for response-shift bias through a consistent frame of reference—while ensuring the question was accessible. It nonetheless shares the inherent limitation of retrospective measures: reliance on young respondents’ memory, which may introduce recall bias.

¹⁶⁰ Nimon, K., & Allen, J. M. (2007). *A Review of the Retrospective Pretest: Implications for Performance Improvement Evaluation and Research.*

Because children found a 10-point Likert scale too complex, the evaluator team simplified it to a 5-point version—adding descriptive labels to clarify each response option. To compare these data with other stakeholder groups, the 5-point scores were later converted back to a 10-point metric (by multiplying each score by two). However, this back-conversion assumes that the intervals between points on the 5-point scale perfectly map onto those of the original 10-point scale.

In reality, collapsing and then expanding the scale can compress variability, distort the true distribution of responses, and introduce measurement error—particularly at the extremes—thereby reducing sensitivity to subtle differences and potentially biasing any statistical comparisons. Researchers caution that converting a simplified 5-point scale back into a 10-point format can distort respondents' true distributions and reduce sensitivity¹⁶¹.

Despite the risk of bias introduced by back-converting a 5-point scale into a 10-point metric—distorting response distributions and reducing sensitivity—the evaluator team opted for this approach rather than subjecting children to a format they could not meaningfully engage with. Educators and child psychologists consulted throughout the process consistently reported that younger respondents struggle with larger response sets. Prioritizing valid comprehension over theoretical precision, the team judged that a simple, well-understood 5-point scale, even when adjusted for cross-group comparison, would yield more reliable insights than forcing an inappropriate instrument on a vulnerable population.

¹⁶¹ John Dawes (2008). *Do Data Characteristics Change According to the Number of Scale Points Used? An Experiment Using 5-Point, 7-Point and 10-Point Scales*. Ehrenberg-Bass Institute for Marketing Science, University of South Australia

Figure 71. Sample post-intervention materials for children, ages 13-17

The figure shows two sample worksheets, labeled 1 and 2, designed for children aged 13-17. Both worksheets feature the 'SOMOS VOZ' logo and a header with the text 'Programa de Intervención Socioeducativa'. Each worksheet includes a section for recording the 'Codigo de la persona que contacta' and 'Edad de la persona que contacta'. Worksheet 1 contains questions 1, 2, 3, and 4, while worksheet 2 contains questions 5, 6, 7, and 8. The questions are related to social support and well-being, with options ranging from 'Si me siento igual' to 'Si estoy completamente mejor'. Worksheet 2 also includes a section for drawing a circle around options that are not understood. Both worksheets have a footer with logos for 'Financiado por la Unión Europea NextGenerationEU', 'GOBIERNO DE ESPAÑA', and 'MINISTERIO DE DERECHOS SOCIALES, CONSUMO Y AGENDA 2030'.

Source: Own elaboration.

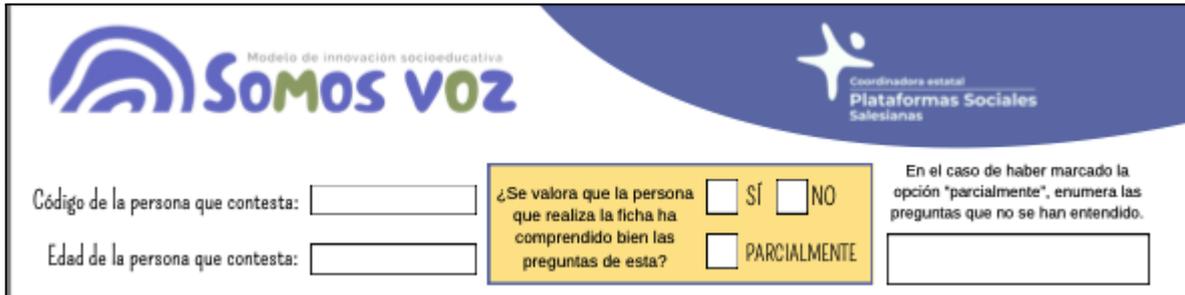
Additionally, to boost comprehension, the materials were styled to resemble familiar school worksheets—complete with “fill-in-the-blank” prompts—so that children instantly recognized the format. Supportive illustrations were added to clarify each question and guide responses. By combining a known layout with visual cues, the evaluator team took every precaution to ensure that young participants could accurately understand and subjectively answer even complex items.

Also, to support the analysis of the data, for the children’s version and the parents' versions, the evaluator team added a checkbox for the facilitator to indicate whether the child had understood the questions correctly. The prompt—“Do you consider that the person completing this form has understood the questions well? Yes / No / Partially. If selected ‘Partially,’ they were asked to list the questions that were not understood.

This gave facilitators the option to flag responses that might be misleading, since there was a risk that children often responded in order to please the facilitator regardless of comprehension.

The evaluator team retained full discretion to include or exclude any flagged responses, though in this exercise no data were ultimately removed for any stakeholder group.

Figure 72. Sample post-intervention materials for children, ages 13-17



Modelo de innovación socioeducativa
SOMOS VOZ

Coordinadora estatal
Plataformas Sociales
Salesianas

Código de la persona que contesta:

Edad de la persona que contesta:

¿Se valora que la persona que realiza la ficha ha comprendido bien las preguntas de esta? SÍ NO PARCIALMENTE

En el caso de haber marcado la opción "parcialmente", enumera las preguntas que no se han entendido.

Source: Own elaboration.

This gave facilitators the option to flag responses that might be misleading, since there was a risk that children often responded in order to please the facilitator regardless of comprehension.

Happiness measurement: Since increased “happiness” was an expected outcome, the evaluator team selected Kanjo Emotion¹⁶², an AI-driven daily emotion-tracking system, to assess changes in children’s day-to-day well-being by having each child record their predominant emotion every day and comparing data from November before and after the intervention. Children chose from an “emotions wheel” of eight core feelings—joy, sadness, anger, fear, trust, disgust, anticipation, and surprise—and supervised machine learning flagged atypical patterns. However, it quickly became clear that emotional scores fluctuated widely in response to school and home events, making it impossible to attribute shifts confidently to the intervention; although Kanjo registered changes in average happiness, these data was never used to understand how much change, as the change Happier was considered too generic in the relevance test (see [Section 4.4.1.5](#)) and was excluded from the SROI depth analysis.

Thus, while Kanjo’s high-frequency, objective insights and real-time alerts helped the professionals to deal with the class-room situation, its outputs were ultimately used to

¹⁶² Kanjo Emotion. www.kanjoemotion.com.

understand the emotions in a specific moment in time, rather than as a quantitative measure of change depth.

Figure 73. Kanjo tool to measure emotions



Source: Own elaboration.

Mothers and fathers: In the material developed for parents, a 0–10 Likert scale was used where 0 represented “no change” and 10 “maximum change”, to preserve the original response range and avoid translation issues. Because adult respondents could handle greater complexity, the full ten points were retained; however, descriptive labels were added to clarify what each score represented and enhance comprehension. The questions were phrased to ask respondents to assess the extent of change they had experienced since participating in the activity.

The evaluator team initially planned to implement a full retrospective pre-test (or “then-test”) design for the parents—asking participants at the end of the intervention to rate both their current status and their recollected pre-intervention status on the same multi-item scale. However, given the large number of outcomes and survey items, they simplified this approach by adopting a single-item Global Rating of Change. After completing the activity, participants are asked, “*How much has X changed since you took part?*” and respond on a single 0–10 Likert scale that reflects both time points.

This streamlined method retained the core benefits of the retrospective pretest—namely, reducing response-shift bias by using one consistent frame of reference—while remaining

feasible within the constraints of an extensive survey and the absence of true baseline data. At the same time, it carried the primary limitation of any retrospective measure: vulnerability to recall bias, since respondents must accurately remember and compare their pre-intervention state.

Figure 74. Sample post-intervention materials for mothers and fathers



The figure displays two pages of a questionnaire (pages 1 and 2) and a detailed legend for the Likert scale used in the questions. The questionnaire is titled 'SOMOS VOZ' and includes a header with the project name and logos of the Spanish Government and the European Union. The questions are numbered 1 through 13 and cover various aspects of social relationships, family climate, and parental well-being. The legend for the Likert scale is as follows:

0	Nada, se ha mantenido	6	Algo más
1	Bastante poco	7	Mucho
2	Muy poco	8	Muchísimo
3	Poco	9	Muchísimo más
4	Moderadamente	10	Completamente
5	Ligeramente algo		

Source: Own elaboration.

Professionals: When collecting data from the professional stakeholder group—and likewise from the socio-educational organizations—no baseline (“pre”) data were available, since the project had not identified intended outcomes in advance and could not collect a baseline before the activity. Consequently, the evaluator team gathered change information through a post-intervention survey only. Given these groups’ high capacity to understand evaluation questions and their imminent project close-out (which posed a significant risk of survey drop-out), the team used a targeted retrospective pre-test (or “then-test”¹⁶³) approach for only the relevant changes only (See [Section 4.4.3.5](#)). For each selected outcome, two questions were asked—one to capture the respondent’s recollected pre-intervention status and one to capture their current status—allowing the evaluator to calculate the magnitude of change while minimizing respondent burden.

Baseline. *Before joining Somos Voz, to what extent do you consider that the organization had (name of change)?* (Scale 1 - 10 where 0 is nothing and 10 is maximum)

Change Measurement. *After one year with Somos Voz, to what extent do you consider that the organization has (name of change) NOW?* (Scale 1 - 10 where 0 is nothing and 10 is maximum)

Figure 75. Sample post-intervention materials for professionals and organizations

5. **LÍNEA BASE. ANTES** de unirse a Somos Voz, ¿en qué medida consideras que tu conocimiento y experiencia curricular eran valorados en el mercado laboral? *
 Señala tu opinión en una escala del 0 al 10 en donde el 0 representa "nada" y el 10 "mucho"

0 1 2 3 4 5 6 7 8 9 10

6. **CUANTO HA MEJORADO. DESPUÉS** de un año con Somos Voz. ¿en qué punto ubicarías tu "valor en el mercado laboral"?
 Señala tu opinión en una escala del 0 al 10 en donde 0 representa "No ha mejorado nada" y el 10 "Tengo mucho valor...""

0 1 2 3 5 5 6 7 8 9 10

Source: Own elaboration.

¹⁶³ Nimon, K., & Allen, J. M. (2007). *A Review of the Retrospective Pretest: Implications for Performance Improvement Evaluation and Research.*

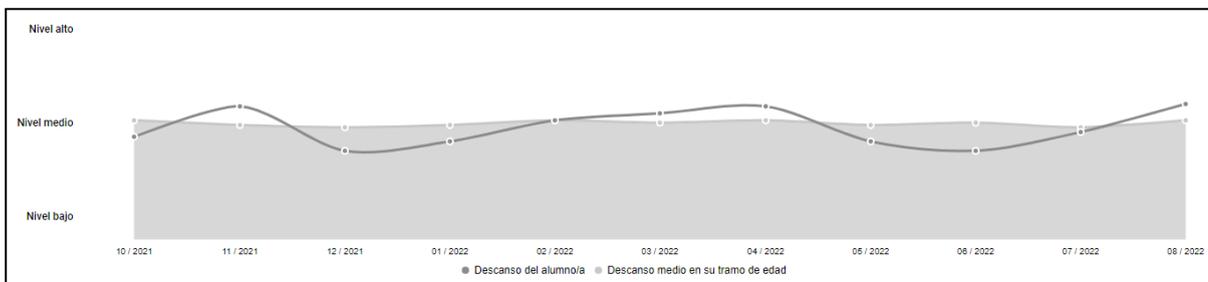
5.1.3 Data analysis process

When it came time to analyze the data, the evaluator team first consolidated all inputs—digitizing any paper forms, cleaning for completeness and consistency, and harmonizing entries across languages.

All subjective Likert responses originally on a 5-point scale were converted to a 10-point metric where necessary to enable comparability, and for each measured change both the median and mean were calculated to assess the distribution and flag any substantial deviations. Some of these deviations were further examined in the sensitivity analysis (see [Chapter 11. Sensitivity Analysis](#)). For the changes “*Happier*” and “*More satisfied with life*”—which had been ruled out in the relevance test for being too generic (see [Section 4.4.1.5](#))—the team conducted an in-depth analysis of the pre/post data that had already been collected before being ruled out, delivering actionable insights on how these two core concepts were impacted by the program (see [Section 4.4](#)).

In the case of “*Happier*” for children, Kanjo Emotion¹⁶⁴ data were also analyzed to detect potential influencing variables, but as explained in the previous section, these metrics were not used to support depth calculations.

Figure 76. Sample graphic form data analysis of Kanjo



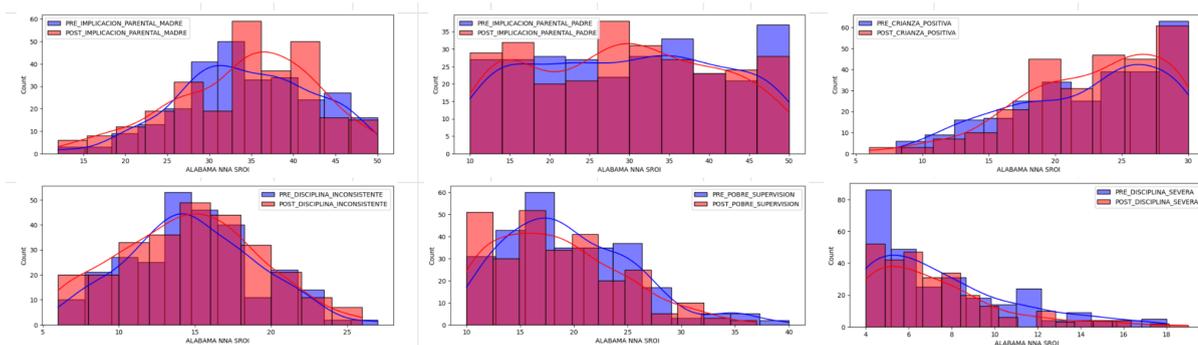
Source: Own elaboration.

The majority of analytic effort focused on summarizing results from both the primary scales and the supplementary subjective measures.

¹⁶⁴ Kanjo Emotion. www.kanjoemotion.com.

For the FAD (Family Assessment Device)¹⁶⁵ General Functioning subscale, which comprises 12 items scored from 1 to 4 on a four-point Likert scale, the total raw score (ranging from 12 to 48, with lower scores indicating better functioning) was converted to a 0–10 scale using a proportional “rule of three” (where 0.1 on the 48-point scale equates to 0.02 on the 10-point scale), yielding a direct measure of intra-family relationship improvement.

Figure 77. Sample graphic form data analysis of FAD scale



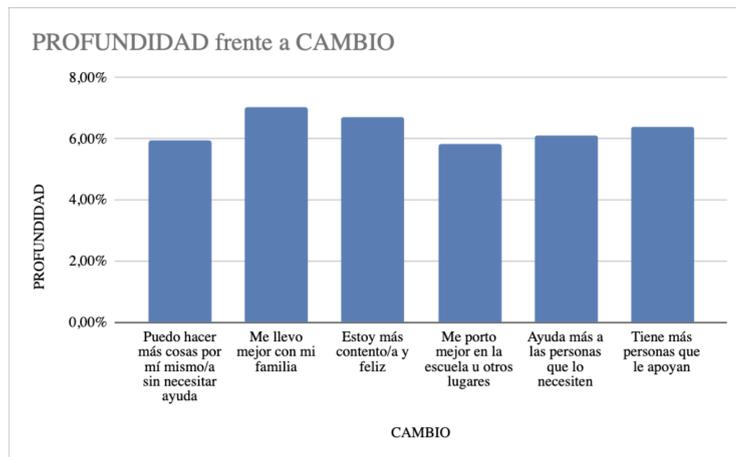
Source: Own elaboration.

Similarly, the Alabama Parenting Questionnaire results—though not used for depth in this report, as change measurement was addressed within the chain-of-events framework—were translated onto a 10-point metric to allow side-by-side comparison with the subjective Likert-reported data.

All other depth data of the outcomes were then analyzed individually by comparing pre- and post-intervention averages for each stakeholder group, ensuring a consistent and transparent approach across the entire evaluation.

¹⁶⁵ Scales: Family assessment device (FAD) (Family atmosphere) ; APQ Alabama parenting Questionnaire Parent version and Child version (parenting skills)

Figure 78. Sample graphic form data analysis of subjective reported retrospective scales



Source: Own elaboration.

The evaluator team recognized that relying on a single central-tendency statistic—whether the mean or the median—carries both advantages and risks. On the upside, averages and medians provide a concise summary of complex data sets, facilitating comparisons of change across stakeholder groups and clear communication to nontechnical audiences. The mean incorporates every data point, maximizing statistical sensitivity, while the median remains robust against extreme values and better represents the “typical” experience when distributions are skewed. However, using only averages or medians could obscure important variation: the mean may be distorted by outliers, exaggerating or understating true change, and the median ignores the magnitude of extreme responses, potentially overlooking critical minority experiences.

Central-tendency measures alone also cannot reveal bimodal or multimodal distributions that signal distinct subgroups experiencing very different outcomes. To mitigate these risks, the evaluator team supplemented means and medians with measures of dispersion (such as standard deviations and interquartile ranges) and conducted sensitivity analyses, ensuring a more nuanced and reliable understanding of stakeholder change.

Figure 79. Sample graphic form data analysis of means and median

	¿Haces más cosas solo/a sin necesitar ayuda?	¿Te llevas mejor con tus amigos y/o amigas?	¿Ayudas más a los demás?	¿Te portas mejor en sitios como la escuela?
Media	3,97	4,36	4,05	3,92
Mediana	4	5	4	4
Variación	-0,03	-0,64	0,05	-0,08

Source: Own elaboration.

5.2 IDENTIFICATION OF THE DEGREE OF CHANGE PRODUCED (DEPTH)

The following table summarizes the set of data analyzed from the sources mentioned previously. The average figures obtained, which are detailed in the last column, were used to complete the Value Map (see [Annex XIII](#)).

These were the number of respondents involved in identifying this information.

4. Only include what is material <i>What:</i> Understand how much changed	Children and adolescents	Mothers and Fathers	Professionals	Socio-educational organizations
Universe:	384	320	91	39
SAMPLE - # of people reporting amount of changes:	139 (36.9%)	76 (23.8%)	69 (75.1%)	18 (46.20%)
Representativeness:	Statistically representative —See Table 33 Error rate: 7.23% (acceptable)	Statistically representative —See Table 33 Error rate: 9.83% (acceptable)	Statistically representative —See Table 33 Error rate: 5.83% (acceptable)	Partly—See Table 33 Error rate: 17.17% (not fully acceptable ¹⁶⁶)
<i>Type of data collected:</i>	Quantitative			
<i>Data collection method:</i>	Survey			

¹⁶⁶ Statistical method: error rate 17.17% (medium risk—sample below minimum threshold; see Chapter 3.3.1). sroi extrapolation risk: minimal, given the study's high representativeness and robust methodology.

Table 56. Depth of changes by stakeholder group

Gdl	Change	Indicator	Pre	Post	Depth ¹⁶⁷	Source
Children and adolescents (NNA)	They have greater autonomy	Degree of improvement in terms of autonomy to do things on one's own. Subjective response on a scale of 1 to 10.	does not apply	does not apply	5,94	Form (Annex II)
	They improve the intra-family relationship	Degree of improvement in terms of intra-family relationships. Subjective response on a scale from 1 to 10 (7.03) and results of the FAD scale - General Functioning Scale Dimension.	23,54/48	23,44/48	7.03 and 0,02 ¹⁶⁸ (-0,1 ¹⁶⁹)	
	They improve relationships with peers	Degree of improvement in terms of relationships with peers. Subjective response on a scale of 1 to 10.	does not apply	does not apply	6,72	
	Improve behavior at school and in other settings	Degree of improvement in behavior in school and other environments. Subjective response on a scale of 1 to 10.	does not apply	does not apply	5,84	
	They help more people	Degree of improvement in terms of your attitude towards third	does	does not	6,10	

¹⁶⁷ A form with a scale from 1 to 5, transformed to 1 to 10, was used to compare changes. Additional data from other scales were integrated for greater rigor.

¹⁶⁸ This data converts the subscale of 48 to a scale of 10 using a rule of three, where 0.1 in 48 is equivalent to 0.02 in 10.

¹⁶⁹ The General Functioning subscale of the FAD (Family Assessment Device) scale consists of 12 items evaluated on a 4-level Likert scale (strongly agree, agree, disagree and strongly disagree), scored from 1 to 4 for the items. Direct items include: "In a crisis we can count on the support of others", "Everyone is supported for who they are", "We can express our feelings towards each other", "We feel that we are accepted for what we are". we are", "We are capable of deciding how to solve our problems" and "We speak to each other in confidence". The inverse items are: "It is difficult to plan family activities because we do not understand each other well", "We cannot talk to each other about the sadness we feel", "We avoid talking about our fears and worries", "There are many bad feelings in the family ", "Making decisions is a problem for our family" and "We don't get along." The total subscale score varies between 12 and 48 points, with lower scores indicating better functioning in this family sub dimension.

Children and adolescents (NNA)	who need it	parties. Subjective response on a scale of 1 to 10.	not apply	apply		
	They have a broader support network	Degree of improvement in terms of the support network you have. Subjective response on a scale of 1 to 10.	does not apply	does not apply	6,39	

Gdl	Change	Indicator	Pre	Post	Depth ¹⁷⁰	Fountain
Mothers and fathers	Enhanced family atmosphere and wellbeing at home	Degree of improvement in the family atmosphere Subjective response on a scale of 1 to 10 (7.32), and result in FAD Scale.	119,98/240	111,95/240	7.32 and -0,33/10 ¹⁷¹ (-8,03/240 ¹⁷²)	Form (Annex IV) and FAD Scale. Family Atmosphere. ¹⁷³
	Improve social relationships	Degree of improvement of social relations. Subjective response on a scale of 1 to 10.	does not apply	does not apply	6,54	
	More autonomous as a family (without needing support)	Degree of improvement of your autonomy as a family. Subjective response on a scale of 1 to 10	does not apply	does not apply	6,84	

¹⁷⁰ A form with a scale from 1 to 5, transformed to 1 to 10, was used to compare changes. Additional data from other scales were integrated for greater rigor.

¹⁷¹ This data converts the 240 subscale to a scale of 10 using a rule of three, where -8.03 on the 240 scale is equivalent to -0.33 on the scale of 10.

¹⁷² The FAD scale consists of 60 items (60 to 240 points) on a 4-level Likert scale: strongly agree, agree, disagree and strongly disagree, with scores ranging from 1 to 4.

¹⁷³ Data corresponding to a sample of 193 (mothers and fathers of children and adolescents participating in the SROI data collection). Considering all families with available data, a change from 120.62 to 112.00 is observed, equivalent to -8.62/240 or -0.36/10.

	They feel more accompanied	Subjective response on a scale of 1 to 10.	does not apply	does not apply	6,54	Form (Annex IV)
	They receive personalized socio-emotional and community help for the family.	Degree of improvement of the CSE as a safe space to express oneself. Subjective response on a scale of 1 to 10.	does not apply	does not apply	7,79	
	Increases overall satisfaction with life¹⁷⁴	Degree of improvement in terms of degree of satisfaction with life. Subjective response on a scale of 1 to 10.	5,85	7,89	2,04	
Professional	Increases stress (-)	Degree of stress improvement. Subjective response on a scale of 1 to 10, combined with subjective response of results from the quarterly project report.	5,14	7,96	2,82	Form (Annex V) and Quarterly project report
	Improving your career prospects	Degree of improvement in your professional career prospects. Subjective response on a scale of 1 to 10.	6,55	8,22	1,67	Form (Annex V)
	Greater sense of purpose and fulfillment	Degree of improvement in the sense of purpose and fulfillment. Subjective response on a scale of 1 to 10.	6,7	7,43	0,73	
	Experienced an improvement in your financial situation	Degree of improvement in the economic situation. Degree of improvement experienced. Subjective response on a scale from 1 to 10, and record of voluntary withdrawals.	0	2,18	2,18	

¹⁷⁴ This change in well-being was excluded in the relevance test because it was considered too broad (it encompasses other changes) and poorly defined to optimize social value. It is included only to provide context for the reader.

Gdl	Change	Indicator	Pre	Post	Depth ¹⁷⁵	Fountain
Socio-educational organizations	Increases the possibility of obtaining financing	% of funds raised that refer to SomosVoz, combined with subjective response on a scale of 1 to 10.	5,78	6,56	0,78	Form (Annex VI) and Income registration 2023/24 and IRPF-24 lists
	Raises the standard of quality and efficiency in socio-educational service	Degree of improvement experienced. Subjective response on a scale of 1 to 10.	6,33	7,17	0,83	Form (Annex VI)
	Increase the value of technological inventory	The economic difference in amortized value on the balance sheet between 2023 and 2024.	1,00	6,0	5,0	Record amortization data.

Source: Own elaboration.

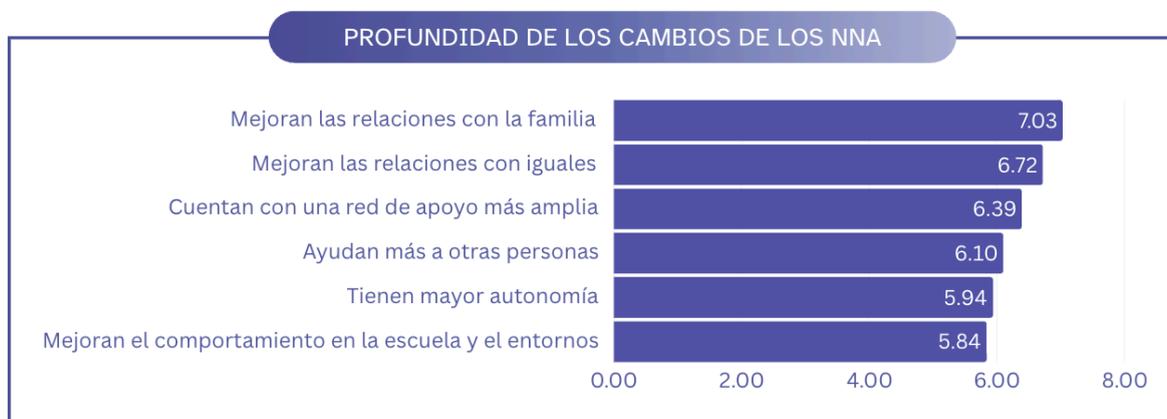
¹⁷⁵ A form with a scale from 1 to 5, transformed to 1 to 10, was used to compare changes. Additional data from other scales were integrated for greater rigor.

5.2.1 Analysis and conclusions of the depth of the changes

5.2.1.1 Children and adolescents

According to the average of the group of interest regarding the depth of change generated in the different aspects of well-being subjectively reported by the children and adolescents, transformation is evident in all of them, even exceeding 5 points on a scale of 10. The aspect with the greatest change, according to the group, is in the second quartile, with a score of 7.03 out of 10. This demonstrates a large amount of changes reported by the children through the answer to the question.

Figure 80. Depth of well-being in children and adolescents



Source: Own elaboration.

In relation to the change *in improved relationships with the family* the results of the FAD scale¹⁷⁶ completed by 85 children and adolescents, show among all the subdimensions it covers - problem-solving, emotional involvement, communication, behavior control, roles, general functioning, and emotional expression - a statistically significant positive change¹⁷⁷ in the communication dimension.

Even if not used to measure depth, the results from the Alabama scale (APQ) that measures parenting skills, completed by 271 children, it shows, among all the subdimensions it covers

¹⁷⁶ Family assessment device (FAD), APQ Alabama parenting Questionnaire Parent version and Child version (parenting skills)

¹⁷⁷ (Wilcoxon p.value 0.01144)

-Parental and parental involvement, positive parenting, appropriate discipline, inconsistent discipline, poor supervision, and severe discipline- a statistically significant positive change in appropriate discipline and poor supervision.¹⁷⁸

According to the data analyzed, the three aspects of well-being with the greatest change are related to the family atmosphere and relationships with peers or others.

These data highlight that children and adolescents perceive a positive impact of the program in improving family relationships and the family atmosphere, addressing risk factors related to institutionalization.¹⁷⁹, such as behavioral problems (severe), neglect (severe), parenting skills (medium), poor academic development (low), and poor household functioning.

However, according to the scale applied (FAD) to measure the family atmosphere, these improvements show changes to a lesser degree, which suggests that the children's perception of the perceived improvement is more related to modifications in attitude and awareness than to significant transformations in the home circumstances or habits. Except for the communication dimension¹⁸⁰, in the case of children and adolescents, the difference between pre and post is statistically significant.

Likewise, no direct short-term social value has been evidenced, according to the scales and in the temporality studied, in other risk factors that may generate the institutionalization, such as severe physical and sexual abuse, economic difficulties (severe), and parental drug use (low), which prevents from stating a significant impact on these specific factors.

On average, the gap between mean and median scores was approximately 0.48 on the 1–10 scale. Across all well-being items for children, only the “*improve relationship with peers*” measure exceeded a one-point change (1.28), while every other item remained under 0.65, most clustering near just 0.05. The evaluator team valued that half-point differences are

¹⁷⁸ (Wilcoxon *p*-value 0.000 in appropriate discipline and 0.10 in poor supervision)

¹⁷⁹ Risk factors for institutionalization: Dissocial or aggressive conduct/conduct problem (severe), Lack of protection and neglect (physical, sexual abuse, etc.) (severe), Economic difficulties (severe), Disorganized families (medium), Characteristics of ethnicity, culture, origin (medium), Parenting skills (medium), Parents' substance use (low), Academic development (low), Age-related processes (low) and Social exclusion (low). Morata, (2023). *Executive report: Qualitative research and pedagogical innovation project to reduce the institutionalization of vulnerable children.*

¹⁸⁰ According to the analysis of the degree of statistical significance with the Wilcoxon method (0.007 points), a change is generated in the improvement of communication, reported by 91 children and adolescents, which represents 23.70% of the total population studied.



negligible in practice and would not alter a programme-level judgment of progress. They also judged that for the change where there was a difference in using median and means, they would keep the same method as the other changes, to keep consistency, and highlight through this section that there is a small difference, not impacting significantly the value though.

Analysis of exclusion of low-depth outcomes: Depth was a key input to the significance test, which assessed whether observed changes were substantial enough to inform decision-making. Outcomes with very low depth risked diluting the overall significance index and potentially preventing it from meeting the required threshold. For the children’s group, however, no changes were excluded on this basis—depths across all outcomes varied by less than two points on the 0–10 scale, ensuring each remained above the significance cutoff. A full description of the test and its results is provided in [Section 7.1.1](#).

Risk analysis and judgment: The evaluator team was initially hesitant to choose between the FAD General Functioning subscale data and the children’s subjective self-report scales to assess the “*enhanced family atmosphere and wellbeing at home*” outcome. To resolve this, they conducted a sensitivity analysis (see [Chapter 11. Sensitivity Analysis](#)) comparing results obtained with each measure—and separately, with means versus medians—to determine whether these choices would materially affect decision-making¹⁸¹.

Because most scores for this outcome exceeded 7 on a 0–10 scale, the differences between FAD-based and self-reported depths (and between mean and median summaries) proved some difference but not significant enough to affect decision making. The team concluded that the risk of reaching a different strategic decision based on one method or the other was low. Consequently, despite the additional effort invested in calculating deviations and statistical significance, they judged that either data source—and either central-tendency statistic—would support the same conclusions for decision makers.

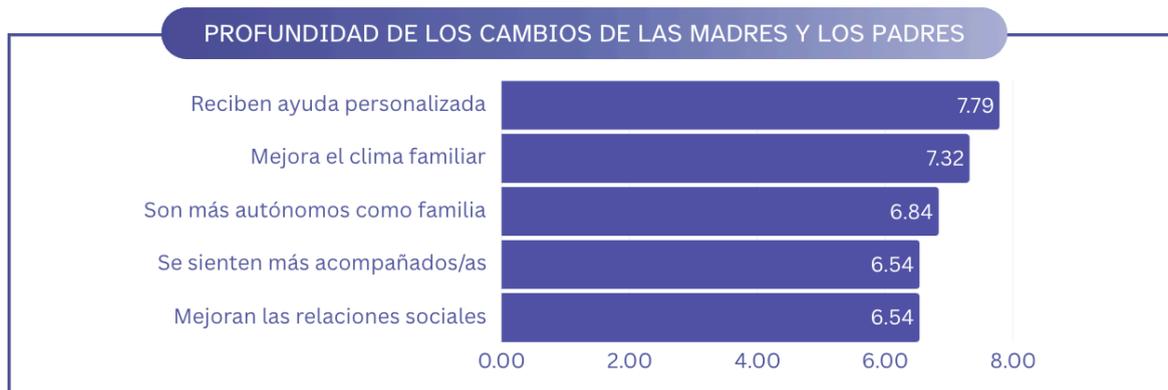
¹⁸¹ Averaging across all items the typical gap is ≈ 0.45 points.



5.2.1.2 Mothers and fathers

As with the NNA, the degree of depth was estimated based on two different methods. According to the average of the group of interest regarding the depth of change generated in the different relevant aspects of well-being, reported subjectively by mothers and fathers, transformation is evident in all of them, even exceeding 6 points on a scale of 10, or more than half. The two aspects with the greatest change, according to the group, are in the first and second quartiles, with a score of 7.79 and 7.32 respectively out of 10.

Figure 81. Depth of well-being in mothers and fathers



Source: Own elaboration.

In relation to the improved *relationships with family* the results of the FAD scale¹⁸² completed by 171 mothers and fathers, it shows in all the subdimensions it covers-problem solving, emotional involvement, communication, behavioral control, roles, general functioning and emotional expression - a statistically significant positive change.

Even if not addressing a well-defined outcome, the Alabama scale (APQ) that measures parenting skills, of which the evaluator team had 172 records of mothers/fathers, it shows, among all the subdimensions it covers - Parental and maternal involvement, positive parenting, appropriate discipline, inconsistent discipline, poor supervision and harsh discipline - a statistically significant positive change in harsh discipline.¹⁸³

¹⁸² Family assessment device (FAD), APQ Alabama parenting Questionnaire Parent version and Child version (parenting skills)

¹⁸³ (Wilcoxon 0.0039)

According to the data analyzed, the three aspects of well-being with the greatest change are related to the family atmosphere and autonomous family management.

In a similar way to the conclusions about the depth of changes perceived by children and adolescents and their relationship with risk factors¹⁸⁴ that could lead to the institutionalization of their sons and daughters, mothers and fathers consider that a considerable change has been generated in the family atmosphere. In the case of mothers and fathers, this is strengthened by the data generated by the FAD scale on family atmosphere, in which 171 mothers and fathers report statistically significant changes in all domains.

Because no “post” data was collected in relation to possible structural changes in families, it has not been possible to demonstrate a change in family structures (considered a medium risk factor in the event that families were deconstructed), because family status data was only obtained at the beginning, but not at the end of the intervention. Likewise, it is evident that a high percentage of the families analyzed were nuclear (64.3%).¹⁸⁵

Likewise, no impacts could be observed on risk levels linked to characteristics of ethnicity, culture and origin, but it is known that the majority of participating families are Spanish (79.2%)¹⁸⁶. It should be noted that these last risk factors are classified as medium level for the institutionalization of their sons and daughters.

Analysis of exclusion of low-depth outcomes: Depth was a key input to the significance test, which assessed whether observed changes were substantial enough to inform decision-making. Outcomes with very low depth risked diluting the overall significance index and potentially preventing it from meeting the required threshold. For the mother and father group, one change was excluded, in this case it was not necessary depth that generated that exclusion as the depth for “*Feel less isolated, more supported*” was quite high. A full description of the test and its results is provided in [Section 7.1.2](#).

¹⁸⁴ Risk factors for institutionalization: Dissocial or aggressive conduct/conduct problem (severe), Lack of protection and neglect (physical, sexual abuse, etc.) (severe), Economic difficulties (severe), Disorganized families (medium), Characteristics of ethnicity, culture, origin (medium), Parenting skills (medium), Parents' substance use (low), Academic development (low), Age-related processes (low) and Social exclusion (low). Morata, (2023). *Executive report: Qualitative research and pedagogical innovation project to reduce the institutionalization of vulnerable children*.

¹⁸⁵ Of the total of 476 families, 46.1% were nuclear, 13.4% were reconstructed, and 4.8% were other structures.

¹⁸⁶ Of the total of 476 families, 71% were Spanish, 8.2% Spanish plus a second nationality.



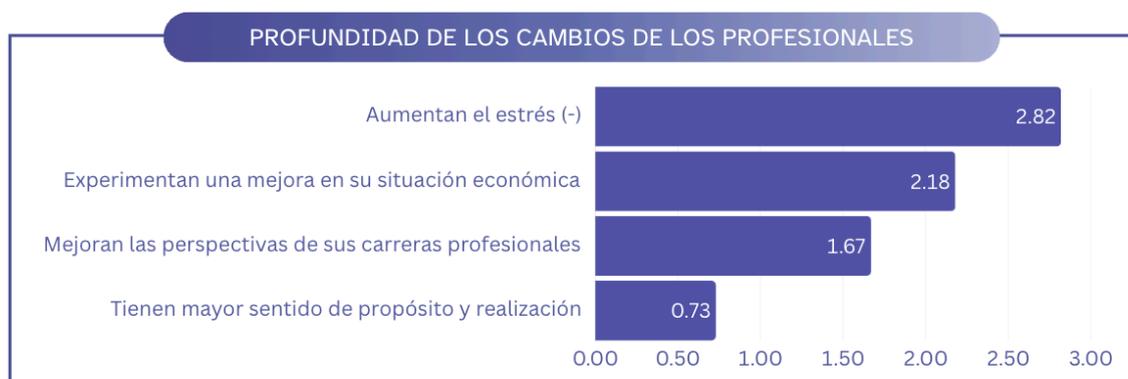
Risk analysis and judgment: The evaluator team applied the same risk analysis and judgment to the parent cohort. Initially uncertain whether to rely on FAD General Functioning subscale scores or parents’ subjective self-reports, they ran a sensitivity analysis (see [Chapter 11. Sensitivity Analysis](#)) comparing outcomes from each source—and, in each case, comparing mean versus median summaries—to see if these choices would influence strategic decisions.

Although both FAD-derived and self-reported depths—and the choice between mean and median—yielded some numerical differences, nearly all scores clustered above 6 on a 0–10 scale. These variations proved too small to alter any decision-making thresholds. Thus, the team determined that the risk of drawing a different conclusion based on one dataset or central-tendency measure was low. Even after dedicating significant effort to testing deviations and statistical significance, they judged that either data source and either metric would reliably guide the same programmatic decisions for parents.

5.2.1.3 Professionals

According to the average of the group of interest, the depth of change in the relevant aspects of well-being shows a certain transformation in all of them, although of low magnitude, since the majority are located in the lower quartile (0 to 2.5 points on a scale of 10).

Figure 82. Depth of well-being in professionals



Source: Own elaboration.

The changes, although relevant, show little depth, remaining well below the scale of 10. It is also worth highlighting the *increased stress* as the aspect of well-being that has been most affected according to this stakeholder group.

Analysis of exclusion of low-depth outcomes: Depth was a key input to the significance test, which assessed whether observed changes were substantial enough to inform decision-making. Outcomes with very low depth risked diluting the overall significance index and potentially preventing it from meeting the required threshold. For the professional group, one change was excluded, in this case it was caused by a very low depth grading that generated that exclusion of “*More connected with purpose*”. A full description of the test and its results is provided in [Section 7.1.3](#).

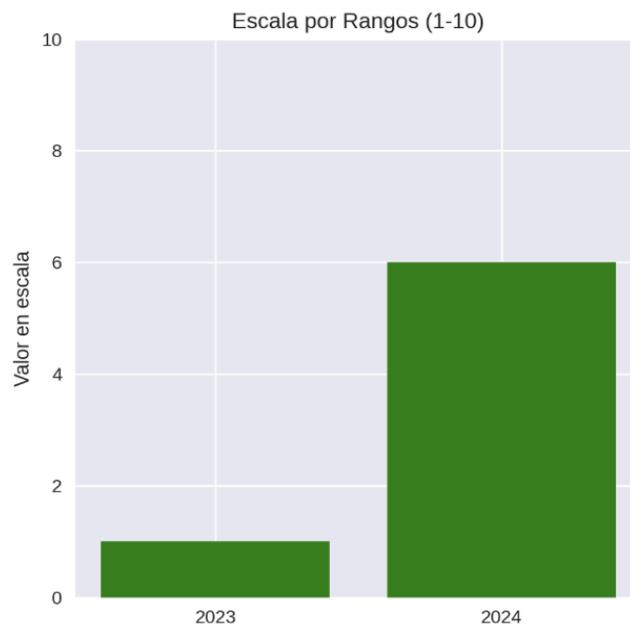
Risk analysis and judgment: Since professionals completed a robust retrospective pre-test and, as adults, understood the survey items—and given that the sample was representative—the evaluator team judged the risk of misestimating the magnitude of change as low. Moreover, because programmatic decisions centered on beneficiaries’ well-being—a domain in which professional outcomes, while relevant, were not the primary driver of funding or delivery choices—the team opted not to undertake a more in-depth risk analysis for this group.

5.2.1.4 Socio-educational organizations

According to the average of the people who represented this stakeholder group, the depth of change in the relevant organizational well-being aspects shows a certain transformation in all of them, although two present a smaller magnitude compared to the third (see [figure 54](#)) detailed below.



Figure 83. Value comparison - “Increase in technological inventory”



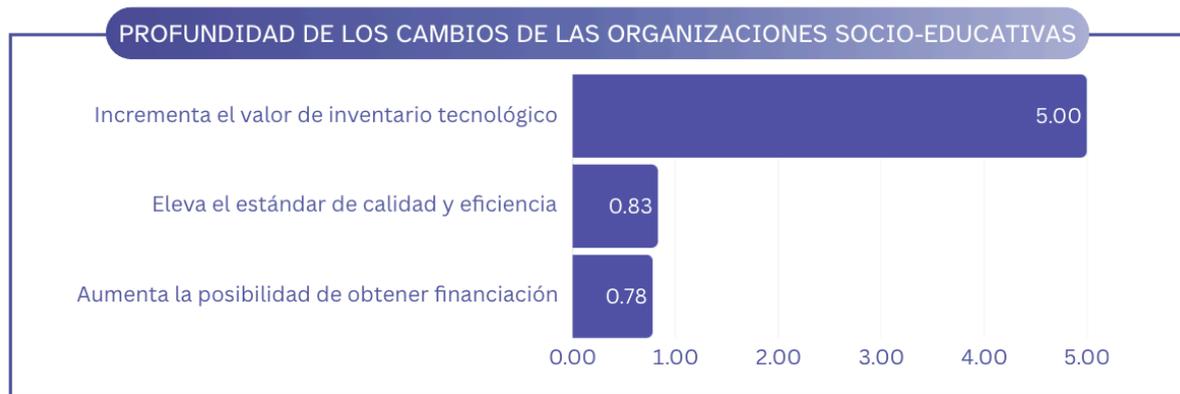
Source: Own elaboration.

To compare the change *Increase the value of technological inventory* with others, the analysis values were transformed into a scale from 1 to 10 based on ranges¹⁸⁷. The maximum value was the total price of the tool (€500,000) and the minimum was €0. According to this scale, the amortized value in 2023 (€178.61) was classified as 1, and the projected value for 2024 (€74,742.13) as 6, resulting in an estimated change of 6/10.

¹⁸⁷ The “range” scale divides values between €0 and €500,000 into 10 levels, with narrower ranges at lower levels to distinguish small values and broader ranges at higher levels to cover larger amounts. This facilitates the proportional comparison of the data. The ranges of the scale used were: The levels of the scale are distributed as follows: Level 2 (1,001-€5,000), Level 3 (5,001-€10,000), Level 4 (€10,001-€25,000), Level 5 (€25,001-€50,000), Level 6 (€50,001-€100,000), Level 7 (€100,001-€200,000), Level 8 (€200,001-€300,000), Level 9 (€300,001-€400,000) and Level 10 (€400,001-€500,000).



Figure 84. Depth of well-being in socio-educational organizations



Source: Own elaboration.

The changes, although relevant, show little depth, remaining well below the scale of 10. It is also worth highlighting the *increased stress* as the aspect of well-being that has been most affected according to this stakeholder group.

Analysis of exclusion of low-depth outcomes: Depth was a key input to the significance test, which assessed whether observed changes were substantial enough to inform decision-making. Outcomes with very low depth risked diluting the overall significance index and potentially preventing it from meeting the required threshold. For the group of the socio-educational organizations no change was excluded in the significance test, although one change had a much higher depth than the others, as the other data used to value significance compensated for this depth. A full description of the test and its results is provided in [Section 7.1.4](#).

Risk analysis and judgment: Because organizational changes do not directly reflect people's well-being—the primary focus of this report—and because representatives completed a robust retrospective pre-test, clearly understood the survey items, and the sample was representative, the evaluator team judged the risk of misestimating the magnitude of change as low. Moreover, since programmatic decisions centered on beneficiaries' well-being—and organizational outcomes, though relevant, were not the main drivers of funding or delivery choices—the team opted not to conduct a more in-depth risk analysis for this group.

5.3 IDENTIFICATION OF THE DURATION OF CHANGE PRODUCED

The second most important metric for understanding the significance of an outcome is its duration.

This section answers the question:

How long will they last¹⁸⁸ the changes for different stakeholder groups?

The collection of data on how long these changes will last over time (sustainability) was carried out by combining information from three sources.

Firstly, all stakeholder groups were consulted using materials adapted to each one (see [Annex II](#)).

Secondly, professionals and experts in the field were involved to provide their specialized vision and in-depth knowledge of the different stakeholder groups, specifically the groups of "children, adolescents" and "mothers and fathers."

Thirdly, other previously analyzed reports detailed in the publication Documentary Review of reports measuring the impact of programs to prevent the institutionalization of children and adolescents were taken as a reference.¹⁸⁹

The following summarizes the data collection, detailing participant numbers and the methods used.

¹⁸⁸ Since this report presents evaluative data, the estimation of the duration of the changes is based on the prognostic perspective of the people consulted.

¹⁸⁹ Pólvara, P., Delfa Rodríguez, B., and De Cominges Sureda, B. 2023. *Documentary review of reports measuring the impact of programs to prevent the institutionalization of children*. The Social Consulting Agency and the Social Impact Chair of the Universidad Pontificia Comillas.



Table 57. Summary of data collection related to duration of the change

4. Only include what is material <i>What: Understand how long the change lasted</i>	Children and adolescents	Mothers and Fathers	Professionals	Socio-educational organizations
Universe:	384	320	91	39
How many:	180 (46.88%)	117 (36.56%)	69 (75.1%)	18 (46.20%)
Representativeness:	SAMPLE from group that is statistically representative —See Table 33 Error rate: 5.33% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 7.23% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 8.36% (acceptable)	Partly—See Table 33 Error rate: 17.17% (not fully acceptable ¹⁹⁰)
<i>Type of data collected:</i>	Quantitative			
<i>Data collection method:</i>	Combined focus group and Survey			

Source: Own elaboration.

5.3.1 Identification of duration indicators

The indicator selected to measure the expected duration of the change was "years", since the temporality evaluated corresponds to a one-year program. In the value map, for simplicity, year averages are rounded to whole numbers. This measure allows to adequately capture the expected durability of the changes generated based on the time frame of the program. In this study, the duration was defined individually for each change. This durability indicator was transformed into specific questions about the permanence of the change, such as: "*How long would you say the effects of this change will last?*" To answer, six options were offered, ranging from "1 year" (during the program implementation period) to "6 years." If the question was difficult to understand, a simplified version was offered, asking if the effects would last "during the project", "after the project" or "many years after"

[Table 59](#) presents in each column the average number of "years" obtained from the individual results of the people involved. The mean was used instead of the median or other measures, as it was the most appropriate for this analysis, in accordance with the argument

¹⁹⁰ Statistical method: error rate 17.17% (medium risk—sample below minimum threshold; see Chapter 3.3.1). sroi extrapolation risk: minimal, given the study's high representativeness and robust methodology.

explained in [Section 5.3.2](#). The process of involving the different stakeholder groups is detailed in [Table 33](#), and the questions used in data collection are found in [Annex II](#).



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Table 58. Summary of the duration of changes by stakeholder group

Stakeholder group	Change	Media ¹⁹¹ of years	Justification (see Section 5.3.2)
Children and adolescents	They have greater autonomy	3	The assignment of years was reported directly by the group of interest and subsequently validated and adjusted using data provided by the consulted researchers and reports reviewed for validation.
	They improve the intra-family relationship	3	
	They improve relationships with peers	3	This change developed progressively throughout the project, being identified both by the professionals involved, the families and through the drawings, videos and comments of the children and adolescents themselves. This confirms that the change was experienced tangibly <i>during</i> the implementation of the program.
	Improve behavior at school and in other settings	3	
	They help more people who need it	2	Additionally, the Kanjo tool ¹⁹² , used to evaluate emotions, showed an increase in "happiness" <i>during</i> the development of the program. Sources: The average duration was determined based on the information provided by the stakeholder group through questionnaires applied specifically for this purpose, and the validation and adjustment by socio-educational professionals and research professionals.
	They have a broader support network	2	
Mothers and fathers	Enhanced family atmosphere and wellbeing at home	3	

¹⁹¹ On the Value Map [Annex XIII](#), the averages are rounded to full years to align with the timing of the project and ensure consistency with the SROI calculation.

¹⁹² Kanjo Emotion. (s.f.) www.kanjoemotion.com



	Improve social relationships	4 ¹⁹³	<p>This data was reported directly by the stakeholder group and adjusted with information provided by the professionals consulted. In addition, several reports were consulted for validation.</p> <p>This change is generated throughout the project as it was observed by professionals and expressed through videos and process evaluation data. Consequently, it is evident that one experiences <i>during the program</i>.</p> <p>Sources: The average duration was determined based on the information provided by the stakeholder group through questionnaires applied specifically for this purpose, and validation and adjustment by socio-educational professionals and research professionals.</p>
	More autonomous as a family (without needing support)	2	
	They feel more accompanied	2	
	They receive personalized socio-emotional and community help for the family	2	
Professionals	Increases stress (-)	2,33	<p>This data was reported directly by the stakeholder group. This change is generated throughout the project and is consistently highlighted in all quarterly reports, in addition to having been identified in the final evaluation. Consequently, it is evident that it is experienced during the project.</p> <p>Sources: The average duration was determined based on the information provided by the stakeholder group through questionnaires applied specifically for this purpose.</p>
	Improving your career prospects	3,71	<p>This data was reported directly by the stakeholder group. This change is manifested through other conditioning changes, related to “improvements in knowledge and skills”,</p>

¹⁹³ The duration of “improving social relationships” was estimated at 4 years, extending the initial average of 2 years reported by participating mothers and fathers, who highlighted having formed new friendships with other families after having shared problems as a result of SomosVoz. This decision was made based on specialized literature and the analysis carried out by the researchers, who stated that these new relationships will probably be maintained over time, given that the families reside in the same community, which facilitates the continuity of ties.

			<p>where those knowledge valued in the new social economy stand out. The data reveal that the improvement is expected to benefit them “in the future” and consequently arise after the project.</p> <p>Sources: The average duration was determined based on the information provided by the stakeholder group through questionnaires applied specifically for this purpose.</p>
	Greater sense of purpose and fulfillment	3,50	<p>This data was reported directly by the stakeholder group. This change is manifested through the reported causes that motivated it, directly related to the new forms of work implemented and the data that reflect progress in families. These observations confirm that this change is experienced throughout the project.</p> <p>Sources: The average duration was determined based on the information provided by the stakeholder group through questionnaires applied specifically for this purpose.</p>
	Experienced an improvement in your financial situation	2,10	<p>This data was reported directly by the stakeholder group. This change is manifested through voluntary resignations due to having obtained another job with better economic prospects, directly reported by professionals and through the reported data. These observations confirm that this change is experienced throughout the project.</p> <p>Sources: The average duration was determined based on the information provided by the stakeholder group through questionnaires applied specifically for this purpose.</p>
	Increases the possibility of obtaining financing	1,33	<p>This data was reported directly by the stakeholder group. This change is generated throughout the project and is consistently highlighted in all the quarterly reports and in the evaluations that were made in relation to the innovations, in addition to having been identified in the final evaluation. Consequently, it is evident that it is experienced during the project.</p>
	Raises the standard of quality and efficiency in	1,68	



Socio-educational organizations	socio-educational service		Sources: The average duration was determined based on the information provided by the stakeholder group through questionnaires applied specifically for this purpose.
	Increase the value of technological inventory	1.0	This duration is based on the amortized value of the impact measurement tool corresponding to the year of intervention evaluated in this report. Therefore, the financial department of the stakeholder group in charge of economic management was consulted to confirm how the digital tool would be accounted for in 2024. Sources: financial records of the project managing organization.

Source: Own elaboration.



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5.3.2 Description of the duration of changes

Children and adolescents: The duration of the changes was defined using various sources:

- a) The voice of the children and adolescents (180 people)
- b) Interviews with researchers (2 people)
- c) Reference to similar reports (3 analysis reports)¹⁹⁴

The children and adolescents shared their perceptions about the sustainability of the changes, while the interviews with two expert researchers in childhood research, external to the project, and the reports provided a critical perspective to adjust the estimates and avoid overestimation, in line with the principle 5 of *"Do not overestimate the effects"*¹⁹⁵. The reviewed reports supported the hypotheses raised, with estimates ranging between 2 and 3 years.

In order to ensure a representation close to the value estimated by the children and adolescents, all the results (years) they estimated for each change were analyzed. The changes associated with the program were maintained, on average, between 2 and 3 years. All metrics present consistent averages within this range, supported by a high response rate (137-148 participants) and a small standard deviation (0.74-0.79), suggesting consistent patterns in perceived sustainability.

The median (3.0) was consistent across all metrics, indicating that most individuals perceived a duration of change of 3 years. Although the mean was slightly lower, reflecting a bias towards lower values, the negative skewness values and the concentration of responses in the upper range (3.0) reinforce the choice of the median as the most representative central measure. This allowed the typical perception of sustainability to be captured ensuring their voice was reflected.

¹⁹⁴ Pólvara, P., Delfa Rodríguez, B., & De Cominges Sureda, B. (2023). *Documentary review of reports measuring the impact of programs to prevent the institutionalization of children*. The Social Consulting Agency and the Social Impact Chair of the Universidad Pontificia Comillas.

¹⁹⁵ Social Value International. (n.d.). *Principle 5: Do not overclaim*. www.socialvalueint.org/principle-5-do-not-overclaim



In addition to the data provided by the children, this duration range was supported by the durability analysis developed after the interviews with the researchers and the reports studied. Based on this evidence and the principle of avoiding overestimations, it was decided to assign a conservative duration of 2 to 3 years to realistically reflect the expected impact of the program.

In detail, changes in family circumstances and relationships, such as *enhanced family atmosphere and wellbeing at home*, were adjusted to 3 years although the children and adolescents had projected them to be longer. According to the researchers, without ongoing support, these advances could be reduced to a duration of 2 years or less, despite the positive expectations of the participants. However, the high value assigned, its relevance, and the number of children and adolescents identified with this change, together with in-depth data and intermediate changes in habits and attitudes, suggest that the foundation created in relational and emotional well-being could favor a longer duration, for example. What the evaluator team wanted to respect was their voice, assigning it 3 years of duration.

Regarding changes related to learning, attitudes, and emotional management, such as *they have greater autonomy* and *improved behavior in school and other settings*, a 3 years duration was assigned. This was based on the hypothesis, developed after consulting the reports and the researchers, that the knowledge acquired and the skills developed persist over time. Knowing how to identify and handle adverse situations reinforces the resilience and self-esteem of the participants, generating a more lasting impact, but at the same time, the circumstances (change of school/class/friends) and the personal growth of age, suggest that the change could be directly affected by other circumstances, which is why the evaluator team wanted to maintain a conservative approach. The three reports¹⁹⁶ Those consulted confirmed that this estimate was prudent and appropriate.

The change *They help more people who need it*, it was estimated at 2 years, given that it is closely related to the improvement in relationships with peers. If these relationships deteriorate, the act of helping could also be affected. Although this change was not identified

¹⁹⁶ Pólvara, P., Delfa Rodríguez, B., and De Cominges Sureda, B. *Documentary Review of Impact Measurement Reports of Programs to Prevent the Institutionalization of Children*. The Social Consulting Agency and the Social Impact Chair of the Universidad Pontificia Comillas, last modification in 2023.

in other reports, it was decided to maintain this estimate based on its connection with the social environment of the children. Finally, the change and *They have a broader support network* It was estimated at 2 years. This improvement depends mainly on the environment of the socio-educational center of the SomosVoz program, so it was decided not to overestimate the durability more than a time close to the program. Furthermore, natural changes in school dynamics, such as a change of course or teachers, affect the stability of this network that is related to the school environment, the socio-educational center and the family home (which was assigned an improvement in family relationships of 2 years, aligned to the duration of this change). Since this change was not identified in other reports, a conservative estimate aligned with the nature of the program was chosen.

Mothers and fathers: In a similar way to the duration analysis carried out with the children and adolescents and applying the same sources, the same approach was used for the changes observed in this group of interest. Given that both children and adolescents and mothers and fathers share the same family nucleus and present similar changes, the same logic previously described was applied, based on the hypothesis that what affects children and adolescents also impacts the changes generated in their mothers. and parents, estimating a duration of 2 years in all of them. The only change that, unlike children and adolescents, gets 2 years instead of 3 is *enhanced family atmosphere and wellbeing at home*. This adjustment is based on the fact that the group itself assigned an average of 2.27 years, and the researchers pointed out that "the family atmosphere" can be influenced by many other factors not related to children and adolescents. Therefore, it was considered that this approach offered sufficient rigor without significantly affecting decision making.

Professionals: The durability of the changes was reported directly by the professionals, completed with validation through similar reports that identified equivalent changes, so it does not require more detailed explanation.

Socio-educational organization: The durability of the changes was reported directly by representatives of the organizations and complemented with objective financial data that is described in detail in [Annex XI](#) so it does not require a more detailed explanation



6. VALUING OUTCOMES



In the chapter on Principle 3: "**Value what matters**"¹⁹⁷ of the SROI methodology governed by Social Value International, the process of assigning value to the changes generated in stakeholder groups is described. This approach ensures that the analysis reflects the aspects that really matter to them. To this end, proxies and valuation methods were used in accordance with the principles, guaranteeing an accurate representation of the value of changes in strategic and operational decision-making.

This section answers the question:

What value is assigned to each change to understand the relative importance between one change and another within the same stakeholder group?

The proxies (economic approximations) in [Table 64](#) summarize the identified values of all relevant changes. The value detailed in the last column of this table is the one applied in the Value Map (see [Annex XIII](#)).

6.1 IDENTIFICATION OF PROXY INDICATORS

To identify indicators and proxies (approximations of monetized value) that would allow to understand the value assigned to each change, a combination of valuation techniques based on *The Green Book* from HM Treasury, the UK Government's official guide to the evaluation and assessment of public policies¹⁹⁸. 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 of the SROI methodology was applied, which emphasizes the importance of involving stakeholders in determining the monetized value of the changes.

¹⁹⁷ Social Value International. (n.d.). *Principle 3: Value the things that matter*
www.socialvalueint.org/principle-3-value-the-things-that-matter

¹⁹⁸ 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-government>



Table 59. Summary of the process of data collection of monetized valuation

3. Value what matters <i>What: Understand what € value change has</i>	Children and Adolescents	Mothers and Fathers	Professionals	Socio-educational organizations	External funding organizations	Schools, Social Welfare local organizations, children's shelter (excluded, but data was collected before exclusion)
Universe:	384	320	91	39	1	70
SAMPLE - # of people reporting € value:	72 (18.75%)	77 (24.1%)	69 (75.1%)	18 (46.20%)	1 (100%)	N/A
Representativeness:	SAMPLE from group that is statistically representative —See Table 33 Error rate: 5.33% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 9.75% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 8.36% (acceptable)	Partly—See Table 33 Error rate: 17.17% (not fully acceptable ¹⁹⁹)	Yes —See Table 33 Error rate: 0% (acceptable)	These groups were consulted but excluded because they did not experience change(see Section 3.1).
Type of data collected:	Quantitative					
Data collection method:	Combined focus group and Survey					

Source: Own elaboration..

¹⁹⁹ Statistical method: error rate 17.17% (medium risk—sample below minimum threshold; see Chapter 3.3.1). sroi extrapolation risk: minimal, given the study's high representativeness and robust methodology.



Based on these two approaches, a monetized value that served as an “anchor” for the other values was identified for all stakeholder groups with the exception of socio-educational organizations. For organizations, when dealing with objective values coming from the organization's records, the anchoring technique was not applied. The two key terms to define the values (proxies) of all the changes reported in this report are described below.

6.1.1 Anchoring

Anchoring²⁰⁰ is a technique used in impact assessment that consists of selecting a reference value for a specific change and using it as a starting point to determine the value of other changes. That is, an anchor value is established, and all other values are adjusted based on their relationship with it, ensuring consistency and comparability in the impact estimate. In this way, the relative importance of the changes is maintained, expressed by the stakeholder groups 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 85. Formula to calculate the value of changes

$$\text{Valor del cambio valorado} = \left(\frac{\text{Valor del cambio "ancla"}}{\text{Grado de importancia del cambio "ancla"}} \right) \times \text{Grado de importancia del cambio valorado}$$

Source: Own elaboration.

The process was the following:

1. The developed “anchor” value was used as a basis.
2. From this, the corresponding formula was applied to calculate the value of all other changes.
3. The base value was adjusted according to the magnitude of the change generated in each case.

²⁰⁰ Nicholls, J., Lawlor, E., Neizert, 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>



The benefit of applying the anchoring technique lies in the fact that the relative importance of the changes identified for these stakeholder groups 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 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 stakeholder groups—which reflects how much they care about a specific change—provides more useful and practical information for improve in certain areas than a total social value calculation 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. Consequently, in cases where there was a risk of underestimating a value, such as in the stakeholder group of “socio-educational organizations” in which there were clearly defined indicators and proxies, an exception was made to the anchoring method, since the proxies used were considered most appropriate for each of the changes, so the rating assigned could be maintained through the application of proxies for each of them.

6.1.2 Value coefficient - “anchor”

The creation of the anchor values is referred to in this report as the value coefficient, but to align with the terminology of the SROI methodology, it will be called the “anchor proxy.” Its development is based on econometric models, known in some cases as “value factors” or under the “WELLBY” theory (Wellbeing-Adjusted Life-Years).²⁰¹.

²⁰¹ Nature Communications. (2024). [Article title]. *Nature*. <https://www.nature.com/articles/s41599-024-03229-5>



For the coefficients developed in this report for the "NNA" and "mothers and fathers" groups, Dr. Daniel Fujiwara was commissioned to estimate them, applying two main criteria to identify which of the changes would act as an anchor value:

1. The perception of the beneficiaries, represented through the change that they themselves valued as most significant (*enhanced family atmosphere and wellbeing at home*).
2. The intentional change of the program, that is, the result that the program seeks to directly generate (family atmosphere).
3. The existence of national and international studies on the subject, which will support the development of the anchor value.

For the "anchor proxy" applied to the values of the group of "professionals", whose estimation was also entrusted to Dr. Daniel Fujiwara, other criteria were established to determine what would be the change in well-being for which an "anchor proxy" would be developed. :

1. Reflect a change that would significantly affect the well-being of this group and that had high relevance (*increases stress*).
2. Consider an economic impact on organizations, in the event that said change was not taken into account in decision making.
3. The existence of national and international studies in the field.

To calculate the "anchor proxy", a model was developed based on a statistical regression of publicly available data sources, with the aim of monetizing the identified well-being aspect. Given that the program is developed in Spain, representative data sources were selected for the stakeholder groups, thus validating that the resulting well-being assessment was representative and robust.

However, in order to mitigate the risk of sensitivity in decision making, and assign more certainty to the selected "anchor proxy", a revealed preference technique was applied.²⁰² to

²⁰² 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-government>



estimate alternative anchor values details in [Section 6.1.4](#). Subsequently, both assessments were compared and their degree of sensitivity was analyzed in the sensitivity analysis.

Once the “anchor proxies” were developed, they were adjusted based on the depth of the change, with the goal of ensuring that each value correctly reflected “how much had changed.” In this way, overestimating the value generated was avoided, in compliance with Principle 5 of SROI: *“Do not overestimate the effects”*.

The process to develop “anchor proxies” based on the Wellbeing Valuation method²⁰³ follow the following steps:

Review of Spanish literature: Search for values in academic literature and studies carried out in Spain.

Review of international literature (if there are no Spanish values): Identify studies that include estimates of the impact (coefficients) of the results on life satisfaction.

Additional review of international sources (if there are no Spanish quantitative studies): Use coefficients from relevant international studies to extrapolate the value.

Proxy calculation using Wellbeing Valuation: Estimate values using the identified coefficients and apply the average income of the minimum wage in Spain.

Table 60. Values of anchor proxy by stakeholder group²⁰⁴

Children and adolescents	Mothers and fathers	Professionals
1.558,55€	1.622,86€	-1.428,10€

Note: These “anchor” proxies have been adjusted considering the measurement temporality (including all evaluated months) and the depth of the change to which they have been linked. Source: Own elaboration.

Description of the “anchor proxy” Enhanced family atmosphere and wellbeing at home applied for “children and adolescents” and “mothers and fathers”: No studies were found that evaluated the effect of family relationships on life satisfaction in Spain. The

²⁰³ 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-government>

²⁰⁴ *If you need details, contact The Social Consulting Agency as they are values protected by copyright.*



international studies used were: Helliwell et al. (2022) and Fujiwara et al. (2013) in which similar effects of 0.16-0.18 are found in the impact of social support and social capital on life satisfaction. Helliwell et al. uses data from European countries, including Spain. Fujiwara et al. uses UK data.

Description of the “anchor proxy” *Increases stress applied for “professionals”*: In Spanish literature, the impact of stress on life satisfaction has been widely investigated, identifying five relevant studies.²⁰⁵ The average effect size found in these investigations is -0.4 on a 7-point scale. Internationally, four additional studies were identified that report a similar average effect (-0.4) on life satisfaction. Additionally, the Social Value Bank of Australia estimates a value of -5.050€ per person per year for the impact of stress. As the main reference, the study by Rey and Extremadura (2015)²⁰⁶ was used, based on a representative sample of the general population in Spain, which reports an effect of -0.36, aligned with the general findings of the literature. Applying the well-being valuation method, this study produces an estimated value of these values, a result similar to the values mentioned.

6.1.3 Involvement of stakeholder groups

According to SROI Principle 1, ***“Involve stakeholder groups”***, these must participate in identifying the relevance of the changes experienced. In this study, information was collected from all stakeholder groups through the question: ***How important is it for you to have experienced this change through SomosVoz?***, thus applying a non-monetized valuation (see [Chapter 4. Understanding what changes](#) about importance).

The same principle recommends, although it does not require, involving stakeholder groups in the identification of the monetary value of these changes, thus allowing the relative

²⁰⁵ Tsutsumi, A., y Kawakami, N. "A Review of Epidemiologic Studies on the Stress-Life Satisfaction Relationship Among Workers in Japan." *Industrial Health* 42, no. 2 (2004): 113-122.

Kim, S., y Kim, H. "The Impact of Stress on Life Satisfaction in Older Adults." *Journal of Aging & Health* 21, no. 5 (2009): 673-690.

Daukantaite, D., y Zukauskienė, R. "Stress and Subjective Well-Being Among University Students in Kyrgyzstan, Lebanon, Tunisia, and the UK." *Journal of Happiness Studies* 13 (2012): 725-746.

Spence Laschinger, H. K., y Leiter, M. P. "The Impact of Stress on Job Satisfaction and Life Satisfaction Among Health Professionals." *Nursing Management* 14, no. 3 (2006): 28-42.

²⁰⁶ Rey, M., & Extremadura, J. (2015). *Estudio sobre el estrés: Impactos en la salud y productividad*.



importance of each transformation experienced to be reflected. In this study, stakeholder groups actively participated in this process.

For the monetary valuation, different approaches were used depending on the stakeholder group:

Professionals: To identify reference values, a valuation technique based on *revealed preference*²⁰⁷, for which in the first phase, data was collected to identify indicators that would allow estimating a “proxy. For this, the following question was asked: *What have you stopped doing or started doing to achieve this change or avoid it?*

After collecting this data, the same group was presented with a list of alternative monetized values to the indicators they had reported, allowing them to select the one they considered closest to the value they assigned to the change (for example, if as an indicator they had said that they went to therapy to reduce stress, the cost of therapy for one year was proposed). This process allowed the development of reference proxies, that is, values comparable to the anchor proxy, through the valuation technique. *revealed preference*²⁰⁸, thus strengthening the solidity of the data selected as “anchor proxy”.

Children, adolescents, mothers and fathers: Due to the complexity of this group in understanding the concept of “value” in monetary terms, direct questions were not used, as in the case of professionals. Instead, a three-step approach was applied:

1. Goods and services with personal value were identified for which they were asked: *If your parents and family had no financial limits, what would you like to receive for your birthday, something that you would value very much? It can be a product, a service, an activity.* To identify low-value objects, they were asked to name gifts that they would prefer not to receive, considering they had no value to them.

²⁰⁷ 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-government>

²⁰⁸ 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-government>



- From these responses, a list of goods, services and activities was created with their assigned monetized value, which the respondents considered to be of high value and others that had no value for them.
- The Value Game was used²⁰⁹, an assessment technique in which participants were asked to associate an object with assigned value to an experienced change, thus illustrating the value they attributed to said change.

Figure 86. Material to understand what children and adolescents and families value



Source: Own elaboration.

Figure 87. Material on “How much is it worth?”



Source: Own elaboration.

²⁰⁹ The Value Game. (n.d.). www.valuegame.org

From this process, value averages were calculated that served as a reference to compare with the anchor proxy finally selected, ensuring that there was a relationship between what they indicated and the value of the “anchor proxy” selected.

6.1.4 Reference values

In order to provide rigor to the selection of the "anchor proxy", additional valuation methodologies were used to develop other proxies and compare them with the value of the "anchor proxy". Furthermore, these methodologies were used to include them in the sensitivity analysis, allowing the stability and sensitivity of the selected value to be validated. For this purpose, the revealed preference technique was used, which estimates values by observing how people allocate their spending to related goods, such as leisure or health, in average terms in Spain.

In this case, the value of *enhanced family atmosphere and wellbeing at home* (Children, adolescents, and mothers and fathers) three values were calculated:

Average annual expenditure that families spent on vacations in 2023,

considering that the program had a duration of one year. This indicator was selected due to its direct connection to the changing in “*enhanced family atmosphere and wellbeing at home*” and the “related object”, identified through the Value Game. In this game, the participants indicated that the change “*It's worth as much as a family vacation.*”, thus reflecting their perception and assignment of value.

Average annual expenditure that families allocated to family leisure in 2023,

considering that the program had a duration of one year. This indicator was selected due to its direct connection to the *enhanced family atmosphere and wellbeing at home* and the “related object”, identified through the Value Game. In this game, the participants indicated that the change “*It's worth as much as a family vacation.*”, thus reflecting their perception and assignment of value.

Investment in family therapy: The value of attending weekly family therapy sessions for 11 months, excluding the vacation period, was estimated using “family therapy hours” as a key indicator to reflect improvement in family atmosphere and communication.



The market price of the avoided cost of institutionalization: The reduction in the annual cost of institutionalizing a child (€41,135.5/year) was considered a key indicator, based on the execution time of the SomosVoz program. The results of HEMERII²¹⁰ showed a decrease in the percentage of children and adolescents at serious risk of 5.16 percentage points²¹¹, which could be used as an indicator to calculate the value of the total amount of institutionalization during a year, since it reflects the associated avoided cost.

In [Table 62](#) The comparison of monetized values adjusted according to the depth of change is presented.

Table 61. Values compared to proxy - improvement of the enhanced family atmosphere and wellbeing at home

Indicator	Children and adolescents	Mothers and fathers
Anchor Proxy	1.558,55€	1.622,86€
family vacation	2.075,96€ ²¹² (variable: 33.20%)	2.075,96€ (variable: 27.92%)
family leisure	1.160,65€ ²¹³ (variable: 25.53%)	1.286,13€ (variable: 26.18%)
family therapy	1.707,26€ ²¹⁴ (variable: 9.54%)	1.771,44€ (variable: 8.39%)
Reduction in the level of risk of institutionalization	1.492,12€ (variable: 4.26%)	1.453,43€ (variable: 11.66%)

Source: Own elaboration.

²¹⁰ HEMERII: Tool for measuring the risk of institutionalization of children, developed within the framework of the SomosVoz Program and adapted to the scope of the CSE/CdD/CAD (and the program's own development).

²¹¹ €41,135.5/year * 5.16% reduction in severity level = €2,122.59/year/NNA.

²¹² National Institute of Statistics (INE). (2023). *How much does a Spanish family spend per year on tourism?* <https://espana.ladevi.info/ine/ine-cuanto-gasta-una-familia-espanola-al-ano-turismo-n53621> (value: €2,953)

²¹³ SER chain. (2024, June 27). *Families increase spending on leisure and restaurants in 2023 despite the rise in inflation.* <https://cadenaser.com/nacional/2024/06/27/las-familias-disparan-el-gasto-en-ocio-y-restaurantes-en-2023-pese-a-la-subida-de-la-inflacion-cadena-ser/> (value: €1,651)

²¹⁴ Average price of therapeutic session in Spain €51 per session * 4 weeks * 11 months). The Economist. (2020, September 9) www.economista.es/status/noticias/10787793/09/20/Cuanto-cuesta-ir-al-psicologo-en-Espana-Un-ranking-de-las-mas-caras-y-baratas.html (value: €2,240)



Conclusion: Although a minimal to medium variation was detected, between 4.26% and 33.20%, the sensitivity analysis confirmed that the decision making would not change if another reference value had been selected, since the impact on the social return It's minimal. Therefore, it is concluded that the selected "anchor proxy" value is adequate and sufficiently robust to illustrate the value generated in monetary terms.

In this case, the value of *Increases stress* (professionals) three reference values were calculated to compare with the "anchor proxy":

Investment in relaxation massage: This value, identified by its high degree of consensus among the 68 people (75% of the stakeholder group) who valued this change, showed a notable concentration on a specific amount (€840/year)²¹⁵. This amount represents the annual cost of massage sessions or the "willingness to pay" value to receive a monthly massage to help reduce stress, as well as the value equivalent to 8 days of lost income due to unpaid sick leave. The coincidence in this amount reflects a clear preference among people for this type of investment in well-being or for avoiding a sick leave of equal cost.

Pay rise: In this change, a consensus was not as clear as in other cases; However, an average of the salary increase was calculated according to the agreement, considering the three main roles: educators (€22,168/year), psychologists (€21,928/year) and coordinators (€24,493/year).²¹⁶. Although some participants reported an increase in their income, a precise indicator was not identified, so, in the absence of more accurate data, a 10% increase was applied as a conservative estimate.

Table 62. Values compared to anchor proxy - increased stress

Indicator	Professionals
Anchor Proxy	-1.221,34€
Massage sessions	840€ (variable: 31.72%)

²¹⁵ This value, with a mean of €989.79, median of €840.00 and mode of €840.00, presented the lowest standard deviation among the data analyzed. 80% of the data is grouped within one standard deviation (12% more than expected) and 98% within two standard deviations (3% more than expected), indicating a high concentration around the mean and low dispersion.

²¹⁶ The Digital Law. (2022). Collective Agreement for Social Action and Intervention 2022-2024 <https://thedigitallaw.com/convenios-colectivos-estatales/convenio-colectivo-de-accion-e-intervencion-social-2022-2024/#h-salario>



Salary increase by 10%	2.286€ (variable: 87.17%)
------------------------	------------------------------

Source: Own elaboration.

Conclusion: Despite the relatively high variation detected, the impact on the social return ratio is minimal, since not all professionals were affected. Therefore, although the selected value is slightly higher than the reference values, it is considered adequate and robust enough to illustrate the value generated in monetary terms.

6.1.5 Resource values (inputs)

The indicators used to assess the "time" of professionals, as well as the value contributed by socio-educational organizations, applied the same methods described in [Chapter 6. Valuing outcomes](#). This allowed the criteria of Principle 1 to be met, "*Involve stakeholder groups*", by integrating them into the identification of the monetary values of the resources,



[Table 64](#) shows in the “Value (€)” column 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 those that were considered “significant” in the significance test detailed in [Chapter 7. Material changes](#).

Table 63. Proxies of changes by stakeholder group

Stakeholder group	Change	Value (€) adjusted to depth	Indicator and selection rationale (anchor highlighted with *)	Fountain
Children and adolescents	They improve the intra-family relationship	1.558,55€*	This value acts as the "anchor" for all other values within this stakeholder group. It is important to note that this is the "anchor proxy" adjusted to the depth of change for which it represents the value. This value has been developed from a value coefficient.	Own development
	They have greater autonomy	1.156,37€	This value is derived from a proxy considered as 'anchor', obtained by multiplying the value assigned to the category 'Improvement in the intra-family	"Anchor proxy" value
	They improve relationships with peers	1.380,18€		
	Improve behavior at	1.189,64€		



	school and in other settings		relationship' by the degree of importance attributed to said change.	
	They help more people who need it	1.261,63€		
	They have a broader support network	1.338,47€		
Mothers and fathers	Enhanced family atmosphere and wellbeing at home	1.622,84€*	This value acts as the "anchor" for all other values within this stakeholder group. It is important to note that this is the "anchor proxy" adjusted to the depth of change for which it represents the value. This value has been developed from a value coefficient.	"Anchor proxy" value
	Improve social relationships	1.233,56€	This value is derived from a proxy considered as 'anchor', obtained by multiplying the value assigned to the category 'Improvement in the intra-family relationship' by the degree of importance attributed to said change.	"Anchor proxy" value
	More autonomous as a family (without needing support)	1.381,33€		
	They receive personalized socio-emotional and community help for the	1.784,74€		



	family			
Professionals	Increases stress (-)	-1.424,10€*	This value acts as the "anchor" for all other values within this stakeholder group. It is important to note that this is the "anchor proxy" adjusted to the depth of change for which it represents the value. This value has been developed from a value coefficient.	"Anchor proxy" value
	Improving your career prospects	802,71€	This value acts as the "anchor" for all other values within this stakeholder group. It is important to note that this is the "anchor proxy" adjusted to the depth of change for which it represents the value. This value has been developed from a value coefficient.	"Anchor proxy" value
	Experienced an improvement in your financial situation	783,57€	This value acts as the "anchor" for all other values within this stakeholder group. It is important to note that this is the "anchor proxy" adjusted to the depth of change for which it represents the value. This value has been developed from a value coefficient.	"Anchor proxy" value.



Socio-educational organizations	Increases the possibility of obtaining financing	542.383€	% of funds obtained as a result of the program applied to the 14 organizations.	Informed by the stakeholder group. Own source.
	Raises the standard of quality and efficiency in socio-educational service	396.125€	% of investment in R&D according to market statistics, applied to the 14 organizations.	Informed by the stakeholder group.
	Increase the value of technological inventory	61.800€	Similar SaaS contracting market cost.	Market price https://sinergiacrm.org/ .

Source: Own elaboration.



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6.1.6 Professionals

For this stakeholder group, it was decided to value each change individually, thus avoiding “anchoring” that could lead to underestimating the value of some of the changes in this list, which had a clear evaluation by the group. whose essence was not wanted to be lost. Given that a large portion of the people in the group actively participated in providing data, this methodology was considered the best option to accurately identify proxies and faithfully reflect the perceptions of the group of interest.

Increases stress (-): This value, identified by its high degree of consensus among the 68 people (75% of the stakeholder group) who valued this change, showed a notable concentration on a specific amount (€840/year)²¹⁷. This amount represents the annual cost of massage sessions or the "willingness to pay" value to receive a monthly massage to help reduce stress, as well as the value equivalent to 8 days of lost income due to unpaid sick leave. The coincidence in this amount reflects a clear preference among people for this type of investment in well-being or for avoiding a sick leave of equal cost.

Improving your career prospects: In this change, a consensus was not as clear as in other cases; However, it was decided to use the median of the 68 people (74%) who valued this change, since it was close to the value identified in the change. *Experienced an improvement in your financial situation*, in which a target salary increase was estimated. The median indicated a value of €4,805. However, to reflect the depth of change (1.67), this initial amount was adjusted, considering that the perception of economic improvement is more of a forecast concept, while economic improvement itself represents a lived experience (revealed preference). , so this was used as a base. To avoid overestimation, the resulting adjusted value was 3.661€.

²¹⁷ This value, with a mean of €989.79, median of €840.00 and mode of €840.00, presented the lowest standard deviation among the data analyzed. 80% of the data is grouped within one standard deviation (12% more than expected) and 98% within two standard deviations (3% more than expected), indicating a high concentration around the mean and low dispersion.



Experienced an improvement in your financial situation: In this change, a consensus was not as clear as in other cases; However, it was possible to calculate an average of the salary increase²¹⁸ according to the agreement using an average of the three roles: “educators” (€22,168/year), “psychologists” (€21,928/year) and “coordinators” (€24,493/year). This average value was obtained by adding the total monetized value of increases reported by each of the 14 people and then dividing the total value between them, resulting in an annual average of 4.780€ per person. This calculation illustrates the average salary increase for these three roles and reflects the economic impact that the 14 participants reported, indicating an increase in their income of between 10% and 50%, depending on their individual perception of how this change affected them. their salaries.

6.1.7 Socio-educational organizations

For this stakeholder group, it was decided to value each change individually since the data provided on value was objective (savings or related income), thus using the valuation technique of *market price*²¹⁹, one of several techniques allowed for estimating indicators and proxies of value.

Increases the possibility of obtaining financing: During the consultation with the organizations, estimates of the monetized value of future financing attributable to the program ranged between 5% and 90% of the annual total raised by each entity in terms of financing. The high disparity of the data led to searching for a more objective and representative indicator and proxy, which would have occurred during the period evaluated, in order to identify an approximate value that would be applicable to the 14 participating entities, and more precise since the income of the organizations range between €200,000 annually to €8,000,000.

In this analysis, and always consulting the stakeholder group itself, a call for funds was

²¹⁸ The Digital Law. (2022). Collective Agreement for Social Action and Intervention 2022-2024 <https://thedigitallaw.com/convenios-colectivos-estatales/convenio-colectivo-de-accion-e-intervencion-social-2022-2024/#h-salario>

²¹⁹ 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>

identified in which the SomosVoz managing organization was approved to receive €53,000 for which said evidence program had been used, and especially the experience in impact measurement that had been piloted. This figure, equivalent to 1.67% of the estimated funds for 2025 (€3,180,000), was taken as a basis to estimate a proxy of the potential impact applicable to the 14 entities participating in SomosVoz in terms of the possibility of obtaining funds. As the evaluator team did not have complete evidence due to pending calls, this percentage was applied as a conservative value, supported by verifiable data from the 2002/2023 reports and estimated annual budgets for 2024.

The resulting proxy (**€542,383/year**) represents a prudent estimate of the monetized value that could be generated by all organizations in future calls obtained (see [Chapter 18. Annex](#)).

Raises the standard of quality and efficiency in socio-educational service: The centers participating in the identification of proxy indicators associated quality improvement with two main concepts: the reduction in the percentage of withdrawals of children and adolescents during a year as a key indicator of improvement, and the incorporation of a new socio-educational support role that increases the quality and efficiency of the service. This last point is associated with better knowledge and greater effectiveness of the processes, a perception also confirmed by the children and adolescents themselves and their families.

Three possible alternatives for the proxy were identified, all based on the contribution of the stakeholder group and related to investment in quality:

- Investment in quality (R&D):** Indicator linked to investment in process improvement.
- Investment in a new role (psycho-emotional support):** Related to improving staff capabilities.
- Reduction of management costs:** Associated with the reduction of highs and lows. (This option was discarded due to a lack of robust data that directly reflected the reduction in administrative costs).

The option selected as a proxy was the investment in quality (R&D) (**396.125€**), since it



reflects the improvement of an already existing service. Its values are consistent with other alternatives evaluated, such as the cost of the new psycho-emotional support role, and it is aligned with the program's objective of *raising quality and efficiency standards* in the socio-educational service through process improvement. Furthermore, the available data (see [Chapter 18. Annex](#)) supports its validity and allows a more precise and justified measurement of impact.

To calculate the proxy value, the percentage of R&D spending in the higher education sector in Spain was used (in the absence of specific data on the socio-educational sector), which corresponds to 25.50%.²²⁰ on costs according to 2023 INE data. With a total income of the participating organizations of €32,722,665.47, and applying 80% as a cost base, a total of €29,551,384.27 was obtained, resulting in an estimated investment in R&D of €396,125.

This value is very close to the expenditure of resources with the new role, calculated at €399,089.60/year, considering 14 people with an average salary (data created by myself using the salaries of the calculation base project) which represents a cost company of €28,506.40 (€21,928.00 gross salary + 30% company costs). This similarity reinforces the choice of investment in quality (R&D) as a valid and coherent proxy.

Finally, it was estimated that if an investment was made in a process improvement consultancy, at an average price of €90/hour, with an estimated duration of one work week (300 hours), the total value would be €378,000 plus the 21 % VAT, which results in a value similar to the proxy selected for this change.

In conclusion, the proxy related to innovation was chosen, since the project is designed to improve an existing service.

Increase the value of technological inventory: The proxy was determined through dialogue with the finance department of the managing organization, which is part of the stakeholder group. In this analysis, on the one hand, the annual amortized value of the tool that was used to measure the impact of SomosVoz was considered (€119,870.98/year) and on the other hand, it was compared with the market cost of a similar tool, applied used by 14

²²⁰ National Institute of Statistics (INE). (2023). *Statistics on R&D activities. Year 2023.* <https://ine.es/dyngs/Prensa/es/IMASD2023.htm>



different organizations (€61,800), taking as reference examples of more complex management tools used in the third sector²²¹.

The more conservative value between the two estimates was chosen for several reasons. Firstly, although the tool was used to measure the intervention, it was not part of the objective of this report to evaluate the value of the development of the tool itself, but rather to focus on the value of its use. Secondly, given that the choice between both estimates did not alter the final result, since in no case did it exceed the significance threshold defined for its inclusion, according to the significance test (see [Table 69](#)), it was considered more appropriate to apply the most conservative value of the two options evaluated.

²²¹ SinergiaCRM. (s.f.). <https://sineriacrm.org>



7. MATERIAL CHANGES



In this chapter, linked to Principle 4: "*Include only the material*"²²², details the process through 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 important changes, two key tests, described below, were implemented to identify the material changes that will be used in making decisions based on 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?

7.1 MATERIALITY OF CHANGES

The materiality analysis consists of two key tests: a relevance test and a significance test. For ease of understanding, the first materiality analysis (materiality test) is detailed in [Section 4.4](#), where the relevant changes for each stakeholder group are presented. Therefore, this information will not be repeated in this section.

This section describes the process of identifying changes that, in addition to being relevant, meet the significance criteria established for decision-making. The changes in well-being that passed this significance test described by each stakeholder group were included in the Value Map (see [Annex XIII](#)), which calculates the monetized social value characteristic of the SROI methodology, as detailed in [Chapter 9. Future values](#). Next, the process of identifying material changes is explained, which culminates with said significance test. This test evaluates four key criteria to determine which of the relevant changes are also significant and therefore material in future decisions that will be based on the data from this SROI analysis.

²²² Social Value International. (n.d.). *Principle 4: Only include what is material*. www.socialvalueint.org/principle4-only-include-what-is-material



Table 64. Example of significance test

Cambios/criterios de análisis	Cambio 1	Cambio 1
Número de personas (percepción de persona impactada)	180	180
Duración (1-10 años)	3	2
Cuánto cambió (grado de profundidad, 1-10)	5,95	7,03
Valor (no monetizado)	8,10	9,24
Cuánto hubiera pasado, peso muerto (1-100%)	30%	20%
INDEX total	36.131,79	65.757,47
	NO INCLUIDO - POR NO SER SIGNIFICATIVO	INCLUIDO - SIGNIFICATIVO

Source: Own elaboration.

The criteria considered for this significance test are the following:

1. **Number of people:** It reflects the perception of the people impacted and how many of them have experienced the change.
2. **Duration:** It measures the number of years during which the change is perceived, with a scale of 1 to 10 years. It is used to calculate the value of a year in this case. Use the average of the data provided by each stakeholder group.
3. **Degree of depth of change:** Evaluate the magnitude of the change experienced, using a scale from 1 to 10. Use the average of the data provided by each stakeholder group.
4. **Monetary value (€) or non-monetary:** It represents the economic value assigned to the change or the average of the assigned degree of importance.
5. **Deadweight:** It quantifies the percentage of what would have happened without the intervention, measured between 1% and 100%.

The significance test applies the following formula to calculate a final index that serves as a basis for comparing the changes with each other, and excluding those that are not significant for decision making.



Figure 88. 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 for not meeting 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 of the threshold depended on the level of rigor of the data used in the test: if the data did not have adequate rigor²²³, a broader threshold was applied; otherwise, the 70% threshold was maintained. This ensured that only changes that were truly significant to the decision making for which this report was developed were included.

This methodology allows the analysis to focus on the effects on the well-being of the people who generate the greatest social value in terms of duration, scale and depth, number of people and deadweight, facilitating a more accurate and informed assessment of the return social on investment. In this way, it is guaranteed that the results clearly and quantifiably reflect the most relevant and significant changes for the people impacted, supporting decision-making.

7.1.1 Children and adolescents

Table 65. Significance test - children and adolescents

Cambios/criterios de análisis	Tienen mayor autonomía	Mejoran la relación intrafamiliar	Mejoran la relación con iguales	Mejoran el comportamiento en la escuela y en otros entornos	Ayudan más a personas que lo necesiten	Cuentan con una red de apoyo más amplia
Número de personas (percepción de persona impactada)	180	180	179	178	179	178
Duración (1-10 años)	3	3	3	3	2	2
Cuánto cambió (grado de profundidad, 1-10)	5,95	7,03	6,72	5,84	6,1	6,39
Valor (no monetizado)	8,10	9,24	8,56	8,49	8,62	8,73
Cuánto hubiera pasado, peso muerto (1-100%)	7%	14%	24%	19%	15%	7%
INDEX TOTAL:	24.203,53	30.166,12	23.476,37	21.446,03	16.000,70	18.469,20
	INCLUIDO - SIGNIFICATIVO	INCLUIDO - SIGNIFICATIVO	INCLUIDO - SIGNIFICATIVO	INCLUIDO - SIGNIFICATIVO	INCLUIDO - SIGNIFICATIVO	INCLUIDO - SIGNIFICATIVO

Source: Own elaboration.

²²³ Questions about causality were especially difficult to answer for children, mothers, fathers and even teachers. Since they cannot be quantified in all cases, the estimate is less rigorous.

Threshold: 50% (index 12,101). This threshold was applied because the value assigned to the deadweight was not of such accuracy, but was achieved under a high degree of self-assessment by the research team. Furthermore, considering the high value in importance and the similarity in the degree of importance, it was decided to use a lower threshold than that applied to other groups, to avoid excluding relevant and significant changes for this group.

Excluded changes: The change “*Happier*” was excluded, despite exceeding the threshold, due to its broad and general nature, making it difficult to make specific decisions about what to improve to optimize people's well-being in the following stages of the program. Likewise, it was concluded that the other significant changes already incorporate the value of this change, as they are part of the chain that leads to it.

Conclusion: The following changes in well-being were included in the SROI calculation ([Chapter 9. Future values](#)): *They have greater autonomy, They improve the intra-family relationship, They improve relationships with peers, Improve behavior at school and in other settings, They help more people who need it and They have a broader support network.* According to the test, these changes were not only relevant, but significant for making decisions based on the analysis.

7.1.2 Mothers and fathers

Table 66. Significance test - Mothers and fathers

Cambios / criterios de análisis	Mejora el clima familiar	Mejoran las relaciones sociales	Son más autónomos como familia	Reciben ayuda personalizada socio-emocional y comunitario para la familia	Se sienten más acompañados/as
Número de personas (percepción de persona impactada)	101	75	73	108	85
Duración (1-10 años)	2	4	2	2	2
Cuánto cambió (grado de profundidad, 1-10)	8,98	7,64	8,18	9,28	8,04
Valor (€)	€2.953,00	2.512€	2.690€	3.052€	2.644€
Cuánto hubiera pasado, peso muerto (1-100%)	10%	50%	10%	10%	50%
Cálculo	€4.820.961,49	2.879.155€	2.891.273€	5.505.279€	1.806.833€
	INCLUIDO - SIGNIFICATIVO	INCLUIDO - SIGNIFICATIVO	INCLUIDO - SIGNIFICATIVO	INCLUIDO - SIGNIFICATIVO	NO INCLUIDO - POR NO SER SIGNIFICATIVO

Source: Own elaboration.

Threshold: 50% (index €1,127,902). This threshold was applied because the value assigned to the deadweight was not of such accuracy, but was achieved under a high

degree of self-assessment by the research team to avoid excluding relevant and significant changes for this group.

Excluded changes: The change *You feel more accompanied* was excluded for not exceeding the threshold. This change was excluded because it did not exceed the threshold. The value index showed a difference of 34% compared to the established threshold and 67% compared to the highest value change.

Conclusion: The following changes in well-being were included in the SROI calculation ([Chapter 9.Future Values](#)): *Enhanced family atmosphere and wellbeing at home, Improve social relationships, They are more autonomous as a family, and They receive personalized socio-emotional and community help for the family.* According to the test, these changes were not only relevant, but also significant for making decisions based on the analysis.

7.1.3 Professionals

Table 67 Significance test - Professionals

Cambios/criterios de análisis	Mejora de las perspectivas de su carrera profesional	Aumenta el estrés (-)	Mayor sentido de propósito y realización	Experimentado una mejora en tu situación económica
Número de personas (percepción de persona impactada)	55	53	48	14
Duración (1-10 años)	2,33	3,71	3,5	1,18
Cuánto cambió (grado de profundidad, 1-10)	1,67	2,82	0,73	2,18
Valor (€)	3.661€	840€	840€	4.779€
Cuánto hubiera pasado, peso muerto (1-100%)	50%	50%	60%	40%
Cálculo	72.159€	16.920€	3.364€	74.162€
	INCLUIDO - SIGNIFICATIVO	INCLUIDO - SIGNIFICATIVO	NO INCLUIDO - POR NO SER SIGNIFICATIVO	INCLUIDO - SIGNIFICATIVO

Source: Own elaboration.

Threshold: 70% (index €51,913).

Excluded changes: The change *Greater sense of purpose and fulfillment* was excluded, despite exceeding the threshold, because it did not exceed the threshold, since it was very clearly reported that other groups such as family and friends would contribute to this change in the same way. The value index showed a difference of 94% compared to the established threshold and 95% compared to the highest value change.



Exceptionally included changes: *Increases stress (-)*. This change should have been excluded based on the established threshold, but the research team decided to include it due to its high degree of relevance and its critical impact on program improvement, especially as it relates to professionals. As the project was innovative and was launched for the first time, the estimated data on the effects of stress in terms of duration could not be evidenced. Excluding this change would have been a high risk since it is the only negative change with a significant impact on the project, its economy, and the well-being of the participating people.

Although the value assigned to this change is lower in relation to the others, and its deadweight is high, excluding it could have negatively altered future decisions, impacting subsequent editions even more. For these reasons, and as an exception to the rule, it was decided to include it in this first impact assessment to ensure its visibility in the analysis and prevent a greater negative impact in the future.

Conclusion: The following changes in well-being were included in the SROI calculation ([Chapter 9. Future values](#)): *Improving your career prospects, Increased stress (-), and Experiencing an improvement in your financial situation*. According to the test, these changes were not only relevant, but also significant for making decisions based on the analysis.

7.1.4 Socio-educational organizations

Table 68. Significance test - Socio-educational organizations

Cambios/criterios de análisis	Aumenta la posibilidad de obtener financiación	Eleva el estándar de calidad y eficiencia en el servicio socioeducativo	Incrementa el valor de inventario tecnológico
Número de personas (percepción de persona impactada)	1	1	1
Duración (1-10 años)	1,33	1,64	1
Cuánto cambió (grado de profundidad, 1-10)	0,78	0,83	5
Valor (€)	580.598€	396.125€	61.800€
Cuánto hubiera pasado, peso muerto (1-100%)	54%	55%	33%
Cálculo	€277.063,59	€242.642,22	€207.030,00
	INCLUIDO - SIGNIFICATIVO	INCLUIDO - SIGNIFICATIVO	INCLUIDO - SIGNIFICATIVO

Source: Own elaboration.



Threshold: 70% (index €169,950).

Excluded changes: No change is excluded.

Conclusion: The following changes in well-being were included in the SROI calculation ([Chapter 9. Future values](#)): *Increases the possibility of obtaining financing, raises the standard of quality and efficiency in socio-educational service, and increases the value of technological inventory.* According to the test, these changes were not only relevant, but also significant for making decisions based on the analysis.



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8. DETERMINE DE IMPACT



In the SROI methodology, casualties are the factors that allow to differentiate the impacts directly attributable to an intervention from those that would have occurred in the same way, as well as the attributions or adjustments necessary due to displacement of impact. These include:

Deadweight: To what degree do you think the level of change generated would have occurred in the absence of this intervention? This explores whether the perceived change is exclusively attributable to the program or activity evaluated.

Attribution: To what extent have other people or organizations directly contributed to the observed changes? This analyzes external participation in generating impact.

Displacement: To what extent has the positive change generated caused a negative impact on others? This identifies possible side effects or offsets that affect third parties.

Drop-off: To what degree is the intensity or magnitude of the change generated over time reduced? This addresses the temporal sustainability of the impact achieved.

8.1 HOW THE STAKEHOLDERS WERE INVOLVED IN PROVIDING DATA ON CAUSALITIES

To ensure deadweight, attribution, and displacement estimates genuinely reflect beneficiaries' and experts' perspectives, the evaluator team engaged both a diverse sample of children, adolescents and parents across regions and a panel of professionals in SomosVoz through two complementary stages that are explained in this chapter.

The following table displays the amount of people involved in the process.

Table 69. Summary of the process of data collection of monetized valuation

4. Only include what is material What: Understand how long the change lasted	Children and adolescents	Mothers and Fathers	Professionals	Socio-educational organizations
Universe:	384	320	91	39
How many:	180 (46.88%)	117 (36.56%)	69 (75.1%)	18 (46.20%)
Representativeness:	SAMPLE from group that is statistically representative —See Table 33 Error rate: 5.33% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 7.23% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 8.36% (acceptable)	Partly—See Table 33 Error rate: 17.17% (not fully acceptable ²²⁴)
Type of data collected:	Quantitative			
Data collection method:	Combined focus group and Survey			

Source: Own elaboration.

Participatory workshops with the stakeholders

Custom-printed causality material and guided questions for deadweight (“*Would this have happened anyway?*”), attribution (“*Who else contributed?*”), and displacement (“*Did this change impact in a negative way others?*”). During the focus-group sessions, facilitators explained the activity, guided participants in using the custom materials, and recorded each participant’s individual causality assignments. It’s important to note that the evaluator team collected data on separate boards for each individual, rather than seeking group consensus. This approach ensured that each participant’s voice was captured independently, without peer influence.

The facilitation material employed a simple “glass of milk” metaphor to make abstract concepts tangible.

²²⁴ Statistical method: error rate 17.17% (medium risk—sample below minimum threshold; see Chapter 3.3.1). sroi extrapolation risk: minimal, given the study’s high representativeness and robust methodology.

Figure 89. Material used to validate casualties for children and adolescents

1 ¿Crees que el cambio que refleja esta carta de color se debe únicamente a que has participado en las actividades del programa Somos Voz en el centro, o puedes haberlo aprendido también gracias a otras personas o actividades que hagas en otros lugares?

Si crees que participar en las actividades de Somos Voz en el centro es el único motivo por el que "ahora puedes hacer más cosas por ti mismo/a sin necesitar ayuda" llena el vaso por completo. Si crees que otros han ayudado también, pones menos agua en el vaso, tanto como tú creas es gracias a otros.

Todo gracias a SomosVoz

Nada gracias a SomosVoz

Colorea con azul el vaso

2 En estos espacios, escribirás **quién más te ha ayudado a "hacer más cosas por ti mismo"**. ¿Crees que por ejemplo, la escuela también te ha apoyado? Añade personas o sitios que también te han ayudado, y haz un círculo alrededor de las que hemos mencionado si los quieres incluir.

FAMILIA	AMIGOS/AS	OTRAS MAESTRAS DEL CENTRO	ESCUELA
Escribe aquí:	Escribe aquí:	Escribe aquí:	Escribe aquí:

PUEDO HACER MÁS COSAS POR MÍ MISMO/A SIN NECESITAR AYUDA

Source: Own elaboration.

Each participant received a depiction of a glass and, for each identified change, was asked to shade in the portion (with a color pen, making the exercise “fun”) representing how much they believed SomosVoz had contributed to that change (from empty to full, see number 1 in picture above)). The unshaded portion indicated the residual contribution of other actors (attribution). Participants were then prompted to name who else played a role and to assess whether those actors would have driven the change regardless of SomosVoz’s involvement (deadweight). This was an open discussion to understand the question, but then each participant would write down the answers on the sheet provided (see number too in picture above). Finally, participants were asked whether any of the changes they’d identified had unintended negative impacts on others (see number 3 in image), searching for displacement data.

Although facilitators guided the discussion, participants recorded their individual responses in writing once they had understood each question.

Because the “fill the glass” exercise could be challenging, facilitators flagged any participant who appeared not to understand a question on a dedicated facilitator’s board. This flag allowed the evaluator team to exclude unclear responses from the final analysis, ensuring that only reliable individual judgments informed the SROI calculations. As visualized in [figure 90](#), the text states “*Is the person completing this form judged to have understood its questions well?*” (yes/no/partially). “*if “partially” is selected, list below the questions that were not understood.*”

Figure 90. Example of “box” for facilitator to flag data not understood

¿Se valora que la persona que realiza la ficha ha comprendido bien las preguntas de esta? SÍ NO

PARCIALMENTE

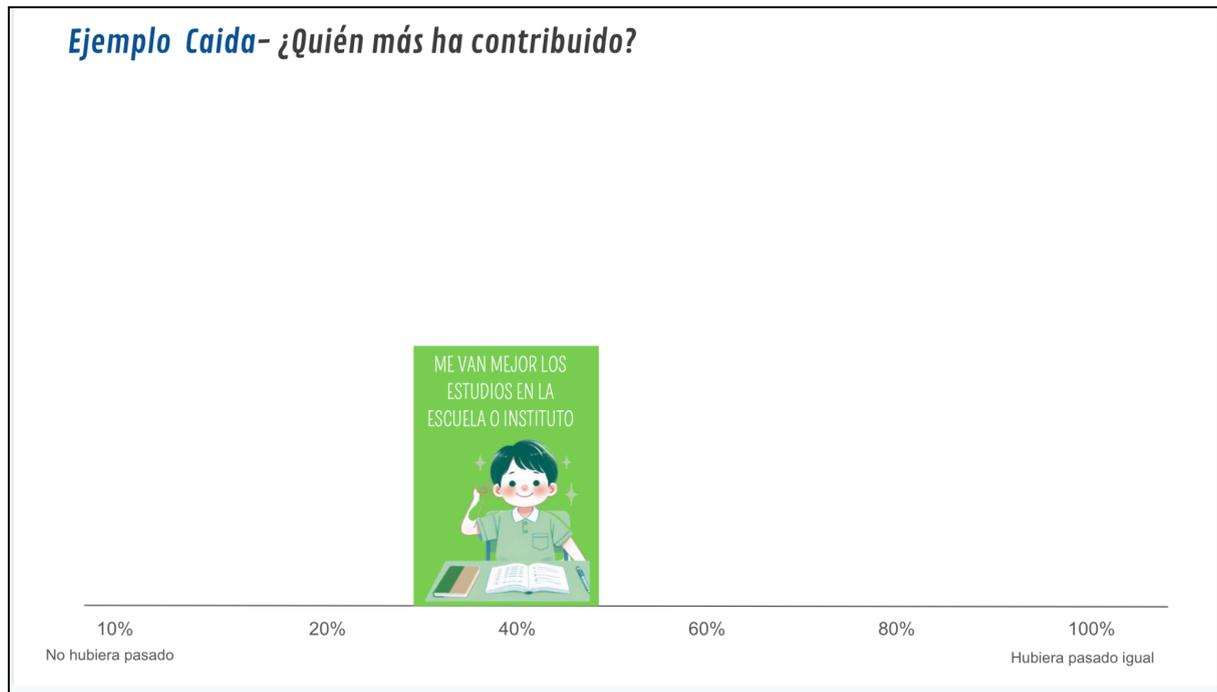
En el caso de haber marcado la opción “parcialmente”, enumera las preguntas que no se han entendido.

Source: Own elaboration.

Expert Focus Groups with Professionals

Two separate sessions convened project professionals (coordinators, educators and psychologists) to evaluate the causal contributions behind each identified change.

Figure 91. Example of material to validate casualties with children, parents, and professionals



Source: Own elaboration.

The professionals assigned a percentage (1%–100%) to deadweight, attribution, and displacement for every outcome affecting children and families. These expert-derived percentages complemented the stakeholder data, drawing on field experience to refine and corroborate the initial estimates. Also, the evaluators' judgment was brought into the analysis as they had been involved since the beginning of the project and had insight into the program, talked to experts and could contribute.

8.2 THE RESULT OF THE DATA COLLECTION ON CAUSALITIES

The following table displays the different casualties that were discounted from the value assigned to the significant changes, that is, those that passed the significance test (see [Chapter 7. Material changes](#)) and, therefore, were considered in the impact calculation (SROI) detailed in the value map (see [Annex XIII](#)).

The information collected was triangulated with data from similar reports and subjected to a sensitivity analysis described in [Chapter 11. Sensitivity Analysis](#) to ensure that the value provided is not overestimated, according to principle 5 “*Do not overestimate the effects*”²²⁵. Although the figures are estimates, they primarily reflect the voice of the people impacted and their context, ensuring an informed representation of the program's impact.

Table 70. % of casualties

Stakeholder group	Change	Deadweight	Displacement	Attribution	Drop-off
Children and adolescents (NNA)	They have greater autonomy	7%	5%	18%	50%
	They improve the intra-family relationship	14% ²²⁶	8%	37%	33%
	They improve relationships with peers	24%	8%	22%	33%
	Improves behavior at school and in other settings	7%	5%	19%	50%
	They help more people who need it	15%	5%	17%	50%
	They have a broader support network	7%	9%	26%	50%
Mothers and fathers	Enhanced family atmosphere and wellbeing at home	10%	5%	20%	50%
	Improve social relationships	50%	5%	20%	25%
	More autonomous as a family	10%	0%	30%	50%
	They receive personalized	10%	0%	15%	50%

²²⁵ Social Value International. (n.d.). *Principle 5: Do not overclaim*. www.socialvalueint.org/principle-5-do-not-overclaim

²²⁶ The children and adolescents identified “the family” and “the school” as contributing to the change. It was considered that including these groups in the statistical model would generate redundancy, since their contribution is intrinsically linked to the relational context of SomosVoz. Therefore, to calculate the deadweight of this change, these data were excluded from the analysis under this premise and supported by the second hypothesis that their behavior would not be equivalent to the behavior they would have had without SomosVoz (evidenced by the data on changes in the home), so it would not be equivalent to a valid control group.



	socio-emotional and community help				
Professionals	Increases stress (-)	50%	49%	38%	100%
	Improving your career prospects	50%	0%	5%	25%
	Experienced an improvement in your financial situation	40%	6%	14%	100%
Social educational organization	Increases the possibility of obtaining financing	54%	64%	0%	100%
	Raises the standard of quality and efficiency in socio-educational service	55%	51%	0%	50%
	Increase the value of technological inventory	33%	35%	0%	100%

Source: Own elaboration.

8.3 THE MODEL USED FOR CALCULATING CASUALTIES IN CHILDREN AND FAMILIES

To ensure greater rigor in the analysis of causality assignment, and recognizing that it was not feasible to obtain an exact indication, an analytical model was developed designed to approximately incorporate the detailed information provided by the participants in relation to the deadweight, attribution, and displacement. Each causality value was worked on individually, applying the same logic to all the changes in each group. Through this model, the evaluator team sought to systematically and transparently integrate the perception of the respondents, thus ensuring a more balanced and representative analysis.

Basis of calculation - the number of mentions: The analytical model was based on the total number of mentions that children and adolescents made about possible contributors to change.



Table 71. Example of table showing frequency of different casualties

Respuesta	Frecuencia	Porcentaje Atribucion	Peso muerto	100% Somos Voz
Amigos	46	24%		
Escuela	43			23%
Familia	68			36%
Nadie	5			3%
Otras maestras del centro	27		14%	
Otros	0	0%		
Yo	1	1%		
TOTAL	190	25%	14%	61%

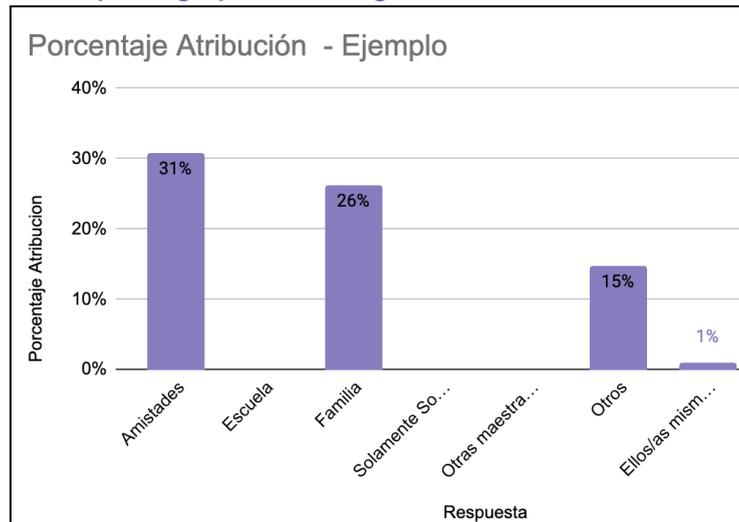
Source: Own elaboration.

The total number of times each contributor was mentioned formed the basis for calculating its relative percentage. Once these percentages were established—and supplemented by qualitative insights—the contributors were sorted into the causal categories of attribution, and deadweight. When respondents named SomosVoz itself as a contributor, those responses were set aside to avoid inflating general attribution figures. “School” and “other teachers in the centers” were classified as deadweight, since participants agreed those actors would have supported the same changes regardless of the program’s involvement.

This frequency-based approach revealed patterns in how often specific contributors were cited. To ensure representative metrics, the evaluator team used the median for children’s and adolescents’ data—mitigating the impact of outliers—while the mean was applied to parents’ responses, which proved most representative of that group. Professional estimates were then compared against these central tendencies: if a professional’s value fell within $\pm 20\%$ of the median or mean, it was accepted as rigorous; if it differed by more than $\pm 20\%$, the professional’s figure was adjusted toward the stakeholder-informed value by 10%, reflecting observational judgment without overriding participants’ perceptions.



Figure 92. Example of graphic showing distribution in attribution of a change



Source: Own elaboration.

Displacement for children and their parents was measured using a model based on points, that transformed qualitative data to quantitative data.

Table 72. Example of point system in displacement of a change

B	C	E	F	G
Código (ver documento específico de causalidad analizado por profesionales)	¿Se valora que la persona que realiza la ficha ha comprendido bien las preguntas de esta?	DESPLAZAMIENTO: En la página 3, pregunta 3. ¿Quién o qué más ha sido afectado/a por el cambio "Hacer más cosas solo/a sin necesitar ayuda"? Por favor, escribe la/s respuestas que hay en la ficha.	DESPLAZAMIENTO: En la página 3, pregunta 3. ¿Quién o qué más ha sido afectado/a por el cambio "Hacer más cosas solo/a sin necesitar ayuda"? Por favor, escribe la/s respuestas que hay en la ficha.	DESPLAZAMIENTO: En la página 4, pregunta 3. ¿Quién o qué más ha sido afectado/a por el cambio "Me llevo mejor con mis amigos y amigas"? Por favor, escribe la/s respuestas que hay en la ficha.
012/029	1	Que me equivoco	0	0
002/008	1	en 0	0	en 0
013/058	1	Creo que mi madre puede llegar a pensar que 0 la necesito	0	Creo que 0
025/001	1	1 Si porque ya 0 necesaria la ayuda de mia amigos	1	0
012/030	1	1 Si porque hay personas en el mundo y me pueden tener e	1	0
023/025	1	1 Si por que me tienen envidia	1	Si las que 0 soportan
002/015	1	0. En 0 malo	0	0. Porque tengo más amigos
013/013	1	0, porque podré mejorar	0	0 porque es mejor tener amigos que estar solo
013/030	1	0, porque así te ayuda a mejorar	0	Porque se aprende de los demás
013/059	1	0, pienso yo, porque al igual que hago cosas por mi también	0	0, porque yo les co0zco bien
002/009	1	0, ninguna	0	0, ninguna
013/088	1	0, incluso puede ser mejor para poder ayudar a los demás	0	A lo mejor porque puedes dejar a los demás amigos de lado
023/026	1	0, 0 creo	0	0, 0 lo creo
012/027	1	0 tiene 0 negativo	0	0 tiene 0 negativo

Source: Own elaboration.

During discussions, children and their parents in the different workshops described any negative impacts their changes had on others in a qualitative way, without using numerical

scales. This was done so to cater for the complexity of the question, as the professionals informed that the respondents would not be able to use a scale of 1 to 10 to value this kind of data.

Each response was then coded individually one by one as follows:

- **0 points** if the participant reported no displacement.
- **1 point** if the participant clearly described a full displacement, specifying who was affected and how.
- **0.5 points** if the participant acknowledged some displacement but qualified it as partial or limited.

After coding all responses, the evaluator team summed the total points and divided by the number of respondents.

Table 73. Example of % calculated for displacement

DESPLAZAMIENTO: En la página 3, pregunta 3. ¿Quién o qué más ha sido afectado/a por el cambio "Hacer más cosas solo/a sin necesitar ayuda"? Por favor, escribe la/s respuestas que hay en la ficha.	DESPLAZAMIENTO: En la página 3, pregunta 3. ¿Quién o qué más ha sido afectado/a por el cambio "Hacer más cosas solo/a sin necesitar ayuda"? Por favor, escribe la/s respuestas que hay en la ficha.	DESPLAZAMIENTO: En la página 5, pregunta 3. ¿Quién o qué más ha sido afectado/a por el cambio "Ayudo más a las personas que lo necesitan"? Por favor, escribe la/s respuestas que hay en la ficha.	DESPLAZAMIENTO: En la página 6, pregunta 3. ¿Quién o qué más ha sido afectado/a por el cambio "Me porto mejor en lugares como la escuela o en otros sitios"? Por favor, escribe la/s respuestas que hay en la ficha.
5,49%	7,69%	5,49%	4,40%

Source: Own elaboration.

The resulting value represented the percentage of participants who reported any level of displacement. This method provided a clear, data-driven displacement factor, grounded in rich qualitative explanations.

The evaluator team recognized that asking children and families to assign a precise percentage (1%–100%) of program contribution to each change was overly complex for this stakeholder group. Although this direct approach would have aligned with a pure attribution model provided by the “voices” of the professionals (solemnly), the team prioritized capturing

the children's and families' voices at every stage, even when the concepts were difficult. To balance fidelity to stakeholder input with analytical rigor, the team worked with individual stakeholder data—rather than relying solely on professional judgments—and applied a logical “voice-driven” adjustment framework.

Because any misestimation in these causal factors could disproportionately affect the overall SROI ratio, the evaluator team also conducted multiple sensitivity analyses (see [Chapter 11. Sensitivity Analysis](#)). These scenarios tested the impact of increasing or decreasing each causal factor by 20% and 50%, ensuring that final decision-making would remain robust even if the true values lay above or below the initial estimates.

When identifying causality for professionals and the social-educational organizations, a different method was used to match the maturity level of these stakeholder groups. Leveraging their contextual expertise, they each assigned a percentage (1%–100%) to every change, indicating how much they believed SomosVoz had driven that outcome they had identified.

8.4 REASONING FOR THE ASSIGNMENT OF CAUSALITY

8.4.1 Children, adolescents, mothers and fathers

In the data collection process to identify the casualties of the changes observed in children and adolescents, and their parents, the question was used: “*Who else contributed to the change?*” to identify other contributors (attribution), such as school, friends or circumstances and indicators that the changes could have equally occurred without the presence of SomosVoz (deadweight). To estimate an approximate discount consistent with what was reported by these groups, a detailed calculation model was developed.

Furthermore, to identify possible displacements, the question was asked: “*Who else has been affected?*”. However, regarding the discount assigned to the fall, due to the high complexity of this issue, it worked differently. The years of duration indicated by the participants were used, distributing the value of the change among them.



Figure 93. Example of attribution material

¿Se valora que la persona que realiza la ficha ha comprendido bien las preguntas de esta?

SÍ NO

PARCIALMENTE

En el caso de haber marcado la opción "parcialmente", enumera las preguntas que no se han entendido.

The professionals also had a section to indicate if any child, mother or father, had not understood the questions related to causality, allowing those data to be excluded from the analysis, and thus prevent the data from being affected. Therefore, 8.08% (8 people out of 99) of the data was lost and was not taken into account in the analysis of the total. No data was lost by the parents.

Source: Own elaboration.

This report then highlights some aspects of the reasoning applied to causality discounts, which have considered both the opinions and perspectives of the stakeholder groups, as well as the assessments of the professionals and researchers involved. Each causality-related data is analyzed individually in the sensitivity analysis of [Chapter 11. Sensitivity Analysis](#).

Regarding deadweight, a discount of 7% to 50% was assigned to changes in "children and adolescents" and "mothers and fathers", considering external factors such as "professionals not linked to the program", "school" or "other community services", which could have contributed to generating similar changes without the intervention of SomosVoz.

This report highlights the reasoning for the changes "*improvement of intra-family relationship*" (children) y "*Enhanced family atmosphere and wellbeing at home*" (mothers and fathers) being the objective well-being aspect of the program and of greatest importance for them.

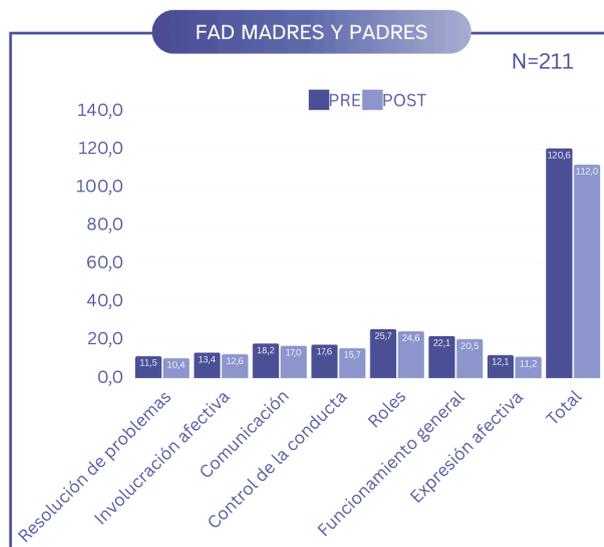
In addition, the improvement in the family atmosphere was evaluated before participation in SomosVoz and after a year of activity, both in children and adolescents (only adolescents, since the scale is only applied to those over 12 years of age) and in their parents, with the aim of understanding the significance of the change. A low significance could indicate that the change could have occurred in the same way without the intervention of the SomosVoz program (deadweight).



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Figure 93. Material on displacement



The change “Enhanced family atmosphere and wellbeing at home” reported in the total score of the scale for children and adolescents showed an increase of 1.6 points²²⁷, which according to other studies represents a statistically significant change, although low, but as reported by the mothers and fathers illustrated in the graph, an overall improvement of 8.6 points was experienced²²⁸ in the family atmosphere, so it is assessed that there was a greater

degree of significant change, which could indicate less degree of deadweight. After analyzing these data together with the information provided by the stakeholder groups themselves, applying their own calculation model, and considering the testimonies of professionals and researchers, the deadweight discount was assigned for all the changes of these groups, thus reflecting the influence of external factors.

Also notable is the high discount applied (50%) to the exchange of improved social relationships (mothers and fathers), since it was considered that this change could have occurred to a high degree without the intervention of SomosVoz. This was attributed to the saturation of the data reported by them, indicating the attribution to the change by the network of family and friends, actors who would be present in the same way without the intervention of said program.

²²⁷ Global functioning score prior to SomosVoz: 130.5 versus 128.9 afterwards. An improvement of 1.6 points (1.22%)

²²⁸ SomosVoz global functioning score before: 120.6 versus after 112. An improvement of 8.6 points (7.13%).

Figure 94. Example of material on displacement

3 Ahora que puedes "hacer más cosas por ti mismo", ¿crees que esto podría tener alguna consecuencia negativa en otras personas o sitios que visitas?"

Escribe tu respuesta aquí:

A discount of between 5% and 9% was applied to relevant changes identified by children, adolescents, and parents to reflect possible negative impacts displaced on other people or organizations. This adjustment was based on data from 91 children and adolescents (21.7%)²²⁹ and 80 fathers/mothers (25%)²³⁰. The children and

adolescents mentioned impacts such as "If you behave well, there may be punishment"²³¹ the "If you socialize, you can be alone" which indicates the discomfort that the analyzed change could generate in other people. In the case of the parents, although there were fewer direct references, it was considered in dialogue with professionals what behavioral changes related to new ways of communicating or doing things might not always be well received by some family members, such as older, from different generations or people who commit violence. Therefore, certain changes related to the family atmosphere included a certain percentage of discount.

The relevant and well-defined changes identified by the children and adolescents were assigned an attribution between 15% and 37%, to discount the impact attributed to others that do not directly correspond to the "SomosVoz" intervention.

²²⁹ The target population was established at 384 children and adolescents.

²³⁰ The target population was established at 320 mothers and fathers.

²³¹ The displacement question attempts to understand whether the positive impact generated (in this case on the family atmosphere) could generate other negative impacts on other people or on themselves. In this case, children and adolescents refer to how a change in behavior can lead to negative impacts.



Figure 95. Material used to validate casualties for children and adolescents

1 ¿Crees que el cambio que refleja esta carta de color se debe únicamente a que has participado en las actividades del programa Somos Voz en el centro, o puedes haberlo aprendido también gracias a otras personas o actividades que hagas en otros lugares?

Si crees que participar en las actividades de Somos Voz en el centro es el único motivo por el que "ahora puedes hacer más cosas por ti mismo/a sin necesitar ayuda" llena el vaso por completo. Si crees que otros han ayudado también, pones menos agua en el vaso, tanto como tú creas es gracias a otros.

Todo gracias a SomosVoz

Nada gracias a SomosVoz

Colorea con azul el vaso

2 En estos espacios, escribirás **quién más te ha ayudado a "hacer más cosas por ti mismo"**. ¿Crees que por ejemplo, la escuela también te ha apoyado? Añade personas o sitios que también te han ayudado, y haz un círculo alrededor de las que hemos mencionado si los quieres incluir.

FAMILIA	AMIGOS/AS	OTRAS MAESTRAS DEL CENTRO	ESCUELA
Escribe aquí:	Escribe aquí:	Escribe aquí:	Escribe aquí:

PUEDO HACER MÁS COSAS POR MÍ MISMO/A SIN NECESITAR AYUDA

Source: Own elaboration.

Children, adolescents, and parents were asked if anyone else, in addition to the SomosVoz intervention, had contributed to the change, if so, to what degree, between 0 and 10, and who those people or organizations would be. As can be seen in [Figure 95](#), the glass full, corresponds to a score of 10, indicating that the entire change was attributed to SomosVoz. In this case, the analysis used the median (8.00), which coincided with the mode, reflecting stability and less sensitivity to extreme data.

In the attribution analysis, the frequency with which a group of people or organizations contributed to the changes being generated was considered. This allowed to assess which changes had greater attribution according to the perspective of the different groups involved, reflected in [Table 75](#).



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Table 74. Attributors to changes in children and adolescents

They contribute to change	Improves family relationships	Improves relationships with peers	Help more people who need it	Improves behavior at school and in other settings	Support network expands
Nobody (all attribution assigned to SomosVoz)	3%	3%	3%	11%	5%
Themselves	1%	1%	3%	1%	2%
Friends	24%	31%	28%	48%	65%
School	23%	8%	15%	15%	5%
Teachers from the same socio-educational center	14%	17%	0%	4%	1%
Family/relatives	36%	26%	51%	20%	18%
Others (undefined)	0%	15%	0%	1%	3%

The percentage indicates the relative frequency with which this taxpayer is mentioned compared to the total mentions. Source: Own elaboration.

Finally, the "drop-off" was calculated (*drop-off*) (Table 75). Given the high degree of difficulty in understanding the concept of devaluation of change over time, a proportional method was applied based on the reduction of the number of years estimated for the duration of the change. Although this does not represent an exact value, it was considered that, by not estimating changes beyond four years, this approximation would adequately reflect the decrease in value over time.

In the sensitivity analysis, the drop-off percentages were varied to assess the sensitivity of these data.



8.4.1.1 Conclusions - children, adolescents and mothers and fathers

In several changes, deadweight and attribution reach considerably high levels, discounting up to 50% of the value. This is due to the environment in which children and adolescents and their families interact, characterized by their vulnerability and the support they receive from various entities, the intra-family community, the school, and their networks of family and friends. The SomosVoz program plays a key role in strengthening collaboration between these entities, promoting community integration and consolidating support networks, and working on an already existing basis in general terms (children and adolescents already go to school, families already have friends, etc.). Therefore, it is understandable that a high percentage of deadweight and attribution is attributed to other actors, given that they interpret that the changes are not generated solely by the activities of said program, but rather result from the combined effect of multiple contributions in your daily life.

Likewise, this report highlights that SomosVoz's contribution is present in all the changes identified, to a greater or lesser extent. As evidence, some contributions from mothers and fathers or professionals are highlighted that highlight the key role of SomosVoz in generating significant changes, evidenced in comments such as: *"They have had more individualized attention and sessions and intervention plan that have allowed us to accompany them more"* (a change that would not have occurred). *"enhanced family atmosphere and wellbeing at home and family relationships in cases with family intervention"* (an activity that would not have arisen). *"They feel in a safe space, now they are agents of change and they feel listened to before they were just spectators"* (an environment that would not have existed), and *"Families feel that there are now more qualified and specific personnel available to assist them."* (a resource that would not have been available). *"They are more aware of some episodes of violence that they did not give importance to before."* (in program-specific focus). *"They express emotions in a better way. I think they have been acquiring tools and strategies to be able to resolve conflicts, manage stressful situations, and more awareness of their own emotions and feelings and those of others."* (results of the program's specific psycho-emotional approaches).



8.4.2 Professionals and socio-educational organizations

In relation to causality discounts associated with relevant changes reported by professionals and organizations, these were based on the average of subjective responses on a scale from 10% to 100%, evaluating deadweight, attribution and displacement. The data analyzed corresponds to 54.95%²³² of professionals and 46.15%²³³ of socio-educational organizations.

A moderately high deadweight stands out, between 40% and 50%, in the changes of professionals, attributed to internal factors of the center or to the inherent role of the project, which could have occurred under similar conditions. This response to the scarcity of resources, the nature of the work, and the possibility that similar results would have arisen through other projects that had been carried out. Although the innovation of the SomosVoz model is recognized, it is considered that in part these changes could have been replicated in other initiatives.

However, it should be noted that 100% of the change in *Improving your career prospects* is attributed to that model, thanks to the training offered in its model, focused on social innovation and impact measurement, combined with practice, and because, according to what they say, no other entity has contributed to this result during the period analyzed.

Regarding displacement, the adverse impact of the *Increased stress (-)* in several stakeholder groups exempt from the program, for which a 39% discount was assigned. They report that in the work team, a transmission of stress was observed between colleagues, affecting the organization and coordination of tasks, as well as a work overload in others in some cases. In direction and management, the stress derived from participation in SomosVoz, and the increase in administrative tasks, was noted. Some professionals indicate that even the participants were also affected by the perceived tension in the services. Finally, it is mentioned by several of the professionals how the personal and family environment has suffered due to the transfer of work stress to the private sphere.

In the organizations, the three most relevant changes had deadweight and attribution

²³² Of the 91 people that make up the target population, 50 responded. This represents 54.95% of the total.

²³³ Of the 39 organizations that make up the target population, 18 people responded. It represents 54.95% of the total.



discounts between 33% and 64%, due to the perception that the changes are not exclusively attributable to SomosVoz and could have been achieved with similar projects. However, no adverse displacements were detected in these cases.

For this group the method described above was also used in which the "drop-off" was calculated (*drop-off*) (see [Table 75](#)). Given the high degree of difficulty in understanding the concept of devaluation of change over time, a proportional method was applied based on the reduction of the number of years estimated for the duration of the change. Although this does not represent an exact value, it was considered that, by not estimating changes beyond four years, this approximation would adequately reflect the decrease in value over time.

In the sensitivity analysis, the drop-off percentages were varied to assess the sensitivity of these data.

8.4.2.1 Conclusions - Professionals and socio-educational organizations

It is concluded that a considerable part of the relevant changes identified by these stakeholder groups has been generated thanks to their participation in SomosVoz. However, a smaller but significant proportion is also attributed to other entities or factors, suggesting that they could have also occurred, and therefore the aforementioned discounts are applied. It is important to highlight that a minimal displacement is detected in most of the changes, which indicates that these changes do not generate discomfort in other organizations or people, and, therefore, do not negatively affect the value generated, with the exception of the displacement caused by *Increases stress (-)* of the professionals.



9. FUTURE VALUES

This section presents hypotheses about future values that have not been incorporated into the social value of this report due to a lack of evidence. However, given their potential impact on decision-making, they are included here for your consideration.

9.1 FUTURE VALUES OF CHANGES IN THE COMMUNITY

The SomosVoz program aims to prevent the institutionalization of children and adolescents in vulnerable situations through innovative approaches, comprehensive methodologies, and active collaboration with social services.²³⁴ However, the data obtained during this evaluation have not allowed to identify a direct and significant relationship between the program's actions, *and the reduction or prevention of institutionalization* in the short term, nor have they evidenced a significant impact in terms of resource or economic reduction in the entities of the ecosystem, such as Local Social Services, Autonomous Social Services, and Shelter Centers. Due to these limitations in the immediate results, these organizations were excluded from the social value monetized in the present analysis as indicated in [Chapter 9. Future values](#), and other related data were studied to try to find a correlation with prevention.

Data was collected on the number of institutionalized children and adolescents during the evaluated period. Of the 541 children and adolescents involved in the intervention, which are assumed to represent the typical population served in the socio-educational centers where SomosVoz is and will be implemented, 6 of them were institutionalized during one-year²³⁵, which is equivalent to 1.11% of the total number of children and adolescents intervened by SomosVoz. These data occur at a time when 35,238 are registered in Spain.²³⁶ Children and

²³⁴ State Coordinator of Salesian Social Platforms (CEPSS) (2022). Explanatory report of the project: Risk reduction in vulnerable childhood through educational intervention.

²³⁵ 21 children and adolescents in total in the 25 socio-educational centers.

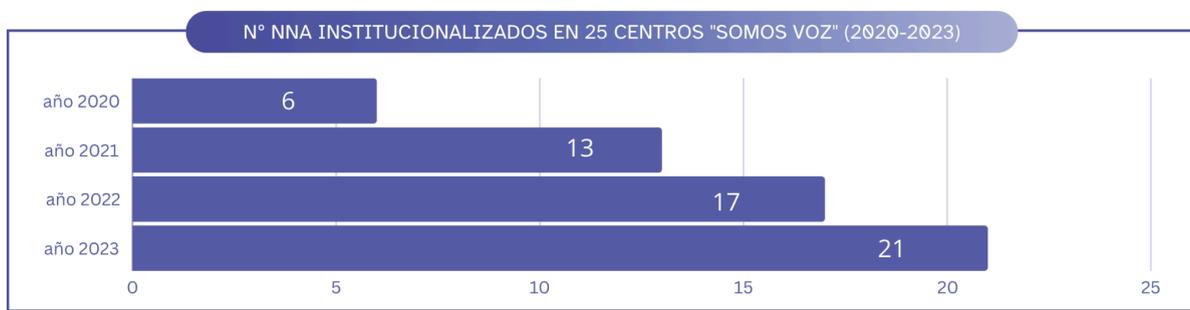
²³⁶ United Nations. "The world is facing an educational crisis: half of children do not acquire basic skills." *UN News*, January 24, 2024. <https://news.un.org/es/story/2024/01/1527172>.



adolescents cases²³⁷ in residential and family care. Specifically for the 9 CCAA that this report works on, and only in residential care, there were 11,990 cases in 2022.

This suggests that the institutionalization derived from socio-educational centers, in this context during the year evaluated, does not constitute a practice that immediately saturates the work of the organizations responsible for their management in the localities in which SomosVoz acted, such as Social Services Local Social Services, Regional Social Services and Shelter Centers, nor does it alleviate it. Furthermore, and according to the representatives of these organizations, it shows that the children and adolescents served by the program do not represent one of the main sources of users who demand services from these entities.

Figure 96. Children and adolescents institutionalized in SomosVoz centers



Own elaboration.

When interpreting the data in the graph, the reader must take into account the following fundamental elements:

- There was no updated data available as of December 2024, so it was not possible to show whether there has been an increase or reduction in the total number of institutionalized children and adolescents related to the socio-educational centers in which SomosVoz was implemented in the years following its implementation.

²³⁷ Bulletin of statistical data on protection measures for children and adolescents (2022). 15. 975 children and adolescents between 7-17 years old as of December 31, 2022 in residential care. These 35,238 include residential care and family care. I have done the calculation and in 2022, in residential care in the 9 CCAA and for children and adolescents aged 7 to 17, there were a total of 11,990 children and adolescents in residential care. Maybe it is more accurate to put this information, right? that is, count only the 9 CCAA SomosVoz and only in residential care, removing family care

- There was no updated data available on how many of the children and adolescents participating in SomosVoz in 2023 were institutionalized in 2024.

Given that no changes were identified in relation to the Public Administration (AAPP) and the community, an analysis was carried out of the possible impacts on the reduction of vulnerabilities that are the cause of institutionalization, which could have benefited these organizations if they materialized in reduction of files to be managed, in order to study the possibility that said vulnerabilities had been reduced.

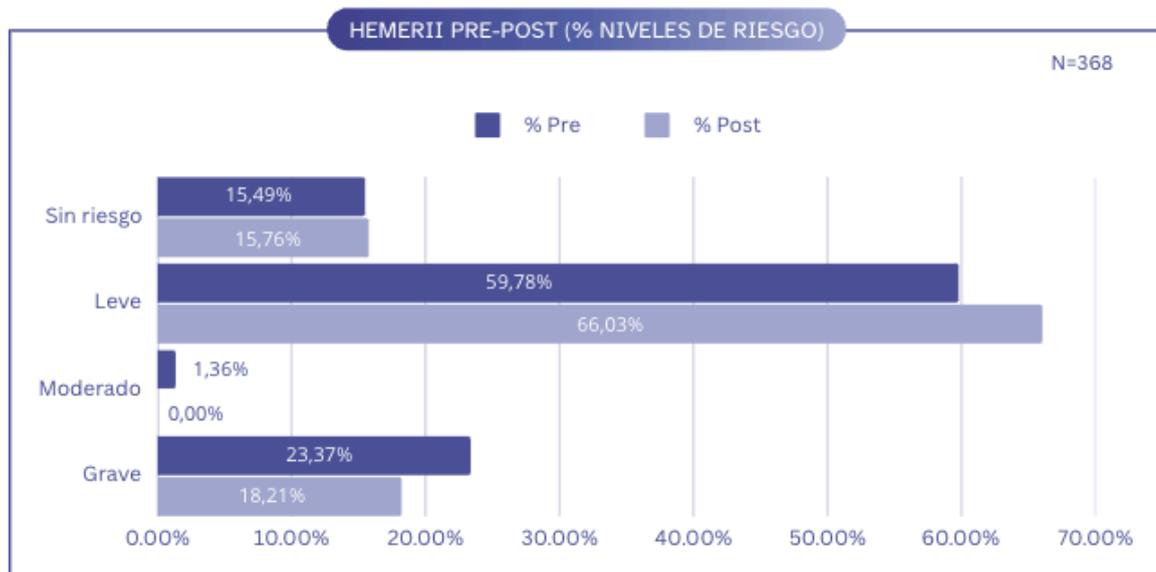
For them, the results generated by the HEMERII tool were studied in depth, in which a statistically significant change was observed.²³⁸ between pre (before) and post (after the intervention). Among the dimensions covered by the scale - physical abuse, psycho-emotional abuse, neglect, sexual abuse/violence, psycho-emotional behavior of the minor, and behavior of the caregiver - a statistically significant change was observed in the dimensions psycho-emotional behavior, behavior of the caregiver, and abuse psychoemotional.²³⁹ However, this study cannot validate that these changes translated into a positive impact for the public administration, since it cannot be shown that said impact on vulnerabilities would have generated a reduction in institutionalizations during the evaluated period.

²³⁸ Wilcoxon HEMERII scale I p-value 0.002 on a total of 314 children and adolescents.

²³⁹ Wilcoxon psychoemotional abuse p-value 0.007, caregiver behavior 0.045, psychoemotional behavior 0.026, out of a total of 314 children and adolescents.



Figure 97. % improvement in the risk level of institutionalization of children and adolescents



Own elaboration.

Based on the positive evolution described by HEMERII and even considering a hypothetical reduction in the occasions in which families go to Social Services to request help, or in the interventions carried out by Social Security to address situations related to family functioning, housing, or the economy, the impact on resource use would be minimal. This decrease would not necessarily mean a direct reduction in the number of professionals required or in the expense assigned to the management of these cases, keeping the operational load practically unchanged in the short term, if the limited percentage of improvement in children and adolescents is taken into account. “serious” profile indicated above.

In a context where 50,272²⁴⁰ Children and adolescents are cared for annually by the protection system in Spain; any reduction in the percentage of resources required would have a marginal impact. This change, although positive, would be insufficient to significantly alleviate the operational burden of these entities.

²⁴⁰ Bulletin of statistical data on protection measures for children and adolescents (2022).

However, the data revealed on short-term changes strengthens the idea that significant change could be seen in the medium or long term. According to the data provided by the 18 professionals from the ecosystem organizations (Local Social Services, Autonomous Social Services, and Shelter Centers), the changes observed during the first year of SomosVoz intervention are related to an *improvement in coordination with the entities in which children and adolescents and their families move*, such as schools and socio-educational centers. This has allowed a *strengthened community networking culture*, which, in the future, could generate systemic change in these organizations. In addition, specific information is received from each family, and a *greater knowledge of the family situation, especially of children and adolescents*, which, although short-lived without proactive and constant activation from the socio-educational center, has contributed to *improving services offered when supporting families* to a lesser degree. This includes better early detection of family vulnerabilities and more effective filtering of cases with the potential to evolve into more serious situations.

However, ecosystem professionals agree that these changes will not have a significant short-term impact on the ecosystem. This is because the number of people referred from socio-educational centers does not exceed cases derived from other sources with more serious and urgent situations, such as unaccompanied migrant minors or cases related to disabilities, which demand priority attention within the system. Therefore, they do not associate these small improvements with a significant impact on their daily life.

The hypothesis is based on the fact that the program provides both parents and children and adolescents with key tools to identify their vulnerabilities (such as rights, detection of situations of violence and psycho-emotional support) and spaces where they can address them, such as the socio-educational center itself, before that lead to a more serious situation that could lead to institutionalization. This is possible as long as continuous attention is guaranteed to the development of these tools and the support offered by SomosVoz over a long period, even in small quantities, to ensure the durability of the changes and the maintenance of the knowledge acquired. It should be remembered that the program does not address all the causes that could lead to institutionalization.



The approach finds support in the data obtained during the evaluation, which shows that a moderately high percentage of mothers and fathers (61%, N=303) actively collaborate with socio-educational centers to improve their family situation. Furthermore, the support of extended family members (49%) and the potential for change identified by families (43%) reinforce the viability of this approach, since they reflect the existence of a network of support and motivation to improve their situation.

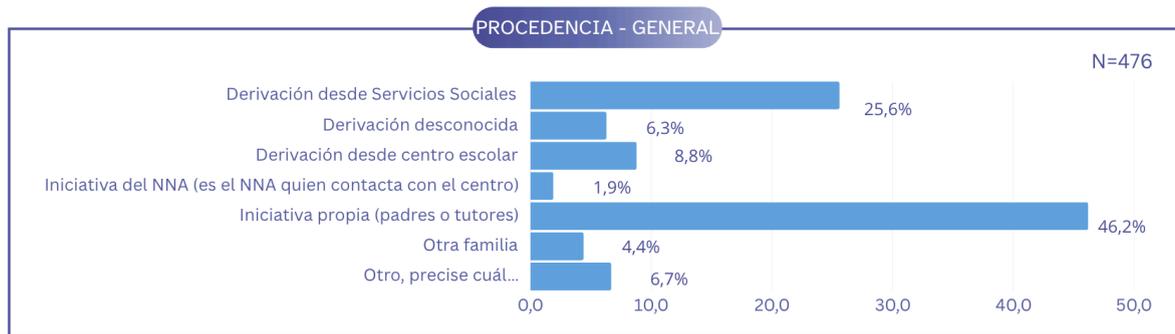
Figure 98. Protective factors against institutionalization of children and adolescents



Own elaboration.

This hypothesis is also supported by the fact that the parents themselves are the main initiators in referring them to the socio-educational center to address their problems experienced with their sons and daughters regarding training issues. According to the information obtained, 46.2% of the population studied (of the 476 families with available data) actively sought a solution with the support of socio-educational centers. This data shows a significant motivation on the part of families to find strategies that contribute to improving their family atmosphere, which reinforces the potential of the SomosVoz program as a tool to prevent more serious problems through the collaboration and active involvement of parents.

Figure 99. Origin of Children and Adolescents derived from socio-educational centers



Own elaboration.

Conclusion: Although a clear relationship is not observed between the improvements described in the family environment and the reduction of institutionalization, this does not imply that the program lacks the potential to generate impact in the medium and long term. It is considered that the continuity and expansion of the analyzed interventions could promote cumulative changes that, over time, contribute to reducing the need for social services and alleviate the operational burden of child protection systems. To achieve this, it is essential to continue with the evaluation and collect evidence that allows these long-term effects to be measured.

The study emphasizes that this is a hypothesis since there is currently no data to support it. However, it is based on the analysis of the data collected, on the experience of researchers specialized in childhood and educational models, as well as on the testimonies of professionals from the entities consulted. In this sense, it is proposed that the early prevention approach implemented by SomosVoz could mitigate some vulnerabilities that lead to institutionalization, allowing families to function more autonomously with the support of Social Services. The combination of early prevention with the initiative of families themselves to manage their vulnerabilities could, in the medium and long term, reduce risks in different areas before requiring direct intervention.

Furthermore, several institutions interviewed pointed out that, over a longer time horizon, this approach could generate a positive impact on the Social Services economy by transforming its dynamics. This would allow these institutions to specialize in more complex cases, such as those related to immigration, disability, or situations of multifactor vulnerability. In this way,

Social Services could offer support more adapted to each user, focusing their efforts on more severe problems, while families, with the support of the socio-educational and community system (for example, through the development of parental skills or access to psychological support), could manage and resolve less critical difficulties autonomously, thus reducing the need for institutionalization.

9.2 INFLATION DISCOUNTS

To calculate the Total Present Value per year, 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.²⁴¹

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, given that several of the indicators and proxies used in the valuations were based on technical of "revealed preference" valuation.²⁴²

²⁴¹ 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 Cívica (page 67).

²⁴² Valencia Plaza. (2024). *The final CPI data in Spain for 2023: 3.1%*.
<https://valenciaplaza.com/dato-definitivo-ipc-espana-2023>

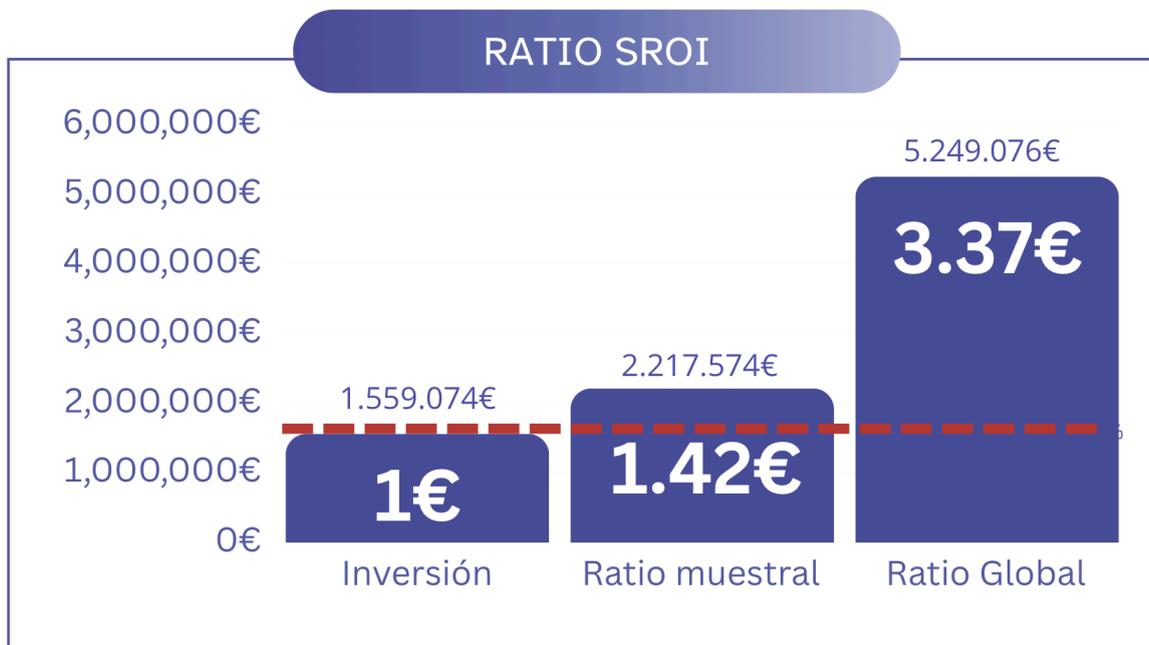


10. CALCULATING THE SROI

This result of this report highlights the relevance of the intervention of the SomosVoz socio-educational model not only in the mobilization of financial resources, but also in the **creation of a positive social impact for stakeholder groups of high value.**

For each **1€** invested, social value is generated between **€1.42 and €3.37**

Figure 100. Comparison between investment and social return ratios



Own elaboration.



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The analysis of the Social Return on Investment (SROI)²⁴³ highlights a significant impact on the generation of social value, considering both positive and negative effects. The results show an SROI ratio of 3.37 (for every €1 invested, a social value of €3.37 is generated).

Depending on the decisions that are intended to be made with the data in this report, the social return is in a range of between €1.42 and €3.37 for every €1 invested. This range varies depending on the values incorporated in each calculation.

If the data provided by the people participating in the evaluation are considered exclusively, that is, the sample that provided the information, the ratio, called "Sample SROI", is €1.42.

On the other hand, if the results are extrapolated to the entire population studied (384 children, 320 mothers and fathers, and 91 professionals), under the assumption of similar responses—since the sample has a low margin of error²⁴⁴ In relation to the population studied—the Extrapolated SROI amounts to €3.37 for every €1 invested, which indicates that the value triples.

The Net Present Value (NPV), discounting the investment, is **5.249.076,49€**. This figure is compared to an estimated total investment of **1.559.073,95€**, which includes both financial and non-financial resources, to illustrate the social return on investment, clearly indicating that the value generated is tripled.

This analysis highlights the value that the program provides and its ability to maximize the social impact for each euro invested.

²⁴³ Schalock, R. L., & Verdugo, M. Á. (2002). *Quality of life: Manual for education, health and social services professionals*. Editorial Alliance. <https://dialnet.unirioja.es/servlet/libro?codigo=98116>

²⁴⁴ From a target population of 384 children and adolescents, a sample of 180 was obtained, which represents a margin of sampling error of 5.33%. The margin of error refers to the variability inherent in random sampling in any research. Similarly, for the target population of mothers and fathers, composed of 320 people, the margin of error was 7.23% with a sample of 112 people. In the case of the 91 professionals, the sample was 56, resulting in a margin of error of 8.17%. In all cases, the margin of error remains below 10%, which indicates a minimal risk, although existing, that the sample is not representative.



10.1 DISTRIBUTION OF SOCIAL BY GROUP

When analyzing the distribution of the impact generated, it is observed that the stakeholder groups that reported experiencing the greatest social value are those directly intervened by the activities of the SomosVoz program. In particular, **66.42%** of the total social value falls on the children and adolescents, followed by **28.57%** in their mothers and fathers.

The value generated for children and adolescents is: **3.481.242,81€**, for mothers and fathers **1.499.741.02€**.

On the other hand, professionals experienced the least positive impact, as they faced a monetized negative social value of **--49.644.13€**, which resulted in a net contribution of only **0.27%** of the total value (**14.013,52€**).

Finally, the participating entities generated a modest but positive social value, equivalent to **4.84%** (**254.079,13€**).



Figure 101. Social value by stakeholder group



Own elaboration.

10.2 THE MOST IMPORTANT IMPACTS

The following table presents, from highest to lowest, the monetized values of all changes, organized according to their economic impact. It stands out that the five changes with the greatest economic value correspond to the group of children and adolescents. This not only highlights that this is the group in which the greatest social impact is generated but also shows the value of the impacts generated, they are significantly higher compared to the rest of the impacts.



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Table 75. Changes ordered from highest to lowest value

Stakeholder groups	Improves family relationships	Improves relationships with peers ²⁴⁵	% in relation to the total value
Children and adolescents	They improve the intra-family relationship	963.535,47€	18.36%
Mothers and fathers	They receive personalized socio-emotional and community help for the family	565.244,79€	10.77%
Children and adolescents	Improve relationships with peers	609.265,53€	11.61%
Mothers and fathers	Enhanced family atmosphere and wellbeing at home	431.244,83€	8.22%
Children and adolescents	Improve behavior at school and in other settings	487.820,96€	9.29%
Children and adolescents	They help more people who need it	481.976,99€	9.18%
Children and adolescents	They have a broader support network	471.336,29€	8.98%
Children and adolescents	They have greater autonomy	467.307,57€	8.90%
Mothers and fathers	More autonomous as a family (without needing support)	257.156,08€	4.90%
Mothers and fathers	Improve social relationships	246.095,32€	4.69%
Socio-educational organizations	Raises the standard of quality and efficiency in socio-educational service	131.018,24€	2.50%
Socio-educational organizations	Increases the possibility of obtaining financing	96.146,99€	1.83%
Professionals	Improving your career prospects	54.927,40€	1.05%
Professionals	Increases stress (-)	-49.644,13€	-0.95%
Socio-educational organizations	Increase the value of technological inventory	26.913,90€	0.51%
Professionals	Experienced an improvement in your financial situation	8.730,26€	0.17%

Own elaboration.

²⁴⁵ The monetized value does not take into account the inflation discount described in [Section 9.2](#) corresponding to 3.10% annually.



The impact related to a *greater autonomy of families and children, the increase in the support network and the space for containment generated by the program* represents the **33.55% (1.761.044,73€)** of the total value generated by SomosVoz. This shows that more than a third of the impact is linked to improvements that reduce the degree of dependency.

On the other hand, the improvement of “*enhanced family atmosphere and wellbeing at home*”, experienced by both children, adolescents and their mothers and fathers, constitutes **26.57% (1.394.780,30€)** of the total value generated by the program. This indicates that almost a third of the total impact comes from transformations that, according to the experience of family members, generate high value in the family environment, highlighting the importance of this area within the social value created.

10.3 NEGATIVE VERSUS POSITIVE IMPACTS

The comparability analysis between positive and negative impacts reveals a clear favorable balance towards the positive (**99.05%**). The material impacts of a negative nature represent only **0.95%** of the total value (**-49.644,13€**) and are attributed exclusively to the change *Increases stress (-)* identified in the group of professionals.

It is highlighted that this negative impact significantly reduced the total estimated value for this group by 77.99%. Initially projected at **63.657,66€**, the final reported value was reduced to **14.013,52€**, as a direct consequence of the negative impact on the total balance.



10.4 SOCIAL VALUE GENERATED PER PARTICIPATING PERSON

The following table presents the values generated per individual for each stakeholder group in comparison with the estimated investment (inputs).²⁴⁶ For a total investment of **(1.559.073,95€)**, the social value generated per individual is distributed as follows, highlighting that the greatest impact is concentrated on children, followed by their parents.

Compared to the estimated investment, the value generated far exceeds the investment made, indicating that it would be possible to obtain a significant impact even with a lower investment or a smaller number of participants.

Table 76. The value generated by individual and stakeholder group

Children and adolescents	Mothers and fathers	Professionals
		
Generated value 9.066€/Child	Generated value €4,687/parents	Generated value €670 in positive and -€546 negative impact
Investment 2.233€/Child	Investment 1.827€/Child	Investment Not applicable

Own elaboration.

²⁴⁶ It is estimated that the investment of resources (inputs) is distributed proportionally, with children and adolescents representing 55% of the total $((1,559,073.95€ \cdot 0.55)/384)$ and mothers and fathers 45% $((1,559,073.95€ \cdot 0.45)/320)$, according to their participation in the program (384 children and adolescents and 320 mothers and fathers).

10.5 SOCIAL VALUE GENERATED BY THE WELL-BEING DOMAIN

In the analysis of the well-being areas in which the intervention generates changes, it is observed that the SomosVoz program mainly impacts the well-being domains "Interpersonal relationships" and "Social inclusion", two closely related areas within the Sherlock-Verdugo model.²⁴⁷

The greatest impact is recorded in "Interpersonal relationships", with an estimated value of **3.219.939,10€**, which represents **60.20%** of the total value. For its part, "Social inclusion" achieves an impact of **1.036.581,08€**, equivalent to **19.38%** of the total value.

It is demonstrated that, considering only the value generated in the field of interpersonal and social relationships, this value multiplies by **2.73** the investment and represents the **79.59% (4.256.520,18€)**, of the total value generated. This result confirms that the investment pays off significantly, even when focusing exclusively on this domain of well-being.

On the contrary, the domains of "material well-being", "rights" and "emotional well-being" do not present a significant impact, although, according together with the analysis of the preconditions for these changes that are detailed in the [Table 76](#), both for children and adolescents and mothers and fathers, are within the domain "Emotional well-being" so indirectly this domain also provides value.

²⁴⁷Schalock, R. L., and Verdugo, M. Á. 2002. *Quality of life: Manual for education, health and social services professionals*. Editorial Alliance. <https://dialnet.unirioja.es/servlet/libro?codigo=98116>



Figure 102. Value relationship between well-being domains



Own elaboration

It is important to note that the graph does not consider the value generated for socio-educational entities, since these are material values and not personal values. However, the value generated in the well-being of the people who work in these organizations is included in the graph, since professionals are one of the stakeholder groups considered in the analysis.

10.6 SOCIAL VALUE GENERATED FOR ORGANIZATIONS

According to the Social Value International glossary²⁴⁸, social value refers to the impacts that affect the well-being of people, while the value generated for organizations is considered separately. In this report, the evaluator team refers to the latter as an organizational value, in line with the definition of organizational changes proposed by Social Value International: "*Changes in an organization's resources, capacity or circumstances*". According to the glossary, "*These changes can lead to Intermediate and Well-Defined Results for people and*

²⁴⁸ Social Value International. *SVI Glossary 2.0*. Published October 2023. Available under Creative Commons Attribution-ShareAlike 4.0 International license. consulted in <https://www.socialvalueint.org>.

could be managed with the objective of optimizing Social Value. However, in isolation, these changes are part of Financial Accounting or Sustainability, rather than Social Value itself.

In the social value accounting of this report, the accumulated value generated for the executing organizations (socio-educational entities) has been considered, corresponding to **4.84% (254.079,13€)** of the total value reported. The inclusion of this value is justified due to its relevance in strategic decision-making, given that organizations played a crucial role in the implementation of future editions of the program, and will play a vital role in future implementations.

Although this value is relatively low compared to the total generated, it was decided to include it in the calculation of the social return on investment (SROI). This decision, based on the sensitivity analysis (see [Chapter 11. Sensitivity Analysis](#)), highlights that, although in principle it should have been excluded, its impact on the social return ratio was not significant. However, its inclusion ensures that it is considered in the decision-making process, thus strengthening the argument to assess its role in the development and sustainability of the program.



11. SENSITIVITY ANALYSIS

Sensitivity analysis is an essential tool in the SROI methodology that allows evaluation of how variations in key variables can influence the final result 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 of “*Do not overestimate the effects*”²⁴⁹, this analysis helps validate projections, prioritize critical areas, and guarantee the quality of strategic decisions. In addition, it facilitates the identification of risks by testing alternative scenarios and measuring their effect on the estimated social value. The following table presents the analyzed data, along with an assessment of its degree of sensitivity within the model, using a conservative ratio as a basis

²⁴⁹ Social Value International. "Principle 5: Do Not Overclaim." www.socialvalueint.org/principle-5-do-not-overclaim.



Table 77. Sensitivity analysis - medium risk tested data

What is analyzed	SROI actual	New calculation	Variation	Sensitivity degree	Risk
The data 'how much it changes' generated by the FAD scale is used ²⁵⁰ both in children and adolescents (0.02 points) and in families (0.33 points), instead of the score (7.03/7.32) obtained through the SROI questions	3.37	2.48	-0,98	If the "change" data from the FAD scale (0.02/0.33) had been used, the final ratio would vary by more than one point, making it sensitive data. The data of "how much it changes" was chosen from the subjective scale (7.03/7.32), answered by children and their mothers and fathers, since the FAD only includes children over 11 years of age, it is not representative or allows comparisons. The subjective perspective was prioritized to evaluate the relative importance with the same scale.	High
The deadweight and attribution discount values are increased by 70%, and the travel discounts of all stakeholder groups by 10%	3.37	2.21	-1,16	It is very unlikely that there is a 70% margin of error (underestimating the discount value) in all changes and stakeholder groups since the data was reported both by the participants themselves and by professionals and experts on the subject. Although this adjustment would result in a negative social return, it is not considered sensitive due to the low degree of probability.	Half
Both the number of mothers and fathers and children who responded positively to the changes are reduced by 20%, as a	3.37	2.73	-0,64	The current data has a sufficient level of rigor and its modification is not considered to have a significant impact on decision-making given that the program continues to generate positive impact, and it	Half

²⁵⁰ Family assessment device (FAD) APQ Alabama parenting Questionnaire Parent version and Child version (parenting skills)

measure to counteract possible cases in which they would not have understood the question.				is unlikely that among a population of so many people there will be a bad interpretation of such a degree, given that the materials were translated into languages that in the end were not necessary to use.	
To assess the impacts of the stakeholder group children and adolescents and mothers and fathers combined, an anchoring proxy is used based on the average expenditure on family vacations in Spain, estimated at €2,953.	3.37	4.43	+1,06	The data has a moderate sensitivity because it partially influences the social return ratio. Although the proxy applied uses a conservative average, it could be considered that there is room to incorporate a greater value. However, the selected proxy is maintained due to its greater robustness compared to other options and because its choice does not affect the strategic decisions of the analysis.	Half
To assess the impacts of the Children and Adolescents stakeholder group, an anchoring proxy is used based on the average spending on family leisure in Spain, estimated at 1.651€	3.37	2.55	-0,82	The data has a moderate sensitivity, since it partially affects the social return ratio, placing it close to the equilibrium point. After testing a more beneficial proxy and a less favorable proxy, a third intermediate proxy was chosen to more accurately reflect the value assigned by the children and adolescents and mothers/fathers groups. This intermediate proxy, selected for its methodological rigor, represents an appropriate balance and avoids underestimating the value perceived by these groups.	Half

Own elaboration

Substitution of data that indicates the depth of the change: The data on the depth of change in the improvement of the family atmosphere is classified as “sensitive” in the sensitivity analysis, due to the differences in the data generated by the two methodologies applied to measure this aspect. On the one hand, the participants were asked to subjectively assess the change, and on the other, the "*enhanced family atmosphere and wellbeing at home*" scale (FAD) was used, based on a domain analysis with “pre” data and another “post” data to measure the

difference instead. Since both scales interpret change points differently, it was considered more prudent to use the subjective scale, as it shared the same number of steps and logic as the questions applied to other changes, thus making it comparable.

Furthermore, the subjective perception of the participants was prioritized over the objective data provided by the FAD, since the latter is only applicable to children over 11 years of age, thus excluding children from 6 to 10 years of age, which made it not representative of the entire stakeholder group. Likewise, ensuring the comparability of data on “how much it changes” was considered more relevant than having strictly objective data.

On the other hand, the short duration of the intervention (7.5 months) may have limited the ability of the FAD scale to fully capture the change generated in the groups of interest, including children and adolescents and mothers and fathers. To ensure the reliability of this analysis, the FAD scale data was applied to the extrapolated data, which resulted in a decrease in the SROI ratio. However, this new social return ratio is still high, which reinforces the solidity of the impact generated and supports the decision to opt for this methodology to guarantee the comparability and consistency of the analysis.

Use anchor proxies generated with revealed preference methodology: The “anchor proxy” plays a key role, influencing the value of all other changes. In this report, the proxy used has been based on a calculation model that, due to the lack of specific research on the group of interest or national data, had to consider averages from other studies. If a revealed preference proxy had been applied, such as “average spending on family vacations,” the social value would have increased, while if “average investment in family leisure activities” had been used, it

would have decreased. Therefore, the use of a *proxy* that is situated between these two scenarios reduces the degree of risk in decision-making; however, the possibility of having overestimated or underestimated the value should be considered.

Table 78. Sensitivity analysis of tested data - low-risk

What is analyzed	SROI actual	New calculation	Variation	Sensitivity degree	Risk
The value contributed by organizations is excluded from social accounting	3.37	3.20	-0.11	It is not sensitive data for decision making. Their inclusion or exclusion in the calculation of the ratio is insignificant. However, it is still relevant information in the decision process.	Low
The input of socio-educational organizations is not counted, considering only the financing of the financier	3.37	4.69	+1.32	The data has high sensitivity, since the value increases by one point. However, excluding input from organizations would give an incorrect view of the return, as there is clear evidence of their significant contribution to the impact generated.	Low
The organization's resource contribution is increased by 20%, given that the original data was estimated by several organizations and was not exact	3.37	3.19	-0.18	The current data has a sufficient level of rigor and its modification is not considered to have a significant impact on decision-making.	Low
The number of children and adolescents who responded positively to the changes is reduced by 20%, as a measure to counteract possible cases in	3.37	2.92	-0.45	The current data has a sufficient level of rigor and its modification is not considered to have a significant impact on decision-making given that the program continues to	Low

which they would not have understood the question.				generate positive impact.	
The number of mothers and fathers who responded positively to the changes is reduced by 20%, as a measure to counteract possible cases in which they would not have understood the question.	3.37	3.17	-0,20	The current data has a sufficient level of rigor and its modification is not considered to have a significant impact on decision-making given that the program continues to generate positive impact.	Low
The values of two changes previously excluded in the personnel relevance test are included in the social accounting (<i>Worse personal relationships with professional coworkers and Greater sense of purpose and fulfillment</i>)	3.37	3.37	+0,00	The level of sensitivity is very low, it does not affect the social return since it is minimal, and it does not impact decision making.	Low
The deadweight discount values of all stakeholder groups are increased by 70%	3.37	2.79	-0,58	The level of sensitivity is very low, it does not affect the social return in a significant way and therefore does not impact decision making. This allows for an error rate in deadweight calculations of 70%.	Low
The attribution discount values of all stakeholder groups are increased by 70%	3.37	2.72	-0,65	The level of sensitivity is very low, it does not affect the social return in a significant way and therefore does not impact decision-making. This allows an error rate in attribution calculations of 70%	Low
The travel discount values of all stakeholder groups are increased to 10%	3.37	3.20	-0,17	The level of sensitivity is very low, it does not affect the social return in a significant way and therefore does not impact decision making. This allows an error rate in displacement calculations of 5-10%.	Low
The travel discount values of all stakeholder groups	3.37	2.84	-0,53	The level of sensitivity is very low, it does not affect the	Low



are increased by 20%				social return in a significant way and therefore does not impact decision making. This allows an error rate in displacement calculations of 20%.	
A 10% reduction is applied to the reported depth of children and mothers/fathers to mitigate the possible risk of bias derived from the professionals collecting the data.	3.37	2.85	-0,52	The sensitivity level is low, it does not affect the social return significantly, and the ratio remains positive, so it does not impact decision making. This allows for an error rate in registration and assumes the risk of bias of 10%.	Low
To assess the impact of having used the “anchor proxy” “average investment in therapy” for one year (€2,420) instead of the applied proxy of “enhanced family atmosphere and wellbeing at home” of children and families	3.37	3.66	-0,29	The data has a low sensitivity. It does not significantly influence the social return ratio, and would not affect decision-making. Therefore, it is not assigned a high-risk level.	Low
To assess the impact of having used the “anchor proxy” “relaxation massages” for a year (€840) instead of the proxy applied to “Increase stress” of professionals	3.37	3.39	+0,10	The data has a low sensitivity. It does not significantly influence the social return ratio, and would not affect decision-making. Therefore, it is not assigned a high-risk level.	Low

Source: Own elaboration.

Conclusion

It is concluded that there is a low degree of probability of having underestimated or overestimated the value, given the low level of sensitivity of most of the tests applied. The following table details the three data on the list that present a higher degree of sensitivity and that should be taken into account when making decisions.



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12. VERIFYING THE RESULT



The SROI methodology establishes in its principle 7²⁵¹ the need to implement a verification process that actively involves the different stakeholder groups. This process ensures that the theory of change (as described by 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, in order to guarantee transparency regarding sensitive data that can influence the results. The following section presents the results obtained from this verification and makes reference to [Table 33](#), which details the process followed to achieve these results.

12.1 THE INVOLVEMENT OF GROUPS IN VALIDATION

As indicated in principle 1²⁵², all stakeholder groups should be involved in validating the results. For this purpose, all stakeholder groups included in this study, with the exception of socio-educational organizations, were actively involved in the review and verification of

- a) The chains of events (chain of events)
- b) The outcomes included in the analysis
- c) The relative importance/value of the changes

Also, the organization was involved in validating:

- a) How likely the organization in question will use the information provided by them
- b) Involved in rewiring and providing feedback on proposed changes to the activity that have arisen based upon impact data.

This last part has been detailed specifically in [Section 12.5](#), while the process and result of validation of the former concepts are described here.

²⁵¹ Social Value International. (n.d.). Principle 7: Verify the Result. Social Value international. www.socialvalueint.org/principle-7-verify-the-result

²⁵² Social Value International. "Principle 1: Involve Stakeholders." www.socialvalueint.org/principle-1-involve-stakeholders.



12.1.1 Sample size completion and challenges

This verification process was designed in close collaboration with professionals, who recommended the most appropriate materials to engage children, adolescents, and their parents. By this stage—nearly the end of the school year—both groups were already fatigued, citing “too many questions” and “too many forms and interviews,” and many had left to return home for summer holidays. Those still attending were distracted by end-of-year activities or summer planning. The validation material is displayed in the following sections.

Despite these challenges, staff arranged a special closing event to present the verification materials in person and gathered phone numbers to distribute them via WhatsApp to the parents. Although responses could not be guaranteed, this “best effort” approach balanced the need for essential data with respect for participants’ limits. Ethically, the evaluation team judged it was important that stakeholders “got back” the results as a thank-you for their participation—though this plan was hotly debated and never fully endorsed by all professionals. Ultimately, 11 of the 14 entities that had collected data joined the final feedback exercise.

In the end, the evaluator team was satisfied with the response rates: 208 of 384 children participated (54.16% of the study population), yielding a statistically representative sample with a margin of error of 4,61%, and 91 of 320 parents responded (28,44%), corresponding to an acceptable error rate of 8,70%. These figures surpassed expectations, thanks largely to the extra efforts of the professionals—even those who had initially hesitated to support the activity.



Table 79. Number of people involved in verification process

7. Verify the result	Children	Mothers and Fathers	Professionals	Socio-educational organizations
Universe:	384	320	91	39
# of people reporting verifying the changes:	189 (49.22%)	91 (28.4%)	42 (46%)	0 (0%)
Representativeness:	SAMPLE from group that is statistically representative —See Table 33 Error rate: 5.09% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 8.70% (acceptable)	SAMPLE from group that is statistically representative —See Table 33 Error rate: 11.16% (acceptable)	Did not validate the organizational outcomes BUT verified the future use of the data explained in Section 12.4 and 12.5
Type of data collected:	Quantitative			
Data collection method:	Survey			

Source: Own elaboration.

12.1.2 Validation by the children and adolescents

For children and adolescents, the professionals proposed using familiar social-media conventions—“likes” and “comments” adapted material—instead of traditional forms. The evaluation team then created a comic (see below), choosing a format that felt engaging and fun for the youth (for more details see [Section 4.2.1](#)). In this comic, the children became the protagonists of their own story: their voices and experiences were honored, and they “received” the report’s findings as a thank-you for their contribution.

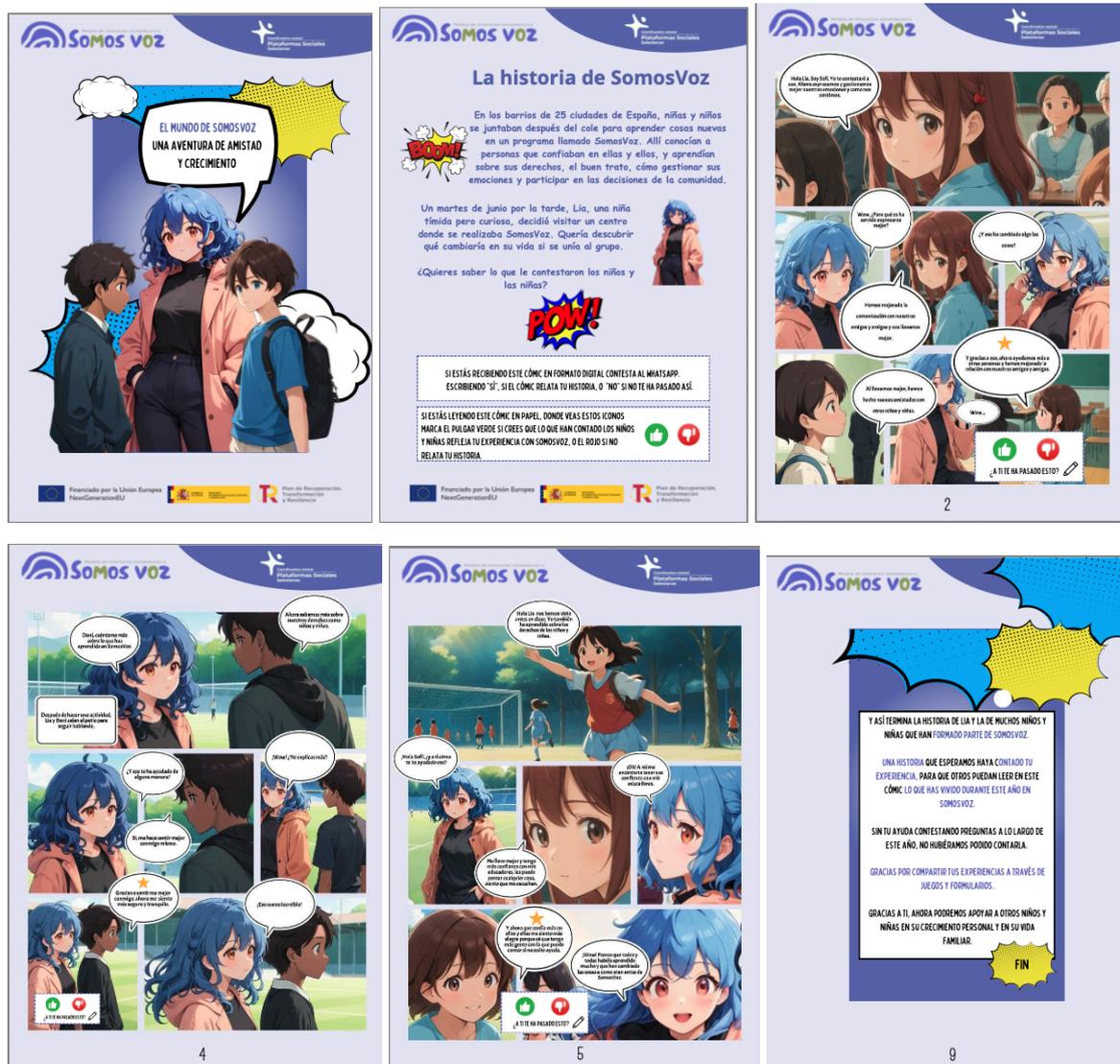
Both professionals and participants embraced this approach (as a solution to the “survey-fatigue” expressed by the children), which secured the necessary validation data at the close of the program, just before summer break.

The materials were made publicly available and can be downloaded from here:

- <https://psocialesalesianas.org/programapipii/>
- <https://psocialesalesianas.org/programapipii/2024/06/06/lia-descubre-el-programa-somos-voz-una-historia-de-amistad-y-crecimiento/>



Figure 103. Comic-based validation materials for verification by children and adolescents



Source: Own creation.

It's important to note that the comic only validated the experienced “changes” and the “chain of events.” It did not assess the relative importance or value of those changes—because, as the children themselves pointed out, they had already been asked repeatedly about “how much it was worth to them” in earlier surveys (which was something that had been said and repeated by many children on several occasions). Ignoring their fatigue risked losing their

participation entirely for this final phase, also taking into account the struggle of the professionals to get the children engaged in these evaluation activities.

It's also important to acknowledge that the final round of data collection was particularly challenging: many children dropped out of the program for summer vacation, so the evaluator team was unable to interview each participant individually. Instead, the verification was conducted in focus groups, asking all children and adolescents to confirm every chain of events. This approach introduced some risk—some participants did not recognize or relate to all of the changes presented (see [Section 4.4](#)). In hindsight, best practice would have been to show each child only the specific chains and outcomes they had originally generated, so that they could validate just those elements with which they personally identified. Otherwise, there was a risk that the children would validate “negatively” chains not because the sequence was incorrect, but because they had not experienced—and thus could not identify with—the final change.

Also, since they had already identified and valued the changes (using both monetary and non-monetary methods) during the previous data collection, the evaluation team concluded that the prior valuation data were “good enough” for decision making. Bypassing a fresh importance rating in the comic ensured that no participants would refuse the final validation exercise and that essential data would still be captured.

Still, acknowledging these risks, the evaluation team judged to proceed with the data collection.

With these scenarios and their consequences in mind, the following results were generated:

Of the 208²⁵³ children and adolescents who received the comic-based exercise asking, “***To what degree do you agree that these Chain of Events represent the changes you have experienced with the program?***” (responses: “fully represents,” “partly represents,” “does not represent”), none chose “does not represent,” 69,84 % answered “fully represents,” and 30,16% answered “partly represents.” At that point, it was not possible to ask “why” they

²⁵³ This represents 54.17% of the study sample, which is sufficient to represent the entire group.



answered “partly,” (which would be of interest to understand the causes), for two main reasons:

- **Time constraints:** The data-collection window closed immediately after the last group session; there was no remaining class time to ask additional questions and the children nor teachers would return to the program.
- **Participant fatigue and accessibility:** Children were exhausted from multiple rounds of activities and surveys. Even if contact had been reestablished, there was a high risk they would refuse or respond without due care.

Recognizing these barriers, the team enlisted the 16 remaining staff (out of the original 91 professionals) for a secondary validation. Teachers, coordinators, and psychologists reviewed all nine Chains of Events and ranked which sequences they considered most “representative” of the program’s impact, adding rigor to the responses of the stakeholder:

Core chains (highest agreement): “Greater ability to identify violence → Improved communication with family → Gets along better → Does more fun activities with family → Better conflict management → *Improve relationship with family*” and “Better expresses and manages emotions → Improved communication with friends → Establishes new friendships → *Improve relationship with peers*”

Strongly supported chains (moderate agreement): “Better expresses emotions → Improves communication with friends → Establishes new friendships → *Helps others more*”: “Discovers new places → Greater self-esteem (self-love) → Participates more in neighborhood activities → Is able to do more things on their own” and “Understands more about children’s rights → Greater self-esteem (self-love) → Feels safer and more confident → Feels calmer → *Feels happier and more joyful*”

Acknowledged but less universal chains: “Decides on things that matter to you in your neighborhood/school → Greater self-esteem (self-love) → Feels more valued by yourself and by others → *Have greater autonomy*” and “Improved performance at school → *Feels happier and more joyful*”.



By integrating this professional ranking exercise, the evaluation team achieved a more robust, triangulated validation of the stakeholder-informed chains of events. In lieu of a direct child follow-up on misaligned links, this method provided a more rigorous check on which outcomes and chains truly “represented” the program’s impact.

To better understand the 30,16% who answered “partly represents,” the team conducted two analyses:

Identification of partially validated changes. These changes detected by the analysis aligned with the results displayed in the data collected to understand how many persons identified with the changes reported in [Section 4.4](#). A hypothesis was that children who answered “partly” did so because they had not experienced the change. As mentioned before, all children were asked about all chains, have experienced the changes or not. For example, “improved relationships with peers” was fully true for younger children who formed new friendships, but older children with preexisting friendships did not identify with that change. Upon analyzing the data, the evaluation team acknowledge the effect this could have on the verification process,



Table 80. Percentage of children who partially validate each change

Outcome	Number of participants	% of participants (n = 208)
Do not get along better with their family	24	11.5 %
Do not help more people	16	7.7 %
Have not improved their relationships with friends	16	7.7 %
Do not feel happier and more joyful	17	8.2 %
Do not have more people they can rely on if they need help	14	6.7 %
Do not feel safer and more at ease	10	4.8 %
Do not feel valued and capable of doing more things on their own	8	3.8 %
Are not able to do more things by themselves	3	1.4 %

Source: Own creation.

Once the data were analyzed, the evaluation team discovered that, although the evaluator team intended participants to verify each entire Chain of Events, the comic placed the “yes”/“partly”/“no” response icons only on the final change in each chain. Consequently, some children marked “partly” not because the chain itself was inaccurate, but because they had not personally experienced that specific final change. During analysis, these responses were mistakenly treated as chain invalidations.

The instructions read: *“If you’re reading this comic on paper, whenever you see these icons, mark the green thumb if what the children in the comic share reflects your experience with SomosVoz, or the red thumb if it does not.”*

Without clear facilitator guidance, children may have interpreted the prompt differently. As a result, the 30,16% of responses marked as “no” or “partly” may simply reflect those who did not identify with the final changes—a natural consequence, since not all participants relate to every outcome.



Figure 104. Example of question and “yes/no” mark

SI ESTÁS LEYENDO ESTE CÓMIC EN PAPEL, DONDE VEAS ESTOS ICONOS MARCA EL PULGAR VERDE SI CREES QUE LO QUE HAN CONTADO LOS NIÑOS Y NIÑAS REFLEJA TU EXPERIENCIA CON SOMOSVOZ, O EL ROJO SI NO RELATA TU HISTORIA.





Note: translation of the question is *If you’re reading this comic on paper, whenever you see these icons, mark the green thumb if you feel what the children in the comic have shared reflects your experience with SomosVoz, or the red thumb if it does not.* Source: Own creation.

This mismatch between the prompt—“to what extent do you identify with...”—and the response placement has been recorded as a methodological error in [Table 2](#), as it may have inadvertently misled respondents. Furthermore, examination of comments from the 30,16% who answered “partly” revealed that they were referring to particular changes rather than rejecting entire chains.

Quantification of partially validated outcomes. [Table 81](#) above shows, for each final change in the chain, the number and percentage of children who did not fully identify with it. Thus, it was analyzed the relationship between the number of children and adolescents who reported this discrepancy is detailed in [Table 82](#), where the final change in the chain with which they did not feel identified is specified, the percentage that this record represents over the total number of people surveyed and its relationship with the total population studied.

Among the percentage of children and adolescents who did not feel completely reflected in all channels is low, it is observed that two changes stand out slightly: "improve *relationship with family*" and "*You feel more cheerful and happy.*" Both exceed 10% of the total number of people surveyed, which suggests that, when using data from these chains, it is important to consider that a part of the population is not fully represented in these changes.

Table 81. % of children who partially validate the changes

Los cambios que los niños y niñas consideran no representativos de su experiencia	Totales de niños y niñas que al inicio del proceso identifican haber experimentado el cambio	Totales de niños y niñas que, al validar las cadenas, consideran que no son representativas de su experiencia	Porcentaje de niños y niñas no identificados con la cadena respecto a los 208 participantes en el proceso de validación	Cadena validada (supera el umbral 70%)
Ayuda mas a otras personas	179	16	7,69%	✓
Ha mejorado la relación con los amigos	179	12	5,77%	✓
Se lleva mejor con la familia	180	28	13,46%	✓
Sentirse más feliz y alegre	178	27	12,98%	✓
Tiene mas personas que le ayuda (red de apoyo)	178	16	7,69%	✓
Sentirse valorado y capaces de hacer más cosa por ellos mismos	180	22	10,58%	✓
Se comporta mejor en la escuela u otros lugares	178	0	0,00%	
		121	8,31%	
		VECES	Media	

Source: Own elaboration.

The evaluation team made every effort to complete the verification process despite the challenging circumstances. Aware that summer drop-outs and group validation could introduce some loss of rigor, they nonetheless proceeded—integrating both children’s and professionals’ feedback—and concluded that the data were “good enough” to inform decision-making. Overall, the Chains of Events were widely confirmed as representative of this stakeholder group’s experience, with validation rates well above the 70% threshold established for high reliability and a sample size sufficient to ensure representativeness.

12.1.3 Validation by fathers and mothers

For families—and to reduce fatigue from repeated surveys—we developed a short narrative illustrating the changes they had experienced and how each change triggered subsequent developments (the “chain of events”). Parents simply marked “like” if they fully identified with each sequence, or indicated partial agreement if only some elements resonated. This approach both validated the relationships between changes and enabled parents to signal the relative importance of each outcome—integrating theory of change mapping and

valuation in one user-friendly tool—while minimizing respondent burden. The stories were distributed either as printed handouts or as digital links via WhatsApp (with optional audio/video), and parents submitted their feedback through the same WhatsApp thread.

The final materials were made publicly available and can be downloaded from here:

- <https://psocialesalesianas.org/programapipii/>
- <https://psocialesalesianas.org/programapipii/2024/06/06/la-historia-de-angelica-en-somos-voz-un-viaje-de-transformacion-familiar/>

Figure 105. Story-based validation materials for verification by mothers and fathers



Source: Own elaboration.

94.77%²⁵⁴ of the mothers and fathers who responded to the question “To what degree do you agree that these Chain of Events represent the changes you have experienced with the program?”, completely affirmatively confirmed that all chains of change evaluated fully reflected their experiences generated by the program activities. This indicates the high reliability of the data, representing almost three-quarters of the people surveyed and 30% of the population studied.

²⁵⁴ 96 mothers and fathers responded, which represents 30% of the population studied.

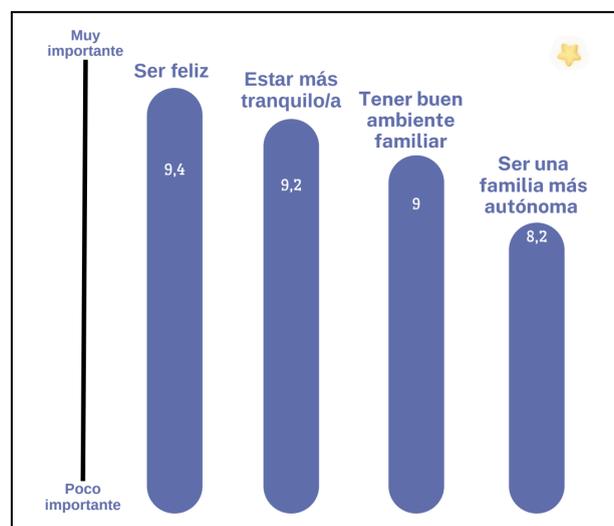
Table 82 % of mothers and fathers who validate the chains

Los cambios que las madres y los padres consideran no representativos de su experiencia	Totales de madres y padres que al inicio del proceso identifican haber experimentado el cambio	Totales de madres y padres que, al validar las cadenas, consideran que no son representativas de su experiencia	Porcentaje de padres y madres no identificados/as con la cadena respecto a los 96 participantes en el proceso de validación	Cadena validada (supera el umbral 70%)
Mejora el clima familiar	101	95	98,96%	✓
Más autónomos como familia (sin necesidad d	107	95	98,96%	✓
Más tranquilo/a	107	95	98,96%	✓
Más felices	98	94	97,92%	✓

Source: Own creation.

On the other hand, the data of 5.03% of the participants in the survey indicated that they identified with most of the chains, but not with all, that were analyzed, which represents a percentage of low significance for decision-making, for the reasons for which are not detailed in the report. To validate the relative importance of the changes, people were asked to evaluate a visual representation in pillar format, which illustrated the changes identified in order of importance with the question, *“To what extent do you consider the sequence of relationships between the different changes observed to be valid?”*

Figure 106. Visual for data validation with mothers and fathers



Source: Own creation.

61.46% of the people participating in this survey question (59 people), which is equivalent to 18.44% of the population studied²⁵⁵, confirmed that the order of relevance between the changes was completely representative of their experience. In contrast, only 10.42% of the people surveyed stated that the proposed order partially reflected the sequence of the changes, indicating which of them should be adjusted. This percentage was considered not significant to significantly influence strategic decision-making, so an exhaustive analysis of these cases was not carried out when concluding that their impact would be minimal on the final decisions of the project.

To measure the level of general validation by mothers and fathers, taking into account both the people who fully or partially validated the chains of events (chain of events), the data were managed as follows: those who validated 100% of the sequence were fully considered in the calculation. However, when participants indicated partial validation - because they did not agree with one or two changes - a reduction of 5.21% was applied. This percentage corresponds to the average calculated between the total number of people surveyed and those who expressed disagreement with part of the sequence. This calculation led to the conclusion that the chains of events were validated by 80.45% of the participating people.

12.1.4 Validation by professional people

In the case of the stakeholder groups "professionals", the chains of events were validated using specific questionnaires. They were asked to value "the relative importance" as well as "the chain of events" on a scale of 1 to 10 the degree of agreement with the chains of events designed to reflect their changes.

²⁵⁵ The studied population is made up of 320 mothers and fathers.

Figure 107. Survey-based validation materials for verification by professionals

3. En cuanto a los cambios definitivos de la cadena de acontecimientos. ¿Estás de acuerdo con el siguiente orden de importancia que han tenido sobre ti?
Si estás de acuerdo pasa a la siguiente pregunta. Si no estás de acuerdo, ordena los cambios a tu parecer.

- Aumenta la sensación de sentirse valorado en el mercado profesional (7,8 sobre 10).
- Aumento de estrés (7,6 sobre 10)
- Aumenta el sentido de propósito y realización (7,6 sobre 10)

Note: The question asks about the rating of the changes (with the average value in parenthesis). Source: Own creation.

The validation of the chains of events (Chain of Events according to its acronym in English), the theory of change (Theory of Change according to its acronym in English), and the relative importance between changes by 51.45%²⁵⁶ of the total number of professionals was high with an average score greater than 7.5 on a scale of 10. Because there were fewer people than in the other stakeholder groups, in order to ensure that it was representative of the entire group, it did a standard deviation analysis. The consistency in the responses within each group was considerable, with a standard deviation of 0 in most roles and only 0.126 for professional people with the role of psychologists, which reinforces the robustness of the verification process.

The range of scores oscillated between 7.67 and 8.0 (on a scale of 10), which indicates a uniform and consistent validation independent of the role played by the professional in the project. More than 85% of the responses in each role (coordinators, educators, psychologists) reached a score greater than 7, suggesting strong acceptance of the specified chains. This consistency supports the robustness of the proposed theory of change and underlines the importance of validated results.

12.1.5 Validation by socio-educational centers

Due to circumstances beyond the project, it was not possible to validate the chains of events, or the degree of importance of the changes with this stakeholder group using the

²⁵⁶ Of the total target population, 91 professionals, 47 (51.45%) professionals participated in the survey.

material specifically designed for this purpose, as was done with other groups involved. Despite this, it is assumed that the risk associated with the lack of direct validation is low, under the following reasoning:

- A prognosis²⁵⁷ of the program had previously been made, in which this stakeholder group detailed the changes they anticipated as a result of the intervention. These changes coincided with the results finally generated. In addition, several people involved participated in the identification of the changes and in the evaluation of their degree of importance through a non-monetary assessment, which reinforces the validity of the observations.
- Two valuation methodologies were used for this stakeholder group: a non-monetary one, based on the perception of the degree of importance of the changes, and another monetary one, using proxies to estimate their economic value. These tools contribute to supporting the hypothesis that there is a low risk of making decisions related to the changes identified in this stakeholder group since they validated the changes and their value on two occasions.
- Given that the degree of importance attributed to the changes by the representatives of these organizations was, on average, at a medium value on a scale of 1 to 10 (neither very important nor unimportant), it is considered that the risk of making decisions that generate negative impact for this group is low, since if it were undervalued or overvalued, it would start from an intermediate degree of importance.
- It is important to note that this group's feedback reflects value to the organization rather than value to the beneficiaries (people well-being), which was not the focus of this report. As a result, future decision-making will likely prioritize improvements for participants rather than for the organization itself. Consequently, even though the organization did not formally validate these particular findings, the evaluation team assessed the risk as low—both for the reasons outlined above and because organizational-level validation was outside the scope of this study.

²⁵⁷ Pólvara, P., Delfa Rodríguez, B., y De Cominges Sureda, B. *Informe de Valor Social PIPII 2023*. The Social Consulting Agency y la Cátedra de Impacto Social de la Universidad Pontificia Comillas, última modificación en 2023.



12.2 CONCLUSION OF THE VALIDATION PROCESS

The verification process carried out with stakeholder groups has confirmed that the information presented in this report accurately reflects the perceptions and experiences of the majority of the groups involved, for the majority of the changes identified. The discrepancies observed have been specific cases, affecting less than 10% of the people within the group surveyed, which reinforces the general validity of the data in this report.

Of the children and adolescents who participated in the validation, 70% indicated that the chains of events fully reflected all their experiences, while the remainder indicated partial agreement (which means that some chains of events were reflecting their experience and some not). Detailed analysis of the “partly” responses is presented in [Section 12.1.2](#), allowing data users to understand the evaluation team’s judgement and the associated risk appetite in decision-making and what they judge had caused this discrepancy. On the other hand, more than 80% of the mothers and fathers who were part of this consultation. Likewise, among the professionals involved, the average score was greater than 7.5 on a scale of 10 in all changes, which reinforces confidence in the validity of the results for these three groups composed of people impacted by SomosVoz.

Furthermore, it is recalled that socio-educational organizations were not able to validate their chains or changes using the specific material designed for this purpose, which is an area to consider in future evaluations.

Despite these low-risk limitations, the results provide a solid basis for ensuring that the theory of change, the changes identified, and the degree of importance attributed accurately reflect the expectations and assessments of impacted stakeholders supporting decision-making and continuous improvement.



12.3 REPORT ACCREDITATION (ASSURANCE)

This report was submitted to the verification process (assurance, in English) with 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 through a "seal" displayed on the first page of the report, which is granted only if the document successfully passes the accreditation process.

At the time of the report's submission, a response regarding accreditation had not yet been received, so the report will be updated once the resolution is finalized.

If the outcome is favorable, this report will be publicly available in the open-access database, in both English and Spanish, through the following link: <https://socialvalueuk.org/reports-database/>.

12.4 PROBABILITY OF USING SROI DATA

The high probability that the organizations responsible for planning and executing the SomosVoz project will use the data generated in this report in future strategic and operational decisions is supported by the following assumptions and evidence:

All participating socio-educational organizations have developed sustainability plans specifying how they will continue to implement the project or integrate the learning obtained into their strategic planning. These plans ensure alignment between lessons learned and your future actions.

A personal income tax tender was overwhelmingly approved²⁵⁸ to finance 2025 strategies, which aims to systematize the measurement of the impact on participating entities. Prior to the completion of SomosVoz, this tender was awarded, providing the project lead organization (CEPSS) with a portion of the funds necessary to initiate the execution plan. This action demonstrates the tangible commitment of the entities to integrate results and learning into their processes.

²⁵⁸ Ministry of Finance and Public Function. (2025). *National Subsidies Database (BDNS): Consultation of concessions*. www.pap.hacienda.gob.es/bdnstrans/GE/es/concesiones/consulta.



Furthermore, it is evident that the funding organization uses the data generated in this report in future communications on social innovation in which strategic and operational decisions will be made based on the following assumptions and evidence:

The Ministry of Social Rights, Consumption and Agenda 2030 has planned for 2025 the activation of a digital portal aimed at disseminating the portfolio of innovations related to deinstitutionalization programs, financed with NextGeneration funds from the European Union²⁵⁹. This portal will include this report along with the project deliverables, underlining its relevance as a reference for other socio-educational organizations in Spain. This effort demonstrates a clear intention to use and share the data collected, promoting the optimization of intervention models.

Evidence: The portal will be made public during the first quarter of 2025.

12.5 INVOLVEMENT IN REVIEWING AND PROVIDING FEEDBACK ON PROPOSED CHANGES TO THE ACTIVITY

According to principle 1²⁶⁰, stakeholders “*Must be involved in reviewing and providing feedback on proposed changes to the activity that have arisen based upon impact data*”.

In order to comply with this aspect of verifying the results, the evaluator team arranged data collection with the organization. During the arranged follow-up meeting in December 2024, the evaluation team discussed the results officially presented at the November 26, 2024 event and confirmed that the organization was committed to preserving the integrity of the evaluation report and leveraging the data it generates for all future development of the SomosVoz program.

Also, during the official address, the organization clarified their intended use of the data, stating that they would “*use the data generated in the evaluation report to optimize the SomosVoz program in future editions, should it be implemented at any of their centers.*”

²⁵⁹ European Commission. (s.f.). Recovery Plan for Europe
https://comission.europa.eu/strategy-and-policy/recovery-plan-europe_es

²⁶⁰ Social Value International. "Principle 1: Involve Stakeholders." www.socialvalueint.org/principle-1-involve-stakeholders.



The full speech can be found here at this link:

<https://psocialesalesianas.org/wp-content/uploads/2025/06/Intervencion-final-Jota-26-No-viembre.pdf>

The full article can be found here:

<https://psocialesalesianas.org/blog/2024/11/26/el-modelo-somos-voz-revela-avances-en-la-prevencion-de-la-institucionalizacion-infantil/>

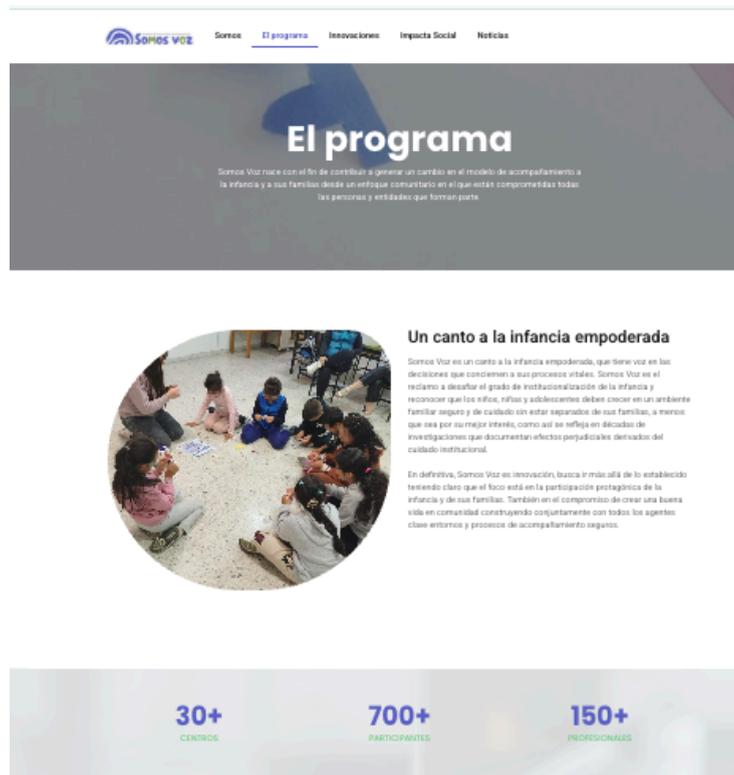
Figure 108. Report presentation on the 26th of number 2024



Source: image provided by the organization..

The organization further explained that the full report and all validation materials that had been used for the final validation were going to be published on their website, for public use.

Figure 109. Webpage where report and validation data is published



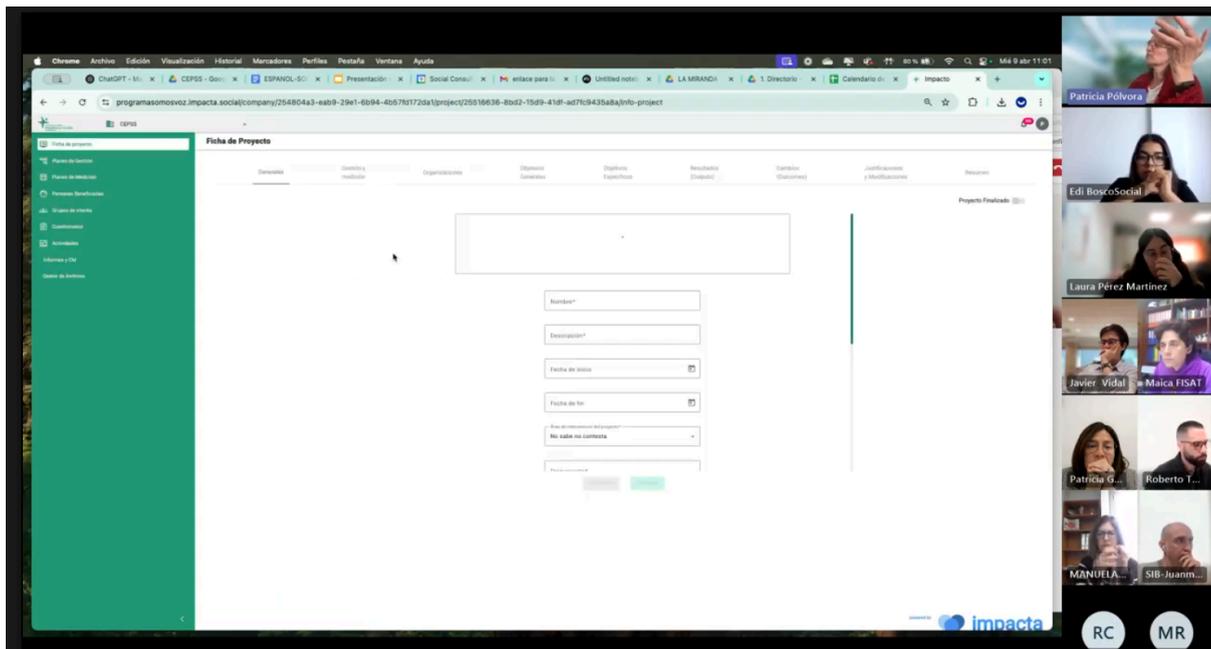
Note: see www.fundacionmariaauxiliadora.org/presentacion-resultados-del-proyecto-somos-voz. Source: own creation.

Also, the impact data was incorporated into the final project summary report submitted to the Ministry of Welfare—both to inform new policy making and to enable reuse by other similar organizations, who commit to spread the word about this data and the innovation model to other communities through their official web portal, where all material would be published in 2025.

As mentioned before, the organization emphasized that should SomosVoz be implemented at any of the organization’s centers in 2026, these findings would directly guide program refinement. Although no firm timeline for center-level rollout had yet been established at this point in time when this data was collected, each center has already developed a sustainability plan to support eventual implementation.

Finally, at the time of writing, the organization had also begun training eleven staff members in SROI impact measurement to ensure that evidence-based evaluation practices are embedded across all future programs, which was a direct consequence and proof of evidence of how the data from the report had supported in developing the processes within this organization.

Figure 110. Training session



Source: own creation.

Furthermore, it is to be noted that no additional stakeholders could be involved in reviewing and providing feedback on proposed changes to the activity that have arisen based upon impact data since the project had concluded and all beneficiaries—as well as paid staff—had exited the program once the report was finished. As an innovation pilot, SomosVoz carried no guarantee of continuation beyond this initial implementation.

Finally, the external evaluation report published in 2024 conducted a thorough analysis of the program’s long-term sustainability and its capacity for continuous improvement. In its conclusions, the report asserts that *“after the evaluation of the initial version... the need to incorporate into version 2.0 of the model the improvements identified in the evaluative*

process is evident”, highlighting a clear commitment to leveraging evaluation insights to strengthen the model. Moreover, it determined that the eight programs within the model required *“updated and improved to optimize their impact”* demonstrating a direct pipeline from evaluation findings to program refinement.

Scaling decisions were similarly grounded in robust evidence: the choice to *“scale certain elements and objectives of the model for 2024”* was made *“after verifying the implementation process and the effects it caused on the interest groups, based on the analysis of quantitative data (forms) and qualitative data.”* This underscores how the SROI report’s mixed-methods data not only informed updates for future versions but also guided strategic choices about which components to expand.

In summary, the evaluation data from “Somos Voz” is explicitly intended to guide the model’s refinement, support strategic scaling, and ensure its sustainability and replicability across participating entities—and potentially beyond.



13. CONCLUSIONS

In results studies, the conclusions are usually aligned with the project objectives, providing a closure that responds directly to the stated goals. However, in impact studies carried out with the SROI methodology, the conclusions have a different focus, since they synthesize the key concepts related to the value generated, identified, measured and monetized throughout the analysis process. The data obtained in this type of study (and these conclusions) not only allow the impact of the intervention to be evaluated, but also serve as a key tool for making informed decisions, ensuring that the voice of the impacted people is considered in the process.

Therefore, the analysis does not focus exclusively on reporting intentional impacts, but on understanding the value generated by the changes that have arisen from the intervention, whether planned or not. Therefore, these conclusions are not necessarily directly linked to the objective of the project, but rather with data that supports decision-making for future editions.

However, it is important to remember that the central purpose of the project is: *"Generate learning and knowledge to, through prevention, support from a socio-educational perspective the reduction of the risk of institutionalization of children and adolescents and contribute to reducing the rate of child institutionalization in Spain."*

In this sense, the following data seeks to contribute to the learning and knowledge referred to in the objective of the project, providing information validated and reported by all stakeholder groups identified in this study. In this way, it is expected that these findings will contribute to the development of future editions of the project, ensuring that the activities implemented maximize the social value they generate.

For each **1€** invested, social value is generated **3,37€**



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Plan de
Recuperación,
Transformación
y Resiliencia

C1: The SomosVoz model has generated an estimated social value of €5,249,076.49, which represents a positive impact on the well-being of the beneficiaries, tripling the value of the resources invested. This findings collected **through the SROI methodology**²⁶¹ reinforces the social profitability of the program.

C2: The SomosVoz program, in its entirety, does not generate significant negative impacts. The methodology used to identify impacts, based on open questions and questionnaires, confirms that the negative effects detected are minimal. They have only been identified as having negative **impacts on professional people**, valued at €49,644.13, which represents 0.95% of the total value estimated at €5,249,076.49.

C3: The SomosVoz intervention model has achieved a significant “improved life satisfaction”. According to the children and adolescents, the average score went from 7.40 to 8.30, an increase of 0.90 points on a scale of 10. In mothers and fathers, the improvement was even greater, with an average increase of 2.04 points. These results suggest that the intervention has had a positive impact on both the children and their family environment. This improvement is significant, since it exceeds the change reported by the INE in the young population of Spain (16-25 years old).²⁶², which in the last year (2022-2023) was only 0.4 points, indicating that *SomosVoz* achieved more than double the impact.

Another indicator that reinforces the relevance of this change comes from an international reference: in the United Kingdom, 1 WELLBY²⁶³ (equivalent to one point on a well-being scale of 0 to 10) is valued between GBP 10,000 and GBP 16,000, with an average of GBP 13,000. This shows that an increase of 1 point in well-being is a significant change.

C4: The main domains of well-being in which the greatest value is generated, according to the changes identified by the people impacted, are the interpersonal relationships, social

²⁶¹ Nicholls, J., Lawlor, E., Neitzert, E., and 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.

²⁶² Data are not presented for younger citizens, the reference chosen is the one closest to the group studied.

²⁶³ 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-government>



inclusion and **personal development**, which represent the **96.61% of the total value generated**. This classification is based on the collection of data on the changes experienced by the beneficiaries, aligned with the well-being domains of Sherlock and Executioner²⁶⁴, which allows these results to be linked with a recognized theoretical framework. Furthermore, these domains are directly related to life satisfaction, reinforcing the relevance of the impact generated.

C5: The stakeholder groups that perceive **The greatest social value are those directly intervened by the activities** of the SomosVoz program. In particular, **94.89%** of the total social value generated is concentrated in children and adolescents and their mothers and fathers. This data highlights the relevance of the program to optimize future editions of it in socio-educational centers, focusing resources and efforts not only on children and adolescents, but also on their mothers and fathers, who experience 28.57% of the total value of positive changes in terms of well-being.

The children and adolescents attributed their **improvements** mainly to **interaction with professionals and program activities**, while fathers and mothers linked it more with **learning new parenting strategies**.

C6: The impact of SomosVoz focuses on two key dimensions of well-being, identified by both children and adolescents and their mothers and fathers: **family and individual autonomy and strengthening of the support network** (33.55% of the total value, €1,761,044.73) and **enhanced family atmosphere and wellbeing at home** (26.57%, €1,394,780.30). This indicates that more than a third of the social value generated is linked to the reduction of dependency, while almost a third comes from improvements in family dynamics, which underlines the relevance of these changes.

These advances have been facilitated by the increase in knowledge about violence, the development of empathy, learning tools for emotional management, assertive communication, conflict resolution and the use of support structures in critical situations.

²⁶⁴ Schalock, R. L., and Verdugo, M. Á. 2002. *Quality of life: Manual for education, health and social services professionals*. Editorial Alliance. <https://dialnet.unirioja.es/servlet/libro?codigo=98116>



Furthermore, improvement in parenting skills seems to be related to these changes. According to the children and adolescents²⁶⁵, the greatest transformation is observed in the use of **appropriate discipline**, while statistically significant improvements were reported in mothers and fathers in reducing **severe discipline**. This shows that the program **not only drives changes in perception and attitude** of the participating people, but also encourages **concrete transformations in their actions**, reflected in **healthier habits and family dynamics**.

However, insufficient evidence was identified to confirm a direct connection between these improvements and the reduction or prevention of institutionalization, due to a lack of longitudinal data. However, the findings suggest that the changes observed in autonomy and family atmosphere could contribute to this objective, so long-term follow-up would be advisable to evaluate their impact.

C7: The detailed analysis of the HEMERII tool allowed to identify a statistically significant change²⁶⁶ between pre and post intervention, suggesting that participation in the program could have had a positive impact on the family atmosphere of the evaluated population, supported by validated scales. Among the different dimensions measured by the scale—physical abuse, psychoemotional abuse, neglect, sexual abuse/violence, psychoemotional behavior of the minor, and behavior of the caregiver—the findings indicate a significant improvement specifically in the dimension of psychoemotional abuse.

Regarding children and adolescents, a significant change is evident in the area of **communication**, identified both through their subjective response and through the comparison between their perceptions before and after participating in SomosVoz, a result of the FAD scale that evaluates the family atmosphere. This suggests that, to a greater or lesser extent, the activities developed within the framework of the program could be generating positive changes in homes and improving, to a certain extent, some general circumstances related to communication, which is key in family relationships.

²⁶⁵ 180 children and adolescents reported data both before and after SomosVoz through the scale: *PQ Alabama parenting Questionnaire Parent version and Child version (parenting skills)*

²⁶⁶ *Wilcoxon HEMERII scale | p-value 0.002 on a total of 368 children.*



Despite these positive findings, the study cannot validate that these changes have had a direct impact on preventing institutionalization. In particular, although improvements were observed in reducing the vulnerabilities of the participants, it was not possible to show that these changes translated into a reduction in institutionalizations during the evaluated period.

C8: The effective implementation time was insufficient to adequately evaluate a program designed to generate changes in circumstances and habits, which usually require prolonged periods of consolidation, especially in vulnerable environments where multiple factors influence its sustainability.

Although the initial planning contemplated a period of 12 months, this was already limited to measure long-term impacts. However, delays in start-up, along with interruptions due to school holidays and holidays, reduced the effective execution and measurement time to 7.5 months. This reduction may have limited the observation of certain sustainable effects of the program, underscoring the importance of considering follow-up evaluations to capture its real impact in the medium and long term.

C9: Yes ok The program has generated positive changes in people's well-being, evident in the short term and highly valued by stakeholder groups, their sustainability is limited. Most of these effects are estimated to have a maximum duration of two years, with some exceptions that could extend up to four years depending on the intensity and nature of the change.

The impacts with greater persistence are mainly related to improvements in personal relationships and the strengthening of support networks, since these ties are less likely to be diluted after the end of the program. Likewise, changes in parenting skills, training in types of violence and other key learning have been considered more temporal, given that they function as preconditions for more sustainable transformations.

Despite these findings, **Neither the stakeholder groups nor the professionals involved perceive that the changes are completely sustainable in the long term without continuous support.** Repeatedly, the need to extend the duration of this type of programs has been pointed out to consolidate the achievements made and guarantee that the positive



effects are maintained over time.

C10: The changes in the well-being of the participating people cannot be attributed exclusively to SomosVoz, since other entities and people have also influenced the same intervention period. It is estimated that between 7% and 50% of the value of the changes could have been generated without the intervention of the program or is due to the contribution of other actors, especially in areas such as social relations and autonomy.

However, the degree of deadweight and attribution varies depending on the nature of the change and the influence of external factors, such as the family support network, friendships, and school environment. These findings highlight the presence of a significant support network that positively impacts the lives of families, facilitating the consolidation of some effects of the program.

Despite the existence of other influencing factors, **The analysis confirms that SomosVoz has played a key role in generating and strengthening these changes**, consolidating its impact on the well-being of participants and complementing the existing support ecosystem

C11: It is observed **a more pronounced approach to the community** by children and adolescents, encouraged by the activities of the SomosVoz program. This is reflected in a greater **knowledge about leisure activities and community sports**, as well as in **increasing their participation in solidarity actions and in children's tables at the community level**. Likewise, this connection with the community is evident in the **increase in joint decision making with their mothers and fathers** regarding extracurricular activities. These community advances are supported by an **increase in your self-esteem** and in the perception of **feeling heard**, which reinforces their involvement at the community level.

C12: Although various data reflect improvements in children and adolescents in different areas—including **academic performance**, the feeling of security in the socio-educational center, the perception of being heard and expressing oneself freely, the **participation in leisure activities** and the **strengthening self-esteem**—these changes **were not identified by the children themselves as the most significant in their well-being**.



However, these elements can be considered enabling factors that facilitate and sustain the changes that children and adolescents perceive as most valuable in their experience. Its impact, although indirect, contributes to the consolidation of improvements in more dimensions

C13: It has been observed **a reduction in isolation among participating families**, reflected in a greater sense of support and a more active integration in the community. This change is evidenced through several key factors:

- Greater involvement in the socio-educational center, which they perceive as a safe space where they can express themselves freely without fear of being judged. This perception has favored their active participation in the educational processes of their sons and daughters.
- Strengthened link with schools and institutes, which has allowed closer and structured academic monitoring, in addition to potentially contributing to improvements in school performance.
- Greater knowledge and use of community resources, facilitating contact with other families and promoting meaningful interactions that have driven greater integration and participation in the community.

These advances have **strengthened both support networks and the connection of families with their environment**, contributing to an improvement in social relations and community cohesion.

C14: Various factors have contributed to **family empowerment**, allowing them to assume a more active and conscious role in their home, improve the family atmosphere, strengthen their community participation and consolidate their socio-emotional support and mutual accompaniment.

According to the data reported by the families themselves, these dynamics have enhanced their sense of autonomy, increasing their ability to more independently manage challenges both in the family environment and in their relationship with the community.



However, families **attribute a high value to the socio-emotional and community support provided by the socio-educational center**, indicating a partial dependence on this support. In this sense, if this support were withdrawn, the level of autonomy achieved could be compromised, which underlines the importance of transition strategies that allow these advances to be sustained in the long term.

C15: The experience of the **professionals** who have worked with SomosVoz reflects a dual dynamic, with **both positive and negative impacts on your well-being**.

On the one hand, they stand out as **improvements in job and economic prospects**, since the experience acquired has enriched his professional career and strengthened his development opportunities.

However, negative factors that affect their quality of life have also been identified, such as **increased stress**, difficulties in family conciliation and the deterioration of labor relations. These effects can compromise your general well-being and, if prolonged over time, could **influence the quality of the intervention, affecting not only the beneficiaries, but also, to a large extent, the families of the professionals themselves**.

This finding highlights the importance of implementing psychosocial support strategies and self-care mechanisms that contribute to the sustainability of the program's impact, guaranteeing a healthy and balanced work environment.

C16: The participating socio-educational organizations experienced **improvements in the quality of the service they offer to families**, largely due to the incorporation of socio-emotional support roles, which played a key role in the intervention. However, although this role was highly valued, its impact on pre-existing service quality was perceived as moderate, rather than generating significant transformation.

On the other hand, the program contributed more tangible benefits in areas such as the **ability to raise financing** and the **strengthening technological resources**, although these effects were short-lived.



Given this context, the short-term impact of the program was limited in structural terms. Nevertheless, **its greatest value may lie in its future potential**, all **provide experience in social innovation** and promote organizational changes that could serve as a basis for future editions and strengthen the sustainability of the intervention model.

C17: The available data do not allow establishing a direct relationship between the impacts reported by the SomosVoz program and the effective prevention of child institutionalization.

Although statistically significant improvements have been observed in some key domains, such as the family atmosphere—especially in the reduction of psycho emotional abuse—and in the strengthening of parenting skills, **There is insufficient evidence to confirm that these changes have directly reduced participants' vulnerabilities and, consequently, institutionalization rates during the period evaluated.**

To validate this relationship, it would be necessary to carry out longitudinal studies that allow analyzing the sustained impact of the program over time. Such studies should include a detailed analysis of deadweight and long-term correlations, in order to evaluate to what extent the observed changes influence the effective reduction of the risk of institutionalization.

C18: It has not been possible to demonstrate that the results of the SomosVoz program have a direct and significant impact on the operational burden of public administrations (AAPP) linked to child protection.

Although the collaborative approach with these institutions presents promising potential, the percentage of institutionalizations within the intervened population (1.11%) is relatively low and does not represent considerable pressure on the resources of the protection systems in the communities where the program was implemented. The changes observed, although positive in the short term, have not been sufficient to generate a structural transformation in these services. To evaluate a deeper and more sustained impact, it would be necessary to expand the scale of intervention and conduct longitudinal studies that analyze how the reduction of vulnerabilities influences the long-term demand for these systems.



14. RECOMMENDATIONS

After exhaustive analysis of the data collected, fundamental recommendations have been identified for the decision-making process and planned improvements for the scalability of the intervention model. These recommendations are intended to be a framework to achieve the desired learning challenges and optimize the decision-making process at the operational level.

1

Consider the leading role of children and adolescents and families: Get involved in their work plans, in the dynamics of the center and in the resources and activities in the community, both in the planning and in the evaluation of subsequent editions of SomosVoz.

2

Extend the duration of the program: It is essential to ensure the sustainability of positive changes in the long term, especially in vulnerable environments where the effects require more time to consolidate and to ensure that the changes generated are sustainable over time. This involves increasing the duration of funding to cover longer interventions, thus reinforcing lasting transformations in family and community dynamics. This recommendation is based on the findings and evidence provided by both professionals and researchers as well as the beneficiaries, who have highlighted the need to continue the program.

3

Extend collaboration with public services: In this report, no short-term impact could be evidenced in the institutionalization prevention ecosystem, so it is recommended to design specific strategies to strengthen the relationship between SomosVoz and public administration services for the prevention and protection of children in the medium/ long term, promoting a more effective integration that amplifies the impact on the prevention of child institutionalization. Furthermore, it is recommended to establish a long-term impact hypothesis based on early prevention from the socio-educational field, defining specific objectives that contribute to alleviating the operational



burden of child protection systems.

4

Strengthen support for professionals: It is crucial to guarantee your well-being and the quality of the service offered through SomosVoz. It is necessary to review the causes that generate stress during the implementation of the program to identify areas for improvement and apply specific measures, such as providing training in stress management, providing emotional support, and make adjustments to workload to reduce the negative impact on their occupational health.

5

Optimize the program approach taking into account the social value reported by beneficiaries: Prioritize the allocation of resources to strengthen family dynamics, improve the family atmosphere, and other changes in well-being identified in this report, considering the high value that these represent for the impacted groups. In addition, plan the socio-educational intervention through programming that includes the objectives and contents of the SomosVoz model, ensuring adequate time dedication. Clear planning effectively guides the intervention and provides security and systematization to both professionals and children and adolescents and their families.

6

Create alliances with community entities that address other risk factors: Co-create projects with community agents in which the reduction of risk factors through socio-educational actions is part of initiatives that also address other serious risk factors that are directly addressed by SomosVoz or on which the impact is more limited. This approach would make it possible to generate a more significant impact in these areas, expand the capacity to face various problems jointly, and promote a more holistic and effective vision in interventions. Likewise, it would contribute to reducing the risk that the changes generated by SomosVoz are limited or canceled by other factors that interfere or make them less relevant. Possible allied organizations include Social Services, third-sector entities, and organized



citizens.

7

Strengthen evaluation tools: It is essential to incorporate validated scales and metrics that allow evaluating the changes identified in this report, with a specific focus on measuring the family atmosphere and the reduction of other risk factors that SomosVoz addresses and that contribute to institutionalization. The evaluation should not focus solely on measuring “outputs” (number of beneficiaries, number of hours...), but on understanding whether impact has been generated, in order to support strategic decision-making. Likewise, it is proposed to implement impact measurement and management tools that facilitate the collection of qualitative and quantitative data, accurately reflecting the contributions of SomosVoz and clearly differentiating the changes directly attributable to the program from those derived from other entities or external factors.

In future editions, it is recommended to integrate impact evaluation through the use of digital tools that work on the Theory of Change, the Value Chain and analysis models such as SROI (Social Return on Investment). These tools will not only centralize information and reduce costs, but also make the data collection process more efficient and effective, optimizing available resources and maximizing the impact of the program.

8

Involve the informal support network in activities: In several of the changes identified by children and adolescents and mothers and fathers, both in the family situation and in relationships with others, the report mentions that there is an attribution to other entities or people who have also contributed to generating these changes, in which the extended family and friends stand out. It is recommended to investigate to what extent this informal support network, made up of family and friends, could be actively integrated into interventions. Their involvement could optimize the social value generated by the program by expanding its impact and strengthening



relationships that already play a significant role in families' lives. This would allow to expand the scope of the program and maximize its effectiveness through collaboration with key actors in the immediate environment of the beneficiaries.

9

Integrate the community as a key agent from socio-educational centers: The centers must recognize the community as an essential actor in the intervention processes, while at the same time valuing the centers as key allies in working with children at risk. Both families and children highly value access to a solid support network and the impact it has on strengthening the autonomy of both families and children, which is also highly valued by them. To reinforce these dynamics, it is suggested to encourage community participation through systematic collaborations and other initiatives that promote continuous and sustainable collaboration.

10

Ensure social-emotional support in the program: It is essential to ensure that families maintain access to personalized socio-emotional support since the improvements and changes of high value for both families and children are directly related to the work carried out in individual intervention such as family and group. To this end, it is recommended to evaluate the viability of implementing permanent socio-emotional support roles in socio-educational centers, thus ensuring constant and effective care that reinforces the well-being of families and the long-term impact of the program.



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18. ANNEX

Below are the information sections that complete the summary data of the referenced report.

I. Glossary of terms

Participants: A person who obtains a benefit or benefit from a certain thing. In this report, the participants are all the children and adolescents and their families with whom the program intervenes. *“Preventive Pedagogical Innovation Model”*

Changes in well-being (outcomes) or aspects of well-being that change: They refer to the terms *“outcome”* and *“aspects of wellbeing”* in English. They are terms officially approved by the SROI methodology principles. That is why its English translation appears on several occasions in parentheses. The *“outcomes”* or aspects of well-being that change, are those *“things”* that vary in the life of a person or organization and that are experienced (or are predicted to be experienced) by the different stakeholder groups due to the Model. They can be positive or negative.

Socio-educational center (CSE): CSE is abbreviated. It refers to the centers (as the physical space of the entities involved in the project) where the implementation of the Model is carried out.

Day center (CdD): It is abbreviated CdD. It refers to the centers (as the physical space of the entities that are involved in the project), where the implementation of the Model is carried out.

Daily Care Center (CAD): It is abbreviated CAD. It refers to the centers (as the physical space of the entities that are involved in the project), where the implementation of the Model is carried out.

Socio-educational entity: Refers to the 12 entities (as an organization) that participate in the SomosVoz Program by providing socio-educational centers (see above) and resources.



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Stakeholder groups: Sometimes reference is made to the term “*stakeholder*” in English, since it is the term officially approved by the SROI methodology principles. A stakeholder group is made up of people or organizations that experience changes or affect activity in a positive or negative way.

Impact (*impact*): It refers to the attributable part of the change that is predicted to have been generated by the “*Preventive Pedagogical Innovation Model*” in the different stakeholder groups. The impact is based on the value assigned to the change and is calculated by discounting the possible attributable percentage of: deadweight, displacement, attribution, and fall, which have been generated by other factors, people, or organizations.

Pedagogical Innovation Model: It is the abbreviation of “*Pedagogical Innovation Model of a preventive nature, aimed at avoiding or reducing the institutionalization of children and adolescents.*” It is one of the results of the SomosVoz Program; it consists of an intervention model that encompasses 8 socio-educational, family and psycho-emotional support intervention programs.

SomosVoz: It is the abbreviation of “*Innovation Program for the Prevention of Institutionalization in Vulnerable Children.*” It is a program made up of two projects. On the one hand, the “*Risk Reduction Project in Vulnerable Children through Educational Intervention*” and, on the other hand, the “*Vulnerable Qualitative Research Project*” are financed by the Ministry of Social Rights, Consumption and Agenda 2030, within the framework of the Recovery, Transformation, and Resilience Plan, in accordance with Royal Decree R101/2021, of December 10.

Resources (*inputs*): Reference is made to the term “*inputs*” in English, as it is the term officially approved by the SROI methodology principles. The “*inputs*” refer to the resources used to carry out the project, such as employee time, money invested, materials and equipment used, etc. These resources are used to generate the “*outputs*” (results) of the project, which, in turn, promote the “*outcomes*” (changes) described in this report. The



"inputs" for this report are equivalent to the resources identified in the reporting requirements of funders. English terminology will be used, as it is internationally recognized for impact measurement concepts with the SROI methodology.

Products (outputs): Reference is made to the term "outputs" in English since it is the term officially approved by the SROI methodology principles. For this reason, the English translation appears in parentheses on several occasions. The "outputs" are the quantitative summary of the program. An example would be the number of participants, the number of audits completed, etc. The "output" the real tangible (result) of the program should not be confused with the "outcomes" (changes), which is evidenced by this report. The "outputs" (results) for this report are equivalent to the KPIs (*Key Performance Indicator*, in Spanish Key Performance Indicator) listed in the reporting requirements of funders.

SROI: It is the abbreviation of "Social Return on Investment", social return on investment. It is the methodological framework internationally accredited by Social Value International applied for this evaluative study. A framework that is based on 8 principles and 6 steps on which this report is based (see figure below).

Social Value: It refers to the relevance or importance that individuals or groups assign to the changes experienced in different aspects of their well-being, as a result of a specific intervention. Within the framework of socio-educational Intervention, "Social Value" is manifested in the perception and assessment that people have of the improvements or alterations in their quality of life, especially in relation to social interaction and personal development. This includes but is not limited to, changes in mental and physical health, social relationships, sense of community, and personal empowerment. The extent to which these changes are considered beneficial and significant by the participants constitutes the "Social Value" generated by the intervention.



II. Form questions for Children and Families

General questions asked to Children AND Families (repeated for each change)

Qualitative data collection

1.0 What changed? What did that change lead to? See “game of changes in [Section 4.2.1](#)

Type of question: Open question.



1.1 Would you say that what is said here in the sentences (an image is shown) has happened to you? In relation to identified changes.

Type of question: Yes/no

1.2 Tell us how important the changes that have happened due to being in PIP/II/SomosVoz are for you (or your family).

Type of question: likert scale 1 to 5 with “stars” adapted to audience (transformed to 1 to 10 by evaluator team, to be comparable)

1.3 Do you think these changes in your life (or your family's life) will last a long time or do you think they will end very quickly?

Type of question: likert scale 1 to 3 with words “during the project “directly after the project” and “long after the project (transformed to 0years, 1-2 years and 3-4 years by evaluator team, to be comparable)

1.4 Do you want to add more changes?

Type of question: Open question.

1.5 Were all the changes positive or would you say that some negative changes have been generated?

Type of question: Open question.

1.6 To what degree do you think...

1.7 Are you satisfied with having...?

Deadweight and Attribution Questions

1.8 Who or what else has helped achieve change X? (present in all different stakeholder groups)

1.9 Who or what else has been affected by change X?



III. Form questions for children

Specific questions asked to children

2.1 Do you do more things alone without needing help?

Type of question: Yes/no

2.2 Now that you can do more things for yourself, what new decisions do you make?

Type of question: Open question.

2.3 Do you get along better with your friends?

Type of question: Yes/no

2.4 Do you help others more?

Type of question: Yes/no

2.5 Do you behave better in places like school?

Type of question: Yes/no

2.6 Do you feel more supported?

Type of question: Yes/no

2.7 Now that you feel more supported, who are the people who now support you, and/or where can you go to get help if something bad happens at home or bullying at school?

Type of question: Open question.

2.8 Do you feel happier and more cheerful now?

Type of question: Yes/no

2.9 Do you get along better with your family?

Type of question: Yes/no

2.10 How happy were you BEFORE SomosVoz with your life?

Type of question: Yes/no

2.11 How happy are you NOW after SomosVoz with your life?

Type of question: Yes/no



IV. Form Questions for Families

Specific questions asked to Families

Qualitative data collection

3.0 What changed? What did that change lead to? See “game of changes in [Section 4.2.1](#)

Type of question: Open question.

3.1 To what extent has participating in the SomosVoz program helped you as a family?

Type of question: likert scale 1 to 10.

3.2 To what extent would you like the center to continue with the SomosVoz program?

Type of question: likert scale 1 to 10.

3.4 From 1 to 10, how much more...? (for each change)

Type of question: likert scale 1 to 10.

3.5 From 1 to 10, how do you feel now compared to before about how you were doing things as a parent?

Type of question: likert scale 1 to 10.

3.6a. On a scale of 1 to 10, where 10 is the highest level of satisfaction, how satisfied WERE you with your life BEFORE participating in SomosVoz?

Type of question: likert scale 1 to 10.

3.6b. On a scale of 1 to 10, where 10 is the highest level of satisfaction, how satisfied WERE you with your life AFTER participating in SomosVoz?

Type of question: likert scale 1 to 10.

V. Form questions for Professionals

Note: Common response options for all changes:

Identification: No, Yes

Importance of the change: Scale of 1 to 5

Duration: 1 year (during SomosVoz), 2 years, 3 years, 4 years 5 years, 6 years

How much. Before and After: Scale from 0 to 10 where 0 represents not at all and 10 represents a lot

Dead Weight: scale from 0 to 10, where 0 represents everything is due to SomosVoz and 10 would have been generated in the same way.



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Assessment: They are described in the statement of the assessment question for each change.

Specific questions were asked to professionals relevance and significance test
<p>What is your role within the organization? Type of question: Dropdown in list of options.</p>
<p>Qualitative data collection What changed? What did that change lead to? See “game of changes in Section 4.2.1 Type of question: Open question.</p>
<p>IDENTIFICATION OF THE CHANGE. Do you agree that you perceive that your professional value in the labor market has increased thanks to your experience and knowledge generated by SomosVoz? Type of question: Yes/no</p>
<p>IMPORTANCE OF CHANGE. How important has achieving this change been for you? Type of question: likert scale 1 to 10.</p>
<p>DURATION OF CHANGE. How long would you say the effects of this change will last? Type of question: Selection list of 1 to 10 years.</p>
<p>BASE LINE. Before joining SomosVoz, to what extent do you consider that your knowledge and curricular experience were valued in the labor market? Type of question: likert scale 1 to 10.</p>
<p>HOW MUCH IT HAS IMPROVED. AFTER a year with SomosVoz. At what point would you place your "value" in the labor market? Type of question: likert scale 1 to 10.</p>
<p>DEADWEIGHT. To what degree do you think this change would have occurred in the same way? Type of question: likert scale 1 to 10.</p>
<p>ECONOMIC VALUATION. To determine the potential economic value of this change, could you choose the estimation option that best fits your perception of the economic value that this change has represented: My current salary would increase by 10%; My current salary would increase in a range between 30% and 50%; The cost of a 12-month master's degree in social innovation; My current salary would increase in a range between 60% and 80%; I would double my current salary; Other (describe which)</p>



Type of question: Dropdown in list of options.

IDENTIFICATION OF THE CHANGE. Do you agree that SomosVoz has caused you a **greater connection to your sense of purpose and fulfillment?**

Type of question: Yes/no

IMPORTANCE OF CHANGE. How important has achieving this change been for you?

Type of question: likert scale 1 to 10.

DURATION OF CHANGE. How long would you say the effects of this change will last?

Type of question: Selection list of 1 to 10 years.

BASE LINE. Before SomosVoz, where would you position your sense of purpose and personal fulfillment/satisfaction?

Type of question: likert scale 1 to 10.

HOW MUCH HAS IT INCREASED. Now, AFTER, after a year with SomosVoz, on the same scale from 0 to 10, where would you place your level of connection with your purpose/feeling of personal fulfillment?

Type of question: likert scale 1 to 10.

DEADWEIGHT. On a scale from 0 to 10, where 0 represents everything that is due to SomosVoz and 10, it would have been generated in the same way. To what degree do you think your feeling of purpose/fulfillment would have been generated in the same way without having participated in SomosVoz?

Type of question: likert scale 1 to 10.

ECONOMIC VALUE. To calculate the possible economic value of this change. Could you select the estimation option that best reflects the value you place on being able to connect with the purpose? : Leisure activity that connects with the purpose, annual club membership (€840); Reading 6 books a year (€2000); Study a master's degree to connect with topics that generate well-being (€5,000); Volunteer activities 1 time a week (€1,400/year opportunity cost); I would pay more than €5000 to be able to maintain the feeling of connection that I have now; Other (describe)

Type of question: Dropdown in list of options.

IDENTIFICATION OF THE CHANGE. Do you agree that you have experienced **increased feelings of stress (-)** because of your work at SomosVoz?



Type of question: Yes/no

IMPORTANCE OF CHANGE. How important is it to be able to DELETE this change for you?

Type of question: likert scale 1 to 10.

DURATION OF CHANGE. How long would you say the effects of this change would last?

Type of question: Selection list of 1 to 10 years.

BASE LINE. Imagine that you could self-assess your stress level on a scale from 0 to 10. 0 being no stress and 10 being a high degree of stress. Where would you place your stress level BEFORE SomosVoz?

Type of question: likert scale 1 to 10.

HOW MUCH HAS IT INCREASED. Now, after SomosVoz, on the same scale, where would you place your stress level?

Type of question: likert scale 1 to 10.

DEADWEIGHT. On a scale from 0 to 10, where 0 means everything due to SomosVoz and 10, it would have been generated in the same way, to what degree do you think the level of stress would have been generated in the same way?

Type of question: likert scale 1 to 10.

ECONOMIC VALUATION. To calculate the possible economic value of this change, could you select the estimation option that best reflects the value you place on being able to avoid stress? The cost of going to massage sessions once a month or sick leave for 1 month (€840), The cost of relaxing with Netflix movies for 1 year (€150); The loss of income from taking sick leave due to stress 3 days 4 times a year (€450), I would pay more than €1,500 to be able to avoid the stress that has been generated Other (describe)

Type of question: Dropdown in list of options.

IDENTIFICATION OF THE CHANGE. Do you agree that you have experienced an improvement in your professional skills/abilities after your participation in SomosVoz?

Type of question: Yes/no

IMPORTANCE OF CHANGE. How important is this change to you?

Type of question: likert scale 1 to 10.

DURATION OF CHANGE. How long would you say the effects of this change would last?



Type of question: Selection list of 1 to 10 years.

BASE LINE. Imagine that you could self-evaluate your professional skills on a scale from 0 to 10, with 0 being no skill and 10 being the highest. Where would you place your level of professional skills BEFORE SomosVoz?

Type of question: likert scale 1 to 10.

HOW MUCH HAS IT INCREASED. Now, after SomosVoz, on the same scale, where would you place your professional skills/abilities?

Type of question: likert scale 1 to 10.

DEADWEIGHT. On a scale from 0 to 10, where 0 means everything due to SomosVoz and 10, it would have been generated in the same way, to what degree do you think the level of your skills (professional training) would have been generated in the same way?

Type of question: likert scale 1 to 10.

ECONOMIC VALUATION. To calculate the possible economic value of this change, could you select the estimation option that best reflects the value you place on improving your professional skills? My current salary would increase by 10%; My current salary would increase range between 30 and 50%; The cost of a 12-month master's degree in social innovation; My current salary would increase by range between 60 and 80%; I would double my current salary; Other (describe)

Type of question: Dropdown in list of options.

IDENTIFICATION OF THE CHANGE. Do you agree that the degree of satisfaction with your life has increased due to your work at SomosVoz?

Type of question: Yes/no

IMPORTANCE OF CHANGE. How important is this change for you?

Type of question: likert scale 1 to 10.

DURATION OF CHANGE. How long would you say the effects of this change would last?

Type of question: Selection list of 1 to 10 years.

BASE LINE. Imagine that you could self-assess your satisfaction with your life on a scale from 0 to 10, with 0 being not at all satisfied and 10 being fully satisfied. Where would you place your level of satisfaction BEFORE SomosVoz?

Type of question: likert scale 1 to 10.



On a scale of 1 to 10, where 10 is the highest level of satisfaction, how satisfied WERE you with your life BEFORE participating in SomosVoz?

Type of question: likert scale 1 to 10.

On a scale of 1 to 10, where 10 is the highest level of satisfaction, how satisfied WERE you with your life AFTER participating in SomosVoz?

Type of question: likert scale 1 to 10.

DEADWEIGHT. On a scale from 0 to 10, where 0 means everything due to SomosVoz and 10, it would have been generated in the same way, to what degree do you think the level of satisfaction would have been generated in the same way?

Type of question: likert scale 1 to 10.

IDENTIFICATION OF THE CHANGE. Do you agree that your personal relationships in the work environment (with coworkers) have worsened due to your work at SomosVoz?

Type of question: Yes/no

IMPORTANCE OF CHANGE. How important is this change for you?

Type of question: likert scale 1 to 10.

DURATION OF CHANGE. How long would you say the effects of this change would last?

Type of question: Selection list of 1 to 10 years.

BASE LINE. Imagine that you could self-evaluate your personal relationships in the workplace (with coworkers) BEFORE SomosVoz. On a scale from 0 to 10. 0 being Very poor personal relationship with co-workers in the workplace and 10 being Excellent. Where would you place your level of personal relationships with coworkers BEFORE SomosVoz?

Type of question: likert scale 1 to 10.

HOW MUCH HAS IT INCREASED. Now, after SomosVoz, on the same scale, where would you place your personal relationships with professional co-workers?

Type of question: likert scale 1 to 10.

DEADWEIGHT. On a scale from 0 to 10, where 0 means everything due to SomosVoz and 10, it would have been generated in the same way, to what degree do you think the level of satisfaction would have been generated in the same way?

Type of question: likert scale 1 to 10.



ECONOMIC VALUATION. To calculate the possible economic value of this change, could you select the estimation option that best reflects the value you place on improving your relationships with your coworkers? Have (pay for a coffee) with your coworkers once a month (€165), Organize an annual party with colleagues (€500), organize a weekly coffee with pastries with colleagues for a year (€1,300); Cost of teambuilding activity with organizer for 1 year 3 times (€3000); Activities to recover/improve relationships with co-workers valued between €3001-5000; Activities to recover/improve relationships with co-workers valued between €5,001-€10,000;

Type of question: Dropdown in list of options.

NEGATIVE CHANGES. Are there any other negative changes you have experienced due to SomosVoz?

Type of question: Open question.

LONG-TERM CHANGES. In order to evaluate the long-term impact, let's imagine the future. Are there any medium-term changes (3-5 years after SomosVoz) or long-term changes (6 years or more) that will be generated as a consequence of the changes we have mentioned in the previous questions?

Type of question: Open question.

INPUT. Apart from your time and dedication as a professional hired by your entity, would you say that you have contributed anything else to be able to develop the SomosVoz project/activities?

Type of question: Open question.

OTHERS. Do you think that someone else around you has been affected by your participation in SomosVoz or by the fact that something has changed in you? Tell us!

Type of question: Open question.

OTHER CHANGE: ¿Would you like to mention any other negative or positive change we have missed?

Type of question: Open question.

Specific questions asked to professionals

Qualitative data collection

4.0 What changed? What did that change lead to? See [Section 4.2.1](#)

Type of question: Open question.

4.1 Point out the chain(s) (of changes) that reflect your reality based on the role you played in Somo Voz.



Type of question: Dropdown in list of options.

4.2 VALIDATION OF CHAIN: As for the definitive changes to the chain of events. Do you agree with the following order of importance that they have had on you?

Type of question: Dropdown in list of options.

4.3 VALIDATION OF CHAIN: Indicate the chain/s of events/changes that you believe reflect the reality of the changes in the children and adolescents who have participated (repeated in terms of FAMILIES)

Type of question: Dropdown with list of options.

4.4 Do you agree that you have experienced an improvement in your financial situation due to a job change thanks to your time at SomosVoz?

Type of question: YES/NO

4.5 How much has your income increased since you left SomosVoz (percentage increase over the gross salary you had at SomosVoz?)

Type of question: Dropdown with list of options.

4.6 To what degree do you think the improvement in your economic situation would have been generated without having participated in SomosVoz?

Type of question: likert scale 1 to 10.

4.7 Regarding improving your financial situation. Rate the value it has for you out of 10

Type of question: likert scale 1 to 10.

4.8 As for the definitive changes to the chain of events. Do you agree with the following order of importance that they have had on you?

Type of question: Dropdown with list of options.

4.9 DURATION: How long do you think the improvement in your income will depend on your time at SomosVoz?

Type of question: Selection list of 1 to 10 years.

4.10 DISPLACEMENT: Do you think that the improvement in your financial situation has caused any adverse effects on other people who have not been able to experience this change?

Type of question: likert scale 1 to 10.

4.11 ATTRIBUTION: Is there any other organization/activity, person, or factor that you think could have influenced the improvement of your financial situation?



Type of question: Open question.

INPUT. Apart from your time and dedication as a professional hired by your entity, would you say that you have contributed anything else to be able to develop the SomosVoz project/activities?

Type of question: Open question.

OTHERS: ¿Who else changed?

Type of question: Open question.

OTHER CHANGE: ¿Would you like to mention any other negative or positive change we have missed?

Type of question: Open question.

VI. Form questions to socio-educational organizations

Specific questions asked to professionals from the different centers involved (AAPP, Schools, Reception Centers, etc.)

Qualitative data collection

5.0 What changed? What did that change lead to? See [Section 4.2.1](#)

Type of question: Open question.

5.1 Do you agree that you perceive that the organization has greater knowledge and information about the situation of minors thanks to SomosVoz?

Type of question: Yes/no

5.2 IMPORTANCE: How important has achieving this change been for you?

Type of question: likert scale 1 to 10.

5.3 DURATION: How long would you say the effects of this change will last?

Type of question: Selection list of 1 to 10 years.

5.4 To what extent do you consider that the organization had sufficient knowledge and information about the situation of minors?

Type of question: likert scale 1 to 10.

5.5 At what point would you place the quantity and quality of information available about minors that the organization has?

Type of question: likert scale 1 to 10.



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5.6 DEADWEIGHT: To what degree do you think this change would have occurred in the same way?

Type of question: likert scale 1 to 10.

5.7 Do you think that the increase in knowledge and information about the situation of minors has caused other people to not be able to experience this same change or has it had an adverse effect on other people?

Type of question: Yes/no

5.8 ATTRIBUTION: Is there any organization, person, or factor that you think could have influenced the improvement of the knowledge and information that the organization has about minors?

Type of question: likert scale 1 to 10.

5.9 Do you agree that SomosVoz has caused the work environment in the institution to which you belong to worsen because it increases the team's stress and frustration by not being able to address all cases well?

Type of question: Yes/no

5.10 Where would you place the team's stress and frustration due to not being able to address all cases?

Type of question: likert scale 1 to 10.

INPUT. Apart from your time and dedication as a professional hired by your entity, would you say that you have contributed anything else to be able to develop the SomosVoz project/activities?

Type of question: Open question.

OTHERS: ¿Who else changed?

Type of question: Open question.

OTHER CHANGE: ¿Would you like to mention any other negative or positive change we have missed?

Type of question: Open question.

VII. Guide used for the data collection of qualitative data

For the focus groups, specific material was developed for the facilitators to use the same approach. The images in this section represent the material that was developed. As being in Spanish a summary has been translated into English.

The **Evaluative Data-Gathering Guide (SROI) for Children and Adolescents** is a practical toolkit designed to run focus groups with children in order to identify the well-defined changes produced by the program. It uses playful dynamics ("The Change



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Game”), supporting materials (activity cards, blank change cards, well-being domain cards, “positive/negative” tokens) and a structured Excel template to capture both qualitative and quantitative data. The guide covers:

Objective & Context: Explains the purpose—to uncover “what has changed” thanks to the intervention—and stresses confidentiality and free expression.

Focus Group Preparation: Lists required materials, room layout, ground rules for the game, and the “forecasted changes” and well-being domains.

Workshop Phases (see diagram pp. 2–4)

Phase 1: Activities Inventory – Group brainstorm of activities they’ve done.

Phase 2: Harvesting Well-Defined Changes – “The Change Game” where participants place change cards on the table.

Phase 3: Data Recording & Validation – Cross-check against forecasted changes and assign “positive/negative” tokens.

Focus-Group Questions Used in the Workshop

Phase 1 – Identifying Changes

- “What has changed in your life since you joined PIPII/Somos Voz?”
- When a change card is placed: “Does anyone else relate to this change?” (open up for other changes).
- “Has that change led you to another change (doing, thinking or feeling something differently)?” (identify the chain of events) “Does anyone else relate to this chain?” (open up for other changes).

Phase 2 – Validating Forecasted Changes

- (Introduce “forecasted changes” cards) “Would you say that this (forecasted change) has happened to you?”
 “Which of these forecasted changes have actually come true?” (fit into chain if they are part of the chain)
 “Does anyone else relate to any of these forecasted changes?”

Phase 3 – Positive vs. Negative: Were these changes positive/good or negative/bad for you?”

Phase 4 – Other impacted: “Has anyone else in your life changed because you took part in Somos Voz? What changed for them?”



GUÍA DE LEVANTAMIENTO DE DATOS EVALUATIVO (SROI) NNA

CÓDIGO DE NNA:

La presente guía constituye un recurso integral diseñado para facilitar la realización de levantamientos de datos cualitativos, incluyendo detalladas instrucciones metodológicas, propuestas de actividades dinámicas, herramientas y chuletas y un “juego de cambios” orientado a optimizar la recolección de datos cuantitativos para la evaluación de impacto con metodología SROI.

ESCENARIO: En grupo o individual.

TIEMPO: 1h en grupo o 30min individual.

FACILITADOR: Coordinador/a o educador/a

MATERIALES APOYO PARA TALLER:

- El juego de los “cambios” (cartas)
- Listado de preguntas
- Descripción de los dominios de bienestar
- Enlace a registro para reportar los cambios identificados

CONTENIDO DEL KIT DEL JUEGO

- Cartas y fichas en pdf para ser impreso

Aportación del centro:

- Notas adhesivas
- Marcadores
- Fichas parchís o similar



OBJETIVO DE LA ACTIVIDAD

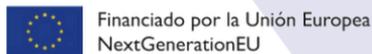
Este taller, concebido tanto en formato de grupo focal como en sesiones individuales, está dirigido a Niños, Niñas y Adolescentes (NNA) y tiene como propósito primordial identificar Los CAMBIOS BIEN DEFINIDOS suscitados a raíz de su participación en el programa “PIII/Somos Voz” a lo largo del año 2023. La meta es explorar en profundidad las transformaciones personales, relacionales y circunstanciales experimentadas por los NNA, centrándonos en captar “qué cambió” DEBIDO a las actividades de la intervención.



ROL DE/LA FACILITADOR/A

El rol del facilitador debe de tener conocimiento básico de la metodología SROI o haber sido formado por persona con dicho conocimiento para saber guiar el diálogo.

Si fuera posible, grabar y/o hacer fotos del taller.



PROCESO DEL TALLER

1. Contextualizar



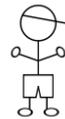
- a. **Contextualiza la intervención** (en este año...hemos hecho...a diferencia de años anteriores/otros compañeros/as") con el fin de "limitar el alcance del pensamiento. Es importante que entiendan que solamente se hablará de lo que ha generado en cambios el programa "PIPII/Somos Voz".
- b. **Explicar en qué consiste** el taller y qué se espera de cada uno.
- c. **Explicar que es anónimo**, que se espera de ellos/as que puedan expresar libremente sus vivencias y que el dato tiene como objetivo mejorar el programa para que otros lo puedan disfrutar.

2. Levantar datos sobre los cambios

- a. **Jugar al "juego de los cambios"** con el fin de levantar datos sobre los cambios.

3. Registrar los datos obtenidos

- a. **Rellenar el excel** de registro de datos proporcionado.



COMPONENTES DEL JUEGO

El juego consta de 5 tipos de fichas:

- **Cartas de actividades**: disponen de amplios espacios en blanco diseñados para que tanto los Niños, Niñas y Adolescentes (NNA) como el facilitador/a puedan escribir sobre ellos según lo requieran."
- **Cartas de cambios "vacías"**: disponen de amplios espacios en blanco diseñados para que tanto los Niños, Niñas y Adolescentes (NNA) como el facilitador/a puedan escribir sobre ellos según lo requieran."
- **Cartas de cambios pronosticados**: disponen de texto que describe el cambio y fichas de dominio de bienestar (bienestar material, personal, etc.), cada uno de un color diferente (en caso de que se impriman en color). Estas fichas incluyen ilustraciones y frases en mayúsculas para facilitar la lectura que describen cambios relacionados con cada dominio, por ejemplo, "Me siento menos sol@..."
- **Cartas de domino de bienestar**: representa los 8 dominios del bienestar (bienestar material, personal, etc.), cada uno de un color diferente (en caso de que se impriman en color) y una frase como ejemplo de un cambio dentro de este dominio.
- **Fichas positivo/negativo**: representa si un cambio es positivo o negativo
- Bolígrafos, y Post its (por si no alcanzan las fichas)...



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PREPARACIÓN DEL “JUEGO DE LOS CAMBIOS”

- 1 Paso 1:** Organiza un espacio con una mesa y sillas para los jugadores.
- 2 Paso 2:** Poner sobre la mesa las fichas vacías de “Actividad” y bolígrafos
- 3 Paso 3:** Si el centro tiene “fichas” incorporarlas para uno de los pasos del juego (no es obligatorio)
- 4 Paso 4:** Poner en un mazo las fichas de “Cambios” y de “Positivo/Negativo” y de “Dominios de bienestar” y de “Cambios pronosticados” cerca del facilitador
- 5 Paso 5:** Leer y comprender el contenido de los “cambios” pronosticados (ver chuletas más abajo)
- 6 Paso 6:** Leer y comprender con dominios de “Bienestar” de las fichas de bienestar con ayuda de la chuleta (ver chuletas más abajo)

PASOS DE LA ACTIVIDAD Y EXPLICACIÓN DEL JUEGO

- 1 Paso 1:** Explicar en qué consiste el juego. Asegúrate de que entiendan el objetivo del taller: definir los cambios que han experimentado debido a PIPII/Somos Voz.
- 2 Paso 2:** Explicar lo que es un “cambio” con un ejemplo fácil de comprender.
- 3 Paso 3:** Explicar lo que es “bienestar” y que hay diferentes tipos de bienestar utilizando las fichas de bienestar. Asegurar que entiendan que estamos identificando cambios de bienestar/malestar.
- 4 Paso 4:** ¡Empieza a jugar!

GUIÓN DETALLADO DEL JUEGO

1

IDENTIFICAR ACTIVIDADES

3min

1. De forma grupal, **identificar cuáles son las actividades que se han hecho utilizando las fichas de "Actividad"**: Los NNA apuntarán en unas fichas hacer un listado con las actividades que han hecho en PIPIL.
2. **Colocar las actividades a la vista en un lado de la mesa para poder hacer referencia hacia ellas.**

2

IDENTIFICAR CAMBIOS BIEN DEFINIDOS NUEVOS

15min

1. **Coloca las fichas de "bienestar"** sobre la mesa con mucha distancia entre ellas
2. **Reparte las fichas de cambios "vacías"** entre los jugadores
3. **Pregunta las preguntas de FASE 1 a todos los jugadores** ¿Qué ha cambiado desde que estás en PIPIL/Somos Voz? y pedirles escribir un cambio. Si les ayuda indicarles el dominio de bienestar en el que tienen que pensar. Ejemplo. "¿Ha cambiado algo en tu bienestar físico?"
4. **Pide al primer jugador que coloque su carta sobre la mesa.** Ayúdale a ponerlo cerca del dominio de bienestar al que se refiere. (Si es demasiado difícil elimina las fichas de dominios)
5. Al poner el primer jugador un cambio sobre la mesa pregunta - **¿Alguien más se identifica con este cambio?**
6. **Anota en la carta del cambio o con fichas el número de personas que se identifican.**
7. **Preguntar si ese cambio les ha llevado a que cambie otra cosa** ¿debido a este cambio ahora haces algo de alguna manera diferente / piensas diferente / eres diferente?
8. Por cada nuevo cambio que se genere, **apunta en una carta de cambio el nuevo cambio** y marca cuántas personas se identifican.
9. **Continúa con el segundo jugador** y repite el proceso.

3

VALIDAR CAMBIOS BIEN DEFINIDOS PRONOSTICADOS

5min

1. Explica que les presentarás uno por uno "**cosas**" que otros NNA han dicho que iban a pasar a fecha de hoy (un año después)
2. **Introduce uno por uno los cambios pronosticados** de las fichas con "cambios pronosticados".
3. Pregunta **¿dirías que "esto" (cambio de la carta) te ha pasado?**
4. Si es afirmativo por uno o más jugadores, **coloca la carta cerca del bienestar correspondiente** (o si no hay fichas de bienestar sobre la mesa, coloca la carta sobre la mesa).
5. En caso de que el cambio ya está dicho por los jugadores, **aparta la carta o si es muy similar a un cambio dicho** pon la carta al lado de la otra.
6. Pregunta **cuántas personas se identifican** ¿Alguien más se identifica con este cambio?
7. **Anota en la carta del cambio** o con fichas el número de personas que se identifican.
8. Preguntar **si ese cambio les ha llevado a que cambie otra cosa** ¿debido a este cambio ahora haces algo de alguna manera diferente / piensas diferente / eres diferente?
9. Por cada nuevo cambio que se genere, **apunta en una carta de cambio el nuevo cambio** y marca cuántas personas se identifican.

4

PONER FICHA DE "POSITIVO/NEGATIVO"

2min

1. **Reparte fichas a los jugadores** de "positivo/negativo"
2. **Pide a los NNA que indiquen en cada cambio si es positivo o negativo** marcando las fichas preguntando ¿Estos cambios han sido positivos/buenos o negativos/malos?

5

IDENTIFICAR SI ALGUIEN MÁS CAMBIÓ

5min

1. Pregunta si los NNA pueden identificar otras personas que hayan podido experimentar cambios preguntando ¿Alguien más cambió?, ¿afecta a otros el hecho de que haya participado en Somos voz?
2. Pregunta el cambio para estas personas ¿Qué cambió?

LISTA DE PREGUNTAS QUE SE DEBEN DE HACER EN ORDEN



Área	Pregunta
Cambios (outcomes)	<p>FASE 1- Identificar cambios bien definidos</p> <p>1a- ¿Qué ha cambiado desde que estás en PIPPI/Somos Voz?</p> <p>1b - Al caer un cambio sobre la mesa - ¿Alguien más se identifica con este cambio?</p> <p>1c- Al mencionarse un cambio preguntar si ese cambio les ha llevado a otro cambio (a hacer algo diferente/pensar diferente/que las circunstancias son diferentes)</p> <p>FASE 2- presentar cambios pronosticados</p> <p>1d - (Introducir los cambios pronosticados). Y de estas cosas que otros NNA han dicho que iban a pasar cuando hablamos sobre esto el año pasado ¿dirías que han pasado? o preguntar de esta forma. ¿Cuáles de estas cosas que se dijo en el pronóstico han surgido?</p> <ul style="list-style-type: none"> • Mejora las relaciones interfamiliares o sociales • Crecimiento personal (aumento) • Mejora el comportamiento en ámbitos institucionales • Mejora la salud emocional • Mejora el rendimiento escolar • Ayuda más a los demás • Hace más actividad de ocio con la familia • Mejora la capacidad para identificar conductas de violencia y conflictos emocionales y poner en práctica los conocimientos • Aumenta la red de apoyo • Aumenta grado de malestar al sentirse rechazado/a por ser 'chivata' (-) • Más autónomo/a
Cambios positivos/negativos	<p>FASE 3 - Agrupar los cambios en positivos o negativos</p> <p>¿Estos cambios han sido positivos/buenos o negativos/malos?</p>
Grupos de interés	<p>FASE 4 - Identificar quienes más cambiaron</p> <p>¿Alguien más cambió?, ¿afecta a otros el hecho de que haya participado en Somos voz?</p> <p>¿Qué cambió?</p>



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CAMBIOS DE LENGUAJE DE LOS CAMBIOS

	OUTCOME BIEN DEFINIDO	FICHAS DEL BIENESTAR - Traducido a lenguaje simplificado	ESTADO
	Aumenta su malestar emocional	Me siento más triste o preocupado/a	PRONÓSTICADO
	Mejora salud emocional	Me siento más feliz y tranquilo/a	PRONÓSTICADO
	Mejora relaciones familiares - sociales	Me llevo mejor con mi familia y amigos	PRONÓSTICADO
	Hace más actividades de ocio con su familia	Paso más tiempo divertido con mi familia	PRONÓSTICADO
	Aumenta su red de apoyo	Tengo más amigos/as y personas que me ayudan	PRONÓSTICADO
	Ayuda más a los demás	Ayudo más a las personas que lo necesitan	PRONÓSTICADO
	Crecimiento personal	Aprendo más sobre mí mismo/a y cómo ser mejor persona	PRONÓSTICADO
	Mejora rendimiento escolar	Me va mejor en la escuela y aprendo más	PRONÓSTICADO
	Aumenta su autonomía	Puedo hacer más cosas por mí mismo/a sin necesitar ayuda	PRONÓSTICADO
	Mejora capacidad de identificar violencia	Aprendo a darme cuenta cuando alguien está siendo violento o está mal	PRONÓSTICADO
	Toma decisiones a nivel comunitario	Ayudo a decidir cosas importantes en mi barrio o escuela	PRONÓSTICADO
	Mejora comportamiento en ámbitos institucionalizados	Me porto mejor en lugares como la escuela o en otros sitios	PRONÓSTICADO

VIII.FAD Scale - used to value improve the intra-family relationship

The following validated scale was used to measure the amount of change of the outcome “*The improvement of family relationships/improved family atmosphere*” on children and their parents.

ITEM	MA	A	D	MD
It is difficult to plan family activities because we do not understand each other well.				
We solve almost every day-to-day household problem				
When someone is upset, others know why				
When you are asked to do something, it is necessary to verify that you have done it.				
If someone has a problem, others get in the way too much.				
In a crisis we can count on each other for support				
We do not know what to do when an emergency arises				
Sometimes we run out of the things we need.				
We are reluctant to show our affection for each other				
We ensure that family members fulfill their family responsibilities.				
We cannot talk to each other about the sadness we are feeling				
We usually act on the problems that arise				
Others are interested in you only when it is important to them				
You can't tell how a person feels by what they say				
Family chores are not sufficiently shared				
Everyone is accepted for what he/she is				
House rules can be broken easily, without problems				
People say things openly, without beating around the bush.				
Some of us do not respond emotionally				
We know what to do in case of an emergency				
We avoid talking about our fears and worries.				
It is more difficult for us to talk to each other about feelings of affection.				
We find it difficult to make our payments				
After trying to solve a problem, our family usually discusses whether or not the solution worked well.				

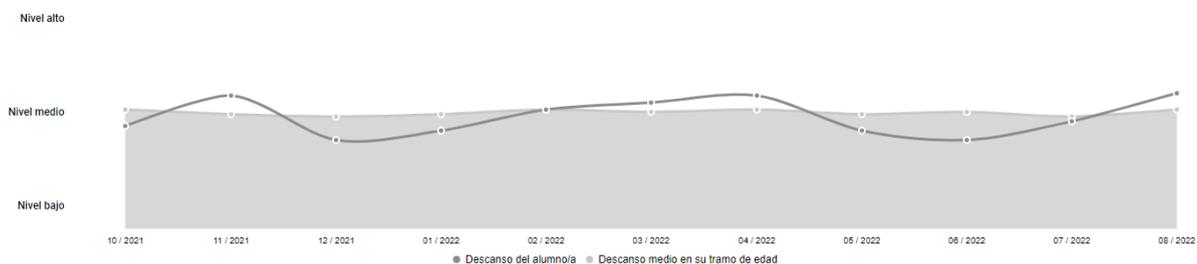


We are too self-centered				
We can express our feelings towards each other				
We do not have clear rules about what is expected in terms of personal grooming.				
We do not show the love we feel for one another				
We talk to people directly, without intermediaries.				
Each one of us has specific duties and responsibilities				
There are many bad feelings in the family				
We have rules about hitting others				
We are only interested in others when it is something that interests us personally.				
There is little time to explore personal interests				
Often we do not say what we intend to say.				
We feel that we are accepted for who we are				
We show interest in others when it is to our personal advantage.				
We solve almost every emotional problem that arises				
Affection is secondary to other things in our family.				
We talked about who is to do the family's chores				
Decision-making is a problem for our family				
In our family, people are interested in each other only when it is to their advantage.				
We are frank with each other				
We do not obey established rules				
If you ask someone to do something, you have to remind them of it.				
We are able to decide how to solve problems				
If the rules are disobeyed, we do not know the consequences.				
In our house anything is allowed				
We express affection				
We face problems related to our feelings.				
We don't get along				
We don't talk to each other when we are angry				
We are generally dissatisfied with the household chores we have been given.				
Although we have good intentions, we meddle too much in the life of others				
There are rules on how to act in dangerous situations				
We speak to each other in confidence				
We weep openly				
We do not have adequate means of transportation				
When we don't like what someone has done, we tell them so				
We try to think of different ways of solving problems				



IX. Kanjo tool - used to value the outcome "Happier" in children

The outcome “*Happier*” was measured using a validated digital scale available at <https://www.kanjoemotion.com/>. Although this outcome was later ruled out in the relevance test (see [Section 4.4.1.5](#)), data had already been collected throughout the year. Children used a tablet interface to record their daily emotions—choosing from sadness, calmness, disgust, anger, happiness, and fear. This continuous data collection enables month-by-month or week-by-week comparisons of emotional trends.



X. Risk analysis

The risk analysis carried out, and detailed in the following section, determined, before data collection, that the data collected required a degree **MEDIUM-HIGH** of **RIGOR**²⁶⁷ both in

²⁶⁷ Rigor, according to Social Value International. (n.d.). *Principle 8: Be responsive*. <https://www.socialvalueint.org/principle-8-be-responsive>



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dimension **completeness** ("completeness") as in the dimension **precision** ("accuracy") since they would be used to make **operational decisions** in the implementation of the SomosVoz model in socio-educational centers in Spain. A low grade would have increased the risk of ignoring the voices of different stakeholder groups 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 the decision-making based on this report.

In summary, the data would be used to improve the program, 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 assessed through the process indicated in the first column.

<i>Criterion: Decision typology</i>	
<i>Process</i>	<i>Analysis and conclusion</i>
<p>The evaluation team is composed of 3 members:</p> <p>a) Analyzed the different types of decisions according to Principle 8²⁶⁸.</p> <p>b) It sought to understand when the data would be used for decision-making starting in 2025, once the model was included in the social innovation catalog (at the date of publication of the study this portal was not active).</p> <p>c) Validated the risk analysis defined in the 2023 forecast²⁶⁹.</p> <p>d) Verified the scope of the report, exposing</p>	<p>Among the decision typologies (strategic, tactical, operational) the decision is of an operational since it is "make improvements to existing activities²⁷⁰." Decisions will focus on how to adapt and improve the activities of the existing program to optimize the impacts on the well-being of the impacted people based on impact data and feedback from the different stakeholder groups that have experienced the program. In addition, review regularly (quarterly or semi-annually).</p>

²⁶⁸ Social Value International. (n.d.). *Principle 8: Be responsive*. <https://www.socialvalueint.org/principle-8-be-responsive>

²⁶⁹ Pólvara, P., Delfa Rodríguez, B., and De Cominges Sureda, B. *PIPII Social Value Report 2023*. The Social Consulting Agency and the Social Impact Chair of the Universidad Pontificia Comillas, last modification in 2023.

²⁷⁰ Description of operational decision, according to principle 8" of Social Value International.



<p>the data to validation by 6 people from different stakeholder groups in which this data was included.</p> <p>e) Identified the corresponding type of decision.</p>	<p>Conclusion: Therefore, it was considered sufficient that the data in the report had a RIGOR degree HALF.</p>
<p><i>Criterion: Level of Reversibility</i></p>	
<p>The evaluation team is composed of 3 members:</p> <p>a) Conducted a discussion on the following topic: how quickly a decision regarding the intervention model could be reversed if the data in the report were to generate a negative impact or little positive impact.</p> <p>b) Analyzed the impacts anticipated in the Social Value Forecast report of the program²⁷¹, evaluating 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 in the face of possible "harm" caused by incorrect decisions based on the data, and a 5 indicated a high degree of reversibility of possible "damage."</p> <p>b) Reviewed the qualitative data from the interviews carried out with 2 researchers to validate the information.</p> <p>c) Combined the distribution of changes on the scale with the qualitative content and determined the corresponding degree of reversibility.</p>	<p>Since all the changes generated by the program activities, both predicted and intentional, referred to short-term changes of an emotional, attitudinal and, in some cases, circumstantial nature, it was considered that these were easily and quickly reversible. This is because operational decisions are made in short periods and the possible damage would not be serious or sustained over time.</p> <p>Conclusion: Therefore, it was concluded that the possible damages that could be generated would be easily reversible.</p>

²⁷¹ Pólvara, P., Delfa Rodríguez, B., and De Cominges Sureda, B. *PIII Social Value Report 2023*. The Social Consulting Agency and the Social Impact Chair of the Universidad Pontificia Comillas, last modification in 2023.



<p align="center">Criterion: Precision Level (accuracy) It refers to the level of accuracy with which the results and impacts have been quantified.</p>	
<p>The evaluation team is composed of 3 members:</p> <p>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 greater degree of precision.</p> <p>The more objective data were assigned higher values on the scale and the subjective data were assigned lower values.</p> <p>A 1 represented tools that collected data with less 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. Precision. The tool also included sources such as "research," "other SROI studies," and "other stakeholder groups" to weight intermediate levels.</p> <p>b) The team evaluated the type of decision (operational decision-making) and the type of data necessary for said decision, identifying the appropriate level on the scale.</p> <p>c) Finally, the degree of accuracy required for the analysis was defined.</p>	<p>A report is more accurate when indicators accurately reflect the change, the relative importance of 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 the measures is evident. Activities within the scope of the analysis.</p> <p>Given that the operational decisions based on this report would be quickly reversible and that the changes evaluated were not expected to be related to physical well-being (which would require greater precision) or to monetary aspects, but rather to emotional well-being, attitudes and some circumstances, it was considered that a maximum degree of precision would not provide significant additional value to decision making. However, too low a level of precision could detract from value and potentially lead to detrimental decisions.</p> <p>Conclusion: A grade was assigned medium-high of precision, using a combination of tools that allowed to capture both the general vision of the change and the depth of the critical changes for the different stakeholder groups. This would be achieved through the use of validated scales and open-ended, subjective questions, ensuring that data collection tools were adapted to generate the necessary</p>



	<p>information to support the operational decisions for which the data in this report would be used.</p>
<p>Criterion: Completeness Level It refers to the degree to which the report includes all the material impacts experienced by all the different stakeholder groups. Material impacts are those changes in well-being that are relevant and significant.</p>	
<p>The evaluation team is composed of 3 members:</p> <p>a) Developed a scale from 1 to 5 to analyze completeness, based on two criteria:</p> <ul style="list-style-type: none"> - 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 stakeholder groups about changes in the group analyzed), a medium level involved the use of forms with the group itself, and a high level meant interviewing individually. <p>b) The team evaluated the type of decision (operational decision-making) and the type of data necessary for said decision, identifying the appropriate level on the scale.</p> <p>c) Finally, the degree of completeness required for the analysis was defined.</p>	<p>A report is more 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 participation levels of affected people were low, as this would limit understanding of the changes they are experiencing.</p> <p>However, 100% participation and individual interviews with each person active in the program would be considered an inefficient use of participants' time, since more data would not alter operational decisions.</p> <p>Conclusion: Was assigned medium-high grade completeness, ensuring that data collection tools were adapted to generate the necessary information to support the decisions for which the data in this report would be used.</p>



XI. Monetized value of the annual accounts of organizations

ENTITIES LEADED BY CEPSS in whose socio-educational centers the program was implemented (2023)	The estimated amount is 1.67% of the annual amount of income in the previous year (2023) according to report ²⁷²	ENTITIES LEADED BY FPT in whose socio-educational centers the program was implemented (2023)	
Juan Soñador Foundation	PyG 2023 8.453.039,75€ *1.67% = 141.165,76€	Carles Blanch Foundation	PyG 2023 1.103.383,24€ *1.67% = 18.430,38€
Mornese Foundation	PyG 2022 2.209.262,20€ *1.67% = 36.091,67€	Alta Health Foundation	PyG 2023 619.018,46€ *1.67% = 10.336,61€
Don Bosco Foundation	Estimated budget 2024 4.780.943,14€ *1.67% = 79.847,75€	La Vinya Foundation	PyG 2023 599.313,57€ *1.67% = 10.008,54€
Mary Help of Christians Foundation	PyG 2023 7.121.614,01€ *1.67% = 118.130,93€	Bosco Social	Estimated budget 2024 240.150,97€ *1.67% = 4.011,52€
Valponasca Association	PyG 2023 429.617,99€ *1.67% = 7.173,63€	Canary Islands Main	PyG 2023 1.884.932,53€ *1.67% = 31.466,96€
Angel Tomás Foundation (FISAT)	PyG 2023 6.658.761,61€ *1.67% = 11.199,12€		
Valsé Foundation	Estimated budget 2024 622.628,00€ *1.67% = 10.395,88€		
Saint George Salesians	PyG 2023 1.803.518€ *1.67% = 10.124,76€		
Pinardi/Bosco Social Foundation	Estimated budget 2024 240.150,97€ *1.67% = 4.011,52€		
TOTAL valor proxy: 580.597€			

²⁷² See links to the audits referenced in this table, at [Annex XI](#)



XII. Changes in children and their institutionalization Risk

This table shows the result for each change and the generated Chi-squared test p-value.

	Nivel de riesgo (clasificación final)					Chi-squared test p-valor
	Sin riesgo	Leve	Moderado	Grave		
	27	98	4	44	<- Nº NNAs por nivel de riesgo	
Puedo hacer más cosas por mí mismo	24	94	3	41	<- Nº NNAs que han respondido a esta pregunta (importancia del cambio)	0.843032
1	0	4.255319	0	2.439024		
2	0	3.191489	0	2.439024		
3	33.333333	23.404255	0	14.634146		
4	20.833333	28.723404	33.333333	36.585366		
5	45.833333	40.425532	66.666667	43.902439		
Me llevo mejor con mi familia	27	89	3	39	<- Nº NNAs que han respondido a esta pregunta (importancia del cambio)	0.655675
1	3.703704	1.123596	0	7.692308		
2	0	4.494382	0	0		
3	3.703704	1.123596	0	5.128205		
4	11.111111	12.359551	0	10.25641		
5	81.481481	80.898876	100	76.923077		
Me llevo mejor con mis amigos	27	90	3	40	<- Nº NNAs que han respondido a esta pregunta (importancia del cambio)	0.779330
1	0	4.444444	0	0		
2	7.407407	4.444444	0	2.5		
3	14.814815	12.222222	0	15		
4	25.925926	25.555556	0	17.5		
5	51.851852	53.333333	100	65		
Estoy más contento y feliz	25	89	4	38	<- Nº NNAs que han respondido a esta pregunta (importancia del cambio)	0.847797
1	0	1.123596	0	0		
2	4	6.741573	0	2.631579		
3	8	12.359551	25	5.263158		
4	28	17.977528	0	28.947368		
5	60	61.797753	75	63.157895		
Me porto mejor	25	83	3	35	<- Nº NNAs que han respondido a esta pregunta (importancia del cambio)	0.622896



XIII. Value map

To access the full version of the Value Map, please contact the report editors at hola@thesocialconsulting.agency.



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Etapa 1		Etapa 2						
¿Quiénes y cuántos?		¿A qué precio?		Resultados (Outputs)	¿Qué cambia?	¿Cuánto?		
Grupos de interés (stakeholders)		Recursos (Inputs)				Outcomes	Indicadores y fuente de info	Cantidad
¿A quién impactamos?	¿Cuántos hay en el grupo?	¿Qué van a invertir o han invertido y cuánto (dinero, tiempo)?	Valor financiero (para todo el grupo de interés, total del periodo contable)	Resultado de la actividad en cifras.	¿Cuál es el cambio experimentado por los grupos de interés?	Describe cómo medirás el cambio (outcome) descrito (incluyendo las fuentes utilizadas)		
¿Quién nos impacta?								
Niños, niñas y Adolescentes (NNA)	384	El total de horas de intervención de todos los niños y niñas asciende a 96.300 horas. Estas horas no se monetizan, conforme a las indicaciones de la metodología SROI, dado que se trata de beneficiarios/as.	€0.00	<p>Programa de Aprendizaje: De los 406 encuestados, se observó un aumento de 8 puntos porcentuales en las calificaciones de aquellos que tenían un nivel de "bien" y de 11 puntos porcentuales en el nivel de "notable".</p> <p>Programa de Prevención de las Violencias: Un 80.6% de 361 NNA identificaron al menos dos nuevas formas de violencia tras el programa. Un 73% aprendieron a usar estructuras de apoyo en situaciones de violencia, y el 66% percibieron (siempre y/o muchas veces) el espacio (el centro) como seguro para compartir vivencias y emociones.</p> <p>Programa de Ocio, Deporte y Cultura (ODYC): El 77% de los 361 NNA conocieron más de dos recursos de ocio y cultura, y el 83.4% consensuaron actividades extracurriculares con sus familias.</p> <p>Programa Socioemocional: más del 80% de los 361 NNA expresaron que sabían lo que es empatía y la describían correctamente y un 86.4% de los 361 NNA pudieron expresarse libremente en su espacio comunitario.</p> <p>Programa de Participación: 74,2% de los 461 NNA han participado en alguna actividad de sensibilización de solidaridad, el 66,2% ha participado en alguna actividad de sensibilización de diversidad, y el 32% de los NNA ha participado por primera vez en una comisión de participación de la</p>	Mejoran la relación intrafamiliar	Grado de mejora de relaciones intrafamiliares experimentada. Respuesta subjetiva en escala del 1 al 5 (transcrita a una escala de 1 al 10). Fuente: Formulario diseñado para el proyecto, Escala Funcionamiento Familiar (FAD)	384	7.03
					Tienen mayor autonomía	Grado de mejora de relaciones intrafamiliares experimentada. Respuesta subjetiva en escala del 1 al 5 (transcrita a una escala de 1 al 10). Fuente: Formulario diseñado para el proyecto.	384	5.95
					Mejoran las relaciones con iguales	Grado de mejora de relaciones con iguales experimentada. Respuesta subjetiva en escala del 1 al 5 (transcrita a una escala de 1 al 10). Fuente: Formulario diseñado para el proyecto.	382	6.72
					Mejoran el comportamiento en la escuela y en otros entornos	Grado de mejora en cuanto al comportamiento en escuela y otros entornos. Respuesta subjetiva en escala del 1 al 10. Fuente: Formulario diseñado para el proyecto.	382	8.49
					Ayudan más a personas que lo necesitan	Grado de mejora en más dispuesto a ayudar a otros experimentada. Respuesta subjetiva en escala del 1 al 5 (transcrita a una escala de 1 al 10). Fuente: Formulario diseñado para el proyecto.	380	6.10
					Cuentan con una red de apoyo más amplia	Grado de ampliación de red de apoyo. Respuesta subjetiva en escala del 1 al 5 (transcrita a una escala de 1 al 10). Fuente: Formulario diseñado para el proyecto.	380	6.39



Etapa 1		Etapa 2							
¿Quiénes y cuántos?		¿A qué precio?		Resultados (Outputs)		¿Qué cambia?	¿Cuánto?		
Grupos de interés (stakeholders)		Recursos (Inputs)				Outcomes	Indicadores y fuente de info	Cantidad	Cantidad de cambio por los grupos de interés (profundidad)
						Descripción del outcome			
¿A quién impactamos?		¿Cuántos hay en el grupo?	¿Qué van a invertir o han invertido y cuánto (dinero, tiempo)?	Valor financiero (para todo el grupo de interés, total del periodo contable)	Resultado de la actividad en cifras.	¿Cuál es el cambio experimentado por los grupos de interés?	Describe cómo medirás el cambio (outcome) descrito (incluyendo las fuentes utilizadas)	Número de personas que experimentan el cambio descrito	Describe la cantidad media de cambios experimentados (o por experimentar) por los grupos de interés
Profesionales	91		El personal profesional dedica parte de su tiempo libre no remunerado, no incluido en el presupuesto del proyecto, aportando un total de 9.399 horas "extras" más allá de lo establecido en sus contratos laborales. Estas horas se han valorado en función de la media del salario bruto, con un valor por hora de 13,79€ para los coordinadores, 12,49€ para los profesionales de apoyo psicoemocional y educadores/as, y 12,35€ para otro grupo.	€102,110.58	29 200 h de experiencia en coordinación de proyecto social innovador socio-educativo. 14 profesionales, 11 meses) 160 000 h de experiencia en formación socio-educativa innovadora 50 profesionales. 2 años (10 meses/año). 40h/semanales: 50*20*160h	Aumenta el estrés (-)	Grado de mejora del estrés. Respuesta subjetiva en escala del 1 al 10, combinada con respuesta subjetiva de resultados de informe trimestral del proyecto. Fuente: Formulario diseñado para el proyecto.	88	2.82
						Mejora de las perspectivas de su carrera profesional	Grado de mejora de las perspectivas de su carrera profesional. Respuesta subjetiva en escala del 1 al 10. Fuente: Formulario diseñado para el proyecto.	91	1.67
						Experimentado una mejora en tu situación económica	Grado de mejora experimentada. Respuesta subjetiva en escala del 1 al 10. Fuente: Formulario diseñado para el proyecto.	23	2.18
Organizaciones socioeducativas	25		Las entidades socioeducativas destinan recursos y esfuerzo propio para implementar SomosVoz, que no estaban cubiertos por el presupuesto del proyecto. Estos recursos se calcularon proporcionalmente al coste total para la entidad durante un año de intervención y al porcentaje correspondiente al número de participantes de SomosVoz.	€440,000.00	1 modelo de intervención socio-educativo testeado y evidenciado. 1 informe con datos para mejorar las inversiones (SROI) 1 herramienta digital para medición de impacto	Aumenta la posibilidad de obtener financiación	% de fondos conseguidos que hacen referencia a SomosVoz, combinado con respuesta subjetiva en escala del 1 al 10. Fuente: Formulario diseñado para el proyecto y Registro de ingresos anuales 2023/24 y listado de	1	0.78
						Eleva el estándar de calidad y eficiencia en el servicio socioeducativo	Grado de mejora experimentada. Respuesta subjetiva proporcionada por el propio grupo de interés sobre una escala del 1 al 10. Fuente: Formulario diseñado para el proyecto.	1	0.83
						Incrementa el valor de inventario tecnológico	Diferencia económica de valor amortizado en balance entre el 2023 y 2024. Fuente: Datos de amortización de registro financiero.	1	5.00
Organizaciones externas financiadoras - Ministerio de Derechos Sociales, Consumo y Agenda 2030	1		El presupuesto del proyecto para el año de implementación 2023: 956.963€. Además, el valor de un año de uso de una herramienta digital de medición de impacto, junto	€1,016,963.37	1 piloto de mejores prácticas de intervención socio-educativa testeada y evaluada.	No aplica	No aplica	1	0.00
			Total	€1,559,073.95					



Etapa 1		Etapa 2						
¿Quiénes y cuántos?		¿A qué precio?		¿Qué cambia?		¿Cuánto?		
Grupos de interés (stakeholders)		Recursos (Inputs)		Resultados (Outputs)		Indicadores y fuente de info		
				Outcomes		Cantidad		
				Descripción del outcome		Cantidad de cambio por los grupos de interés (profundidad)		
¿A quién impactamos?	¿Cuántos hay en el grupo?	¿Qué van a invertir o han invertido y cuánto (dinero, tiempo)?	Valor financiero (para todo el grupo de interés, total del periodo contable)	Resultado de la actividad en cifras.	¿Cuál es el cambio experimentado por los grupos de interés?	Describe cómo medirás el cambio (outcome) descrito (incluyendo las fuentes utilizadas)	Número de personas que experimentan el cambio descrito	Describe la cantidad media de cambios experimentados (o por experimentar) por los grupos de interés
Profesionales	91	El personal profesional dedica parte de su tiempo libre no remunerado, no incluido en el presupuesto del proyecto, aportando un total de 9.399 horas "extras" más allá de lo establecido en sus contratos laborales. Estas horas se han valorado en función de la media del salario bruto, con un valor por hora de 13,79€ para los coordinadores, 12,49€ para los profesionales de apoyo psicoemocional y educadores/as, y 12,35€ para otro grupo.	€102,110.58	29 200 h de experiencia en coordinación de proyecto social innovador socio-educativo. 14 profesionales, 11 meses) 160 000 h de experiencia en formación socio-educativa innovadora 50 profesionales. 2 años (10 meses/año). 40h/semanales: 50*20*160h	Aumenta el estrés (-)	Grado de mejora del estrés. Respuesta subjetiva en escala del 1 al 10, combinada con respuesta subjetiva de resultados de informe trimestral del proyecto. Fuente: Formulario diseñado para el proyecto.	88	2.82
				Una media de 1760 horas/persona de experiencia en trabajo de innovación social (880 horas/persona para los psicólogos).	Mejora de las perspectivas de su carrera profesional	Grado de mejora de las perspectivas de su carrera profesional. Respuesta subjetiva en escala del 1 al 10. Fuente: Formulario diseñado para el proyecto.	91	1.67
				14 Certificados de formación en medición de impacto (1 certificado / coordinador/Grupo Motor).	Experimentado una mejora en tu situación económica	Grado de mejora experimentada. Respuesta subjetiva en escala del 1 al 10. Fuente: Formulario diseñado para el proyecto.	23	2.18
Organizaciones socioeducativas	25	Las entidades socioeducativas destinan recursos y esfuerzo propio para implementar SomosVoz, que no estaban cubiertos por el presupuesto del proyecto. Estos recursos se calcularon proporcionalmente al coste total para la entidad durante un año de intervención y al porcentaje correspondiente al número de participantes de SomosVoz.	€440,000.00	1 modelo de intervención socio-educativo testeado y evidenciado.	Aumenta la posibilidad de obtener financiación	% de fondos conseguidos que hacen referencia a SomosVoz, combinado con respuesta subjetiva en escala del 1 al 10. Fuente: Formulario diseñado para el proyecto y Registro de ingresos anuales 2023/24 y listado de	1	0.78
				1 informe con datos para mejorar las inversiones (SROI)	Eleva el estándar de calidad y eficiencia en el servicio socioeducativo	Grado de mejora experimentada. Respuesta subjetiva proporcionada por el propio grupo de interés sobre una escala del 1 al 10. Fuente: Formulario diseñado para el proyecto.	1	0.83
				1 herramienta digital para medición de impacto	Incrementa el valor de inventario tecnológico	Diferencia económica de valor amortizado en balance entre el 2023 y 2024. Fuente: Datos de amortización de registro financiero.	1	5.00
Organizaciones externas financiadoras - Ministerio de Derechos Sociales, Consumo y Agenda 2030	1	El presupuesto del proyecto para el año de implementación 2023: 956.963€. Además, el valor de un año de uso de una herramienta digital de medición de impacto, junto	€1,016,963.37	1 piloto de mejores prácticas de intervención socio-educativa testeada y evaluada.	No aplica	No aplica	1	0.00
Total			€1,559,073.95					



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Plan de Recuperación, Transformación y Resiliencia

Etapa 1	Etapa 2		Etapa 3					
¿Quiénes y cuántos?	¿Qué cambia?	¿Cuánto tiempo?					¿Cuán valorable?	
Grupos de interés (stakeholders)	Outcomes	Duración del cambio (outcome)	El cambio (outcome) inicia				Expresar la importancia relativa (valor) del outcome	Enfoque de valoración
	Descripción del outcome			Outcome start				
¿A quién impactamos?	¿Cuál es el cambio experimentado por los grupos de interés?	¿Cuánto tiempo (en años) dura el cambio (outcome)?	¿El outcome (cambio) comienza en el periodo de actividad o en el periodo posterior?	Columna oculta	Suma de la duración y outcome start	relativa (valor) de cada cambio para los cambios (outcomes), por ejemplo, utilizando una escala de 1 a 10, o preguntando cuánto más importantes son los cambios en relación con el cambio peor valorado. El enfoque puede utilizar	"Describe el enfoque de valoración monetaria utilizado para expresar la importancia relativa (valor) de cada resultado. (N.B. Si su análisis no utiliza la valoración monetaria de resultados, por favor, utilice la pestaña de Mapa de Valor (no SROI) de esta hoja de cálculo.)"	¿Qué importancia tiene el cambio para los grupos de interés (expresado en términos monetarios €€€)
¿Quien nos impacta?								
Madres y padres	Mejora el clima familiar	2	Period of activity	1	3	8.98	Este valor es el valor denominado 'ancla' (anchor). Para los coeficientes desarrollados en este informe para los grupos "NNA" y "madres y padres", se encargó su estimación al Dr. Daniel Fujiwara, aplicando dos criterios principales para identificar cuál de los cambios actuaría como valor ancla: La percepción de los beneficiarios, representada a través del cambio que ellos mismos valoraban como más significativo (mejoras en el clima familiar). El cambio intencional del programa, es decir, el resultado que el programa busca generar directamente (clima familiar). La existencia de estudios nacionales e internacionales en la materia, que respaldaran en el desarrollo del valor ancla. Fuente: Desarrollo propio.	€1,622.84
	Mejoran las relaciones sociales	4	Period of activity	1	5	7.64	Este valor se deriva de un proxy considerado 'ancla' (anchor) obtenido al multiplicar el valor asignado a 'Mejora el clima familiar' por el grado de importancia atribuido a este cambio.	€1,233.56
	Más autónomos como familia (sin necesidad de apoyo)	2	Period of activity	1	3	8.18	Este valor se deriva de un proxy considerado 'ancla' (anchor) obtenido al multiplicar el valor asignado a 'Mejora el clima familiar' por el grado de importancia atribuido a este cambio.	€1,381.33
	Reciben ayuda personalizada socio-emocional y comunitario para la familia	2	Period of activity	1	3	9.28	Este valor se deriva de un proxy considerado 'ancla' (anchor) obtenido al multiplicar el valor asignado a 'Mejora el clima familiar' por el grado de importancia atribuido a este cambio.	€1,784.74
Profesionales	Aumenta el estrés (-)	1	Period of activity	1	2	8.30	Para el "proxy ancla" aplicado a los valores del grupo de "profesionales", cuya estimación también fue encargada al Dr. Daniel Fujiwara, se establecieron otros criterios para determinar cuál sería el cambio en bienestar para el que se desarrollaría un "proxy ancla": Reflejar un cambio que afectara significativamente el bienestar de este grupo y que tuviera una alta relevancia (aumenta el estrés).	-€1,221.34
	Mejora de las perspectivas de su carrera profesional	4	Period after	2	6	7.90	Este valor se deriva de un proxy considerado 'ancla' (anchor) obtenido al multiplicar el valor asignado a 'Aumenta el estrés' por el grado de importancia atribuido a este cambio.	€802.71
	Experimentado una mejora en tu situación económica	4	Period of activity	4	2	5.00	Este valor se deriva de un proxy considerado 'ancla' (anchor) obtenido al multiplicar el valor asignado a 'Aumenta el estrés' por el grado de importancia atribuido a este cambio.	€782.57



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Etapa 1	Etapa 2	Etapa 3						
¿Quiénes y cuántos?	¿Qué cambia?	¿Cuánto tiempo?				¿Cuán valorable?		
Grupos de interés (stakeholders)	Outcomes	Duración del cambio (outcome)	El cambio (outcome) inicia			Expresar la importancia relativa (valor) del outcome		
	Descripción del outcome			Outcome start		Ponderación del grado de importancia	Enfoque de valoración (no monetario)	
¿A quién impactamos?	¿Cuál es el cambio experimentado por los grupos de interés?	¿Cuánto tiempo (en años) dura el cambio (outcome)?	¿El outcome (cambio) comienza en el periodo de actividad o en el periodo posterior?	Columna oculta	Suma de la duración y outcome start	relativa (valor) de cada cambio para los cambios (outcomes), por ejemplo, utilizando una escala de 1 a 10, o preguntando cuánto más importantes son los cambios en relación con el cambio peor valorado. El enfoque puede utilizar	"Describe el enfoque de valoración monetaria utilizado para expresar la importancia relativa (valor) de cada resultado. (N.B. Si su análisis no utiliza la valoración monetaria de resultados, por favor, utilice la pestaña de Mapa de Valor (no SROI) de esta hoja de cálculo)."	¿Qué importancia tiene el cambio para los grupos de interés (expresado en términos monetarios €€€)
¿Quien nos impacta?								
Organizaciones socioeducativas	Aumenta la posibilidad de obtener financiación	1	Period of activity	1	2	6.20	El análisis identificó un financiamiento de 53,000 €, atribuido a la experiencia en medición de impacto del programa SomosVoz, como un proxy representativo y conservador del impacto potencial en futuras convocatorias. Esta cifra, equivalente al 1,67% de los fondos estimados para 2025, se basó en datos verificables y se aplicó para estimar el	€580,597.79
	Eleva el estándar de calidad y eficiencia en el servicio socioeducativo	2	Period of activity	1	3	7.42	Los centros identificaron dos indicadores clave de mejora: la reducción de bajas de niños y la incorporación de un nuevo rol socioeducativo para mejorar calidad y eficiencia. De las tres alternativas evaluadas como proxy —inversión en calidad (+D), nuevo rol de apoyo y reducción de costes de gestión— se seleccionó la inversión en calidad, ya que refleja	€396,124.69
	Incrementa el valor de inventario tecnológico	1	Period of activity	1	2	5.75	Los centros identificaron dos indicadores clave de mejora: la reducción de bajas de niños y la incorporación de un nuevo rol socioeducativo para mejorar calidad y eficiencia. De las tres alternativas evaluadas como proxy —inversión en calidad (+D), nuevo rol de apoyo y reducción de costes de gestión— se seleccionó la inversión en calidad, ya que refleja la mejora del servicio existente y cuenta con datos sólidos. Calculado	€61,800.00
Organizaciones externas financiadoras - Ministerio de Derechos Sociales, Consumo y Agenda 2030	No aplica	1	Period of activity	1	2	0.00	No aplica	€0.00



Etapa 1	Etapa 2	Etapa 4				
¿Quiénes y cuántos?	¿Qué cambia?	¿Cuánto ha causado la actividad?				¿Sigue siendo material?
Grupos de interés (stakeholders)	Outcomes	Peso muerto (Deadweight) %	Desplazamiento (Desplazamiento) %	Atribución (Attribution) %	Caída (Drop off) %	Cálculo de impacto
	Descripción del outcome					
¿A quién impactamos?	¿Cuál es el cambio experimentado por los grupos de interés?	¿Qué ocurrirá/qué habría ocurrido sin la actividad?	¿Qué cambio (outcome) desplazaría?	Quién más contribuyó al cambio (outcome)?	¿Disminuye el cambio (outcome) en los años siguientes?	Número de personas (cantidad) por valor, menos peso muerto, desplazamiento y atribución
¿Quien nos impacta?						
Niños, niñas y Adolescentes (NNA)	Mejoran la relación intrafamiliar	14%	5%	7%	33%	€454,733.81
	Tienen mayor autonomía	7%	8%	18%	50%	€311,538.38
	Mejoran las relaciones con iguales	24%	8%	22%	33%	€287,538.59
	Mejoran el comportamiento en la escuela y en otros entornos	7%	5%	19%	50%	€325,213.97
	Ayudan más a personas que lo necesiten	15%	5%	17%	50%	€321,317.99
	Cuentan con una red de apoyo más amplia	7%	9%	27%	50%	€314,224.19
Madres y padres	Mejora el clima familiar	10%	5%	20%	50%	€287,496.55
	Mejoran las relaciones sociales	50%	5%	20%	25%	€90,000.58
	Más autónomos como familia (sin necesidad de apoyo)	10%	0%	30%	50%	€171,437.39
	Reciben ayuda personalizada socio-emocional y comunitario para la familia	10%	0%	15%	50%	€376,829.86



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Etapa 1	Etapa 2	Etapa 4				
¿Quiénes y cuántos?	¿Qué cambia?	¿Cuánto ha causado la actividad?				¿Sigue siendo material?
Grupos de interés (stakeholders)	Outcomes	Peso muerto (Deadweight) %	Desplazamiento (Desplazamiento) %	Atribución (Attribution) %	Caída (Drop off) %	Cálculo de impacto
	Descripción del outcome					
¿A quién impactamos?	¿Cuál es el cambio experimentado por los grupos de interés?	¿Qué ocurrirá/qué habría ocurrido sin la actividad?	¿Qué cambio (outcome) desplazaría?	Quién más contribuyó al cambio (outcome)?	¿Disminuye el cambio (outcome) en los años siguientes?	Número de personas (cantidad) por valor, menos peso muerto, desplazamiento y atribución
¿Quien nos impacta?						
Profesionales	Aumenta el estrés (-)	50%	-49%	38%	100%	-€49,644.13
	Mejora de las perspectivas de su carrera profesional	50%	0%	45%	25%	€20,087.73
	Experimentado una mejora en tu situación económica	40%	6%	14%	100%	€8,730.26
Organizaciones socioeducativas	Aumenta la posibilidad de obtener financiación	54%	0%	64%	100%	€96,146.99
	Eleva el estándar de calidad y eficiencia en el servicio socioeducativo	55%	0%	51%	50%	€87,345.49
	Incrementa el valor de inventario tecnológico	33%	0%	35%	100%	€26,913.90
Organizaciones externas financiadoras - Ministerio de Derechos Sociales, Consumo y Agenda 2030	No aplica	0%	0%	0%	0%	€0.00



Grupos de interés (stakeholders)	Outcomes	Cálculo de impacto	Calculador de Retorno Social					
	Descripción del outcome		Ratio de descuento		3.1%			
¿A quién impactamos?	¿Cuál es el cambio experimentado por los grupos de interés?	Número de personas (cantidad) por valor, menos peso muerto, desplazamiento y atribución	Año 0	Año 1	Año 2	Año 3	Año 4	Año 5
¿Quién nos impacta?								
Niños, niñas y Adolescentes (NNA)	Mejoran la relación intrafamiliar	€454,733.81	€454,733.81	€304,671.65	€204,130.01	€0.00	€0.00	€0.00
	Tienen mayor autonomía	€311,538.38	€311,538.38	€155,769.19	€0.00	€0.00	€0.00	€0.00
	Mejoran las relaciones con iguales	€287,538.59	€287,538.59	€192,650.86	€129,076.07	€0.00	€0.00	€0.00
	Mejoran el comportamiento en la escuela y en otros entornos	€325,213.97	€325,213.97	€162,606.99	€0.00	€0.00	€0.00	€0.00
	Ayudan más a personas que lo necesiten	€321,317.99	€321,317.99	€160,659.00	€0.00	€0.00	€0.00	€0.00
	Cuentan con una red de apoyo más amplia	€314,224.19	€314,224.19	€157,112.10	€0.00	€0.00	€0.00	€0.00
Madres y padres	Mejora el clima familiar	€287,496.55	€287,496.55	€143,748.28	€0.00	€0.00	€0.00	€0.00
	Mejoran las relaciones sociales	€90,000.58	€90,000.58	€67,500.43	€50,625.32	€37,968.99	€0.00	€0.00
	Más autónomos como familia (sin necesidad de apoyo)	€171,437.39	€171,437.39	€85,718.69	€0.00	€0.00	€0.00	€0.00
	Reciben ayuda personalizada socio-emocional y comunitario para la familia	€376,829.86	€376,829.86	€188,414.93	€0.00	€0.00	€0.00	€0.00



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Outcomes		Calculador de Retorno Social						
Descripción del <i>outcome</i>	Cálculo de impacto	Ratio de descuento		3.1%				
¿Cuál es el cambio experimentado por los grupos de interés?	Número de personas (cantidad) por valor, menos peso muerto, desplazamiento y atribución	Año 0	Año 1	Año 2	Año 3	Año 4	Año 5	
	€3,129,911.57	€0.00	€3,109,823.83	€1,682,612.59	€398,897.21	€49,268.34	€8,474.51	€0.00
	Valor presente todos los años		€3,109,823.83	€1,682,612.59	€398,897.21	€49,268.34	€8,474.51	€0.00
	Valor Presente Total (VP)							€5,249,076.49
	Valor Presente Neto (VPN, restando la inversión)							€3,690,002.54
	Retorno Social (Valor por cantidad invertida)							3.37



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Plan de
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Transformación
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