TheSocialConsulting Agency

Cruz Roja

THE SOCIAL VALUE OF CRECE

CRECE: Impulsando las capacidades, competencias y el empoderamiento de las personas para la prevención de la institucionalización y desinstitucionalización

Financiado por la Unión Europea NextGenerationEU

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

Plan de Recuperación, Transformación y Resiliencia

AN SROI EVALUATION REPORT

An evaluation with a focus on the perspectives of the participating individuals and other impacted groups

The **CRECE project** is financed by the Ministry of Social Rights, Consumption and Agenda 2030, in the **framework of the Recovery, Transformation and Resilience Plan**, which establishes Spain's priorities to channel part of the resources from the Next Generation EU Recovery Funds. This project is regulated by Royal Decree 1101/2021 of December 10, which stipulates that funded projects must include an independent and rigorous system for evaluating results and impact. In this process, **The Social Consulting Agency** is responsible for carrying out said evaluation.

Madrid - 2025.

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TheSocialConsulting Agency

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

[1] The Social Consulting Agency. (n.d.). Consulting in Madrid http://www.thesocialconsulting.agency/
[2] The Social Consulting Agency. (s.f.) https://www.thesocialconsulting.agency/

Financiado por la Unión Europea NextGenerationEU
GOBIERNO DE ESPAÑA MINISTERIO DE DERECHOS SOCIALES, CONSUMO Y AGENDA 2030
Plan de Recuperación, Transformación y Resiliencia

WARRANTY STATEMENT

This report has been assured by Social Value UK[3] in September 2025. According to the accreditor: "*The report shows a good understanding of, and is consistent with, the Social Value process and principles*".

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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.

[3]Social Value International. "Report Assurance." https://www.socialvalueint.org/report-assurance.

SOCIAL VALUE INTERNATIONAL

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The Social Value of CRECE - An SROI Evaluation Report

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Awarded 01/07/2025

Signed

Mr Ben Carpenter
Chief Executive Officer
Social Value International

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RECOGNITIONS

The creation of this report has been possible thanks to the active participation of the entire team that participated in the project as well as the social entities that participated in it. Each of these entities played a fundamental role in various stages of this evaluation process. From the team responsible for this report, we would like to express our most sincere gratitude for your dedication, time, and commitment.

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

Finally, we would like to give special thanks to Felipe Londoño Chavarriaga for his valuable contribution to the analysis of the data, supporting the team of The Social Consulting Agency.

SUMMARY

This report evaluates the impact of the Project ***CRECE: Promoting the capabilities, competencies, and empowerment of people for the prevention of institutionalization and deinstitutionalization***, through the SROI (Social Return on Investment) methodology. This methodology allows the social value generated by the intervention to be quantified in economic terms, providing a comprehensive vision of the impacts generated on the participating people and other stakeholders.

The CRECE Project was promoted by the Red Cross and financed by the Ministry of Social Rights, Consumption and Agenda 2030 within the Recovery, Transformation and Resilience Plan, which channels resources from the Next Generation EU Recovery Funds. It had a budget of 16.121.556,13€, and its implementation spread across 16 provinces in 53 locations in Spain, lasting 36 months (2022-2024).



During its development, the main objective of the project was to contribute to the reduction of vulnerability factors that could accelerate the institutionalization of the participating people and favor the development of public policies on deinstitutionalization and/or prevention of

institutionalization. To this end, many community actions were carried out, among others, promoting collaboration with 331 entities in different locations. The intervention involved 3,707 people, of which 2,755 were women (74.93%) and 952 men (25.07%).

The calculation of the Social Return on Investment (SROI) carried out for the CRECE project shows a significant impact on the generation of social value, showing that for every euro invested, the program generates an estimated return between 3,00€ and 7,77€.

For each
1€
invested, social value is generated between
3,00€ and 7,77€

This range is established based on different levels of reliability and coverage, allowing decisions to be adjusted according to the degree of risk that one wants to assume in each decision, since the range shows data from a ratio that only includes data from a representative sample to a ratio that takes into account groups with a sample that presents a low degree of sampling error, but exists, so there is a certain risk that it does not completely reflect the voice of the entire group of interest.

The conservative ratio (3,00€), based solely on representative data, reflects the value generated with a representative sample, extrapolated to the groups with said sample, thus minimizing the risk of overestimating the impact. On the other hand, the inclusive ratio with moderate risk (7,77€) incorporates data from a significant group of participating people whose statistical representativeness presents an acceptable margin of error (6.81%), which broadens the vision of the social impact generated, although with a small degree of uncertainty.

In economic terms[4], the **Net Present Value (NPV) of the social impact generated by CRECE in a conservative scenario is 13.958.568€, which corresponds to 3 times more value generated than the value invested (resources).**

The analysis of the distribution of social value shows that **99.49%** of the impact generated falls directly on the participating people, underlining the relevance of CRECE in improving

[4] *In the SROI methodology, the term "economic" refers to the monetized social value, that is, transformed into economic terms to be able to compare it with the invested value (resources) and thus calculate the social profitability. It should not be confused with a cost-benefit analysis, which focuses primarily on costs saved or incurred.*

their well-being. The changes most valued by the participants are directly related to their emotional well-being and social integration, highlighting the *increase in support network*, *improvement in mental health*, *reduction in feelings of loneliness,* and *strengthening of the sense of belonging to the community*.

These results reinforce CRECE's focus on preventing institutionalization by reducing vulnerability factors that could accelerate the institutionalization of participating individuals. In particular, the social value generated exclusively by the *reduced feeling of loneliness* (6.812.591€) is almost equivalent to the total investment of the project, which demonstrates the sustainability and social profitability of CRECE, even if only this impact were considered.

The comparison between these changes highlights that the *increase in the support network* is the most valuable impact, surpassing the reduction of the feeling of loneliness by 36.53% and the strengthening of the sense of community belonging by 41.93%, which reaffirms the key role of social networks in mitigating social vulnerability.

Furthermore, people participating in the CRECE project have experienced significant improvements in other aspects of their well-being as a result of their participation, to which they assign a high value for the well-being of the group evaluated. An *increase in economic and housing satisfaction was observed,* reflecting greater stability in these areas for the people who were supported, reducing their degree of vulnerability. Likewise, some have *initiated new studies with greater motivation*, indicating a positive impact on their personal development. There has also been a recorded *reduction in feelings of anxiety and/or depression*[5]*,* along with an *increased feeling of tranquility*, reinforcing the importance of intervention in improving emotional well-being.

Furthermore, they have identified an increase in the *appreciation for life* and a greater perception that *the activities they carry out have meaning and value.* As reported by the participants, *physical and mental health* have improved, and many have expressed a *greater care for their mental health*. However, there has also been observed *increased concern and uncertainty about the continuity of the project*, which highlights the need to consider strategies to guarantee its sustainability over time.

The report concludes with a series of strategic recommendations for future interventions, among which is the need to *extend the duration of the program*, *optimize strategies to*

[5] *This report highlights that the expressions used, such as "tranquility", "anxiety" and "depression", correspond to the subjective perception of the participants and not to a medical diagnosis. Including these terms in the report uniquely reflects how people describe their own experience and emotional well-being.*

reduce negative impacts, *strengthen community networks,* and *perform longitudinal monitoring* that allows evaluating the effectiveness of CRECE in preventing institutionalization.

Finally, the information collected in this report not only allows us to understand the social value generated by CRECE, but also provides a key database for the continuous improvement of similar interventions. The data reflects the voice of the people impacted by the activities, as well as the value that they add or, in some cases, detract from their well-being and quality of life.

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1. INTRODUCTION



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

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

This document presents an evaluation report of the Social Return on Investment[6] (hereinafter referred to as SROI), which quantifies in monetary terms the social value generated by the intervention that has been carried out through the **CRECE Project: Promoting the capabilities, competencies and empowerment of people for the prevention of institutionalization and deinstitutionalization** (hereinafter, it will be called CRECE), during the pilot implementation of this same with a budget of **16.121.556,13€.** The project was promoted by the Red Cross and financed by the Ministry of Social Rights, Consumption and Agenda 2030[7] through direct subsidies to Third Sector entities to modernize social services and care models for the elderly, children, homelessness and disabilities, within the framework of the Recovery, Transformation and Resilience Plan, according to Royal Decree 1101/2021, December 10, March 2, 2021.



In particular, the project places a special focus on combating unwanted loneliness, a growing problem that critically affects the well-being of both the general population and people in social difficulty. The project was born as an innovative proposal to transform the traditional social care system towards a model focused on personal autonomy, community integration, and the prevention of social exclusion.

According to the "*Research on the experience and perception of unwanted loneliness. Responses at the community level"*, developed within the CRECE project and, which will be referred to on several occasions in this report, it is highlighted that addressing loneliness requires a local perspective that promotes social capital, identifying and enhancing those aspects that are especially important for CRECE population groups in social difficulty.

[6] "The Social Return on Investment (SROI)," *Wikipedia*, last modified on [access date], https://es.wikipedia.org/wiki/SROI.
[7] Ministry of Social Rights, Consumption and Agenda 2030. (s. f.). *Website of the Ministry of Social Rights, Consumption and Agenda 2030.* https://www.mdsocialesa2030.gob.es/index.htm

For this reason, this report applies the SROI methodology (internationally accredited by Social Value International[8]), mainly due to its focus on understanding the impact generated, its methodological rigor, and the possibility of accreditation it offers for the analysis of the impact. This methodology was selected for impact measurement because it strengthens the Red Cross's use of data as a social tool to optimize resource management, improve understanding of problems, and evaluate the impact of implemented solutions. In this way, it allows us to identify, as the study points out, what is valuable for the different population groups in social difficulty analyzed.

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.[9]

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"

The Social Return on Investment (SROI, for its acronym in English) is a methodology to measure and assess 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 stakeholders. SROI translates social and environmental outcomes into monetary terms, making it easier to compare with investments made and allowing organizations to better understand the total value they are creating or destroying.

The application of SROI involves identifying 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, SROI helps organizations become more

[8] Social Value International. (n.d.) http://www.socialvalueint.org
[9] Ver Glossary of Terms in the Annex I for a detailed explanation of the terms used.

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. Methodological principles of the SROI methodology



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

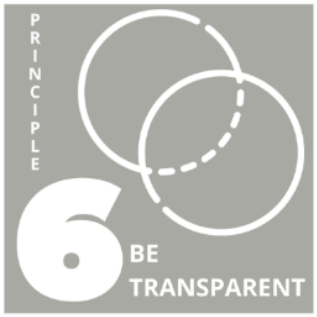
The SROI has a framework based on 8 principles that are reflected transversally throughout the entire report and 10 impact questions. Throughout the report, both the principles and questions will be referenced, systematically and visually, using the official “icons” of the Social Value International methodology. By 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, because this is a consolidated methodology with more than 13 years of application in multiple Public Administrations and international organizations. It is globally recognized for its ability to link investment with the social benefit generated. It currently has more than 650 accredited professionals worldwide, reinforcing its reputation as a reliable framework for evaluating social impact and improving the effectiveness of initiatives.

Therefore, what distinguishes SROI from most impact measurement frameworks is its ability to translate into a common language – in economic and financial terms – the value of the changes generated for people and their lives.

Social Value International affirms, ***"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, 2015[10].

1.1.1 Corrective actions during the methodological process



The sixth principle, *Be transparent*[11], 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, from the beginning, were anticipated 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 stakeholders. Therefore, they should be considered in decision-making given their impact on the rigor of the data regarding the changes.

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

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

Table 1. Complexities (C), limitations (L), 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 level of representativeness of volunteers	High degree of difficulty in being able to collect data from volunteers since they came punctually or were not present at the time of data collection.	**Activity**: Development of forms with generic links so that information could be sent by WhatsApp **Result:** Described in the sample description.	Partially mitigated - low degree of risk
L2. Reduced time for data collection	Data is limited to people active and present at the time of data collection.	**Activity**: Certain questions about the territories (how much changed, causality, monetary valuation) were assigned to a limited number of participating people to give them more time or ensure quality data for each territory. The collection of data in various profiles and various locations. **Result:** Data were obtained from all territories, although it was a smaller sample.	Mitigated - No risk
L3. Temporality is not sufficient to identify changes in the medium/long term	Report based on the evidence value of short-term changes (during the intervention). It excludes medium/long-term impacts as they cannot be evidenced.	**Activity**: Identify the participants who have taken part so that the Red Cross can continue with the evaluation. **Result:** The report only considers the value generated during the program and the estimate of how much it would last over time, and includes a section of recommendations.	Mitigated - No risk
L4. Low level of access to Public Administration and NGO representatives	Due to the short intervention time, it was not possible to identify a representative number of organizations that had experienced changes during the period evaluated, so the report lacks representative data for this stakeholder group.	**Activity**: Intensive search for contacts that could be representative and several (failed) attempts to obtain data with said members. **Result:** Contingency plan partially achieved. The results are included to highlight their value, since they provide relevant information for decision making.	Partially mitigated - medium degree of risk

C1. Data Risk Based on Behavioral Responses[12]	Possible impact on the data due to the relationship between the participants and the Red Cross technical people, who provided support in completing the forms. This could lead to specifically "positive" responses aimed at pleasing and not compromising the relationship, which poses a risk of excluding negative impacts and "real" outcomes.	**Activity**: A Coding system was implemented to ensure anonymity in the different highly dependent stakeholders. Repeated question 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

Source: Own elaboration.

Table 2. Errors (E) and risks

Errors	Error Description	Risk analysis
E1. Digital bias	During the data collection process, digital interviews and focus groups were carried out via Zoom with the different stakeholders. To mitigate possible biases[13] 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 in which the interviews were carried out, consensus was reached with those directly involved to ensure accessibility and sufficient quality of the Internet connection. **Comment:** A low risk level is assigned since the people interviewed were familiar with the digital medium.	**Low risk**
E2. Behavioral responses[14]	In the case of participants with a direct relationship with the technical people of the program who carried out the data collection process, and to mitigate possible biases such as the complacency effect or the demand effect, the interviews were scheduled in places and times convenient for the people interviewed. Furthermore, the privacy of their responses was guaranteed, and, if they preferred, they were offered the possibility of responding in spaces shared with other interviewees, which made it easier to obtain clear and reliable answers. **Comment:** A medium risk level is assigned since the people interviewed were familiar with the environment and with those who managed the interviews, and they considered the space as a safe place in which they felt comfortable.	**Medium risk**
E3. Subjectivity of qualitative data and triangulation	By basing the identification of changes on qualitative data, methodological rigor was reinforced by incorporating diverse perspectives: the voice of paid staff and volunteers, as well as the analysis of other studies. This triangulation strategy, which combines multiple sources and approaches, is essential to ensure validity and depth	**Low risk**

[12] Wikipedia. (n.d.). *Hawthorne effect*. Retrieved on [date of consultation], from es.wikipedia.org/wiki/Efecto_Hawthorne
[13] MIDE UC. (2021). *Notes on qualitative interviews via videoconference*. EvalPeru. https://www.evalperu.org/wp-content/uploads/2021/04/APUNTES-MIDE-UC_Entrevistas-cualitativas-1.pdf
[14] MIDE UC. (2021). *Notes on qualitative interviews via videoconference*. EvalPeru. https://www.evalperu.org/wp-content/uploads/2021/04/APUNTES-MIDE-UC_Entrevistas-cualitativas-1.pdf

	in qualitative research. According to Denzin (2017)[15]triangulation allows researchers to gain a more complete understanding of the phenomena studied by integrating diverse perspectives and methods. **Comment**: The risk is considered low since more data were provided in the analysis phase.	
E4. Data validation partially completed	Several data validation points were established, culminating in a final survey to reinforce its robustness and recognize the contribution of stakeholders. Through teaching materials, they were asked to validate conclusions about changes, their relative importance, and chains of events. However, due to force majeure, such as the impact of DANA[16] In different territories, despite the sending of all the material, responses were only received from the staff group. In addition to this, the early farewell of the participants and the early closing of the program, coinciding with festivities, prevented the validation from being completed within the expected period. **Comment**: Considering the multiple consultations made throughout the process on the concept of value and the fact that the validation was composed of data from three other sources that involved the stakeholder group, this omission is not considered to represent a significant risk for decision-making.	**Low risk**

Source: Own elaboration.

1.1.3 Implementation of improvements in methodology based on forecast report

For the CRECE intervention, a prognostic analysis was developed in 2023 entitled Prognostic report on the *Social Value of the CRECE intervention: Promoting people's capacities, skills, and empowerment for the prevention of institutionalization and deinstitutionalization*[17].

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

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

[15] Teachers 2.0. (2024). *Triangulation in research: Key to validity and depth*. https://blog.docentes20.com/2024/10/%E2%9C%8Dtriangulacion-en-investigacion-clave-para-la-validez-y-profundidad-docentes-2-0/

[16] Europe Press. (2024, October 29). *Torrential rains through DANA, live: latest news on the rains in Valencia and Andalusia*. Recovered from https://www.europapress.es/sociedad/noticia-lluvias-torrenciales-dana-directo-ultimas-noticias-lluvias-valencia-andalucia-20241029114442.html.

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

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

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

Recommendation	Application
Conduct an evaluative study of social return using the SROI methodology	Yes. This evaluation report was developed.
Incorporate a detailed methodological analysis in the next SROI evaluation phase	Yes, the working structure was improved and the entire data collection process was planned with a steering group to cover all phases of the SROI in an evaluation report.
Evaluate the Social Value of the digital dimension within the SROI process	Yes, it specifically addressed users who had participated in digital activities—such as using Alexa and other supporting materials—and, to some extent, their outcomes were identified, even though the digital component had not been fully implemented during the evaluation phase.
Review and enrich outcome goals and indicators	A dedicated working group was formed in collaboration with our organization's Data Collection team to synthesize and validate all available insights. This group not only integrated internal metrics—such as service-use logs and stakeholder survey responses—but also mapped those findings at two levels: the output level (tracking participation rates, referral sources, and touchpoints) and the outcome level (measuring changes in wellbeing via the applied Loneliness Scale). To enrich this internal evidence base, the team also drew on investigation and data-collection carried out by an external consulting firm, whose quantitative analyses provided complementary perspectives on user engagement and program impact. By uniting these internal and external data streams, the group was able to deliver a robust, multi-layered evaluation framework.
Secure sample data	During the qualitative and quantitative data collection phase of the forecast, the team faced significant challenges that highlighted the need to better structure each territory's capacity to collect information—particularly to ensure the consistent participation of beneficiaries. It was recommended to proactively plan all stages of data collection (from initial outreach to final survey administration) and to define a minimum sample size specific to each territory, calibrated according to the number of individuals supported by each team. These measures were successfully implemented during the assessment phase. Although the sample size was not achieved in all territories, the process worked more effectively. Several internal workshops were held to launch the revised data collection plan, align sampling objectives across all stakeholders, and ensure that each territory had the tools and guidance needed to meet its targets.

Source: Own elaboration.

1.1.4 The level of rigor required

The risk analysis carried out, and detailed in the following section, determined, prior to data collection, that the data collected required a degree **MEDIUM-HIGH** of **RIGOR**[18] both in dimension **completeness** ("completeness") as in the dimension **precision** ("accuracy"), since they would be used to take **operational decisions** in the implementation of the CRECE model in other territories in Spain.

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

In summary, the data would be used to improve CRECE, adjusting, adapting and optimizing activities to maximize positive impacts and minimize negative ones, for which a medium-high degree of rigor would be sufficient.

For more detailed information, see Appendix VII.

1.1.5 Evaluator judgment and associated risk across the evaluation process

The aim of ***Principle 4 "Only Include What Is Material***[19]***"*** is to reduce the risk that significant outcomes or stakeholders are excluded from the analysis. By focusing on the inclusion of outcomes that are both relevant and impactful, this principle ensures that the evaluation reflects the true value created by the intervention. In doing so, it strengthens the completeness of the analysis and its ability to inform sound and transparent resource allocation decisions.

In alignment with this principle of ensuring that material outcomes are identified and valued—thus avoiding incomplete analyses that could lead to flawed resource allocation—the evaluation team made several critical judgments throughout the valuation process. Each step involved a degree of risk, primarily related to the potential inclusion or exclusion of stakeholder groups or outcomes that may be material. The following section

[18] Rigor, according to Social Value International. (n.d.). *Principle 8: Be responsive*. https://www.socialvalueint.org/principle-8-be-responsive
[19] Social Value International. (n.d.). Principle 4: Only include what is material www.socialvalueint.org/principle4-only-include-what-is-material.

summarizes these judgments and their associated risks, even though discussions of judgment and risk are also integrated throughout the report in each relevant chapter.

Risk of excluding Stakeholders

Evaluator Judgment: The evaluation team recognized that the initial stakeholder mapping could be shaped by the organization's internal perspective, focusing mainly on stakeholders already known or actively engaged. However, during data collection, it became apparent that other groups may have also experienced change as a result of the intervention. Given the constraints of time and resources—especially considering this was the first evaluation report produced for the program—it was not feasible to collect data from all potentially affected stakeholders. This raised a concern that certain voices, and the outcomes they experienced, might not be captured.

Risk: Omitting stakeholders who may have experienced change poses a certain risk to the completeness of the analysis. It limits the potential to maximize positive outcomes and address negative ones. The most notable case was that of family members of participants, who may have experienced secondary impacts of the program but were not included in the final analysis.

Mitigation Measures:

a) Stakeholder mapping and design process

To address this risk, the evaluation employed a robust stakeholder mapping methodology. It involved not only internal stakeholders from the organization but also external input from other organizations familiar with this type of intervention. Multiple workshops were conducted to refine the stakeholder landscape. Additionally, an online validation form was deployed to confirm stakeholder inclusion and exclusion decisions. A structured weighting method was used to determine which stakeholders were most relevant to involve based on their level of engagement and expected impact. See Section 3.2 for more details.

b) Stakeholder validation through surveys

As an added layer of verification, a dedicated question was included in all stakeholder-facing surveys (for participants, staff, etc.) asking respondents to suggest additional groups that had been impacted. This participatory step allowed stakeholders themselves to influence the final stakeholder mapping and reduce the likelihood of excluding relevant voices.

c) Ethical decision regarding the "families" group

The stakeholder group "families" (i.e., family members of the participants) was initially

excluded from the stakeholder mapping, as it was not considered relevant or material to the decision-making scope of the intervention. The Red Cross, in designing the CRECE program, focused primarily on addressing issues such as loneliness, autonomy, and social reintegration of the direct participants. Within this framework, families were viewed as part of the broader context but not as core actors whose outcomes would meaningfully influence program strategy.

However, during the survey phase, references to “my family” emerged repeatedly in open-ended responses from various stakeholders, prompting the evaluation team to consider whether this group might experience secondary impacts worth capturing. As a result, an initial plan was developed to include families in a complementary round of data collection. Contact details were gathered, and a small number of interviews were conducted.

Midway through this process, several participants—particularly those facing homelessness or mental health challenges—explicitly requested that their families not be contacted, citing privacy concerns or the fact that their families were unaware of their participation in the program. Given the ethical implications, and after discussions with the Red Cross, the evaluation team made a consented decision to halt further data collection from this group, prioritizing the autonomy and confidentiality of the participants.

In parallel, the evaluation team conducted a structured assessment of whether outcomes experienced by families, if collected, would be sufficiently material to justify inclusion in the SROI valuation. While family members may have experienced secondary effects—such as stress relief, concern, or additional caregiving—none of these were identified as being of such magnitude that they would alter the intervention’s implementation. The judgment was that these outcomes, though potentially meaningful, would not likely influence resource allocation decisions unless they were exceptionally large or life-threatening—which was not the case.

Therefore, even if their inclusion might have slightly increased or decreased the calculated social value, these effects were not considered material enough to shift decision-making. The risk that the Red Cross would change the design or delivery of the CRECE program based on the outcomes of this stakeholder group was assessed as low.

d) Additional Scenario Planning: Extrapolated SROI for Decision-Making

To support internal planning despite the uncertainty around representativeness, the evaluation team developed an extrapolated version of the SROI ratio. This alternative

scenario includes stakeholder groups that did not meet statistical representativeness thresholds, allowing the organization to explore how decision-making might shift under different assumptions. The evaluation report presents two ratios: one based strictly on the voices of stakeholder groups with statistically representative data, and another that incorporates data from non-representative groups through extrapolation. This latter scenario is intended for use in cases where a high degree of precision is not required and the organization is willing to tolerate a certain level of uncertainty. By comparing both scenarios, the organization is better equipped to assess its risk appetite and make informed decisions accordingly. For more information refer to Chapter 10. Future values.

Risk of not having identified the Outcomes

Evaluator Judgment: The evaluation team recognized that the identification of outcomes is a critical step in the SROI process and carries inherent risks. While the evaluation design included participatory methods to gather outcomes directly from stakeholders, there was a possibility that not all changes experienced by the stakeholders would be captured—especially unintended, indirect, or negative outcomes. This risk was particularly present in cases where stakeholders might not have had the opportunity, confidence, or context to express all the changes they experienced. Additionally, as this was the first evaluative report for this program, outcome identification relied heavily on self-reported data collected through surveys and interviews, which can sometimes underrepresent less visible or intangible changes.

Risk: There is an inherent risk of not fully capturing the essence of all outcomes experienced by stakeholders. While it is understood that no evaluation can account for every single change, the goal is to understand the *essence* of the most significant changes. This carries the risk that some outcomes may be overlooked or misinterpreted—particularly if stakeholders are reluctant to share their experiences, feel unsafe or rushed during data collection, or if the process does not provide enough time and space for genuine reflection. Such limitations could lead to an incomplete understanding of how the intervention truly impacted each group.

Mitigation Measures:

a) Saturation

In all qualitative data collection processes, the evaluation team aimed to reach saturation—that is, the point at which no new significant information or outcomes were emerging. Even after this point was judged to have been reached, a few additional

interviews were conducted to confirm consistency across responses and strengthen the reliability of the findings. This approach ensured a more robust and inclusive identification of outcomes, reducing the risk of overlooking meaningful stakeholder experiences. See details in Section 4.4.

b) Sensitivity analysis

To avoid overstating the impact, a sensitivity analysis was conducted by reducing the number of people assumed to have experienced each outcome. This approach allowed the evaluation team to test how sensitive the results were to variations in reported outcomes. By modeling scenarios with lower outcome prevalence, the team was able to assess the robustness of the SROI ratio. This process helped to reduce the risk of exaggerating positive impacts or underestimating negative ones. A low sensitivity level indicates that even with more conservative assumptions, the overall value remains stable, thereby increasing confidence in the findings and minimizing decision-making risks. See Chapter 12. Sensitivity Analysis for more information.

c) Validation of the chain of events and changes

Following the initial data collection through interviews, several validation workshops were conducted with both participants and professionals who had direct observational insights.

The aim was to confirm whether the identified changes were well-defined and whether any significant changes had been overlooked. During these sessions, the proposed outcomes were shared with the full stakeholder group to verify alignment and resonance. To ensure inclusivity, the quantitative surveys also included an open-ended question inviting respondents to name any changes not already listed. Additionally, stakeholders were asked explicitly—on two separate occasions—about any negative changes they may have experienced. These steps were designed to minimize the risk of overlooking meaningful outcomes and to ensure that the "essence" of stakeholder experiences was genuinely captured.

Risk of exclusion of irrelevant and insignificant outcomes

Evaluator Judgment: The evaluation team recognized that not all outcomes identified through data collection would necessarily qualify as material for inclusion in the final SROI calculation. While stakeholder input is central to the identification process, the team also acknowledged the importance of applying a rigorous, standardized filter to determine which outcomes were sufficiently defined, supported, and causally linked to the intervention. Given

the volume and diversity of qualitative data collected, there was a risk of either including outcomes with weak validity or overlooking subtle but important changes. To address this, the team chose to apply the C5 relevance framework to support transparent, evidence-based decisions on outcome inclusion.

Elderly people: Some outcomes reported by elderly participants were excluded from the SROI analysis after applying the relevance and significance tests. These include "Increases personal autonomy," "Improved cognitive skills," "Better care for grandchildren," "Feeling more physical discomfort," and "Better acceptance of vulnerability." These outcomes were either not considered sufficiently relevant or did not meet the threshold for significance based on the evaluation criteria.

The justification for these exclusions relates to managing the risk that omitting them might mislead future decisions. In this case, the evaluation team judged that—even if these outcomes had been included and shown moderate effects—they would not have significantly altered the overall value narrative or led the Red Cross to revise the way it delivers the intervention. The CRECE program was primarily designed to combat unwanted loneliness and foster social inclusion, with a broader focus on addressing various forms of vulnerability—not solely those related to elderly participants. As such, these excluded outcomes were not deemed material enough to challenge or reshape the program's core objectives. While they might suggest areas for minor improvement, the evaluation team considered it unlikely that their inclusion would have led to substantial changes, especially given the diversity of subgroups targeted by the intervention.

Women and young people: some outcomes reported by women in situations of social difficulty and young people in ex-tutelage or socially vulnerable contexts were not considered material in the SROI analysis. The outcome "Increased personal autonomy" appeared in both groups and was judged relevant but not significant due to its limited prevalence and low quantitative weight.

For women, additional outcomes were judged not material during the relevance assessment, including "Feeling that life has more value," "Taking better care of myself," "Returning to school and feeling more motivated to get an education," "Losing some relationships by setting boundaries to strengthen my self-esteem (-)," and "Feeling uneasy about the CRECE Project coming to an end (-)." Among young people, the outcomes "Has conflicts with other people within the CRECE Project (-)" and "Feeling uncomfortable thinking that the CRECE Project will end (-)" were similarly not considered material.

The evaluation team concluded that even if these outcomes had been included, their influence on strategic decision-making would be minimal. None were expected to materially affect the Red Cross's design or delivery of the intervention, whose primary goal remains the reduction of loneliness and promotion of social inclusion. Their exclusion thus preserves the focus and utility of the evaluation without compromising its robustness.

Some of the negative outcomes were nonetheless considered for inclusion—not because they were material to the core value narrative, but to provide insight into areas where the organization might improve operational aspects of the program. For example, concerns about the program's end were recognized as natural reactions to the closure of a time-limited intervention. Red Cross had communicated transparently with participants about this from the start, aiming to avoid false expectations. These feelings were thus interpreted as reflections of responsible communication rather than failings of the intervention.

Other negative outcomes, such as emotional discomfort from setting personal boundaries or social friction resulting from increased self-esteem, were understood as transitional effects likely to lead to long-term positive change. While meaningful, they could not be fully captured within the evaluation timeframe and were therefore not valued in this analysis.

Crucially, the evaluation team judged that none of these outcomes would have hindered program implementation or required strategic redesign. This assessment was reinforced by sensitivity analysis, which showed the SROI ratio remained stable despite potential variations in the number of individuals reporting these outcomes. The decision to consider these outcomes not material was therefore a reasoned and proportionate one, balancing ethical consideration, methodological rigor, and the practical limits of significance.

People in homeless situations or mental health issues: A similar evaluative judgment was applied to outcomes reported by participants experiencing homelessness and those with mental health difficulties. For the homelessness group, the outcome "Increased personal autonomy" was judged as relevant but not significant due to limited prevalence, and therefore was not considered material. For participants with mental health difficulties, the outcomes "Greater financial satisfaction," "More hope of finding or keeping a job," "Greater satisfaction with housing," "Conflicts with other people within the CRECE Project (-)," and "Feeling uneasy about whether the CRECE Project will end (-)" were all deemed not relevant following the application of standardized relevance criteria. The outcome "Reduced dependence on other people" was also reviewed but did not meet the thresholds for materiality.

The evaluation team concluded that these excluded outcomes, while possibly meaningful on an individual level, would not materially influence the strategic direction or core delivery model of the intervention. As with other groups, the Red Cross's primary aim is to address loneliness and foster community inclusion—objectives that were not substantially affected by the presence or absence of these outcomes. Moreover, their low prevalence indicated that they did not capture the essence of the stakeholder experience across these groups.

This decision was reinforced by the sensitivity analysis, which demonstrated that the inclusion or exclusion of such outcomes would not significantly alter the SROI ratio. Thus, while some of these outcomes—particularly the negative ones—were considered during the analysis phase, they were ultimately not deemed material. Their exclusion supports a focused, proportionate evaluation that prioritizes strategic relevance and minimizes the risk of overcomplicating resource allocation based on marginal or isolated impacts.

Risk: The evaluation team fully acknowledged the inherent risk described in earlier sections: without a clear and structured relevance assessment, there is a danger that outcomes lacking clarity, causal connection, or empirical support may be included—potentially distorting the valuation. Conversely, important but less articulated outcomes might be excluded if not evaluated through a consistent and justifiable method. Either risk can weaken the credibility and utility of the SROI analysis, compromise decision-making, and reduce confidence in the robustness of the report. Moreover, the absence of a standardized process could undermine replicability and stakeholder trust in the methodology.

Despite the adoption of the standardized relevance and significance test, the team recognized that applying evaluative judgment inevitably introduces some level of subjectivity and associated risk. In particular, the strict application of materiality thresholds may have led to the exclusion of outcomes that, although not widely reported or central to the program's focus on loneliness reduction, could nonetheless reflect broader dimensions of change for specific individuals or subgroups.

While great care was taken to validate and include outcomes that were both meaningful and actionable, the team remains transparent about the limitations of any evaluative process. This recognition underscores the importance of ongoing methodological reflection and the inclusion of scenario planning—such as the extrapolated SROI model—to inform decisions in contexts where a higher tolerance for uncertainty is acceptable.

Mitigation Measures: To ensure consistency treatment of data across all stakeholder groups, a single standardized process was developed to assess the relevance of outcomes. This process was grounded in five clear criteria applied uniformly to all identified outcomes. By using this structured framework, the evaluation team was able to apply the same analytical standard to each stakeholder group, enhancing the objectivity, transparency, and replicability of the outcome selection process. More detail and judgment of the relevance of the changes can be found in Chapter 6. Materiality analysis.

In parallel, a standardized approach was also applied to the materiality testing on significance (see Chapter 8. Materiality analysis) of all outcomes across all stakeholder groups. This process took into account key dimensions such as depth of change, duration, deadweight, and the number of people affected.

Through this systematic testing, the evaluation team was able to determine thresholds for significance, ensuring that only outcomes considered both relevant and significant were included in the final valuation. Given the organization's operational constraints and finite resources, it was especially important to focus on “what matters most.” By rigorously applying these methodologies, the evaluation team sought to mitigate the risk of over-inclusion or under-inclusion and to ensure that the findings would support decision making.

Quantifying casualties related to the outcomes

Evaluator Judgment: The evaluation team recognized that quantifying causality—particularly in terms of deadweight, attribution, and displacement—was one of the most sensitive and judgment-heavy aspects of all data collected and analysed.

Given the uniqueness of the CRECE program, its innovative community-based model, and the wide variety of participant subgroups with distinct personal circumstances, the team encountered considerable limitations in sourcing comparative or third-party data. There were no pre-existing studies or benchmarks specific enough to reflect the context of this intervention. As a result, the team relied heavily on the combination of qualitative insights from interviews and survey data where stakeholders were involved, Deadweight percentages, in particular, posed challenges due to the absence of external validation sources.

Risk: The core risk associated with this process lied in understating or overstating the causal link between the intervention and the outcomes experienced. If deadweight is underestimated, the intervention may appear more effective than it actually is. If attribution is overestimated, the program may claim undue credit for changes partially caused by other actors or circumstances. Conversely, overly conservative estimates could understate the program's true value. The highest risk appetite was acknowledged in the domain of attribution, as these assumptions could influence future decisions on partnerships, co-financing, or program expansion targeting subgroups with lower external contribution.

Mitigation Measures: To manage this uncertainty, several mitigation strategies were implemented:

a) Dedicated chapter

A dedicated chapter, Chapter 9. Determine the Impact, was included in the report to visualize the contribution to changes in deadweight, attribution, displacement and drop-off.

b) Sensitivity analysis

Overestimation and underestimation scenarios were provided to support understanding of risk based on their impact on the SROI ratio. This scenario testing would help the Red Cross assess the stability of the findings under more cautious or ambitious assumptions.

c) Staff Validation

Judgments about attribution and displacement were not made in isolation. The team cross-checked participant responses with the experience-based insights of paid staff and coordinators familiar with each stakeholder subgroup. This helped verify whether perceived changes could reasonably be attributed to CRECE activities.

d) *Uniform Application Across Subgroups*

While attribution and deadweight estimates varied slightly across participant subgroups, the patterns were broadly consistent. This uniformity increased confidence in the reliability of the assumptions, even if future refinements might uncover more nuance. Also because there was a high contribution of the number of people involved in providing information about casualties.

Risk related to selection of proxy for anchoring

Evaluator Judgment: Selecting appropriate financial proxies to anchor the value of the outcomes was a critical and inherently judgmental part of the SROI methodology. The

evaluation team adopted a cautious and context-sensitive approach, aiming to choose proxies that best reflected how stakeholders themselves perceived the value of the change, still searching for an anchor proxy that would be based on previous valuation research in Spain.

This was done by reviewing self-reported qualitative data, analyzing relevant open responses, and developing a proxy based on other research as well as using the non-monetized valuation, stakeholder informed, described in the Chapter 5. Value the things that matters.

Risk: The primary risk in this area relates to either overstating or understating the perceived value of outcomes. If proxies are too optimistic or disconnected from the stakeholder reality, they may inflate the SROI ratio, thereby compromising credibility. On the other hand, using proxies that are too conservative may fail to capture the real significance of the change, potentially underrepresenting the value of the intervention.

Mitigation Measures:

a) Stakeholder-Informed Selection: Proxies were rooted in stakeholder data, often based on participants' own descriptions of time, effort, or opportunity costs associated with the outcome (what they would have done instead or how much the program was worth).

b) Sensitivity analysis: As detailed in Section 5.3, several alternative proxies were developed and tested in the sensitivity analysis (see Chapter 12. Sensitivity analysis).

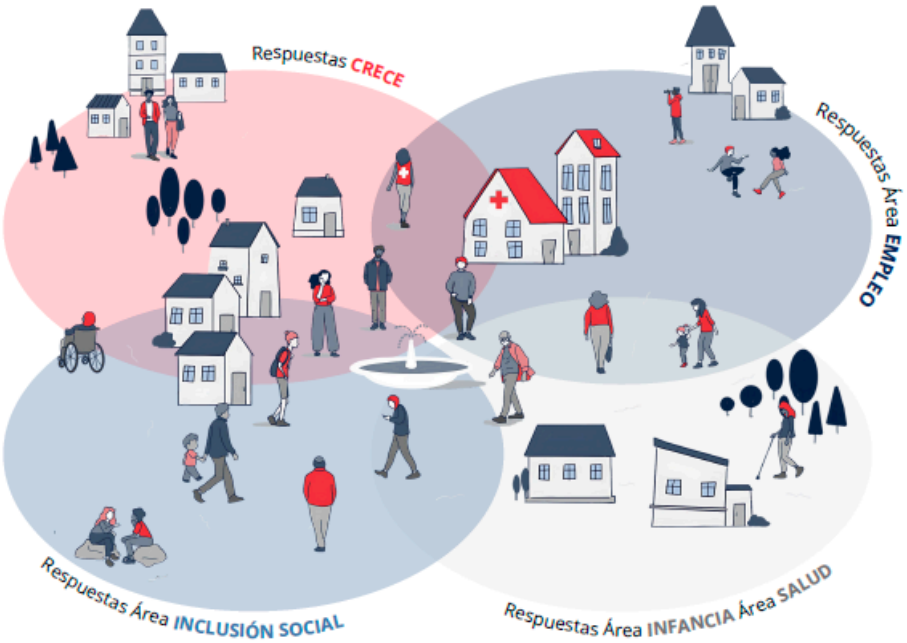
1.2 CONTEXT

Impact Question 1:

What is the problem we are seeking 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 analysis has been carried out. The evaluation is carried out for the **CRECE Project: Promoting the capabilities, competencies, and empowerment of people for the prevention of institutionalization and deinstitutionalization.**

Figure 2. CRECE community presentation



Source: The image comes from internal project documentation.

The problem addressed: There is a need to prevent the risk of institutionalization and support the deinstitutionalization of people in social difficulty by addressing the different needs detected by people who turn to aid organizations with a special focus on reducing unwanted loneliness.

CRECE is an experimental project whose ultimate objective is to contribute to the transformation of long-term support and care models to prevent institutionalization and promote the deinstitutionalization of people in situations of social difficulty. Paying special

attention to the experience of unwanted loneliness as a factor of social vulnerability. Therefore, pays special attention to the experience of unwanted loneliness as a factor of social vulnerability. With this initiative, the Red Cross aims to contribute to community intervention being established in the entity, supporting networks being strengthened, and people remaining in their environment for as long as possible, and being transferable to other entities and public policies in the sector.

The project will add, complement and expand the responses that the Red Cross gives to the different needs detected in the people who come to the entity; For all of the above, we will work from a community perspective, in collaboration with entities and administrations of the localities that participate in the project, promoting new activities that address unwanted loneliness, such as technological responses that help alleviate situations of unwanted loneliness by reinforcing the direct intervention carried out with each person.

The project is developed within the framework of the Recovery, Transformation and Resilience Plan, promoted by the Red Cross and financed by the Ministry of Social Rights and Agenda 2030, under the protection of Royal Decree 1101/2021, of December 10. In collaboration with The Social Consulting Agency, an impact measurement approach is implemented, focusing on the predicted Social Value. This analysis guides strategic decision-making for the continuous improvement of the project's intervention proposal.

1.3 ABOUT THE INTERVENTION

Purpose and origins of the project

CRECE is an experimental project promoted by the Spanish Red Cross, designed to transform long-term care and support models in Spain. Its main objective is to prevent institutionalization and foster more autonomous, connected, and sustainable life trajectories within the community.

This intervention offers an innovative response to the shortcomings of traditional institutional care models, which remain the dominant option for many individuals facing dependency or social exclusion. Although the Spanish Law for the Promotion of Personal Autonomy and Care for People in Situations of Dependency recognizes the principle of self-determination, in practice, Spain still lacks consolidated public policies that effectively promote

deinstitutionalization and the right to live independently, with appropriate support, within the community.

This political and structural gap is reflected in the data: as of May 2023, more than 1.5 million people were beneficiaries of the dependency care system, revealing a growing trend toward institutionalized care models, which do not always align with the real needs or preferences of individuals.

CRECE pays particular attention to a factor that has received limited attention from public policies but holds significant social relevance: the experience of unwanted loneliness. This subjective (yet profound and widespread) experience acts as a catalyst for other forms of social exclusion, impacting physical and emotional health, limiting personal autonomy, and weakening support networks. Despite growing visibility in public debate, at the time of the project's implementation, there was still no national strategy to address this phenomenon.

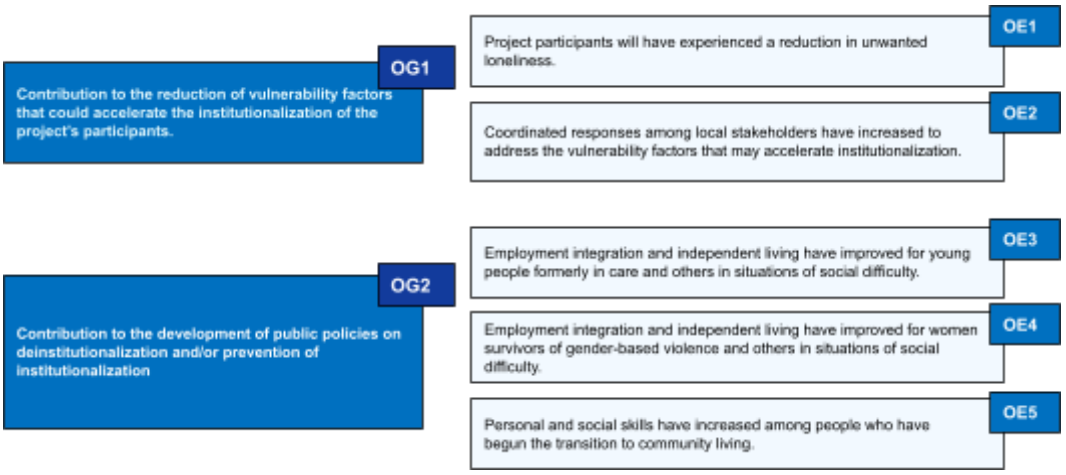
Target populations

CRECE works with five key groups: elderly people, youth in vulnerable situations (especially care leavers), people experiencing homelessness, women in social difficulty (including survivors of gender-based violence), and individuals with mental health problems. Participation is triggered when, in addition to being in a situation of vulnerability, the person expresses feelings of unwanted loneliness.

General and specific objectives of the project

The CRECE intervention model is structured around a set of general and specific objectives that provide coherence to the action across different territories and with various target groups.

Figure 3. General and specific objectives of the CRECE intervention



Use: The figure shows the general and specific objectives of the CRECE intervention. *Source*: Own elaboration. based on the CRECE intervention.

The intervention is organized into four main lines of action that serve as a framework for addressing these specific objectives:

Figure 4. Lines of action of the CRECE intervention

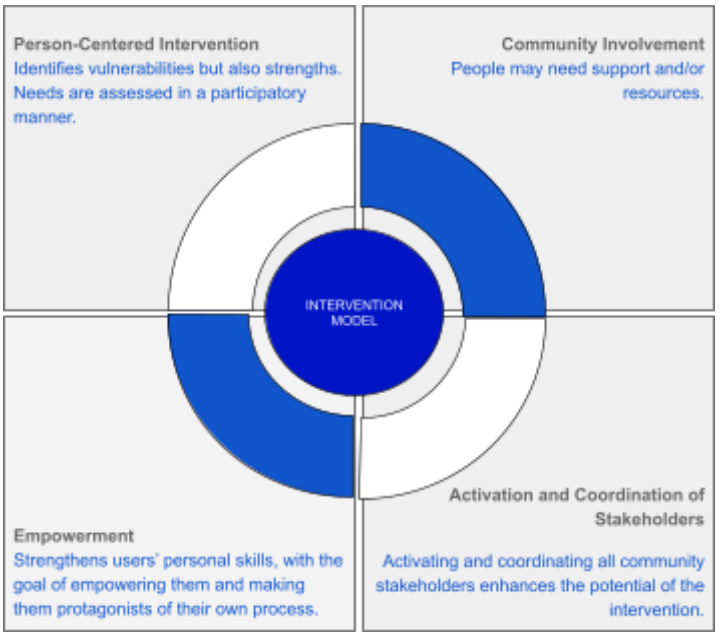


Note: The figure shows the lines of action of the CRECE intervention. Source: Own elaboration. *Based on the CRECE intervention.*

Care model and individual intervention process

The CRECE project is based on four methodological principles that guide its design and implementation across all territories. These principles ensure consistency, guide team efforts, and give meaning to the variety of deployed actions:

Figure 5. CRECE intervention



Use: The figure shows the main blocks of the CRECE intervention. *Source:* Own elaboration.

The intervention is person-centered, meaning each action is adapted to the specific situation, capacities, interests, and aspirations of the individual. There is no predefined path or closed catalog of activities; instead, a flexible accompaniment process is co-designed with each person.

Lines of action: To achieve the specific objectives of the intervention, the following lines of action have been defined:

- **Strengthening personal skills:** Aimed at people in transition from institutional environments to the community, that is, focused on addressing unwanted loneliness and promoting social participation.
- **Reducing social isolation:** Addresses unwanted loneliness and encourages preventive social networks.
- **Validation of innovative methodologies:** Designed to promote socio-labor inclusion.
- **Intervention in close environments:** Supports people and their families to facilitate their integration into the community.

The process usually begins with a referral, either internally from other Red Cross services or externally from social or health services, based on the detection of a vulnerability linked to unwanted loneliness.

An individualized assessment is then conducted, combining standardized tools (such as detection questionnaires) with interviews and active listening. The goal is to understand not only the challenges but also the strengths, motivations, desires, and support networks of the individual.

With this information, a personalized intervention plan is co-created. It may include individual, group, community, or technology-based activities, chosen based on what is most meaningful and helpful for the individual. Often, actions are also coordinated with other external services to ensure a comprehensive approach.

The accompaniment continues over time, with regular follow-ups, adjustments based on evolving needs, and joint evaluations of whether the agreed objectives are being met. The aim is not to complete a closed itinerary, but to foster transformation processes that are meaningful and sustainable in everyday life.

Organizational and territorial framework

The project is led at the national level by the Spanish Red Cross, in coordination with its territorial branches and with the active involvement of over 300 public, social, and community entities. This multi-actor network has been essential to tailoring the intervention to each locality's context, ensuring both relevance and long-term sustainability.

In each territory, interdisciplinary teams including technical staff, volunteers, and community liaisons work alongside social services, health centers, educational institutions, neighborhood associations, and other local resources. Furthermore, CRECE promotes the involvement of individuals' close relational environments (family, neighbors, informal networks) based on the understanding that preventing institutionalization must be a community-driven response.

Within the project, once completed, it was achieved[20] support **3.707 people** who expressed unwanted loneliness in 53 municipalities: **952 men** (25.07%) and **2.755 women** (74.93%), carrying out a total of **52** territorial mapping and **47** community programming, promoting

[20] *The data comes from the presentation of results on November 5, 2024, based on the data recorded up to that date.*

strategic planning based on local needs. In turn, they carried out **118** community coordination tables, promoting collaboration between key actors. A total of **331** Local entities actively participated, consolidating a cooperation network around the prevention of unwanted loneliness. Some of the results of this coordinated work were the realization of **173** joint activities focused on strengthening community ties and improving the well-being of the people involved.

In addition, more than 800 volunteers have participated, integrated into regional teams and playing a fundamental role in community support and mobilization activities.

Entities participating in the intervention: Below, the entities participating in the CRECE intervention are highlighted, highlighting their roles and contributions:

Leading entity: Red Cross[21], with his extensive humanitarian and collaborative career both nationally and internationally, leads CRECE. Its network of volunteers and paid staff is focused on serving people in social difficulty and developing comprehensive social interventions, including everything from emergency care to labor and social insertion interventions.

Collaborating entities: The project also relies on alliances with community entities, including non-profit organizations and public administrations. These collaborations, although not directly financed by the project budget, are essential as stakeholders in the implementation of the intervention and in achieving its objectives.

[21] Spanish Red Cross. (n.d.). Recovered from https://www2.cruzroja.es/

2. SCOPE

The following section describes the scope of the evaluative analysis carried out for the project.

2.1 EVALUATED ACTIVITY



"Before, I felt dull, but now I enjoy the activities. I have recovered the joy that I thought I had lost."

Older person - CRECE participant.

The CRECE project is an experimental initiative in which the activities do not follow a fixed format, nor do they constitute an established program. Instead, they are designed and implemented in each territory according to the specific needs of the population served. The common thread is the reduction of unwanted loneliness, for which organized group activities are combined with individual support and the integration of technological solutions that address this problem which is discussed in greater depth below. These activities can be based on the offer of the Red Cross catalog, on new designs developed for the project, or on the offer of community organizations with which it collaborates.

Temporal context: The implementation of CRECE covers a total period of 36 months, from January 1, 2022, to December 31, 2024, with a specific evaluation phase between January 2023 and June 2024. During this time, the incorporation of innovative methodologies was prioritized to respond to the needs of people in transition towards independent living, with a projected completion for the global evaluation in 2024.

Main axes of the intervention model:

1. **Person-centered intervention:** Identify strengths and vulnerabilities, agreeing on specific responses for the needs detected.
2. **Empowerment:** It promotes personal and social skills, transforming beneficiaries into active protagonists of their process.
3. **Activation and coordination of agents:** Articulate efforts between community actors to maximize the impact of the intervention.
4. **Community involvement:** Strengthens the social fabric, promoting inclusion and sustainability in independent living processes.

Types of activities developed in CRECE

The project's activities can be grouped into three complementary dimensions. All are necessary to comprehensively and sustainably address unwanted loneliness, though the primary focus is on direct accompaniment of participants:

Direct intervention activities with participants

These form the core of the project and are implemented through personalized itineraries combining individual, group, community, and digital actions. Their aim is to create real change in people's lives: strengthening personal capacities, reducing isolation, rebuilding meaningful connections, enhancing autonomy, and fostering local rootedness.

Community activation activities

These do not target specific participants but rather aim to mobilize the territory's social ecosystem. They involve mapping formal and informal actors, creating local support networks, organizing open events, co-creation initiatives, intergenerational projects, and awareness-raising actions.

Structural and methodological support activities

These ensure that direct intervention is feasible, relevant, and sustainable. They include staff and volunteer training, social technology deployment, learning systematization, data analytics, impact evaluation processes, community diagnostics, and documentation of best practices.

Participant-focused intervention

This dimension is the core of the project and unfolds through personalized pathways, built from individualized assessments and aimed at fostering sustainable change in each person's life. The support is tailored to each case's needs, capabilities, and context, and is structured into four complementary levels:

Group Activities

These create spaces for connection, participation, and mutual care through everyday and meaningful experiences. Across different territories, activities have included cooking workshops, writing groups, memory exercises, conversation groups, shared outings, and themed gatherings. For example, empowerment sessions, emotion management, training in various areas (depending on the need of the users Red Cross financed courses or helped out in finding free of change courses (programing, computer knowledge, language…). These could be either done as group activities or as individual activities.

Several individuals specifically mentioned participating in group sessions with organizations such as AMIF and Red Cross, where they felt a strong sense of connection. Others highlighted structured programs such as physical activity classes and group events within care residences. These activities not only contributed to participants' physical and emotional well-being but also helped reduce feelings of isolation.

Several workshops were held, all depending on the need of the user, it could be setting up a theater, visiting a location, or talking with a therapist.

Participatory Community Actions

Though held in the community setting, these activities were specifically designed to foster active engagement from participants with the community. Participants in the program reported engaging in a variety of group-based activities that fostered social interaction and strengthened community ties. Examples include community walks, neighborhood meetups, intergenerational activities such as gatherings between senior citizens and school-age children, and co-created local events. Notable group experiences mentioned were walking, swimming, going to the cinema, listening to music, and attending workshops. According to them these activities not only offered social connection but also contributed positively to participants' emotional and physical well-being.

Individual Support

In addition to group involvement, several participants described personal initiatives and individual routines that brought them satisfaction and personal growth. Examples included doing crafts, attending literacy classes, going to church, or setting personal development goals such as weekly and monthly planning. Some mentioned actively seeking out activities on their own, reflecting a strong sense of autonomy and self-motivation. According to the participants, these individual efforts helped them maintain a proactive attitude toward their well-being, even outside formal group settings.

Use of Social Technology

CRECE has incorporated various technological tools into its support process: from digital kits and virtual assistants to mobile apps for emotional tracking, video call training, and personalized reminders. For example, a man in a stabilized situation of homelessness received training to use a voice-activated device that helped him organize his day, manage medical reminders, and listen to relaxing content before sleep.

These actions were not conceived as isolated initiatives, but rather as integrated tools designed to generate the conditions necessary for improving wellbeing, strengthening autonomy, and supporting continued community inclusion. The CRECE model was built on the hypothesis that combining different layers of support—individual, group-based, community-oriented, and technological—could effectively address the complex and multifaceted experience of unwanted loneliness.

From this perspective, individual support was expected to meet specific personal needs while helping to establish trusting relationships. Group activities were intended to foster spaces of mutual care and restore a sense of belonging. Community-based initiatives aimed to rebuild local ties and activate shared responsibility around care. Meanwhile, the use of social technology was incorporated to widen access, strengthen connections, and offer continuity in the accompaniment process.

2.2 THE ORGANIZATION



"Thanks to CRECE, now I can stand on my own without depending so much on other people."

Women - CRECE participant.

The implementation of the CRECE project has been led exclusively by the Spanish Red Cross, with the collaboration of its local entities distributed in the territories where the intervention has been developed.

Red Cross represents the largest humanitarian, citizen, and independent movement in the world that has been collaborating with public and private entities for 160 years so that humanity and dignity are always extended to all people anywhere and any circumstances.

In Spain, the Red Cross has more than 250.000 volunteers and more than 1.400 service points throughout the territory, which allow it to serve more than 4 million people nationwide annually, of which more than 1.7 million are served through social programs. With the support of more than 1.360.000 members, companies, and alliances.

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

To guarantee the success of the model, a team of professionals distributed in three key roles was hired:

- **Red Cross Headquarters Staff:** Coordinators responsible for the strategic planning of the project and the general supervision of activities.
- **Local facilitators:** Responsible for articulating the activities directly with the participants in the communities, ensuring the efficient implementation of the model.
- **Social inclusion technicians:** Technical staff who provide support in specific project tasks, such as data collection, training, and evaluation of implemented activities.

Territorial offices Red Cross involved: The CRECE project has been implemented through local Red Cross entities in different territories of Spain, including:

- Andalusian Red Cross.
- Catalonia Red Cross.
- Castilla y León Red Cross.
- Red Cross Community of Madrid.
- Valencian Community Red Cross.
- Galician Red Cross.
- Aragon Red Cross.
- Red Cross Illes Balearics.
- Canary Red Cross.

These entities have been fundamental in adapting the model to the specific realities and needs of each territory, encouraging the active participation of the stakeholders and guaranteeing the success of activities at the local level.

Duration and organization of the program: The program has been developed over 36 months (2022-2024), structured in three main stages:

- **Model development:** Initial design of the methodological framework and definition of objectives.
- **Pilotage:** Initial implementation in several territories as a validation phase. This phase is the one evaluated in this report.
- **Scaling and preparation:** Adaptation of the model for its expansion nationwide.

2.3 THE SCOPE OF MEASUREMENT

This section describes the approach used to measure the impact generated by the CRECE project. This approach has been agreed with those responsible for the intervention and validated by the contracting parties to ensure that the scope meets the objectives established within the framework of the program. The characteristics, context, and criteria adopted for measurement are detailed below.

Measurement objective: The results achieved through impact measurement with the SROI methodology will allow us to identify the main impacts that have been generated by the CRECE project, whether positive or negative, intentional or unintentional, and that have

contributed to modifying the vulnerability situations of the participating people. This information will be essential to optimize resource management, improve understanding of the problems addressed, and more accurately evaluate the impact of CRECE in future editions.

Financing: This report is part of the budget assigned to the CRECE project, financed by the Ministry of Social Rights, Consumption and Agenda 2030, within the framework of the Recovery, Transformation and Resilience Plan, by Royal Decree 1101/2021, of December 10. This project has been supported with Next Generation funds from the European Union, with a total allocated budget of 16.121.556.13€.

Management: The CRECE project has been led by the Spanish Red Cross, as the sole entity responsible for the implementation, monitoring, and evaluation of the intervention model. The Red Cross, through its local entities and headquarters, has coordinated the development of the model, piloting and evaluation in the period 2022-2024, with a focus aimed at preventing institutionalization and promoting deinstitutionalization.

Characteristics of the participating people: The project is aimed at people in situations of social difficulty, affected by factors such as unwanted loneliness, lack of autonomy, or social exclusion. Participants include:



Source: Figure made from CRECE's material.

Each participant was considered part of the program if they met the participation criterion of at least 9 hours per week in activities programmed according to the intervention model. This included activities carried out in local Red Cross centers and complementary external resources.

Report type: This is a social impact evaluative report that monetizes the social value generated during the evaluated period, 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, shared knowledge, and lessons learned from the CRECE intervention proposal. This report, intended for external readers due to its public nature, also functions as an evaluation instrument designed to provide evidence to guide the decisions of the financing entity, the Ministry of Social Rights, Consumption and Agenda 2030. On the other hand, it is addressed to the Red Cross, as the implementing entity, to guide the improvement of the intervention model.

Delimitation of scope: The analysis of this report is limited to the collection and analysis of data from participants who were part of the project intervention during the evaluated period, were assigned to the project according to the corresponding records, and signed the consent to participate in the evaluation. Furthermore, in line with the SROI methodology, all the different affected stakeholders are included.

Evaluated period: January 2023 - June 2024 (18 months)
Data collection period: February - December 2024.

2.3.1 Thresholds and compliance

Principle 8: "*Respond appropriately*"[22] of the SROI methodology highlights the importance of establishing thresholds and impact objectives that allow the risks associated with the intervention to be evaluated and facilitate strategic and tactical decision-making. Although this is the first formal evaluation carried out for the CRECE project, and there is no historical reference data, it was decided to establish initial thresholds to guarantee the representativeness and depth of the data collected, in line with Principle 6: "*Be transparent*"[23] 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 stakeholders.

[22] Social Value International. (n.d.). *Principle 8: Be responsive*. www.socialvalueint.org/principle-8-be-responsive
[23] Social Value International. (n.d.). *Principle 6: Be transparent*. www.socialvalueint.org/principle-6-be-transparent

Table 4. Threshold assigned

Threshold criterion: *Sample percentage achieved*	Result
Ensure that the sample of participating people, coming from the different profiles addressed by CRECE, represents the characteristics of the total number of people participating in the program. A minimum sample was established that indicates a degree of satisfaction with the representativeness of the other affected stakeholders.	**THRESHOLD EXCEEDED IN SOME OF THE STAKEHOLDER GROUPS** ***View Stakeholder Involvement Plan***

Source: Own elaboration.

3. INVOLVE STAKEHOLDERS



Source: Own creation based on the original image of the principles in English by Social Value International[24].

In order to report what is being measured and how it is being measured and valued in an account of social value, it is essential to involve the different stakeholders.

This principle implies that it is necessary to identify the different stakeholders and then involve them in the 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 the following question:

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

According to Social Value International standards[25] and the applied methodology (*A guide to social return on investment*, UK Cabinet Office, 2015)[26], the different stakeholders are defined as ***"people or organizations that experience changes or that impact the project 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, both the set of stakeholders involved in this evaluation report and their participation (when and in what way, in the Involvement Plan) will be known. (see Table 10), The tools used for consultation and other technical aspects, such as sample calculation.

3.1 STAKEHOLDERS INCLUDED AND EXCLUDED

In the name of the sixth principle, "*Be transparent*", which ***requires that each decision be explained and documented regarding the different stakeholders.***[27]", To define the

[24] Social Value International. (2022). The purpose of the principles of social value and the SVI standards. Recuperado de https://static1.squarespace.com/static/60dc51e3c58aef413ae5c975/t/623c98ac4b918944ef0b75db/1653296439434/The+Purpose+of+the+Principles+of+Social+Value+and+the+SVI+Standards+.pdf
[25] Social Value International. (n.d.) www.socialvalueint.org
[26] Social Value Lab. (2016). A guide to social return on investment. Social Value Lab. Recuperado de http://www.socialvaluelab.org.uk/wp-content/uploads/2016/09/SROI-a-guide-to-social-return-on-investment.pdf
[27] Social Value International. (n.d.). *Principle 6: Be Transparent*. www.socialvalueint.org/principle-6-be-transparent

groups, a validation process was carried out (see Chapter 13. Verify the result). Below is not only a list of the groups included (see Table 5) but also a list of excluded groups (see Table 6). 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 why the group has been excluded are known.

Figure 6. Stakeholder groups that included



Source: Own elaboration

Table 5. stakeholder groups included and their justification

Stakeholder group	Description	Reason for inclusion
Participants - Elderly people 	People over 65 years of age with risk factors vulnerability that makes it difficult personal autonomy and/or residents in institutions.	Highly relevant and significant changes were revealed. were ☑ **Identified**: By 22 people from headquarters, technicians, facilitators, and 2 people from an external organization. Receives 93/100 points on the weighting scale, exceeding the identified threshold. ☑ **Validated:** By 3 people from headquarters and 22 people from paid staff, as well as 36 volunteers and 22 community organizations (CRECE alliances). ☑ **Identify relevant changes:** 100% (1457 people) of the target population identify with one or more changes. Extrapolated data is given that the sample is representative.
Participants - Women in situations of social difficulty 	They suffer, have suffered, or may suffer gender violence and need support to avoid or overcome this situation and its consequences.	Highly relevant and significant changes were revealed. ☑ **Identified**: By 22 people from headquarters, technicians, facilitators, and 2 people from an external organization. Receives 84/100 points on the weighting scale, exceeding the identified threshold. ☑ **Validated:** By 3 people from headquarters and by 22 people from paid staff, as well as 36 volunteers and 22 community organizations (CRECE alliances). ☑ **Identify relevant changes:** 8.42% (190 people) of the target population identify with one or more changes. Data without extrapolation, to maintain a conservative perspective since it presents a sampling error ratio of 11.87%.

Participants - Young people who are formerly under guardianship and/or in social difficulty 	In a situation of former guardianship or in serious condition risk of social exclusion and at risk to return to institutions to adult people.	Highly relevant and significant changes revealed. ☑ **Identified**: By 22 people from headquarters, technicians, facilitators, and 2 people from external organizations. Receives 92/100 points on the weighting scale, exceeding the identified threshold. ☑ **Validated:** By 3 people from headquarters and by 22 people from paid staff, as well as 36 volunteers and 22 community organizations (CRECE alliances). ☑ **Identify relevant changes:** 10.36% (67 people) of the target population identify with one or more changes. Data without extrapolation, to maintain a conservative perspective since it presents a sampling error ratio of 9.66%.
Participants - People experiencing homelessness	Without the possibility of accessing a suitable accommodation.	Highly relevant and significant changes revealed. ☑ **Identified**: By 22 people from headquarters, technicians, facilitators and 2 people from external organizations. Receives 84/100 points on the weighting scale, exceeding the identified threshold. ☑ **Validated:** By 3 people from headquarters and by 22 people from paid staff, as well as 36 volunteers.

		☑ **Identify relevant changes:** 11.26% (104 people) of the target population identify with one or more changes. Data without extrapolation, to maintain a conservative perspective since it presents a sampling error ratio of 8.88%.
Participants - People with mental health difficulties 	People with health difficulties mental that can end up affecting negatively on their autonomy.	Highly relevant and significant changes revealed. ☑ **Identified**: By 22 people from headquarters, technicians, facilitators and 2 people from external organizations. Receives 70/100 points on the weighting scale, exceeding the identified threshold. ☑ **Validated:** By 3 people from headquarters and by 22 people from paid staff, as well as 36 volunteers. ☑ **Identify relevant changes:** 2.81% (20 people) of the target population identify with one or more changes. Data without extrapolation, to maintain a conservative perspective since it presents a sampling error ratio of 11.87%.
Paid staff 	It includes the headquarters staff, technicians, and local facilitators who coordinate, manage and execute CRECE activities, ensuring their effectiveness and direct support to the participants.	Highly relevant and significant changes revealed. ☑ **Identified**: By 22 people from headquarters, technicians, facilitators and 2 people from external organizations. Receives 81/100 points on the weighting scale, exceeding the identified threshold.

		☑ **Validated:** By 3 people from headquarters and by 3 volunteers. ☑ **Identify relevant changes:** 100% (70 people) of the target population identify with one or more changes. Extrapolated data given that the sample is representative.
Volunteers	Volunteers who collaborate in CRECE activities with a minimum of 20 total hours, offering direct support in the implementation of the project and contributing to the care and support of the participating people.	Highly relevant and significant changes revealed. ☑ **Identified**: By 22 people from headquarters, technicians, facilitators and 2 people from external organizations. Receives 81/100 points on the weighting scale, exceeding the identified threshold. ☑ **Validated:** By 3 people from headquarters and by 2 people from paid staff. ☑ **Identify relevant changes:** 100% (78 people) of the target population identify with one or more changes. Extrapolated data given that the sample is representative.
Community Alliances - Public Administration (PPAA)	Local, regional, or national government organizations, such as city councils and departments, that are responsible for designing and implementing public policies specifically related to social services and that collaborate with CRECE.	Relevant and significant changes revealed. ☑ **Identified**: By 22 people from headquarters, technicians, facilitators and 2 people from external organizations. It receives 43/100 points on the weighting scale. It does not exceed the identified threshold but is included to identify if impact is generated since it is one of the project's objectives. ☑ **Validated:** By 3 people from headquarters and by 6 people from paid staff, as well as 5 volunteers.

Community Alliances - Third Sector Organizations 	Non-profit organizations that promote social initiatives and improve the quality-of-life of people in social difficulty, and that collaborate with CRECE.	☑ **Identify relevant changes:** 6.65% (22 organizations) of the target population identify with one or more changes. Data without extrapolation, to maintain a conservative perspective since it presents a sampling error ratio of 20.22%.
Financing organization - Ministry of Social Rights, Consumption and Agenda 2030. 	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.	Highly relevant because it is the financier: ☑ **Identified as a financier:** No changes are revealed for this stakeholder group. It is included because it is the financier and contributes resources (inputs). ☑ **Validated:** Validated by the evaluation team.

Source: Own elaboration

Table 6. Excluded stakeholders - difficulty of access

Stakeholder group	Reason for exclusion
Family members and/or caregivers	In a previous study of prognostic social value, the group "relatives and/or caregivers" was identified with different subgroups of which only the subgroup "Non-professional caregivers of elderly people at home" exceeded the inclusion threshold. However, the sample was not representative, and this led to the exclusion of this group in the previous evaluation. In the evaluative SROI, the group "Family members and/or caregivers" (referring to any family member and/or caregiver living with the participating person) was excluded from most of its subgroups due to its low relevance and not exceeding the established threshold. However, despite these limitations, it was initially decided to include it as a broader, although less specific, general group, since it was highly mentioned by the participants as a relevant group. However, barriers to collaboration and low participation led to their complete exclusion, both as a general group and in their specific categories. ☑ **It was not possible to access the group.** For the sake of transparency, it is important to note that the identification of these stakeholders suggests the possibility that social value has been generated in these population groups in social difficulty that could not be fully evaluated in this study. For this reason, it has been considered pertinent to mention it in the report's recommendations, with the aim of recognizing its potential impact and promoting future research or actions that allow its adequate assessment.

Source: Own elaboration.

Table 7. Excluded stakeholders - lack of relevance

Stakeholder group	Reason for exclusion
Family members and/or caregivers - Elderly people who live in residences	The identification assigns an average of 41/100 points and does not exceed the threshold. Don't get involved.
Family members and/or caregivers - Young people living as a family	The identification assigns an average of 43/100 points and does not exceed the threshold. Don't get involved.
Family members and/or caregivers - Relatives of elderly people	The identification assigns an average of 43/100 points and does not exceed the threshold. Don't get involved.
Family members and/or caregivers - Professional senior caregivers	The identification assigns an average of 46/100 points and does not exceed the threshold. Don't get involved.
Family members and/or caregivers - Senior support networks	The identification assigns an average of 49/100 points and does not exceed the threshold. Don't get involved.
Family members and/or caregivers - Dependent relatives of women in social difficulty	The identification assigns an average of 49/100 points and does not exceed the threshold. Don't get involved.
Family members and/or caregivers - Support networks for women in social difficulty	The identification assigns an average of 49/100 points and does not exceed the threshold. Don't get involved.
Family members and/or caregivers - Relatives of young people	The identification assigns an average of 43/100 points and does not exceed the threshold. Don't get involved.
Family members and/or caregivers - Youth support networks	The identification assigns an average of 41/100 points and does not exceed the threshold. Don't get

	involved.
Family members and/or caregivers - People living with people with mental health problems	The identification assigns an average of 47/100 points and does not exceed the threshold. Don't get involved.
Family members and/or caregivers - Relatives of people with mental health problems	The identification assigns an average of 42/100 points and does not exceed the threshold. Don't get involved.
Family members and/or caregivers - Carers of people with mental health problems	The identification assigns an average of 43/100 points and does not exceed the threshold. Don't get involved.
Family members and/or caregivers - Support networks for people with mental health difficulties	The identification assigns an average of 42/100 points and does not exceed the threshold. Don't get involved.
Family members and/or caregivers - People living with elderly people	The identification assigns an average of 54/100 points and does not exceed the threshold. Don't get involved.
Family members and/or caregivers - Non-professional caregivers of elderly people at home	The identification assigns an average of 56/100 points and does not exceed the threshold. Don't get involved.
Family members and/or caregivers - Relatives of women in social difficulty	The identification assigns an average of 50/100 points and does not exceed the threshold. Don't get involved.
Suppliers	The identification assigns an average of 29/100 points and does not exceed the threshold. Don't get involved.
Public Administration (PPAA) - Health services	The identification assigns an average of 49/100 points and does not exceed the threshold. Don't get involved.

Public Administration (PPAA) - Educational services	The identification assigns an average of 42/100 points and does not exceed the threshold. Don't get involved.
Local Red Cross entities	The identification assigns an average of 56/100 points and does not exceed the threshold. Don't get involved.

Source: Own elaboration

3.1.1 Reasoning and evidence for inclusion and exclusion

In order to facilitate the understanding of the reasons that justify the selection of the groups included or excluded in the previous table, the seven criteria used for their 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

1.Criteria - Identified
how and who Prior to data collection, 22 people were involved in 6 focus groups in order to answer the question ***Who impacts us and who do we impact with the CRECE intervention? To what degree are these groups relevant? To what degree are the changes expected to be significant?*** The result was a list of groups weighted between 1 and 100 points. **Who was involved** Paid staff (headquarters, technicians and facilitators) of the Red Cross, the evaluation team and 2 entities external to the project.
Involvement and evidence See above who was involved. The groups that exceeded 70 points (out of 100) were included to be evidenced with the identification of changes.
2. Criterion - Validated
how and who

The initial mapping described in the previous step was validated by representatives of the project (headquarters), prior to the development of the involvement plan (see Table 10) through a focus group in order to answer the question ***To what degree do you agree with the inclusion and exclusion of these groups in relation to the CRECE intervention?***. The groups were validated one by one based on the criteria mentioned in this list.

Additionally, both paid staff and volunteers were asked to identify the stakeholders that they considered impacted through the question: ***Indicate which other stakeholders you consider have been impacted***. Their responses were quantified with the aim of validating the groups on the list and ensuring a more accurate representation of the impact generated.

Involvement and evidence

All the different stakeholders contributed data on which other groups were impacted (aside from themselves). See questions at Appendices III IV and V.

3. Criterion - identifies relevant changes

how and who

The collection of qualitative data (through interviews) and quantitative data (through forms) revealed that the different stakeholders identified in Table 5 experienced relevant and significant changes.

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

Involvement and evidence

All the different stakeholders contributed data on relevance, significance and resources (inputs), with a threshold established by the evaluation team. The evidence of the groups' participation,

identified from the observed changes, is detailed in Section 4.1.3. Likewise, the representativeness ratios of the sample were ensured, guaranteeing adequate coverage of the groups involved as detailed in the Involvement Plan. (see Table 10).

4. Criterion - Financier

how and who

The collection of qualitative data (interviews) and quantitative data (forms) revealed that the stakeholders identified in Table 5, provided a financial or non-financial value (inputs) of high relevance for the execution of the analyzed activity. All groups were asked the question: ***What has been your contribution to the CRECE intervention?*** Given the crucial impact of these contributions on the execution and quality of the content, the role of funders of the activity was established as an inclusion criterion, regardless of whether they had undergone changes. As a result of the analysis, it was decided to include the main financier in the list of stakeholders and Value Map (See Appendix IX) that take them into account in the total resources (inputs) contributed.

Involvement and evidence

This criterion was introduced by the evaluation team, following principle 4 of Social Value International "*Value what really matters*"[28]. The inclusion of a group that is included for its contribution of resources (inputs) is evident, despite the fact that no changes were generated.

5-7. Criterion - Exclusion due to lack of access to the person, lack of representative sample 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 forming a representative sample and did not allow reaching a high degree of data saturation. These criteria appear in the groups excluded from Table 6.

Involvement and evidence

This criterion was applied by the evaluation team once the qualitative data collection was

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

completed, following principle 1 "*Involving stakeholders*[29]" by Social Value International and 4 "*Only include what is material*.". The engagement plan (see Table 10) details those groups that did not reach a satisfactory level in terms of sample size and are therefore excluded under this criterion.

3.1.2 Identification of subgroups

This section describes how subgroups were identified and discarded as subgroups. The stakeholders "participants" mentioned in the list (see Table 5) and the stakeholder "paid staff" were initially classified into several subgroups. This division was based on the expectation that there could be significant variations in some of the evaluated criteria:

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

For this reason, the evaluators worked with sampling within the different subgroups that had been included throughout the data collection process.

Paid staff

It should be noted that the results showed that for the stakeholder "Paid staff", the differences between the initially identified subgroups were not significant enough in any of the criteria to justify their maintenance as separate groups. The justification for this is described here.

Justification for keeping "paid staff" as one single group instead of subgroups

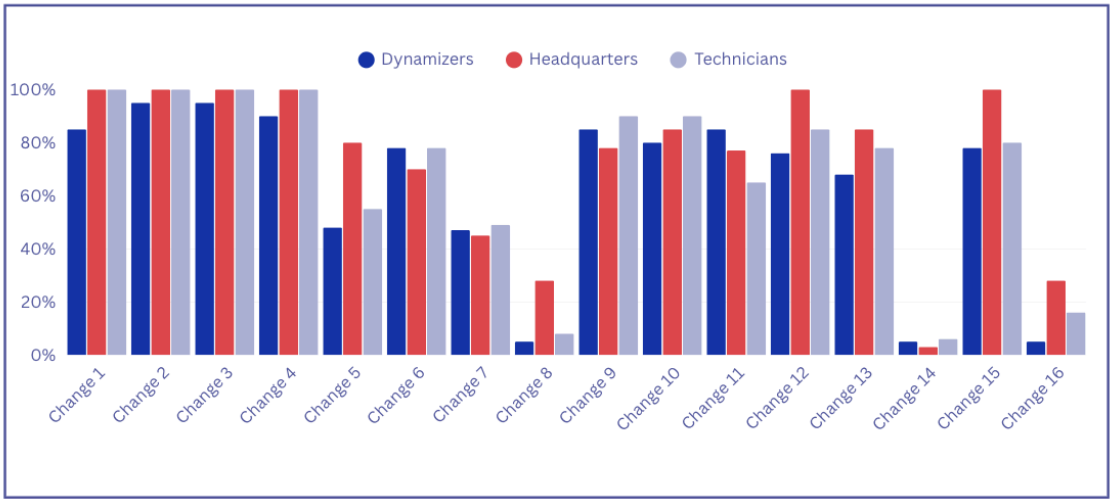
Figure 7 It is based on the identification results of the quantitative form for paid staff before excluding changes considered irrelevant. Shows the relationship between the paid staff surveyed by role and the percentage of identification with the changes experienced[30].

[29] Social Value International. (n.d.). *Principle 1: Involve stakeholders*. www.socialvalueint.org/principle-1-involve-stakeholders
[30] *The "changes" are not specified as their purpose in this instance is for illustrative purposes only.*

The results reflect a consistent trend among the three subgroups (central office, facilitators and social inclusion technicians), with similar percentages of identification in most of the changes. Although some more marked variations are seen, such as in “change 8”, these differences are not significant enough to justify the separation of these roles into individual subgroups. In most cases, the percentages tend to be very close.

Therefore, it is concluded that it is reasonable to group the people from the headquarters, technicians and facilitators as a single stakeholder group under the name “Paid staff”. This approach made it possible to simplify the analysis without affecting the quality or representativeness of the results, taking into account that their experience of the changes would mostly present homogeneous characteristics.

Figure 7. Relationship between identified changes and paid personnel



Source: Own elaboration

Participants

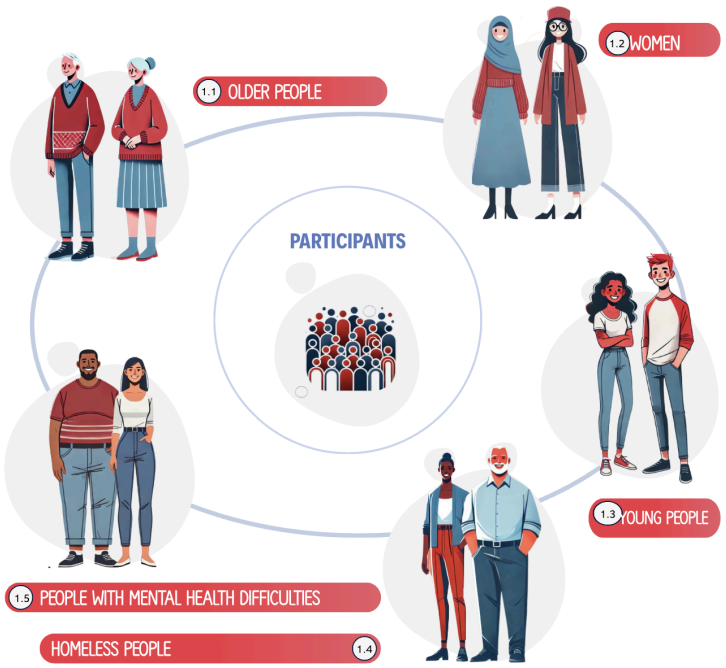
For the second group that initially was thought as being a set of subgroups - “Participants”, it was evidenced that there were differences wherefore they were preserved as subgroups. The justification for this decision is described here.

Justification for dividing the stakeholder "participants" into subgroups

The stakeholder group "participants" was the only one that maintained its classification into subgroups, since they presented different characteristics among the different population groups in social difficulty that the Red Cross supported in CRECE. This approach allowed us to recognize that, although they shared certain changes experienced due to their participation in the same intervention, they experienced other, different changes. It should be noted that the groups overlap since a woman could be homeless or young. Therefore, certain difficulties arose when collecting the data. The contingency plan was to leave it in the hands of the territory to identify which of the groups they considered the person best fit into. In this way the data was collected, and the sample was defined based on this division.

Below is a figure illustrating the subgroups within the "participants" stakeholder group.

Figure 8. Interest subgroups of the stakeholder "Participants"



Source: Own elaboration.

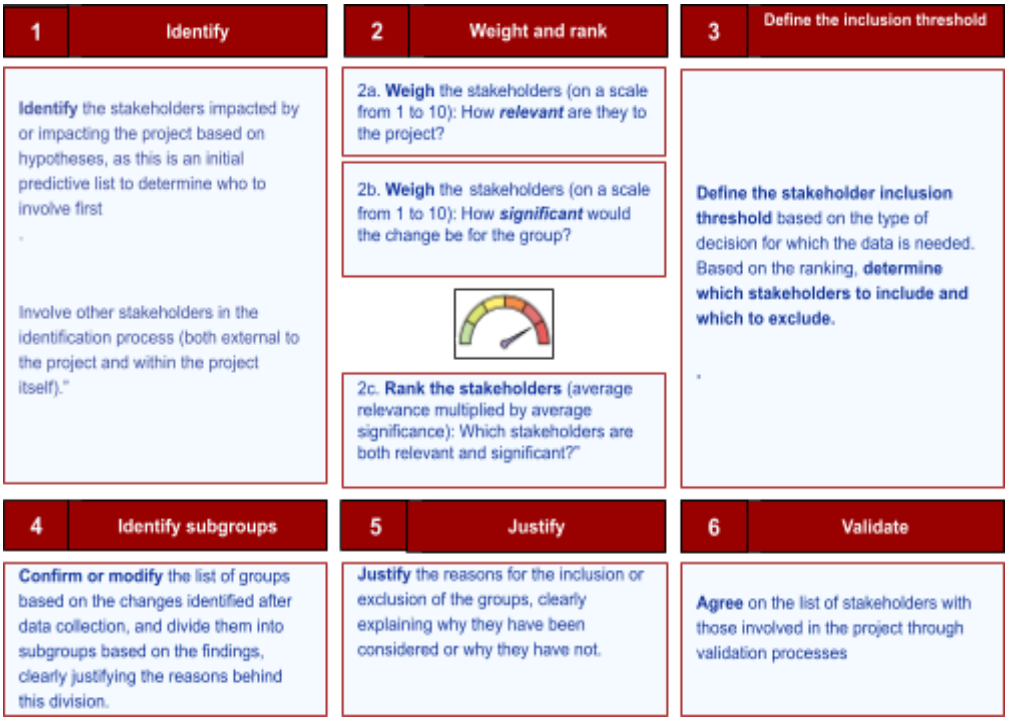
It is important to note that, apart from the main subgroups, additional groups were initially identified within these subgroups. However, some were discarded due to low relevance or lack of a representative sample (see Table 6). Although some of these sub-subgroups exceeded the initial inclusion threshold, exhaustive analysis of the data collected revealed that there were no significant material differences in the changes experienced that would justify this further subdivision. Key indicators related to the duration and depth of results were consistent across all sub-subgroups, evidencing homogeneity in the impacts experienced in terms of magnitude and importance. As a result, this third subdivision within the group of participating people was discarded.

3.2 IDENTIFICATION OF STAKEHOLDER GROUPS

The following figure illustrates the steps taken in identifying the different stakeholders (see Section 3.1). This process was not only based on the analysis prior to data collection to determine which groups to include, but also a specific question was integrated for all the different groups of interest with the objective of identifying other possible impacted groups, and thus adding them to the data collection if necessary, as described in criterion 2 of the Table 8. This question was incorporated in both the qualitative phase and the subsequent quantitative form: ***Indicate which other stakeholders you consider have been impacted***, which It allowed us to validate the previously identified groups and, if necessary, identify new groups according to the frequency with which they were mentioned by the participants.

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

Figure 9. Identification process



Source: Own elaboration

First, the groups that could impact or be impacted by the intervention model were identified, based on hypotheses and experience and data from the prognostic report.[31] that had been carried out for the same project in 2023. Then, the relevance and significance of these groups was 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, the list was reviewed again to incorporate subgroups in case the data showed significant differences in changes within a previously identified group. Finally, the list of groups was validated with the different stakeholders involved through the question ***Indicate which other stakeholders you consider have been impacted***, literature review, identification of emerging groups in qualitative interviews and validation with a specific form.

[31] Pólvora, P., and Ferreira, A. (eds.). 2023. *Prognostic report on the social value of the CRECE intervention: Promoting the capabilities, competencies and empowerment of people for the prevention of institutionalization and deinstitutionalization.* The Social Consulting Agency and Spanish Red Cross.

This question was answered by **1.345 people**, with representatives of all the stakeholders involved.

3.2.1 Stakeholder groups included in the identification of other groups

Below, it is detailed, with reference to the indications of principle 1 *Involve stakeholders*[32], at what point in the process which group was involved and how many in the identification of other stakeholders. The total universe can be seen in Table 10, and the questions for each step of engagement can be seen in detail in the Appendices III IV and V.

Table 9. Stakeholder groups involved in identifying other groups

Stakeholder groups consulted	# of people involved[33]	Query result (other groups identified)	Applied process and validation
Participants	268[34]	Relatives, Partner, Children, Friends	**Method**: Focus group and form. **Ask:** *Do you think that anyone else around you *has been affected* by your participation in CRECE or by the fact that something has changed in you?*
Paid staff	32	Participants, Family members of staff, Partner of staff, Children of staff, Friends of staff, Community	
Volunteers	33	Participants, Family members of volunteers	**Method**: Focus group and form. **Ask:** *Do you think that anyone else around you *has been affected* by your participation in CRECE or by the fact that something has changed in you?*

[32] Social Value International. (n.d.). *Principle 1: Involve stakeholders*. www.socialvalueint.org/principle-1-involve-stakeholders
[33] *Corresponds to the number of "people who answered the question". Indicate which other stakeholders you consider have been impacted.*
[34] *Responses from 48 older people, 121 women in a situation of social difficulty, 48 young people in a situation of ex-custody and/or social difficulty, 33 people in a homeless situation and 17 people with mental health difficulties.*

Public Administration (PPAA) - Social Services	10	Participants, Other organizations	**Method**: Focus group and form. **Ask:** *Do you think that anyone else around you *has been affected* by your participation in CRECE or by the fact that something has changed in you?*
Third Sector Organizations	12	Participants, Other organizations	
TOTAL	**1.345 people were part of the identification of other stakeholders.**		

Source: Own elaboration.

4. UNDERSTAND 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"***[35] of the methodology, a detailed description of the well-being outcomes identified in each stakeholder group is presented. This section details the theory of change, developed in collaboration with the stakeholders 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 standards of Social Value International.

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

1. Establishing the right level of rigor and detail required for the analysis. Section 1.1.4, provides details on this phase.
2. Defining the activity that is causing the outcomes. Section 2.1 provides details on this phase.
3. Identifying the inputs and outputs, clarity on this is required to provide context for the outcomes. Section 4.5 provides details on this phase.
4. Gathering information about the outcomes that are occurring (see Section 4.1 provides details on this phase), and finally, analyse the gathered information and interpret it in order to create a well-defined outcome. This involves analysing the causality between outcomes by creating a chain of events and then identifying the

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

outcome (point on the change) where value is being created, which is the focus of this section.

Throughout this section and for each stakeholder group:

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

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

4.1 PROCESS OF INVOLVEMENT OF STAKEHOLDERS

This section presents the involvement plan (see Table 10) detailed for each stakeholder group, to explain how we involved the stakeholder to gather information about the outcomes as mentioned in stage 4 mentioned in the previous chapter.

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



Source: Images from the CRECE project image repository.

Table 10. Stakeholder Involvement Plan

Stakeholder group	Representative Sample	Risk in decision making	Qualitative What changed? Who changed? Inputs?					Quantitative: Relevance/significance				Quantitative: Causality			
			Target population	Sample	%	When	Method	Sample	%	When	Method	Sample	%	When	Method
Participants - Elderly people	Yes	Low	1457	66	4.53%	Feb 24	Focus group	292	20.04%	Mayo 24	Form/Focus Group	8	0.55%	Oct 24	Form/Focus Group
Participants - Women in situations of social difficulty	Partially margin sampling error 11.87%	Medium	2256	59	2.62%	Feb 24	Focus group	190	8.42%	Mayo 24	Form/Focus Group	8	0.35%	Oct 24	Form/Focus Group
Participants - Young people in situations of ex-tutelage and/or social difficulty	Partially margin sampling error 9.66%	Medium	647	22	3.40%	April 24	Focus group	67	10.36%	Mayo 24	Form/Focus Group	8	1.24%	Oct 24	Form/Focus Group
Participants - People experiencing homelessness	Partially margin sampling error 8.88%	Medium	924	23	2.49%	June 24	Focus group	104	11.26%	Mayo 24	Form/Focus Group	8	0.87%	Oct 24	Form/Focus Group
Participants - People with mental health difficulties	No, sampling error margin 35.60%	High	712	7	0.98%	June 24	Individual interview	20	2.81%	Mayo 24	Form/ Focus Group	8	1.12%	Oct 24	Form/ Focus Group

Paid staff	Yes	Low	70	33	47.14 %	June 24	Focus group	56	80.00%	July 24	Form	33	47.14%	Oct 24	Form
Volunteers	Yes	Low	124	17	13.71 %	June 24	Focus group	78	62.90%	July 24	Form	4	3.23%	Oct 24	Focus group
Public Administration (PPAA) - Social Services	No, sampling error margin 20.22%	High	131	20	15.27 %	June 24	Individual interview	22	16.79%	Oct 24	Form	22	16.79%	Oct 24	Form
Third Sector Organizations															
Funding organization - Ministry of Social Rights, Consumption and Agenda 2030	Yes	Low	1	1	100,00%	Sep 24	Individual interview	N/A				N/A			
TOTALS People			6190	238	4%			807	13%			77	1%		
TOTAL Organizations			132	410	311%			22	17%			22	17%		

Source: Own elaboration

4.1.1 Sample selection and its representativeness with respect to the target population

How the sample subjects were selected: The study sample was selected using non-probabilistic sampling[36] stratified based on convenience and accessibility criteria ensuring the representativeness of the target population, segmented by territory and gender in the case of participating people (Figure 10).

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

Bias mitigation: Given that this study achieved a high percentage of participation of the members of the different stakeholders included in this evaluation, 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 in the groups whose sample is representative (see Table 10).

Justifications for the sample result: Once the data collection was completed, a comparison was made between the sample obtained and the target population to validate its degree of representativeness and evaluate the risk associated with the extrapolation of the data to the groups of interest, in case there was a percentage of sampling error (see Table 10). At the same time, it was assessed which data could be extrapolated without the risk of decisions being made based on information that was not representative of the entire population studied, which could generate negative impacts on those who were not adequately represented or prevent the optimization of social value.

How the minimum sample for representativeness was identified: Statistical representativeness criteria were applied in order to determine the minimum sample required

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

and guarantee its validity. This approach took into account the small size of some groups and the voluntary nature of participation, recognizing that reaching 100% of participants was ideal, but unrealistic.

A representative sample calculator was used[37] to define the minimum size needed per group. Once the data was collected, if said sample was not reached, the error ratio was calculated.[38] with the objective of evaluating whether the extrapolation of data was justified, assuming a reasonable risk, thus ensuring the reliability of the information obtained, as detailed in the previous section.

Table 11. Study population and sample analysis

Stakeholder group	Selection method	Sample analysis	Justification and risk level
Participants - Elderly people 	**Sample type:** Non-Probabilistic, under controlled conditions. Each participant voluntarily agreed to collaborate in the research and provided signed, informed consent.	**Target population: 1457** **Target sample size: 305** **Sample obtained: 292** **Margin of error: 5.13%** **Degree of representativeness:** It presents a minimum margin of statistical error and is considered representative. It is among the acceptable levels of a social study.	**Risk level: low.** The study offers high reliability thanks to its representativeness, which allows decisions to be made with confidence and support in the data.
Participants - Women in situations of social difficulty 	**Sample type:** Non-Probabilistic, under controlled conditions. Each participant voluntarily agreed to collaborate in the research and provided signed, informed consent.	**Target population: 2256** **Target sample size: 329** **Sample obtained: 190** **Margin of error: 6.81%** **Degree of representativeness:** It presents a margin of statistical error slightly higher than that recommended for a social study. In this analysis, the data extrapolated from this group have	**Risk level: low.** The study offers relatively high reliability due to its representativeness. However, by presenting a margin of error greater than 5%, we recognize the possibility that the results are not completely representative for the entire group.

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

Stakeholder group	Selection method	Sample analysis	Justification and risk level
		been considered in the "moderate" social return ratio (Figure 112).	
Participants - Young people in situations of ex-tutorship and/or social difficulty 	**Sample type:** Non-Probabilistic, under controlled conditions. Each participant voluntarily agreed to collaborate in the research and provided signed, informed consent.	**Target population: 647** **Target sample size: 242** **Sample obtained: 67** **Margin of error: 11.34%** **Degree of representativeness:** It presents a margin of statistical error slightly higher than that recommended for a social study. In this analysis, the data extrapolated from this group have been considered in the "moderate" social return ratio (Figure 112).	**Risk level: medium.** The study offers relatively high reliability due to its representativeness. However, by presenting a margin of error greater than 5%, we recognize the possibility that the results are not completely representative for the entire group.
Participants - People experiencing homelessness 	**Sample type:** Non-Probabilistic, under controlled conditions. Each participant voluntarily agreed to collaborate in the research and provided signed, informed consent.	**Target population: 924** **Target sample size: 273** **Sample obtained: 104** **Margin of error: 9.06%** **Degree of representativeness:** It presents a margin of statistical error slightly higher than that recommended for a social study.	**Risk level: medium.** The study offers relatively high reliability due to its representativeness. However, by presenting a margin of error slightly greater than 5%, the possibility is recognized that the results are not completely representative for the entire group.
Participants - People with mental health difficulties 	**Sample type:** Non-Probabilistic, under controlled conditions. Each participant voluntarily agreed to collaborate in the research and provided signed, informed consent.	**Target population: 712** **Target sample size: 251** **Sample obtained: 20** **Margin of error: 21.62%** **Degree of representativeness:** It presents a margin of statistical error much higher than that recommended for a social study.	**Risk level: high.** There is a high risk of lack of representativeness. Due to a margin of error much higher than 5%, the reliability of the study is compromised, which implies that the results may not accurately reflect the reality of the entire group.
Paid staff	**Sample type:** All.	**Target population: 70**	**Risk level: low.**

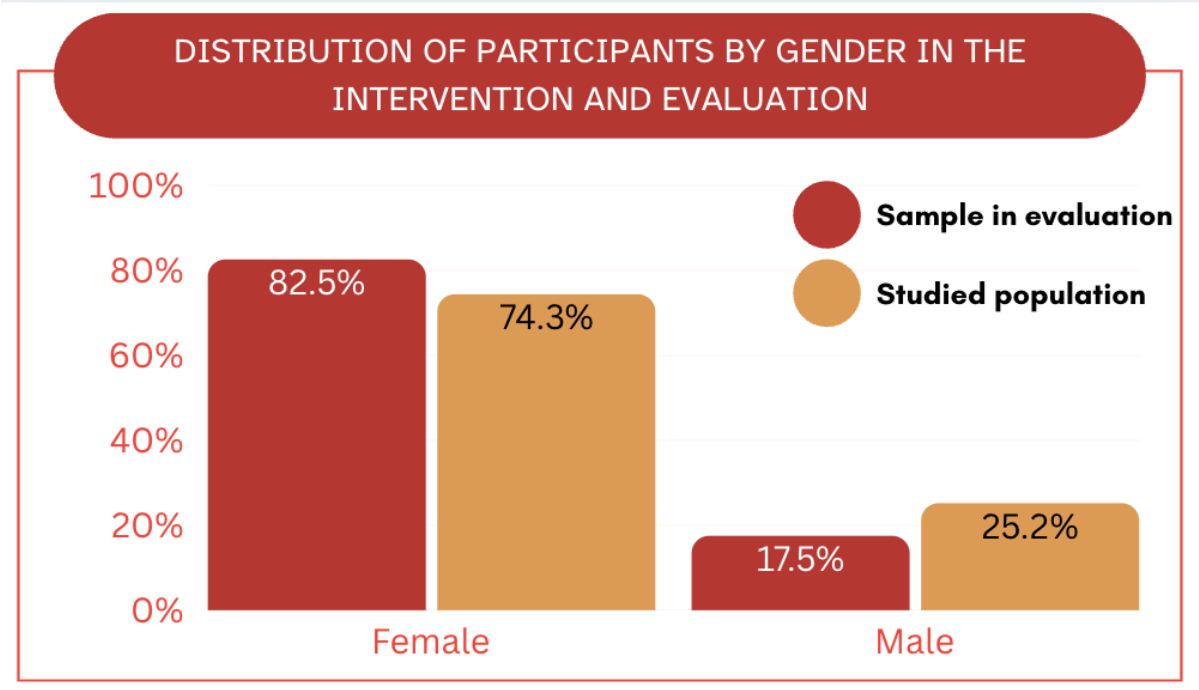
Stakeholder group	Selection method	Sample analysis	Justification and risk level
	They include everyone who had the role of Facilitators, Technicians, and workers at the Headquarters.	**Target sample size:** 60 **Sample obtained:** 56 **Margin of error:** 5.90% **Degree of representativeness:** It presents a minimum margin of statistical error and is considered representative. It is among the acceptable levels of a social study.	The study offers high reliability thanks to its representativeness, which allows decisions to be made with confidence and support in the data.
Volunteers 	**Sample type:** Non-Probabilistic, under controlled conditions. Paid territory staff identified volunteers who met the criteria and were willing to participate.	**Target population:** 124 **Target sample size:** 60 **Sample obtained:** 95 **Margin of error:** 6.79% **Degree of representativeness:** It presents a minimum margin of statistical error and is considered representative. It is among the acceptable levels of a social study.	**Risk level:** low. The study offers high reliability thanks to its representativeness, which allows decisions to be made with confidence and support in the data.
Alliances - Public Administration (PPAA) - Social Services 	**Sample type:** Non-Probabilistic, under controlled conditions. Paid territory staff identified community contacts who met the criteria and were willing to participate.	**Target population:** 331 **Target sample size:** 179 **Sample obtained:** 22 **Margin of error:** 20.22% **Degree of representativeness:** It presents a margin of statistical error much higher than that recommended for a social study.	**Risk level:** high. There is a high risk of lack of representativeness. Due to a margin of error much higher than 5%, the reliability of the study is compromised, which implies that the results may not accurately reflect the reality of the entire group.
Alliances - Third Sector Organizations 			

Source: Own elaboration.

4.1.1.1 Equitable representation in terms of gender

Figure 10 shows that the sample maintains a distribution consistent with the overall composition of those who have taken part in the intervention, with 74.32% of individuals identifying as female and 25.68% as male, according to the data reported by the project. As can be observed, gender representation remains aligned with the project's distribution, with only a minimal and insignificant deviation[39]. This means that the percentage of participants by gender is almost the same as that of the people involved in the intervention. In this sense, data collection (the evaluation) involved 82.5% women and 17.5% men, as shown in the figure.

Figure 10. Distribution of participants by gender



Source: Own elaboration

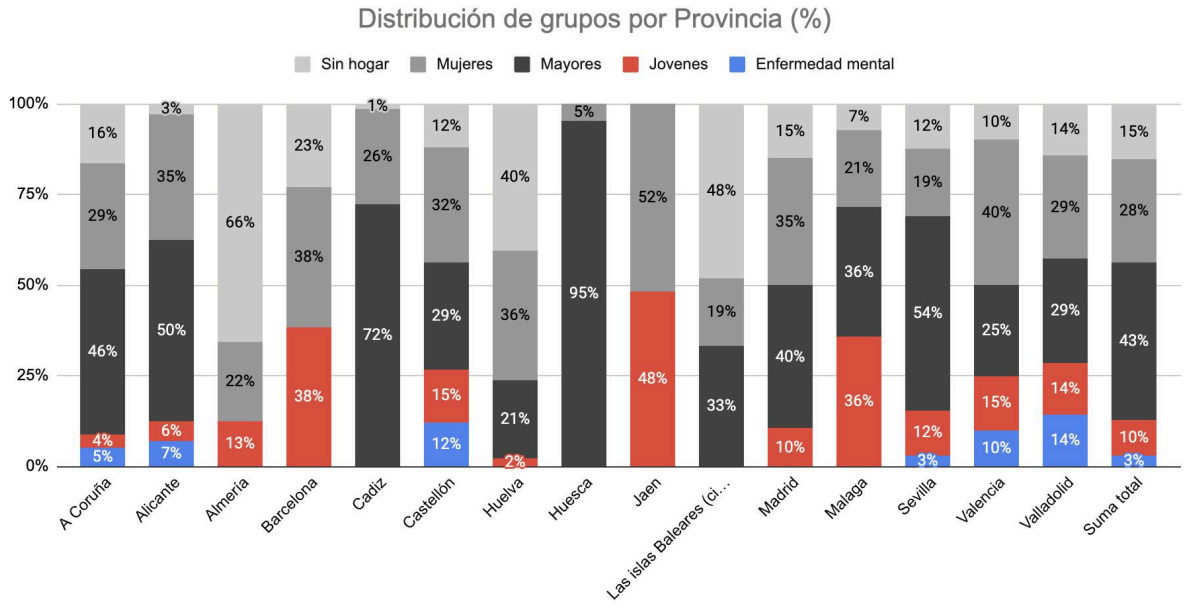
[39] *Based on the results of the analysis, an absolute deviation of 8.18% is observed in both men and women with respect to the expected population distribution. To evaluate the statistical significance of this deviation, the chi-square test was applied, obtaining a statistic of 3.506 and a p value of 0.0611. Since this p-value is slightly higher than the standard threshold of 0.05 (5%), the deviation is not considered statistically significant, although it is very close to this limit. In practical terms, although the sample presents a deviation of 8.18%, there is not enough statistical evidence to affirm that it differs significantly from the expected population.*

4.1.1.2 Equity in representation according to territory

CRECE was activated in a total of 16 provinces in Spain, belonging to 8 Autonomous Communities, and was implemented in 53 locations.

The data collection focused on addressing all of these and managed to be representative, as indicated in the figure.

Figure 11. Distribution of participating people by territory



Source: Own elaboration

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

Despite these variations, **the conclusion is that the sample of people who participated in the evaluation represents all groups and all territories**. However, not all territories had

balanced representation. However, this imbalance was considered **low risk,** since the variability, although present, does not compromise the general validity of the study.

The territories with the lowest average representation were: Almería, Huesca, Valladolid, Jaén, Barcelona and Madrid (Table 12), which presented at least one population group in social difficulty with a representativeness of less than 10%, which indicates specific areas with low coverage.

Table 12. Representativeness heat map - territory

	Personas mayores	Mujeres en situación de dificultad social	Jóvenes en situación de extutela y/o dificultad social	Personas en situación de sinhogarismo	Personas con dificultades de salud mental	Suma total
A Coruña	38%	26%	20%	35%	133%	33%
Alicante	48%	47%	57%	14%	250%	48%
Almería	0%	16%	11%	28%	0%	20%
Barcelona	0%	42%	45%	20%	0%	34%
Cadiz	43%	50%	0%	25%	0%	44%
Castellón	50%	32%	30%	63%	71%	41%
Huelva	75%	43%	20%	53%	0%	50%
Huesca	33%	40%	0%	0%	0%	33%
Jaen	0%	54%	47%	0%	0%	33%
Las islas Balea	35%	19%	0%	65%	0%	34%
Madrid	41%	35%	21%	22%	0%	32%
Malaga	28%	50%	63%	9%	0%	33%
Sevilla	45%	36%	40%	41%	0%	43%
Valencia	16%	20%	75%	40%	50%	24%
Valladolid	33%	11%	25%	3%	33%	11%
Suma total	**39%**	**33%**	**30%**	**29%**	**95%**	**35%**

Source: Own elaboration

4.1.2 Involvement of stakeholders as the main source of data

This section details how and when the different stakeholders 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 by the principles of Social Value International[40].

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

4.1.2.1 The sources used

Primary sources: The main source of information was the stakeholders themselves involved in the intervention. These key stakeholders provided essential data through surveys, interviews, and focus groups. For a detailed breakdown of each group and their specific contribution, see Table 14.

Secondary sources: To achieve the desired level 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:

- ☑ *Intentional changes:* A logical framework analysis was carried out[41] of the project with the purpose of identifying the changes that were aspired to be achieved with the intervention.
- ☑ *The voice of other stakeholders:* About the changes observed, all the stakeholders involved were consulted about who they considered to be they would experience changes (see Table 14).
- ☑ A was carried out *documentary review* from other SROI reports, from research carried out within the framework of the project[42] and a study on the cost of unwanted loneliness[43].
- ☑ Several international databases were studied such as HACT, Value Bank New Zealand, Open Social Value Bank, Global Value Exchange, and reports of Social Value Report Database.

4.1.2.2 Description of the methods applied

The research focused on adapting the tools used to the level of understanding, age and cultural context of the different stakeholders. The instruments used in each phase of the data

[41] *Logical framework of the CRECE - Red Cross project (internal document).*
[42] Foundation ISEAK. (2024). *Research on the experience and perception of unwanted loneliness. Responses at the community level*. Foundation ISEAK.
[43] Casal Rodríguez, B., Rivera Castiñeira, B., & Rodríguez-Míguez, E. (2023). *The Cost of Unwanted Loneliness in Spain*. State Observatory of Unwanted Loneliness (SoledadES).

collection process are described below. The questions on these forms are detailed in the Appendices III IV and V.

Table 13. Data collection methods used

Tool	Application
Interviews	Individual interviews were carried out, aimed especially at representatives of organizations, the public administration, and the implementing entity.
Focus groups	Focus groups were used with the participants, taking advantage of natural encounters such as activities 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 changes in these groups, from the observation of paid staff and volunteers.
Forms (Surveys)	Several types of forms were designed, adapted to each stakeholder group. Some of them allowed them to be completed individually, while others required the support and guidance developed for paid staff and volunteers who assisted in data collection.
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. Likewise, this analysis helped to validate the data obtained through primary sources.

Source: Own elaboration

4.1.3 Relationship between stakeholder involvement and the SROI principles

The following table shows how the stakeholder was involved in each step of the process and to what extent that fulfills Principle 1: "**Involve stakeholder**[44]". It indicates which principle was addressed during each instance of involvement, how many participants were engaged from each stakeholder group, and whether the sample met the criterion of being a representative voice ("Yes"). The table also identifies the question being answered, the method used to collect the data, and provides a brief description of how the process was carried out.

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

Table 14. Group involvement for principle 1

1. Involve stakeholders	Participants	Paid staff	Volunteers	Alliances - Third Sector and PPAA
***What*: Identify other groups**	☑ Yes	☑ Yes	☑ Yes	☑ Yes
How many:	**663 (11.10%)**	**32 (45.71%)**	**33 (26.61%)**	**22 (6.64%)**
Type of data collected:	Quantitative			
Data collection method:	Focus Groups with follow up by survey			
How:	See details in Chapter 2. Scope. Stakeholder groups			

Table 15. Group involvement for principle 2

2. Understand what changes	Participants	Paid staff	Volunteers	Alliances - Third Sector and PPAA
***What:* Identify the changes**	☑ Yes	☑ Yes	☑ Yes	☑ Yes
How many:	**177 (2.95%)**	**33 (47.14%)**	**17 (13.71%)**	**20 (15.27%)**
Type of data collected:	Qualitative			
Data collection method:	Focus Groups and individual interviews			

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

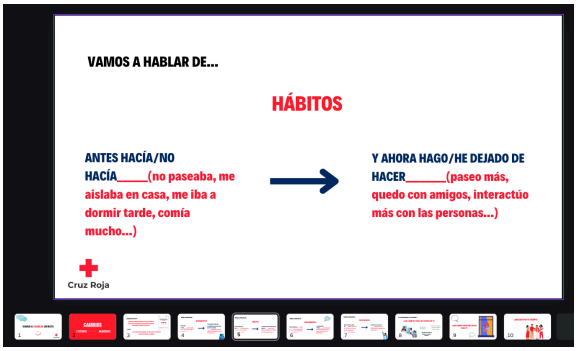
How:	We worked with eight paid staff to design materials adapted to groups with greater difficulty in understanding. For elderly people, material was created with images and keywords; For those who had language barriers, videos were developed in Arabic, materials in several languages, and local translators (Red Cross volunteers) were available. In addition, the changes identified by themselves at the beginning of the program were incorporated, facilitating the process. Open questions were used to recognize the changes, their sequence and the most relevant ones. For the other groups, generic material was designed for paid staff and volunteers, and another specific material for organizations, focused on organizational changes.

What changed? - For participating people

To gather qualitative data on *what changed?* The sessions included an introductory presentation designed to explain what the interview/focus group entailed, especially for groups that might face greater comprehension difficulties, such as older adults or people with limited Spanish proficiency. It is important to highlight that, in these cases, there was always the support of a CRECE technician to facilitate understanding and ensure the effective participation of all attendees.

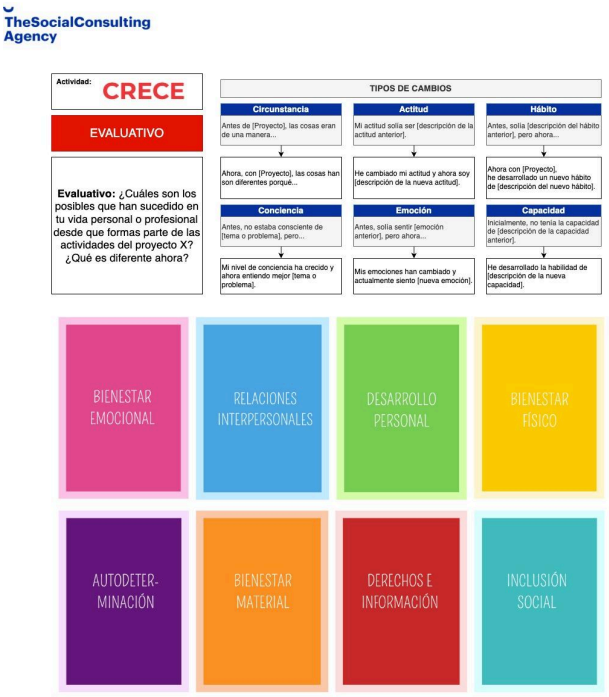
Figure 12. Explanatory material for qualitative interviews





Source: Own elaboration.

Figure 13. Introductory material to see "what changed"



Source: Own elaboration

In most cases, participants were presented with a detailed introductory sheet prior to the interview. This document explained the objectives of the session, described the types of changes that could have been generated, offered practical examples, and presented the domains of well-being used in this report, according to the Schalock and Verdugo model.[45].

This approach made it easier to understand key concepts and established a clear framework for the conversation. It should be noted that this introductory sheet was widely used in the different stakeholders interviewed, ensuring methodological consistency.

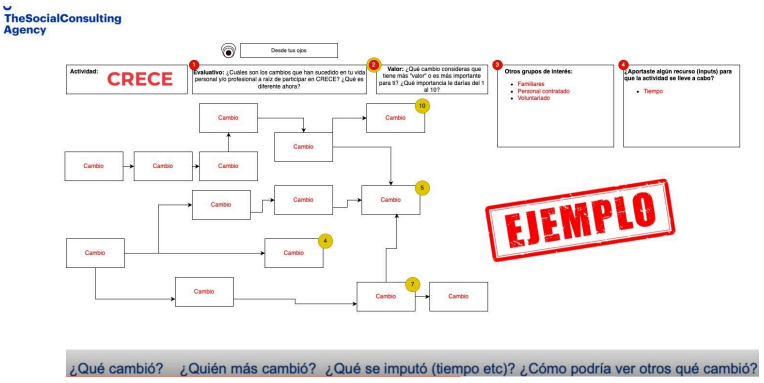
After the introduction, a specific sheet containing the questions for qualitative data collection was used. These questions were formulated in such a way that they were applicable both in the singular (for an individual) and in the plural (for groups), depending on each case. Each one is detailed below:

- **Identification of changes:** *What changes have happened in your personal and/or professional life as a result of participating in CRECE?*
- **Importance of the changes:** *What changes do you consider to have the most "value" or are most important to you? How important would you give them on a scale of 1 to 10?*
- **Identification of other stakeholders:** *Do you think these changes have also impacted other people or groups? Who might have been affected, and what changes do you think they might have had?*

[45] 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

- **Contribution of resources (inputs):** *Have you contributed any resources in addition to your time (materials, financial support, etc.) for the CRECE intervention to be carried out?*

Figure 14. Material to identify "what changed"



Source: Own elaboration.

Table 16. Group involvement for principle 3

3. Value what matters	Participants	Paid staff	Volunteers	Alliances - Third Sector and PPAA
***What:* Identify and value inputs**	☑ Yes	☑ Yes	☑ Yes	☑ Yes
How many:	**663 (11.10%)**	**56 (80%)**	**78 (62.90%)**	**22 (16.79%)**
Type of data collected:	Qualitative and Quantitative			
Data collection method:	Interviews and Survey			
How:	All stakeholders were involved to identify their contributions. According to Social Value International standards, participants' "time" is not monetized, so only objective data about their hours of participation was recorded. For the other groups, a question was added to the form to identify the resources (inputs) contributed by each stakeholder group.			

***What:* Understand how important the change was**	☑ Yes	☑ Yes	☑ Yes	☑ Yes
How many:	**663 (11.10%)**	**56 (80%)**	**78 (62.90%)**	**22 (16.79%)**
Type of data collected:	Quantitative			
Data collection method:	Survey			
How:	We worked with eight paid staff to design materials adapted to groups with greater difficulty in understanding. For elderly people, material was created with images and keywords. For those who had language barriers, a paper version was developed to facilitate access, thus the same material was presented in digital and analog formats. In the case of the other stakeholders, the degree of importance was consulted through a digital format.			

***What:* Understand what value change had**	☑ Yes	☑ Yes	☑ Yes	☑ Yes
How many:	**663 (11.10%)**	**56 (80%)**	**78 (62.90%)**	**22 (16.79%)**
Type of data collected:	Quantitative			
Data collection method:	Combined focus group and Survey			
How:	Teaching material was developed, validated with eight paid staff, to adapt the contents to groups with greater difficulty in understanding. Two complementary materials were created for the participants: the "Value Game", where they indicated how much they would pay for the changes experienced, and an importance-scale from 1 to 5 to assess the importance of each change, which was converted to a scale from 1 to 10 to guarantee comparability. For the other stakeholders, a scale from 1 to 10 was used directly to measure the perceived importance of the changes and was complemented with various sources, such as focus groups and digital forms, where they were consulted about the actions or alternatives that they would have implemented to achieve the same change and their estimated monetary value. The analysis of these data allowed us to understand both the degree of importance and the perceived value of each change.			

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

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

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

Table 17. Group involvement for principle 4

4.Only include what is material	Participants	Paid staff	Volunteers	Alliances - Third Sector and PPAA
***What:* Understand how many identify**	☑ Yes	☑ Yes	☑ Yes	☑ Yes
How many:	**663 (11.10%)**	**56 (80%)**	**78 (62.90%)**	**22 (16.791%)**
Type of data collected:	Quantitative			
Data collection method:	Survey			
How:	We worked with eight paid staff to design materials adapted to groups with greater difficulty in understanding. For elderly people, material was created with images and keywords. For those who had language barriers, a paper version was developed to facilitate access, thus the same material was presented in digital and analog formats. In the case of the other stakeholders, we asked if they identified with the change through a digital format.			

***What:* Understand how much it changes**	☑ Yes	☑ Yes	☑ Yes	☑ Yes
How many:	**663 (11.10%)**	**56 (80%)**	**4 (3.22%)**	**22 (16.791%)**
Type of data collected:	Quantitative			
Data collection method:	Survey			

How:	The depth data was collected using a subjective retrospective scale, based on subjective responses on various aspects of well-being linked to the identified changes. For those who had comprehension difficulties, a Likert scale from 1 to 5 was used, while for the rest, a scale from 1 to 10 was applied. Only in the case of volunteers was a focus group applied, since it was not possible to collect the data electronically. In the case of the intentional program change, "reduce unwanted loneliness," the analysis also included results from the validated ESTE II scale, used to measure the reduction of unwanted loneliness.

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

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

***What:* Understand how long the change lasts**	☑ **Yes**	☑ **Yes**	☑ **Yes**	☑ **Yes**
How many:	**663 (11.10%)**	**56 (80%)**	**4 (3.22%)**	**22 (16.791%)**
Type of data collected:	Quantitative			
Data collection method:	Combined focus group and Survey			
How:	For participants, a digital version was developed with language adapted for those who had comprehension difficulties, as well as a paper version for easy access and support from paid staff. In the other stakeholders, the consultation on the duration was carried out in digital format. Only in the case of volunteers, a focus group was applied, since it was not possible to collect the data electronically.			

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

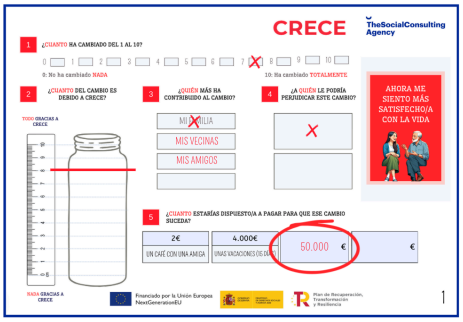
A 1-to-10 year scale was used. Participants assigned a score that reflected the level of change they had experienced in relation to their initial situation.

Table 18. Group involvement for principle 5

5. Do not overclaim	Participants	Paid staff	Volunteers	Alliances - Third Sector and PPAA
***What:* Setting Deadweight/ attribution/displacement**	☑ Yes	☑ Yes	☑ Yes	☑ Yes
How many:	**663 (11.10%)**	**56 (80%)**	**4 (3.22%)**	**22 (16.791%)**
Type of data collected:	Quantitative			
Data collection method:	Combined focus group and Survey			
How:	For participants, a digital version was developed with language adapted for those who had comprehension difficulties, as well as a paper version for easy access and support from paid staff. In the other stakeholders, the consultation on casualties was carried out in digital format. Only in the case of volunteers, a focus group was applied, since it was not possible to collect the data electronically.			

To assess deadweight, attribution, and displacement, specific questions were included in the forms addressed to the other stakeholder groups. Unlike the older participants, it was not considered necessary to develop adapted educational material, as these groups were able to understand and respond directly to the questions posed. However, due to the complexity of the question for older individuals, educational material was developed specifically for them.

Figure 15. Material for identification of value, depth and causality



Source: Own elaboration.

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

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

Principle 6 "Be transparent"[46] addresses how transparency of the data. This principle concerns the overall treatment of data; therefore, the stakeholder was not directly involved in actions to comply with this principle. However, the stakeholder was involved in Principle 7 — Verifying the results — which demonstrates transparency of the data towards the stakeholders.

Table 19. Group involvement for principle 7

7. Verify the result	Participants	Paid staff	Volunteers	Alliances - Third Sector and Public Administration
What: **Validation**	☑ Yes	☑ Yes	☑ Yes	☑ Yes
How many:	**292 (4.87%)**	**56 (80%)**	**78 (62.90%)**	**22 (16.791%)**
Type of data collected:	Quantitative			
Data collection method:	Survey			

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

How:	All stakeholders were involved in reviewing the chains of events, the theory of change, and the relative importance of changes, using materials adapted at different phases of data collection. The number of participating people varied in each stage. Here the number of people corresponding to the validation of "the relative importance" of the changes is indicated. To validate the degree of importance, people participated in previous phases of the study, while the chains of events were reviewed through focus groups with various groups. However, in the final validation, it was not possible to collect data due to force majeure, described in "Verify the result" (see Chapter 13. Verify the result), achieving only the collection of data from paid personnel. Despite this, the validation material was sent to all people involved so that they could know the results of the evaluation, even if they could not respond.

Source: Own elaboration

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

Specific and adapted materials were developed for each stakeholder group with the objective of validating the changes identified and the importance they had. The validation materials developed are described below:

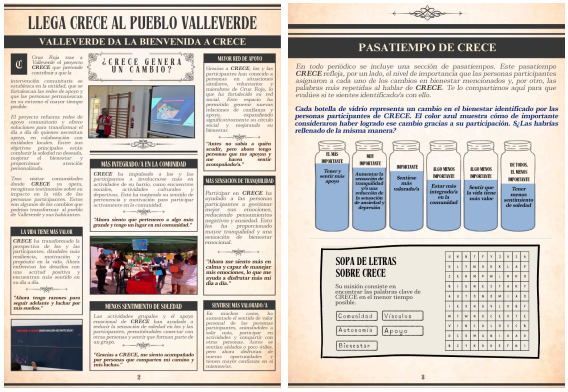
Table 20. Materials adapted to validate changes and importance

Stakeholder group	Material	Description	Figure
Participating People 	**Validation of changes: Imaginary newspaper (press release) -** A fictional news story that presents the changes identified in an imaginary town called "Valleverde".	Material in newspaper format was used to facilitate understanding of the changes. The press release recounted how the people of the town had experienced and perceived the changes thanks to the project, inviting the participants to validate whether it reflected their experience.	See Figure 16
	Validation of the importance of the changes: Newspaper hobby - Glass bottles representing changes in well-being.	In the hobby section of the newspaper, each bottle represented a change in well-being identified by the participants. The level of importance assigned to each change was reflected in the blue color of the bottles, and the participants validated whether they agreed.	
Paid staff	**Validation of changes:** Fictitious Letter - Personalized reflection	A fictitious letter was designed that summarized the experiences of the paid staff during the project. Written as if it were addressed to someone close, it allowed the	

	based on your experiences.	changes to be validated from a personal and professional perspective.	See Figure 17
	Validation of the importance of the changes: Glass bottles - Evaluation of changes in well-being.	Similar to the participants' material, the bottles represented important changes for the paid staff. The blue color indicated the level of importance assigned by the group, who compared and reflected on whether they agreed with this evaluation.	
Volunteers	**Validation of changes:** Fictional advertisement - Inspirational and focused on volunteers.	A fictitious ad encouraged volunteers to participate, highlighting CRECE's achievements and capturing how the changes had impacted those people.	See Figure 18
	Validation of the importance of the changes: Glass Bottles: Reflection on the changes identified.	The same bottle format was used, where each one represented a change identified by the volunteers. This material invited them to reflect on whether the changes had been assessed correctly according to your experience.	

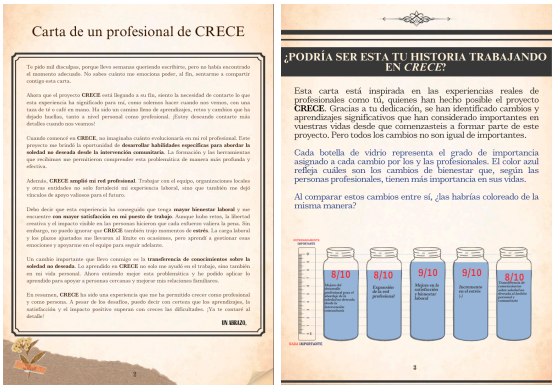
Source: Own elaboration

Figure 16. Validation material for participating people



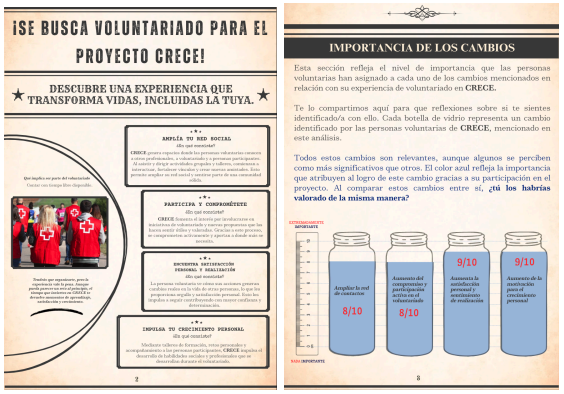
Source: Own elaboration

Figure 17. Validation material for paid personnel



Source: Own elaboration

Figure 18. Validation material for volunteers



Source: Own elaboration

4.1.4 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 interviewed and surveyed signed a consent form.
- ☑ **Using a coding system:** Those stakeholders that required a high degree of protection were protected by a coding system. Only Red Cross entity personnel 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. A structured coding system was used to anonymize responses. This code was made up of different elements that allowed the participants to be classified without compromising their identity:
  - ☑ **Stakeholder group (GdI):** It identified which group the person surveyed belonged to (for example, participants, family members, technical staff, volunteers, etc.).
  - ☑ **Autonomous Community (AACC):** It indicates the region in which the participating person is located.

- ☑ **Respondent number:** It represents the number assigned to each participant within their stakeholder group and region.
- ☑ **Gender:** It was coded as XY for men and XX for women.

Example of encoding structure:

A code like "01/11/15/XX" is interpreted as follows:

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

This system allowed the data to be organized and analyzed without exposing sensitive information of the people involved in the study, guaranteeing compliance with ethical and legal standards regarding data protection.

Table 21. Data protection table

Protection degree	Typology of stakeholder group	Justification	Protection management
High	Participants	• High degree of vulnerability	☑ Coding ☑ Signed consent
Medium	Paid staff and volunteers	• Protected by protection clauses (agreement)	☑ Signed consent
Low	Private or state entities (Public Administration, etc.).	• Public entities	☑ Signed consent

Source: Own elaboration.

4.2 IDENTIFICATION OF WELL DEFINED OUTCOMES (QUALITATIVE)

This section answers the questions:

What changed?
What were the changes that the program generated for the different stakeholders?

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

The process followed to identify these changes is described in Table 14 which includes evidence of how the change definition process was designed to capture any intentional and unintentional changes, positive and negative. These changes are also reflected in the Value Map (see Appendix IX). To be noted, the Value Map only includes the changes that were material.

In SROI, a "material" change is one that is relevant and significant for stakeholders and must be included in the analysis because it has a real impact on their lives and on how they perceive the value created. It is relevant when it directly affects stakeholders and has a clear relationship with the activity. It is significant because it is important enough to change how someone views the value or impact generated. Therefore, the value map includes only those changes, excluding those that do not alter decisions, key outcomes, or essential perceptions.

The information about the changes experienced comes directly from the stakeholders involved in the intervention. Various data collection methodologies were used (see Table 13).

4.3 THE PROCESS TO IDENTIFY THE WELL-DEFINED OUTCOMES

Initially, a purposive sampling strategy was employed to ensure representation across all predefined stakeholder groups (see Section 4.1.1 for group definitions, selection criteria, session counts and participant numbers).

The number of focus groups and interviews was limited once data saturation was reached (see Section 4.4 for details).

The table below shows the number of participants involved in this part of the evaluation, as detailed in the Section 4.1.3 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 22. Number of groups and participants engaged

	Participants (all groups)	Paid staff	Volunteers	Alliance - 3rd Sector and Public Services
Number of focus groups (4-8 participants)	34	8	4	0
Number of individual interviews	5	0	1	20
Sample:	**177p (2.95%)**	**33p (47.14%)**	**17p (13.71%)**	**20p (15.27%)**
Type of data collected:	Quantitative			
Data collection method:	Focus Groups and individual interviews			

Source: Own elaboration

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

Figure 19. Example of focus group online session



Source: Own elaboration.

Each respondent joined from a dedicated room in a community facility (e.g. library, assembly hall, organisation space or bar) where audio-visual equipment had been installed and tested in advance. Before each session began, the facilitator confirmed that every participant could see and hear the evaluator clearly. Seating was arranged in a semi-circle so that all participants were equally visible and had equal access to the facilitator; this minimized the risk of dominant voices overshadowing others and ensured that each respondent had their own "voice."

In cases where language barriers arose, a translator or bilingual participant assisted—an approach judged preferable despite the potential for bias, because it allowed the speaker's perspective to be heard directly. In this case it was clear that there was a need to cover for Arabic language, wherefore all interview preparation materials were translated into Arabic, as it was one of the most significant language barriers for some stakeholder groups. AI-generated videos were developed and scripted in collaboration with Arabic speakers, and the presentation materials included key terms written in Arabic. These efforts ensured that no respondents were excluded due to language-related issues.

Figure 20. Material used to overcome language barrier

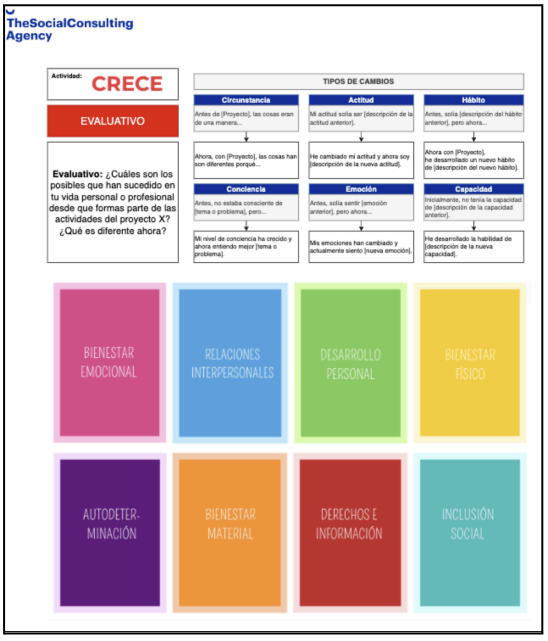


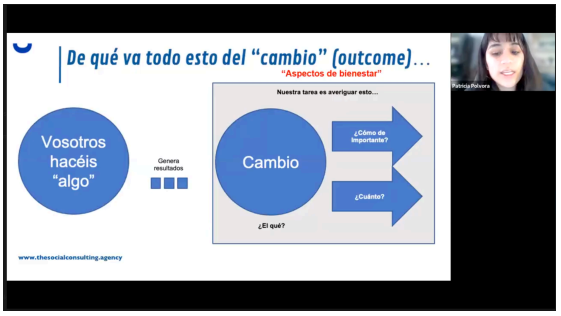
Source: Own elaboration

Representatives of the organization were not in the room to avoid biased responses, but remained nearby in a separate space to provide technical assistance, emotional support, or an early exit if needed.

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

Figure 21. Material used to explain the concept of change





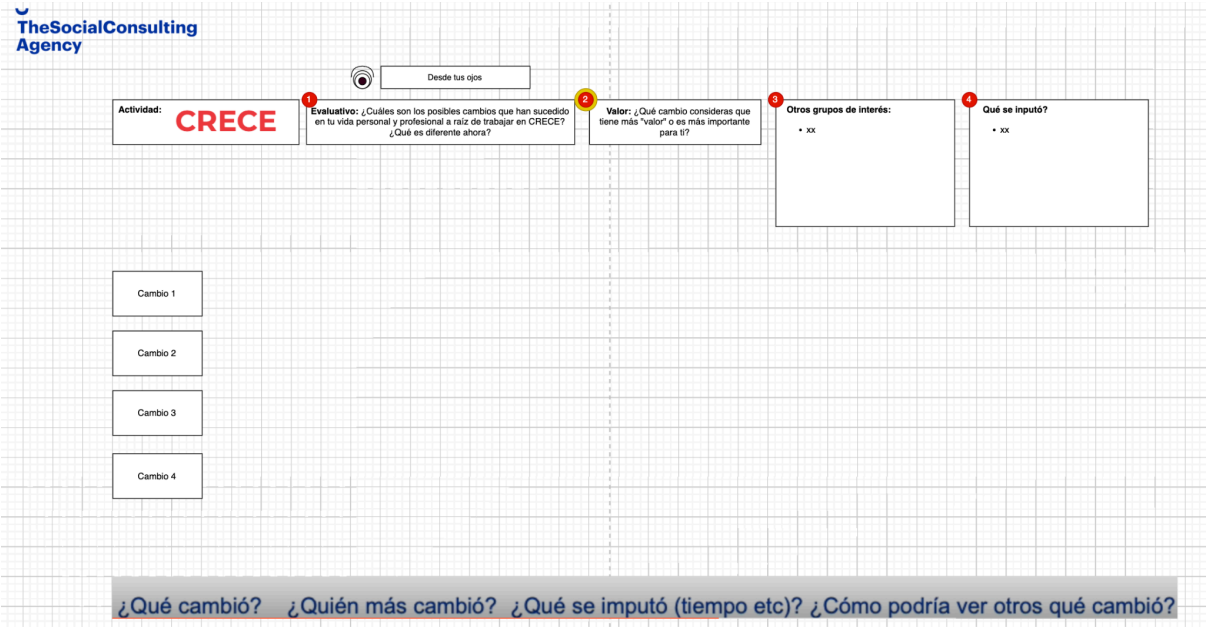


Source: Own elaboration.

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

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

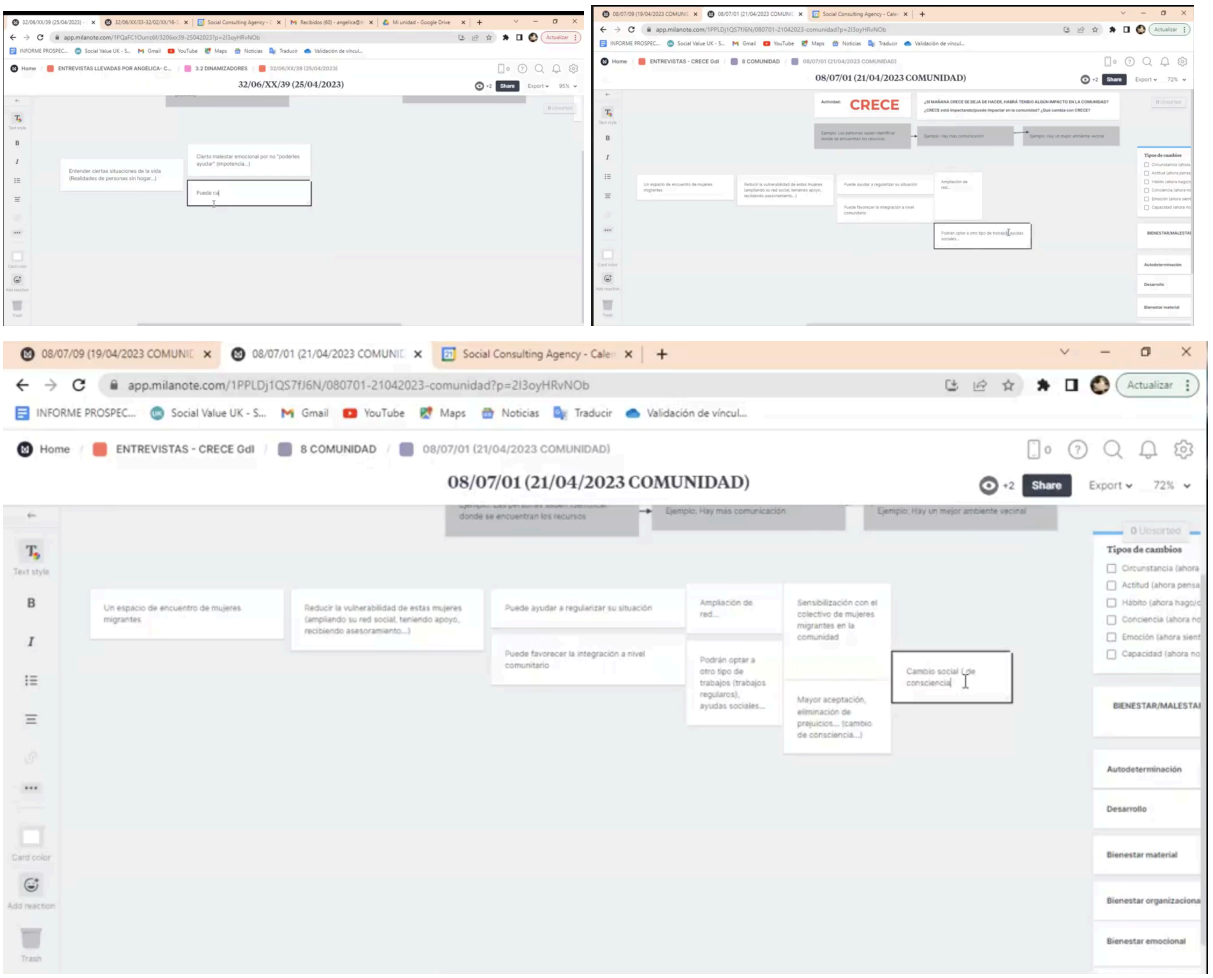
Figure 22. Template used to outline the chain of events



Source: Own elaboration

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

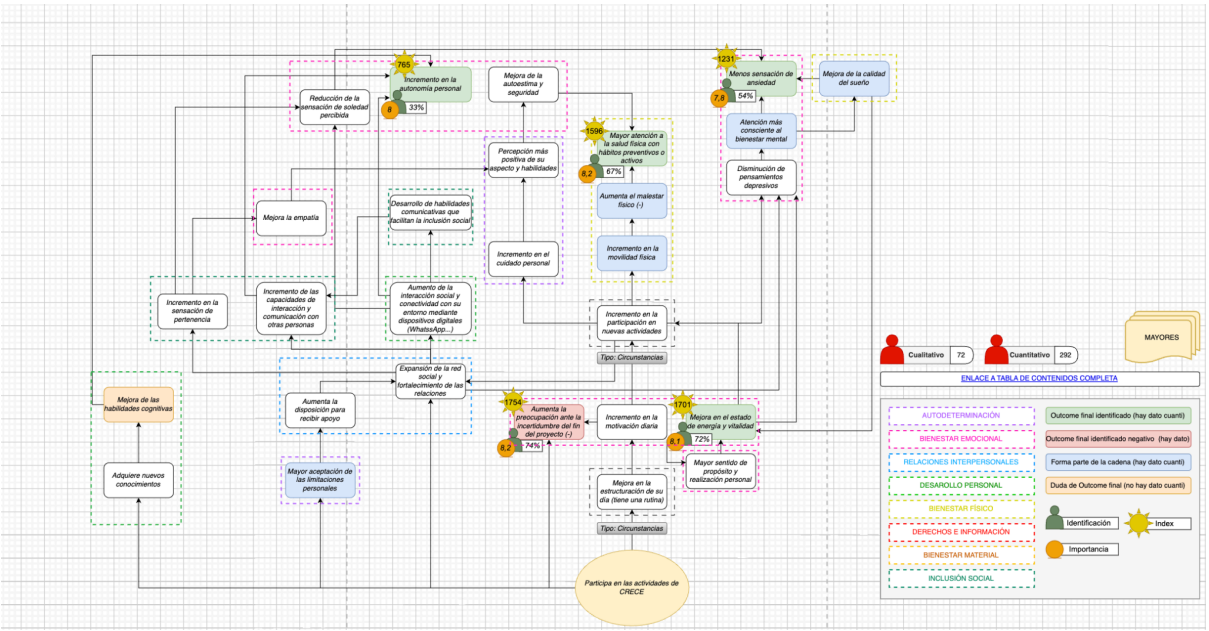
Figure 23. Example of material used to capture the chain of events



Source: Own elaboration

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

Figure 24. Example of material used to validate the chain of events



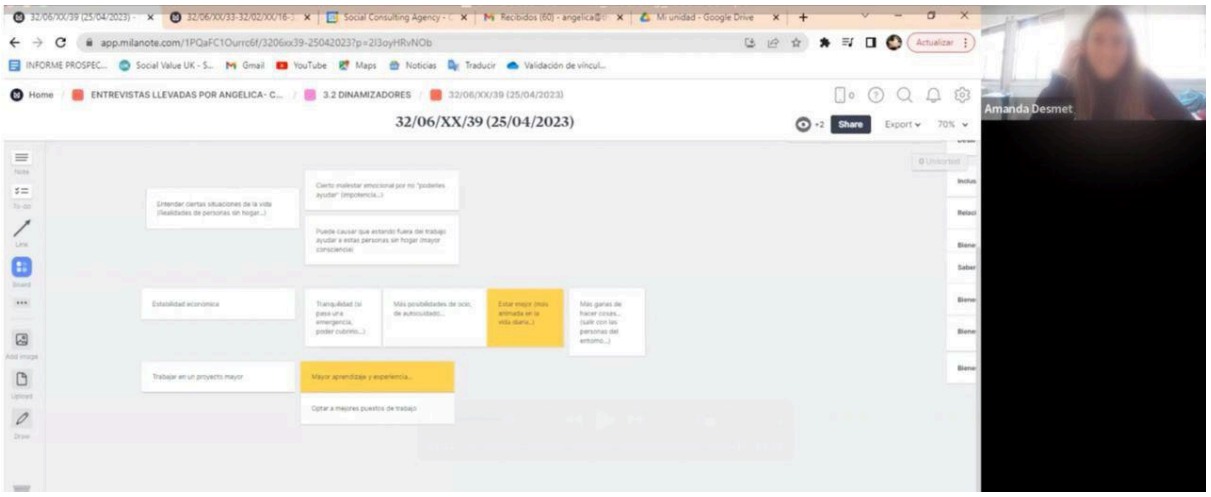
Source: Own elaboration

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

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

materials adapted and a prior confidentiality briefing, to elicit both expected and unexpected changes.

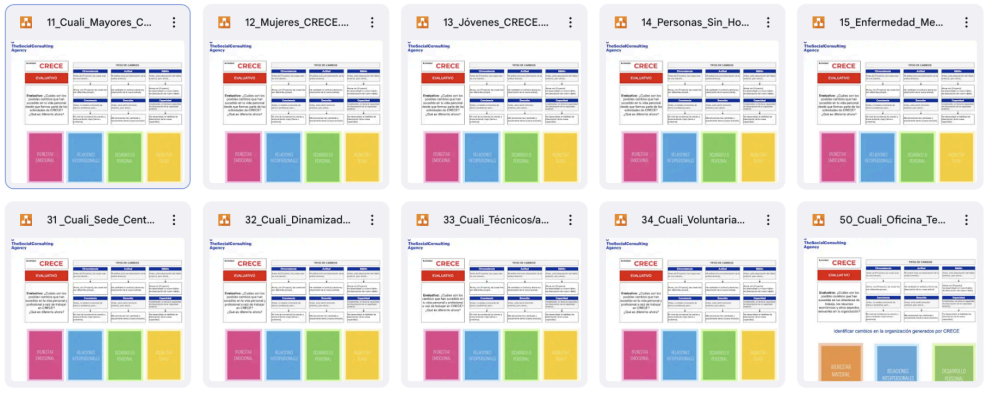
Figure 25. Material used to capture the chain of events



Source: Own elaboration.

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

Figure 26. Example of consolidation of chain of events



Source: Own elaboration

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

4.4 HOW SATURATION OF DATA WAS DETERMINED

According to Principle 1: "***Involve Stakeholders***", "*…the levels of involvement must be adequately justified...*". In the qualitative phase of stakeholder engagement, 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 information[47].

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 large enough to ensure that thematic saturation could be achieved. 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. Focus groups and interviews were conducted in a way that allowed for early termination if saturation was achieved before the full sample was

[47] 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.

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 hearing the same things repeatedly.*" To confirm this, the facilitator conducted a comparative analysis of the outcome chains, coding all identified changes from interviews and focus groups.

Figure 27. Example of analysis of qualitative data

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

Source: Own elaboration

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 forecasts and other similar SROI reports to ensure saturation had been met for the majority of the identified changes.

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

4.5 THEORY OF CHANGE INPUTS, OUTPUTS, OUTCOMES



"Not only do I feel less alone, but I also learned to handle my emotions better. Now I take more care of my mental well-being."

Elderly person - participant

In order to contextualize the well-defined changes described throughout this report, the relationship between the concepts: activities (described in Section 2.1), inputs, 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."[48].

The components are the following:

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

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

4.5.1 Inputs

Since the content was provided directly by stakeholders, the data originates from a primary source and reflects the value they themselves assigned to their contributions. This value is not necessarily linked to market prices or actual expenses, but rather to a subjective estimation—such as the value of time—from the stakeholders' perspective. In cases where the contribution involved an actual financial expense (e.g., budget allocations or personal costs), data from secondary sources or project records were used.

All values were adjusted to correspond to the 18-month evaluation period, ensuring that the inputs reflect only the resources required and used within that specific timeframe. This approach helps ensure that the valuation remains proportional and relevant to the activity being assessed, and consistent with the stakeholders' perceived value of their input.

The total value of financial and non-financial resources (inputs) associated with a year and a half of the CRECE program:

6.973.813€

Each stakeholder group is presented with a detailed overview of its activities, inputs, outputs, and outcomes in the corresponding sections. To understand the inputs part of the Theory of Change specific to each stakeholder group, please refer to the respective subsections in Section 4.6.

4.5.1.1 How input data was collected

All inputs identified in this report, whether financial or non-financial in nature, were assigned an economic value based on the data collected from the involvement of the stakeholders themselves. No group was left out of this analysis, since everyone contributed information to establish the value. The data collection took place both during the interview but also via survey.

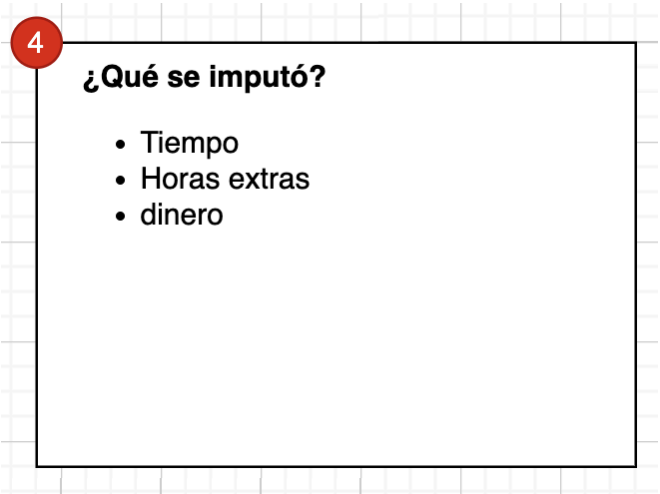
Table 23. Sample distribution of personnel contributing to input data

3. Value what matters	Participants	Paid staff	Volunteers	Alliances - Third Sector and Public Administration
***What:* Identify and value inputs**	☑ Yes	☑ Yes	☑ Yes	☑ Yes
How many:	**663 (11.10%)**	**56 (80%)**	**78 (62.90%)**	**22 (16.79%)**
Type of data collected:	Qualitative (indicators) and Quantitative (amount)			
Data collection method:	Interviews and Survey			

The table shows the number of people in total that were asked to provide data about the inputs. Source: *Own development.*

During the interview all stakeholders were asked: ***What did you contribute to the activity/intervention (if any)?***

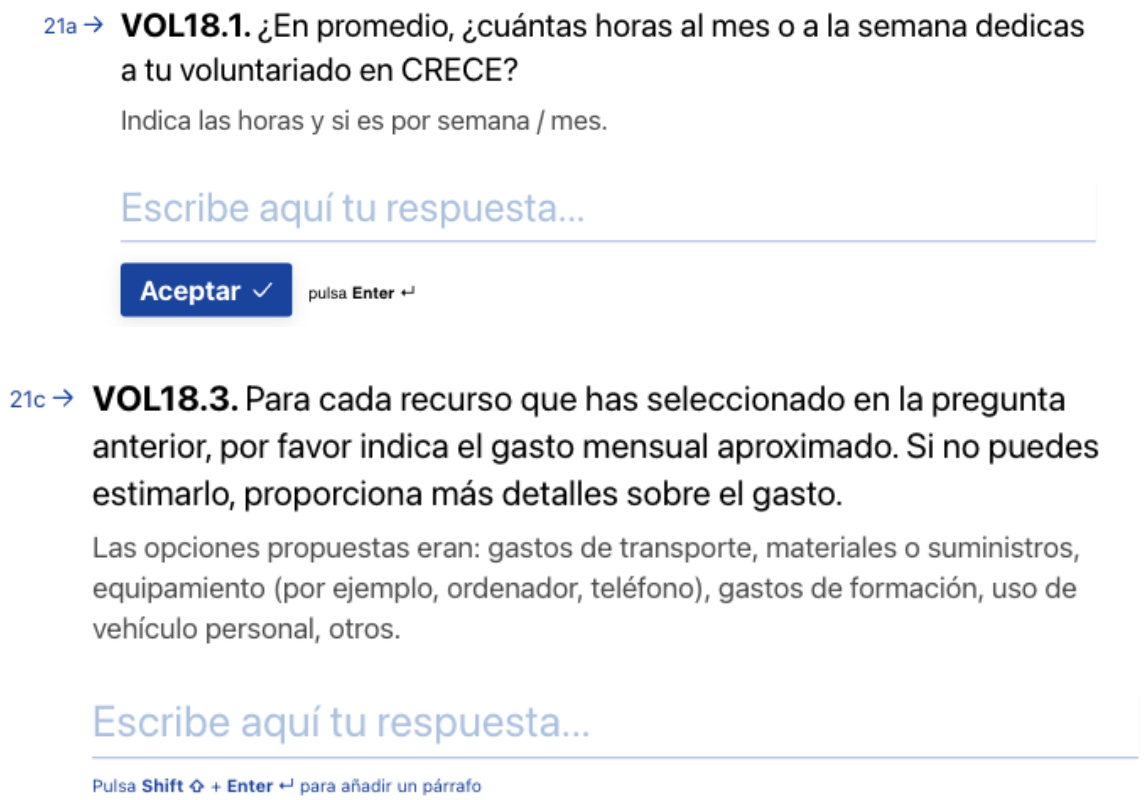
Figure 28. Example on material used to identify inputs



The image shows the template used and some examples to collect data on input (¿qué se imputó? Translates into "what was imputed"? the second image the data provided by the participants (extra working hours). Source: Own elaboration

Based on all the responses from the qualitative data collection, an analysis was carried out to identify the types of contributions mentioned by stakeholders. In the survey used to collect quantitative data, these contributions were included as indicators, which were validated by the entire stakeholder group and quantified where possible. For example, when stakeholders referred to time as a form of contribution, they were asked to specify the amount of time involved.

Figure 29. Example on material used to quantify the inputs



The first image displays the survey question used to quantify the indicator that served as the basis for input calculation, while the second image illustrates how the monetary value of the contribution was elicited. *Source:* Own elaboration

4.5.1.2 Reasoning applied to resource proxies (inputs)

The amounts of economic value indicated in the Theory of change explained separately for each stakeholder in Section 4.6 are the result of two complementary valuation approaches as mentioned above (stakeholder informed and secondary data).

By combining these two sources of evidence—and excluding non-incremental contributions—the analysis below presents the evaluators' judgments on the inputs, supporting their selection and explaining why they were considered material based on the

data collected. The final valuation reflects both the stakeholders' input and the professional judgment of the evaluation team. While this process inherently involves a degree of risk, the evaluators believe this risk is mitigated by grounding the analysis in stakeholders' perspectives, as captured during two separate moments in the data collection.

Furthermore, recognizing the remaining uncertainty, several of the input variables were included in the sensitivity (see Chapter 12. Sensitivity Analysis) analysis to assess how variations in their estimated values could influence the overall SROI ratio and its implications for decision-making.

Thus, the input data in this report (can be found in the Theory of change explained separately for each stakeholder in Section 4.6 or in the Appendix IX) reflects only those inputs judged material.

In order to understand the values, the following clarifications and judgment criteria are presented.

Clarification of input value provided by the financers

This section outlines the contributions of the two key funding organizations that enabled the implementation of the CRECE project. While these stakeholders were essential to the project's success, they are not included in the subsequent outcome analysis, as they did not experience direct changes as a result of the intervention. Their input is nonetheless detailed here as part of the overall Theory of Change (which can be experienced in the Value Map Appendix IX), to reflect their foundational role.

Financier - Executing Organization Red Cross: In addition to implementing the project, the Red Cross contributed non-financial value totaling 201.204,46€, calculated as a direct monetary estimate of the organization's own funds dedicated to the CRECE project between January 2023 and June 2024. This contribution underscores the Red Cross's institutional commitment and operational support, which were critical to the project's execution. This amount is recorded in the organization's accounting as part of its direct contribution to CRECE.

Judgment and risk: This input was considered to carry a low risk of misrepresenting the assigned value, as the organization maintained well-documented and controlled records of all contributions made by the Red Cross that were not covered by the project's external investment. These contributions had already been assigned monetary values, sourced directly from the organization's balance sheets and financial statements.

Since the data were collected after the project had ended, they reflect the actual monetary value of the contributions. Consequently, this input is viewed as low risk in terms of being misleading, overstated, or understated. Moreover, the contribution was deemed material, as it represented a significant share of the resources mobilized by the organization. It is also relevant for decision-making, particularly when considering the potential expansion of the intervention to other regions or implementing organizations beyond the Red Cross.

Financier Public Administration Ministry of Social Rights, Consumption and Agenda 2030: The Ministry served as the primary financial backer of the project, contributing a total of 6.475.946,33€ to support the execution of the CRECE project over an 18-month period. This funding covered a comprehensive range of expenses including: Project coordination and staffing in various territories, Rental of venues, Materials for beneficiaries, Travel, per diem, accommodation, and maintenance, Engagements with public institutions, Equipment and software: computers, licenses, mobile terminals, Development of digital tools: IMAP, voice assistants, CREDEI and support platforms with robotics and WiFi connectivity.

The "Integral" CRECE intervention has had a total budget execution of 16.121.556,13€, distributed over three years: 933.004,95€ for year 1 (2022), 5.224.542,77€ for year 2 (2023) and 9.964.008,41€ for year 3 (2024). This budget includes all the costs of the intervention, both direct and indirect: personnel (28,26%), maintenance and development of activities (31,65%), subsistence and travel expenses (0,89%) and equipment (33,72%). All of these elements are considered resources ("inputs") directly associated with the intervention, allowing comparison, once adjusted to the evaluation period, the monetary value of the resources invested with the monetized value of the results ("outcomes") generated by the project.

In this report, the total estimated value for the period between January 2023 and June 2024 (18 months) is included exclusively as the basis on which the resources (inputs) have been calculated, adjusted to the intervention period as follows:

Value adjustments to the intervention period: For the input of this stakeholder group, it was necessary to recalculate a new budget "base" that excluded the value of the development of the equipment, since it was not part of the intervention itself (but was used as a resource). Thus, from the total budget for 2023, which amounts to 5,224.542,77€, 4.160.809,75€ were deducted, corresponding to the investment in equipment that year, leaving a new budget base for 2023 of 1.063.733,02€.

The same procedure was applied to the budget of 9.962.667,50€ (2024), from which 1.178.636,80€ corresponding to maintenance were subtracted, resulting in a new base of 8.784.030,70€. This amount was divided by 12 months and multiplied by 6 months, in order to calculate the proportional part corresponding to the intervention period evaluated in this study.

The result of this calculation was a total of 5.455.748,37€, to which 1.020.197,96€ were added, corresponding to the value of the equipment during the period analyzed, the total of which was adjusted as follows:

Adjustments of values "consumed" in the period: To adjust the resource for this period to the corresponding value, adjustments were made that included the values "consumed" during the evaluated period, so that they corresponded to the estimated values for the impacts, within the same period of time. In the same way that "proxies" (value approximations) were used in the assessment of changes, value proxies were applied to the identified resources (inputs), taking into account the necessary adjustments for those values that had a useful life beyond the intervention period, in this case being the equipment (valued at 5.441.055,76€ for the entire 2022-2024 period).

For this adjustment, the amortization principle indicated by the accounting law applied in Spain was applied. This principle, detailed in regulations such as IAS 16 - Property, Plant and Equipment of the International Financial Reporting Standards (IFRS) or the General

Accounting Plan (PGC) in Spain[49] It is based on gradually distributing the cost of goods over their estimated useful life, reflecting their depreciation due to wear, technological obsolescence or constant use. For this analysis, an average useful life of 8 years was considered, since the amount of "equipment" includes both software development and electronic equipment and office inventory whose amortization period ranges between 6 and 10 years.[50].

By applying these adjustments, it is recognized that this is not an exact assessment, but it is rigorous enough to serve as a basis for the calculation, without the risk of significantly affecting the ratio.

For this purpose, an analysis of the estimated value was also carried out, but by location, corresponding to 22.671€ in equipment for the period studied. This amount is close to the production cost of an audiovisual piece for an interactive exhibition (whose amount taken as an example comes from an audiovisual development carried out within the project), and the rental of virtual glasses[51], both key components of the project. This similarity reinforces the validity of the amount estimated as reasonable in relation to the value of the equipment considered. The formula applied was:

Figure 30. Formula to calculate amortization of technological equipment

$$(Valor total/8años) = valor/año/12meses(valor/mes) * 18meses$$
$$(5.441.055,76€/8años = 680.131,97€/año)/12meses = 56.677€/mes * 18meses = 1.020.197,96€.$$

Source: Own elaboration

To apply this adjustment, a new budget "base" had to be calculated that did not include the value of the equipment as described in previous paragraphs. With this adjustment, the total amount of 10.206.546,98€, which included the total investment in equipment, was adjusted by subtracting the difference between the initial value of the equipment (5.441.055,76€) and

[49] *General Accounting Plan*. University of Valencia. Available in https://www.uv.es/contagest/Varios/pgc.pdf.
[50] *Manual of economic activities. Tax obligations of businessmen and professionals residing in Spanish territory*, Tax Agency, last modified on April 29, 2022, https://sede.agenciatributaria.gob.es/Sede/ayuda/manuales-videos-folletos/manuales-practicos/folleto-actividades-economicas/3-impuesto-sobre-renta-personas-fisicas/3_5-estimacion-directa-simplificada/3_5_4-tabla-amortizacion-simplificada.html
[51] Grover. (s.f.). *Rent technology flexibly with Grover*. Retrieved on February 26, 2025, from https://www.grover.com/es-es

the depreciation value corresponding to the 18 months evaluated (1.020.197,96€). This resulted in a new number of resources contributed during the evaluation period of 5.785.689,18€, according to the following formula:

Figure 31. Formula for calculating the total value of technological value

$$10.206.546,98€ - 5.441.055,76€ + 1.020.197,96€ = 5.785.689,18€.$$

Source: Own elaboration

Judgment and risk: The evaluation of the input provided by the organization that financed the intervention was considered to be low risk. This is because the data were extracted from the organization's updated and detailed financial records, which had already been reported to the funder and were current at the time of data collection. The information was properly aligned with the 18-month evaluation period, and any components not directly related to the specific activity—though part of the broader program—were excluded. These excluded elements included items, services, or products that would not naturally be part of a replicated implementation. In order to ensure specificity and accuracy, the evaluation team judged that such values should be removed from the final input value.

The final valuation was derived using existing and validated financial tables and methodologies for asset valuation. The evaluators referenced established standards to guide these calculations, ensuring transparency and enabling the organization to replicate the approach in future applications or expansions of the program.

Clarification of value of participating people

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

Clarification of value of paid staff

In this evaluative analysis, the input values that have been included in Section 4.6.8 related to the contribution of the personnel involved in the CRECE project, were developed based on stakeholder data combined with secondary sources. To quantify it, data were collected

from the surveys assigned for data collection, where paid staff were asked about the extra hours dedicated to the intervention and the personal resources provided beyond what was covered by their contract with the project. The evaluation team judged that those most appropriate to provide data in relation to the value of their input, were the stakeholder themselves.

Of the 61 responses obtained, 45.9% (28 people) indicated that they had made some type of additional contribution to the project, while 42.6% (26 people) indicated that they had not made extra contributions and 11.5% (7 people) chose not to comment on the matter.

Among those who reported additional contributions, the most frequent were the use of their own equipment or materials (14.5%), unreimbursed transportation expenses (8.1%) and investment in additional training (6.5%). Other contributions were also identified such as administrative fees, food expenses for participants and use of a personal vehicle.

The evaluator team judged that although these contributions were significant to understand the staff's commitment to the project, they were not included in the monetary quantification of the SROI due to the difficulty of establishing standardized values for this diversity of contributions and the variability in their reporting, thus not considered material.

The following sections detail the specific analysis of the overtime contributed by the stakeholder group of paid personnel, according to each role, an element that has been able to be quantified systematically.

The salaries of this stakeholder group would be covered by the project budget. However, the "extra" hours contributed by the paid staff themselves were not subsidized, so it represented an "extra" value contributed by each individual and must be taken into account in the total calculation of the value contributed.

To calculate the value per hour "invested" by the CRECE project team, the total budget indicated by the organization as destined to cover personnel was used as a base (4.432.155,09€ for 3 years, distributed among 70 workers, including 16 technicians, 42

facilitators and 12 people from the Central Office). This represents an annual budget of 1.477.385,03€ and an annual business cost per employee of 21.105,50€.

From this company cost, 32.5% corresponding to the company's Social Security contribution was first deducted (midpoint between the 30% and 35% that companies usually pay for common contingencies, work accidents, unemployment, etc.), thus obtaining the worker's gross annual salary of 15.928,68€.

The deductions corresponding to the worker were applied to this gross salary: personal income tax calculated by sections (19% on the first 12.450€, 24% on the remaining amount, according to the withholding tables for 2023) and the worker's Social Security Contribution (4.7%). After these deductions, a net annual salary of 11.979,65€ is obtained. Dividing this value by the 1.739 annual hours established in the collective agreement[52], by 2023, a value per hour of 6,89€ net is obtained.

Regarding the number of overtime hours dedicated to the project, it was considered appropriate to carry out an analysis according to the professional role (Headquarters, Facilitators and Technicians).

Regarding the Central Office team, from the data collection carried out (10 responses out of a total of 12 people[53]), 5 people reported putting in "extra" hours with a monthly average of 9,4 hours. Considering the proportion of responses obtained (50% reported overtime), it is estimated that 6 people of the total team (12 people) would contribute overtime, which represents 56,4 hours/month (6 people × 9,4 hours). Applying this data to the duration of the project (18 months), a total of 1.015,2 is obtained hours contributed as "extra" value by the Central Office team.

Using the value per hour calculated previously (6,89€), the value contributed by said group in the 1.015,2 total overtime hours reported adds up to a total value of 6.993,52€.

[52] Official State Gazette (BOE). 2022. *Royal Decree 615/2022, of June 14, which approves the criteria and procedure for the evaluation of social impact*. BOE-A-2022-17633. https://www.boe.es/diario_boe/txt.php?id=BOE-A-2022-17633.
[53] Of the 10 responses obtained: 9 people currently work on the CRECE project and 1 person no longer works on the project but is still in the organization.

The overtime hours reported by the Central Office team have been dedicated mainly to two types of activities: administration of issues related to the CRECE project and documentation, writing and registration tasks related to the project. This information helps to understand that the additional hours have been invested mainly in guaranteeing correct administrative and documentary management of the project.

Regarding the professional people with the role of Facilitator, from the data collection carried out (36[54] responses from a total of 42 people), 19 people reported putting in "extra" hours with a monthly average of 5.25 hours. Considering the proportion of responses obtained (52.8% reported overtime), it is estimated that 22 people of the total team (42 people) would contribute overtime, which represents 115.5 hours/month (22 people × 5.25 hours). Applying this data to the duration of the project (18 months), a total of 2.079 hours contributed as "extra" value by the team of Facilitators is obtained.

Using the value per hour calculated previously (6,89€), the value contributed by said group in the 2.079 total hours reported adds up to a total value of 14.324,31€.

The overtime hours reported by the Facilitators team have been dedicated mainly to five types of activities: direct intervention with the participants, documentation, writing and registration tasks related to the project, administration related to the project, out-of-hours contact with suppliers, volunteers and users due to time incompatibility, and meetings with Headquarters/territory. This information helps to understand that the additional hours have been invested both in direct attention to users and in management and coordination tasks necessary for the development of the project.

Regarding professionals with the role of Social Inclusion Technicians, from the data collection carried out (16 responses from a total of 16 people), 6 people reported dedicating "extra" hours with a monthly average of 8,8 hours. Considering the proportion of responses obtained (37.5% reported overtime), it is estimated that 6 people of the total team (16

[54] Of the 36 responses obtained: 35 people currently work on the CRECE project and 1 person no longer works on the project but is still in the organization.

people) would contribute overtime, which amounts to 52,8 hours/month (6 people × 8,8 hours). Applying this data to the duration of the project (18 months), a total of 950,4 hours contributed as "extra" value by the team of Technicians is obtained.

Using the value per hour calculated previously (6,89€), the value contributed by said group in the 950,4 total hours reported adds up to a total value of 6.548,25€.

The overtime hours reported by the Technician team have been dedicated mainly to two types of activities: administration of issues related to the CRECE project and documentation, writing and registration tasks linked to the project. This information shows that the additional hours have been invested mainly in tasks of a bureaucratic and administrative nature, prioritizing the documentary management of the project.

Table 24. Summary of overtime hours reported by staff role

	Total people in the role	Total people involved	They report overtime	% reporting overtime	Total hours 18 months	Value €
Headquarters	**12**	**10**	5	50%	1.015,2	6.993,52€
Energizers	**42**	*36*	19	52,8%	2.079	14.324,31€
Technicians	**16**	*16*	6	37,5%	950,4	6.548,25€
Total						**27.866,08€**

Note: The first column indicates the number of people involved in the evaluation, the second the number of people who report "overtime" outside of the contract, the third column the percentage of responses that report "overtime" out of the total responses; The fourth column reports the total hours of the professionals, applying an average hour/week and taking into account 18 months of work. The last column corresponds to the value imputed to the personnel stakeholder group, according to their role. Source: own work.

Judgment and risk: The valuation team determined that it was important to highlight the additional contribution of paid staff in the form of "extra" working hours, as this was essential for the successful implementation of the intervention. If the intervention were to be replicated, this would represent a necessary resource that would need to be planned for.

Therefore, the input was considered material and was included in the analysis to reflect the true cost of delivering the activity.

While there was a potential risk of misestimating the total number of hours—given that no exact time-tracking system was in place and the data were self-reported—this risk was mitigated by several factors. First, the staff involved demonstrated a strong awareness of their workload and the additional time they were contributing, largely due to concerns about burnout and the project's demands. Second, although hourly rates may vary slightly between territories or regions, a standardized approach was applied to maintain consistency, using the existing "agreements" (role indications on governmental level) for calculation on hourly rates, they were standard and gave a good and realistic average rate.

Given the reliability of the self-reported data and the context in which it was provided, the evaluation team judged that the input valuation was based on credible information. As a result, the risk of underestimating or overestimating the value was considered low.

Clarification of value of volunteers

In this evaluative analysis, the input values that have been included in Section 4.6.9 related to the contribution of the volunteers involved in the CRECE project, were developed based on stakeholder data combined with secondary sources.

To quantify it, data were collected from the surveys assigned for data collection, where volunteers were asked about what their contribution had been. In all cases they talked primarily about the hours dedicated to the intervention and the personal financial resources provided beyond what was covered by their volunteer contract with the project. The evaluation team judged that those most appropriate to provide data in relation to the value of their input, were the stakeholder themselves.

Between October 4, 2022, and July 31, 2024, a total of 729 volunteers (229 women and 500 men) contributed to the intervention, collectively carrying out 8,395 activities over 17,309.50 hours. This translates to an average of 2.06 hours per volunteer shift. The total value of the inputs provided by the volunteers was estimated at 172.826,19€. This figure includes the

monetary value of their time, calculated using a net hourly rate of 9.10€—equivalent to what a salaried employee would receive for similar work—resulting in 157.516,45€. In addition, volunteers reported 15.309,74€ in direct out-of-pocket expenses. These combined inputs reflect the significant, measurable contribution of volunteer engagement in the project.

Judgment and risk: The evaluation team judged that, although an average proxy was used, the data underlying the calculation were accurate, as they came directly from the organization's volunteer registration system. This system provided exact records of the number of volunteers and the total hours contributed.

The only element subject to variability was the monetary proxy selected to value the volunteers' time. Based on explanations provided by both the volunteers and the organization, the evaluation team judged that it was clear that volunteers acted as an extension of the existing staff in the territory, supporting participants across all activities.

The organization itself did not significantly distinguish between paid staff and volunteers in terms of roles and responsibilities; volunteers were considered part of the team and performed comparable tasks. Therefore, the evaluation team deemed it fair and appropriate to use the same hourly rate applied to similar roles when valuing the volunteers' input.

While there was a potential risk that individual volunteers might have valued their time differently, this was mitigated by incorporating self-reported monetary expenses from volunteers, which likely reflect some of the personal value they assigned to their contributions. Although a personalized valuation could have produced slightly different outcomes, the use of an average proxy was considered a consistent and justifiable approach.

The risk of material misjudgment is considered low, as such variations were unlikely to affect decision-making. This is particularly true for the Red Cross, where volunteerism is a foundational element of the organizational model. Therefore, even if the value of the input had been slightly overestimated or underestimated, it would not substantially alter strategic decisions regarding the continuation or scaling of the intervention.

Nevertheless, the input was deemed material because the organization considered it important to highlight the magnitude of the volunteers' contribution—especially in comparison to that of paid staff. This distinction demonstrates the critical role that volunteers played in the delivery of the intervention and underscores their importance should the activity be replicated in other regions or by other entities.

Clarification of Alliances (Public Administration and NGOs)

In this evaluative analysis, the input values included in Sections 4.6.10 and 4.6.11, which relate to the contributions of collaborating organizations, were developed using a combination of stakeholder-provided data and secondary sources.

To quantify these contributions, data were gathered through structured surveys in which representatives of the collaborating organizations were asked to describe the nature and extent of their involvement. The Red Cross was also asked to reflect on how these contributions were perceived and experienced. In all cases, the primary form of contribution mentioned was the time dedicated to coordination work related to the intervention—classified as a "time" input.

The monetary valuation of this input was calculated based on the participation of 331 organizations in the CRECE project from January 2023 to June 2024. It was estimated that each organization contributed an average of two hours per month, excluding August 2023. The valuation used the hourly cost established by the Social Intervention Agreement: 13,83€/hour for 2023 and 14,27€/hour for 2024. These reference rates were applied to reflect a fair and standardized value for the time invested by the collaborating organizations in the coordination and implementation of the intervention.

In this evaluative analysis, the input values that have been included in related to the contribution of the collaborating organizations, were developed based on stakeholder data combined with secondary sources.

To quantify it, data were collected from the surveys assigned for data collection, where the organizations were asked about what their contribution had been, as well as the Red Cross

were asked on how they experienced their contribution. In all cases they talked primarily about the hours dedicated to the intervention in coordination work.

Judgment and risk: The evaluation team judged that both the indicator and the proxy used were well aligned with what stakeholders considered to be their actual investment—namely, the time they dedicated to the project during their regular working hours. Since this time was taken from their professional responsibilities rather than personal time, the use of a working-hour rate was considered the most appropriate proxy to reflect the value of their contribution.

The risk of underestimating or overestimating the value assigned to the average number of hours was acknowledged, particularly given that different organizations may have participated with varying levels of intensity depending on the territory. To arrive at a realistic average, the evaluation team worked in collaboration with Red Cross representatives to estimate the number of coordination sessions that had been recorded and the average duration of those sessions, which typically ranged from one to three hours.

Based on this process, the evaluation team considered the resulting valuation to be a reasonable approximation of the input value. They also recognized that, while some margin of error was possible—such as an under- or overestimation of 30%—such a variance was unlikely to significantly affect decision-making. In general, the Red Cross considers this level of engagement to be a baseline expectation for collaboration, meaning that any additional time invested would be regarded as a positive contribution rather than a critical factor influencing future collaboration decisions. Still, this possible change was applied in the sensitivity analysis to value possible variations (see Chapter 12. Sensitivity Analysis).

4.5.2 Outputs

Outputs are the direct results of an organisation's activities, representing the tangible goods, services, or engagements delivered to stakeholders[55]. For this project, outputs were primarily identified through internal documentation and monitoring materials, which included data on the number of participants, activities, and sessions associated with each stakeholder group. An additional source of output data came from stakeholder interviews, during which participants themselves described outputs they generated as a direct consequence of their involvement in the activities.

Each stakeholder group is presented with a detailed overview of its activities, inputs, outputs, and outcomes in the corresponding sections. To understand the output part of the Theory of Change specific to each stakeholder group, please refer to the respective subsections in Section 4.6.

Clarification on the outputs of the financers: This section outlines the outputs of the two key funding organizations that enabled the implementation of the CRECE project. While these stakeholders were essential to the project's success, they are not included in the subsequent outcome analysis, as they did not experience direct changes as a result of the intervention. Their inputs are listed in the previous chapter and the outputs are detailed below but also part of the overall Theory of Change (which can be experienced in the Value Map (see Appendix IX).

Output for the executing organization - Red Cross

- ☑ 1 innovative intervention proposal tested in 16 territories that include 53 localities
- ☑ 70 professional people trained in the CRECE intervention model
- ☑ 300+ volunteers with experience in the CRECE intervention proposal
- ☑ 50 collaborations with companies (employment insertion of women and young people)

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

- ☑ 1 data analytics model for the identification of unwanted loneliness and the best responses
- ☑ 1 mapping of resources by locality in which the project has been carried out
- ☑ 1 technological tool for community intervention
- ☑ 1 network with 331 entities to collaborate on actions that address unwanted loneliness
- ☑ Capacity training program for community intervention.
- ☑ New training actions on unwanted loneliness and intervention with various population groups.
- ☑ 1 Mentoring tool: “Building achievements for a good life in the community”.
- ☑ 1 kit of specific technological solutions for unwanted loneliness

Output for the financial founder - Public Administration - Ministry of Social Rights, Consumption and Agenda 2030:

- ☑ 1 social intervention pilot that addresses unwanted loneliness, tested and with evidence.

4.5.3 Summary list of all changes identified by all stakeholders

The following table presents a summary of all clearly defined changes that emerged from the chains of events identified across all stakeholder groups (see Section 4.6) as a result of their participation in the program. The purpose of presenting this information in advance—before detailing it for each stakeholder—is to provide a consolidated overview of all well-defined changes that emerged across stakeholder groups in a single, accessible section.

For each change, the table below includes the number of individuals who reported experiencing the change (as detailed for every stakeholder in Section 4.6), as well as the extrapolated estimate for the full stakeholder group, when the sample size was representative (as explained in Table 11).

Changes that were not included in the SROI calculation—due to being deemed insignificant—are clearly indicated, with the reasons for their exclusion explained in Chapters

6. Materiality analysis as well as 8. Materiality analysis where relevance and significance tests were applied to assess their materiality.

This summary table is intended to provide readers with a comprehensive overview of all well-defined changes identified by stakeholders, ensuring that no identified change is overlooked. It also mirrors the structure and content of the value map included in Appendix IX offering a clearer understanding of which changes were ultimately included in the value map and why. In this way, the section enhances transparency and aligns closely with the theory of change presented for each stakeholder in Section 4.6).

Table 25. List of all well-defined outcomes

Stakeholder	Well-defined outcome	#number of people who identify with the change		Materia (Included in Value Map) /not material
		Actual	Extrapolated	
Participants - Elderly people	Reduced feeling of loneliness	278	1287	These changes were deemed relevant according to the relevance test, and also significant according to the significance test. Therefore, they were considered material and included in the SROI analysis as well as Value Map.
	Strengthened sense of belonging to the local community	236	1178	
	Expansion of the support network	283	1212	
	Take better care of mental health	201	1387	
	Feeling that the things one does in life are worth it	210	1048	
	Increased concern and uncertainty about the continuity of the project (-)	215	1073	
	Increases personal autonomy	96	479	Relevant but not significant, not included in the SROI or Value Map.
	Improved cognitive skills	188	938	Excluded in the relevance test as not being relevant, and thus not included in the SROI calculation (nor Value Map)
	Better care for grandchildren	84	419	
	Feeling more physical discomfort (-)	72	359	
	Better acceptance of vulnerability	122	609	
Participants - Women in situations of social difficulty	Reduced feeling of loneliness	119	Not extrapolated, as the stakeholder group did not meet the threshold. Actual responses are	These changes were deemed relevant according to the relevance test, and also significant according to the significance test. Therefore, they were considered material and included in the SROI analysis as well as Value Map.
	Increased economic satisfaction	77		
	Increased housing satisfaction	36		
	Expansion of the support network	168		
	Strengthened sense of belonging to the local community	160		
	Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or	155		

Stakeholder	Well-defined outcome	#number of people who identify with the change		Materia (Included in Value Map) /not material
		Actual	Extrapolated	
	depression		used in the SROI and Value Map.	
	Increased personal autonomy	68		Relevant but not significant, not included in the SROI or Value Map.
	Feeling that life has more value	92		Excluded in the relevance test as not being relevant, and thus not included in the SROI calculation (nor Value Map)
	Taking better care of myself	108		
	Have conflicts with other people within the CRECE Project (-)	11		
	Returning to school and feeling more motivated to get an education	52		
	Losing some relationships by setting boundaries to strengthen my self-esteem (-)	49		
	Feeling uneasy about the CRECE Project coming to an end (-)	87		
Participants-Young people in situations of ex-tutelage and/or social difficulty	Reduced feeling of loneliness	31	Not extrapolated, as the stakeholder group did not meet the threshold. Actual responses are used in the SROI and Value Map.	These changes were deemed relevant according to the relevance test, and also significant according to the significance test. Therefore, they were considered material and included in the SROI analysis as well as Value Map.
	Strengthened sense of belonging to the local community	38		
	Initiated new studies (more motivated)	43		
	Expansion of the support network	64		
	Increased economic satisfaction	26		
	Increased housing satisfaction	26		
	Increase in appreciation for life	28		Relevant but not significant, not included in the SROI or Value Map.
	Increased personal autonomy	24		
	Has conflicts with other people	6		Excluded in the

Stakeholder	Well-defined outcome	#number of people who identify with the change		Materia (Included in Value Map) /not material
		Actual	Extrapolated	
	within the CRECE Project (-)			relevance test as not being relevant, and thus not included in the SROI calculation (nor Value Map)
	Feeling uncomfortable thinking that the CRECE Project will end (-)	22		
Participants - People experiencing homelessness	Reduced feeling of loneliness	94	Not extrapolated, as the stakeholder group did not meet the threshold. Actual responses are used in the SROI and Value Map.	These changes were deemed relevant according to the relevance test, and also significant according to the significance test. Therefore, they were considered material and included in the SROI analysis as well as Value Map.
	Increased economic satisfaction	40		
	Increased housing satisfaction	38		
	Improved physical and/or mental health	75		
	Expansion of the support network	92		
	Initiated new studies (more motivated)	89		
	Strengthened sense of belonging to the local community	88		
	Increased concern and uncertainty about the continuity of the project (-)	38		Relevant but not significant, not included in the SROI or Value Map.
	Increased personal autonomy	30		Excluded in the relevance test as not being relevant, and thus not included in the SROI (nor Value Map)
Participants - People with mental health difficulties	Reduced feeling of loneliness	12	Not extrapolated, as the stakeholder group did not meet the threshold. Actual responses are used in the SROI and Value Map.	These changes were deemed relevant according to the relevance test, and also significant according to the significance test. Therefore, they were considered material and included in the SROI analysis as well as Value Map.
	Expansion of the support network	19		
	Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression	19		
	Strengthened sense of belonging to the local community	16		
	Increase in appreciation for life	15		

Stakeholder	Well-defined outcome	#number of people who identify with the change		Materia (Included in Value Map) /not material
		Actual	Extrapolated	
	Greater financial satisfaction	3		Excluded in the relevance test as not being relevant, and thus not included in the SROI (nor Value Map)
	More hope of finding or keeping a job	2		
	Greater satisfaction with housing	5		
	Conflicts with other people within the CRECE Project (-)	10		
	Feeling uneasy about whether the CRECE Project will end (-)	16		
	Reduced dependence on other people	16		
Paid staff	**Expansion of the professional network**	61	69	These changes were deemed relevant according to the relevance test, and also significant according to the significance test. Therefore, they were considered material and included in the SROI analysis as well as Value Map.
	Improvement in professional development for tackling unwanted loneliness through community intervention	57	64	
	Increased stress (-)	50	56	
	Greater transfer of knowledge about unwanted loneliness to the personal and community level	33	41	Relevant but not significant, not included in the SROI or Value Map.
	Improvement in job satisfaction and well-being	48	60	
	Improved relationship with family	9	11	Excluded in the relevance test as not being relevant, and thus not included in the SROI (nor Value Map)
	Decreased self-confidence and self-esteem (-)	6	8	
	Greater sense of professional stagnation (-)	5	6	
Volunteers	**Improvement in mental health and**	**67**	**107**	These changes were

Stakeholder	Well-defined outcome	#number of people who identify with the change		Materia (Included in Value Map) /not material
		Actual	Extrapolated	
	emotional well-being			deemed relevant according to the relevance test, and also significant according to the significance test. Therefore, they were considered material and included in the SROI analysis as well as Value Map.
	Increased commitment and active participation in volunteering	66	105	
	Increases personal satisfaction and feeling of accomplishment	74	118	
	Improved perception of physical well-being	43	69	Excluded in the relevance test as not being relevant, and thus not included in the SROI (nor Value Map)
	Improved employment situation	16	17	
	Improved financial situation	5	8	
	Improved relationship with family	36	49	
	Change in the availability of free time (-)	2	12	
Alliances - 3rd sector & Public Administration	Greater awareness and appreciation of networking	9	Not extrapolated, as the stakeholder group did not meet the threshold. Actual responses are used in the SROI and Value Map.	These changes were deemed relevant according to the relevance test, and also significant according to the significance test. Therefore, they were considered material and included in the SROI analysis as well as Value Map.
	Increased concern and uncertainty about the continuity of the project (-)	8		
	Greater autonomy in the management of services focused on addressing Unwanted Loneliness (UL)	8		
	Greater visibility of the work of the public administration towards the community	11		
	Greater connection with the territory in line with the organizational mission (NGOs)	11		
	Expansion of services in areas not directly related to unwanted	6	Not extrapolated, as the stakeholder	Excluded in the relevance test as not being relevant, and thus

Stakeholder	Well-defined outcome	#number of people who identify with the change		Materia (Included in Value Map) /not material
		Actual	Extrapolated	
	loneliness (public administrations)		group did not meet the threshold. Actual responses are used in the SROI and Value Map.	not included in the SROI (nor Value Map)
	Greater possibility of obtaining more financial resources (NGOs/public administrations)	**10**		
	Implementation of a long-term strategy for addressing unwanted loneliness (WUL) based on community models (public administrations)	**6**		
	Increased need for and active participation of volunteers (NGOs)	**4**		
	Expansion of operational capacity in response to increased demand for services (more services/more people served) (NGOs)	**5**		
	Reduction in workload (public administration)	**5**		
	Increased organizational satisfaction (NGOs/public administration)	**19**		Relevant but not significant, not included in the SROI or Value Map.

Source: Own elaboration.

4.6 THE (WELL-DEFINED) OUTCOMES IDENTIFIED BY EACH GROUP



This section presents the analysis carried out to identify and evaluate the well-defined changes for decision-making in relation to each stakeholder group with a chain of events, supported with graphics and conclusions that support the reasoning.

Source: Images from the CRECE project image repository.

To determine which outcomes to measure, representatives from each stakeholder group were invited to identify all the changes they had experienced—as described in Section 4.2 of this report—including both positive and negative outcomes, rather than focusing solely on intended or anticipated results. These outcomes were then mapped through causal analysis to construct a coherent narrative of change, resulting in the development of event chains.

This process enabled the identification of outcomes that are genuinely valuable to stakeholders and therefore require active management. While it is not feasible to capture every change, it is possible to provide a reasonable representation of all material changes resulting from the activity.

In alignment with Social Value Principle 2 ***Understand the change***[56], the documentation states: "*A well-defined outcome is often likely to be a change in behaviour or circumstance; however, in some instances, it may also reflect a change in attitude, awareness or capacity. Defining outcomes and assessing materiality are interlinked. Materiality considers two aspects: relevance and significance. Significance is not addressed during the process of defining well-structured outcomes, but relevance is taken into account when evaluating what constitutes a well-defined outcome.*"

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

Accordingly, the analytical work undertaken to define these outcomes was complemented by a relevance-based materiality assessment, the details of which are provided in Chapter 6: Materiality Analysis and Identification of Relevant Changes.

To clearly visualize the changes identified by each stakeholder group and their interrelationships, the following section outlines the well-defined outcomes and the chain of events for each stakeholder.

4.6.1 Experienced by - Elderly participants

Based on data collected with a sample of 66 elderly participants, equivalent to 4.53% of the population studied[57], 11 well-defined changes (aspects of well-being) were identified that arose as a consequence of their participation in CRECE.

"Participating in CRECE has given me my life back."

Elderly person

The following table summarizes the 11 changes identified by this group, grouped by both positive and negative changes that occurred to this stakeholder. It's important to note that not all of these changes were included in the SROI calculation or value map (see included in Chapter 10. Future values). Some of them were ruled because they were not considered material (see relevance test Section 6.1) and (significance test Chapter 8. Materiality Analysis). For a detailed list of included and excluded changes, refer to Table 36.

[57] *Saturation was reached when approximately 50% of the interviews had been conducted.*

Table 26. Positive and negative changes identified

Changes positive identified (82%, 9 of 11)	Negative changes (8%, 2 of 11)
-Reduced feeling of loneliness **-Strengthened sense of belonging to the local community** **-Expansion of the support network** **-Take better care of mental health** **-Feeling that the things one does in life are worth it** **-Increased personal autonomy** **-Improved cognitive skills** **-Take better care of grandchildren** **-Greater acceptance of personal vulnerability**	**-Increased concern and uncertainty about the continuity of the project (-)** **-Feel greater physical discomfort (-)**

Source: Own elaboration.

Elderly people indicated the degree of importance that each of these changes had in their lives during the interviews, since not all changes provided the same value or were perceived with equal relevance. The number of how many identified with the change and how valuable the changes were to them, can be found in Section 5.2.1 as it was later on in the process, quantified and the data analyzed to support the identification of the well-defined outcomes listed.

The evaluators adapted the wording to match both the stakeholders' language and the organization's terminology, which sometimes differed. For example, a user might say "*I feel I'm part of the community,*" whereas the organization referred to this concept as "*community belonging.*" The evaluation team proposed names for each well-defined change during validation sessions with users and in meetings with the organization to ensure alignment. Consequently, the names listed in the table above were confirmed by both parties.

This translation work was essential because each change was meticulously defined, presenting the most effective options for decision-making to optimize the well-being of the program's elderly participants. By detailing these changes comprehensively, the team enabled more informed decisions regarding the participants' needs and welfare.

The following illustration reflects, in summary, what changes were identified by elderly people, including those that precede the change that adds value to them (in red). This allows us to understand which effects would be most relevant to inform decision-making in relation to improvements to the CRECE program that affect this group, thus contributing to optimizing its positive impact in future editions.

Table 27. The theory of change - Elderly participants

Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	As a result, stakeholders say they:	Well-defined outcomes to be measured
Group activities *Workshops* *Mental health sessions* *Social/recreational events / outings* *Skill-building* *Engagement with community entities* *Community walks* **Individual activities** **Personalized** *routines (crafts, literacy classes, attending church, goal setting)*	Time dedicated to the activities	Experience of 26.857 activities 41.09% of participating people reduce vulnerability factors	**Goes out** more, **engage** in more activities with others and **meet** new **people** The activities lead to improvement in **cognitive skills** so they **remembered** things better, they also learn **new things**, both practical as **mental skills** and they started to use the cellular phone more to communicate Feels **heard**, loved, and supported which lead to that they felt more "**valued**" by others, felt meaningful and had less **anxious**	**Exercise more** which in some cases leads to more **physical pain**, in other cases to **sleep better** and be more **energetic**, are more **motivated** to do things and gain **new friends** Felt more emotionally **uplifted**, met **grandchildren** more often, where **happier** and also improves **physical** and **mental** self-care practices	***Reduced feeling of loneliness** ***Expansion of the support network** ***Strengthened sense of belonging to the local community** ***Feel greater physical discomfort (-)** ***Take better care of mental health** ***Increase in personal autonomy** ***Better acceptance towards their own vulnerability** ***Improved cognitive skills** ***Feeling that the things one does in life are worth it** ***Take better care of your grandchildren** ***Increased concern and uncertainty about the continuity of the project (-)**
Analysis of the chain of events: The CRECE project introduced a multi-layered, person-centered approach to engaging older adults, combining group-based activities with personalized routines to foster social connection, emotional well-being, and specifically address unwanted loneliness. In contrast to conventional eldercare models—often characterized by passive service delivery—CRECE emphasized proactive engagement, encouraging participants to take an active role in shaping not only their personal					

experiences but also their involvement in community activities. This strategic shift was designed to not only meet basic support needs but also to promote personal agency and social reintegration, which evaluators judged to be critical in generating sustainable, meaningful outcomes for this population group.

Participants consistently noted that, although some of the activities offered by CRECE resembled those in other programs (such as workshops, outings, or recreational events), what set this initiative apart was its deep personalization and responsiveness to individual needs. They emphasized that the program's approach felt more attentive, respectful, and flexible, allowing each person to engage at their own rhythm, based on their interests and capacities. Evaluators recognized this design choice as a key enabler of authentic engagement and sustained participation, reinforcing the value of tailoring social interventions to the diverse realities and preferences of older adults.

From the outset, group activities—including mental health sessions, social outings, community walks, and skill-building workshops—created a safe, structured environment where participants could explore new experiences. In parallel, individualized routines such as crafts, literacy classes, church attendance, and goal setting allowed for the personalization of growth pathways. The evaluation team determined that this combination was essential in fostering a sense of ownership over one's development, as well as in catalyzing behavioral change.

Participants reported that these activities led them to leave their homes more frequently, engage in more diverse interactions, and form new social ties. The evaluators judged these behavioral shifts to be foundational, as they preceded a series of emotional and cognitive outcomes. Notably, improvements in cognitive abilities—such as memory and learning of new practical and mental skills—were consistently attributed to the program's mental stimulation components.

A particularly significant milestone, as observed and validated by the evaluator team, was the increased use of mobile phones for communication, which emerged directly from the technology-related activities organized by the Red Cross. These sessions provided hands-on guidance for participants on how to navigate mobile devices and digital tools, enhancing their confidence and digital literacy. While a broader set of technology-focused activities was designed as part of the program, implementation delays meant that many of these were not rolled out in time to be reflected in measurable outcomes within the evaluation period. Nevertheless, participants linked their initial digital skill development to both functional improvements in daily life and greater social integration, particularly through more frequent contact with family and peers.

Emotional outcomes were equally prominent. Participants described feeling heard, supported, and emotionally uplifted, which the team interpreted as indicative of a shift in self-perception and relational dynamics. These emotional shifts were closely tied to a greater sense of being valued, reduced anxiety, and the motivation to exercise more and reconnect with family, including more frequent visits with grandchildren. However, this increase in physical activity also produced divergent effects: while some participants experienced improved sleep and vitality, others reported heightened physical discomfort—an outcome the evaluators flagged as a potential area for adjustment in activity pacing and monitoring.

The evaluation team concluded that the CRECE project succeeded in generating multi-dimensional, reinforcing outcomes for older adults, many of which pointed to deep emotional transformation and behavioral sustainability. Nevertheless, a cautionary signal emerged: several participants voiced a heightened concern about the future in the absence of

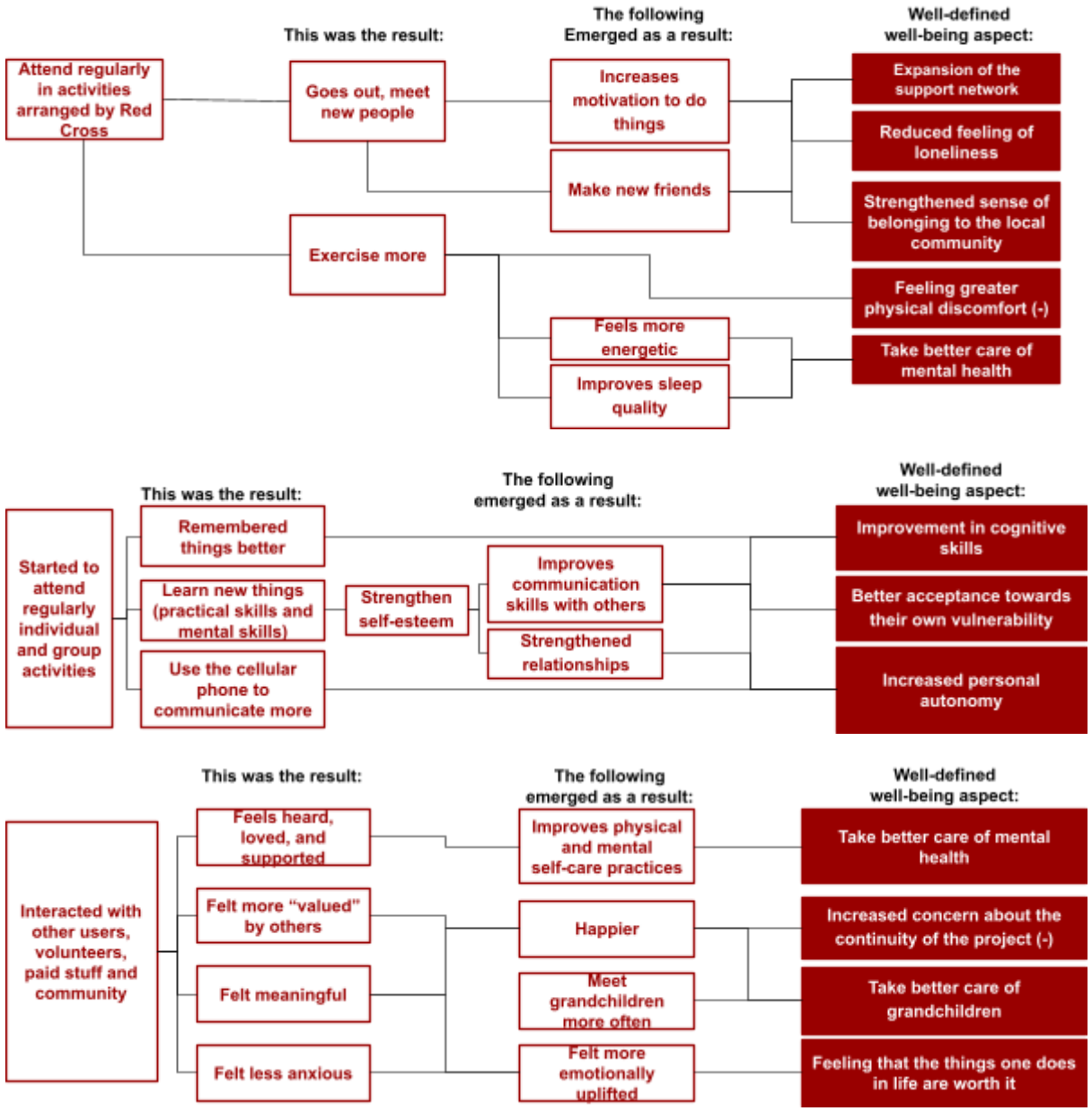
CRECE, suggesting a growing reliance on the program's structure. The evaluators judged this to be a sign of both the project's perceived value and a critical dependency risk—emphasizing the importance of institutional continuity or exit strategies that preserve gains.

In sum, the chain of events among elderly participants evidences a credible and coherent progression from initial engagement to meaningful change. While some outcomes require further observation to assess long-term durability.

The evaluation team acknowledges the potential risk of underreporting negative outcomes, particularly given the overall positive tone of participant responses. In two separate instances during data collection, the team explicitly inquired about negative or unintended consequences. However, few additional adverse outcomes emerged beyond those already captured—such as increased physical discomfort from activity and concerns about future support post-CRECE. The evaluators consider that this does not indicate an oversight, but rather reflects that these were indeed the most significant negative effects experienced and prioritized by the elderly participants themselves within the context and timeframe of the evaluation.

Source: Own elaboration.

Figure 32. Chain of events - Elderly participants



Source: Own elaboration.

4.6.2 Experienced by - Women in situations of social difficulty

Based on data collected with a sample of 59 elderly participants, equivalent to 2.62% of the population studied[58], 13 well-defined changes (aspects of well-being) were identified that arose as a consequence of their participation in CRECE.



"I am a happy woman and mother thanks to CRECE."

Woman in a situation of social difficulty

The following table summarizes the 13 changes identified by this group, grouped by both positive and negative changes that occurred to this stakeholder. It's important to note that not all of these changes were included in the SROI calculation or value map (see included in Chapter 10. Future values). Some of them were ruled because they were not considered material (see relevance test Section 6.1) and (significance test Chapter 8. Materiality Analysis). For a detailed list of included and excluded changes, refer to Table 36.

[58] *Saturation was reached when approximately 50% of the interviews had been conducted.*

Table 28. Positive and negative changes identified

Changes positive identified (79%, 10 of 13)	Negative changes (21%, 3 of 13)
-Increased economic satisfaction -Increased housing satisfaction -Expansion of the support network -Strengthened sense of belonging to the local community -Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression -Increased personal autonomy -Reduced feeling of loneliness -Increased appreciation for life -Take more care of oneself -Initiated new studies (more motivated)	-Have conflicts with other people within the CRECE Project (-) -Lost some relationships by setting limits to strengthen self-esteem (-) -Felt uncomfortable at the thought of the CRECE Project coming to an end (-)

Source: Own elaboration

The women indicated the degree of importance that each of these changes had in their lives, since not all changes provided the same value or were perceived with equal relevance. The analysis of how many identified with the change and how valuable the changes were to them, can be found in Section 5.2.2.

Below, the focus is on displaying what changes were considered well defined and how they display in a chain of events.

The following illustration reflects, in summary, what changes the women identified, including those that precede the change that adds value to them (in red). This allows to understand which effects would be most relevant to inform decision-making in relation to improvements to the CRECE program that affect this group, thus contributing to optimizing its positive impact in future editions.

Table 29. Theory of Change - Women in situations of social difficulty

Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	As a result, stakeholders say they:	Well-defined outcomes to be measured
Group activities *Workshops* *Mental health sessions* *Social/recreational events/ outings* *Skill-building* *Engagement with community entities* *Community walks* **Individual activities** **Personalized** *routines (crafts, literacy classes, attending church, goal setting)* *Women in need to find a job were engaged in job-search* *Women that were in need to find an apartment, were supported in such*	Time dedicated to the activities	Experience of 26.857 activities 41.09% of participating people reduce vulnerability factors 16.40% of women in a situation of social difficulty gain access to a job in the formal economy 2.6% Women in a situation of social difficulty obtained an alternative form of accommodation	Enhanced their ability to **express emotions** and apply relaxation strategies in daily life, boosted **self-esteem** Increase **motivation** to engage in activities outside the home and made **new friends** who in all lead to **Improve** the use of relaxation and mindfulness **techniques** Improve, boundary-setting skills	Develop greater **empathy** towards others, **reduce negative** thoughts, **communicate** more effectively, and prioritise **self-care** and their own needs Feeling more **valued** Gain access to new **housing-related resources** and Increase the sense of **empowerment** which lead to **increased self-esteem** and improve their housing situation and **got a job**	***Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression** ***Strengthened sense of belonging to the local community** ***Take more care of oneself** ***Have conflicts with other people within the CRECE Project (-)** ***Increased appreciation for life** ***Reduced feeling of loneliness** ***Expansion of the support network** ***Lose some relationships by setting limits to strengthen self-esteem (-)** ***Increased housing satisfaction** ***Increased economic satisfaction** ***Initiated new studies (more motivated)** ***Felt uncomfortable at the thought of the CRECE Project coming to an end (-)** ***Increased personal autonomy**

Analysis of the chain of events: Through the project's emotional support activities — including dedicated self-esteem strengthening workshops, emotional management sessions, relaxation exercises, and the introduction of mindfulness techniques — participants enhanced their ability to express emotions and apply relaxation strategies in daily life. The evaluation team found that self-esteem was a pivotal area of change for many participants, acting as the foundation for several intermediate shifts that manifested as internal changes in attitude, self-perception, and awareness. However, given the short timeframe of the project, these internal changes did not always translate immediately into material changes in circumstances. Many women reported that, despite being surrounded by people, they still felt lonely — particularly those who have family members living in other countries, or who lack a work environment and a social circle with whom to communicate regularly. In this context, the program became an important source of connection, helping women build or rebuild supportive networks. Altogether, these intermediate improvements enabled participants to develop greater empathy towards others, reduce negative thoughts, communicate more effectively, and prioritise self-care and their own needs. This process helped women expand and deepen their support networks, feel less lonely, and experience a greater sense of calm with fewer feelings of anxiety and depression, highlighting the essential role of emotional self-care and relational support in enhancing their overall well-being.

By participating more actively in community activities and by becoming engaged in roles where they were supported and empowered, many women increased their motivation to take part in activities outside the home and began to build new friendships. The evaluation team noted that this was often a challenging step for participants, as many did not readily acknowledge that they were experiencing loneliness, nor were they always comfortable sharing personal struggles with others in similar situations. Several women expressed surprise at discovering how many other women were facing the same challenges and described feeling a sense of relief and connection upon realising they were not alone — an experience echoed by many, myself included. These shared moments of understanding and support fostered a sense of being useful and appreciated within their community. Altogether, this progression of changes contributed directly to women feeling that their lives had more value and that they themselves were valued by others, reinforcing their self-worth and encouraging further participation in community and social spaces.

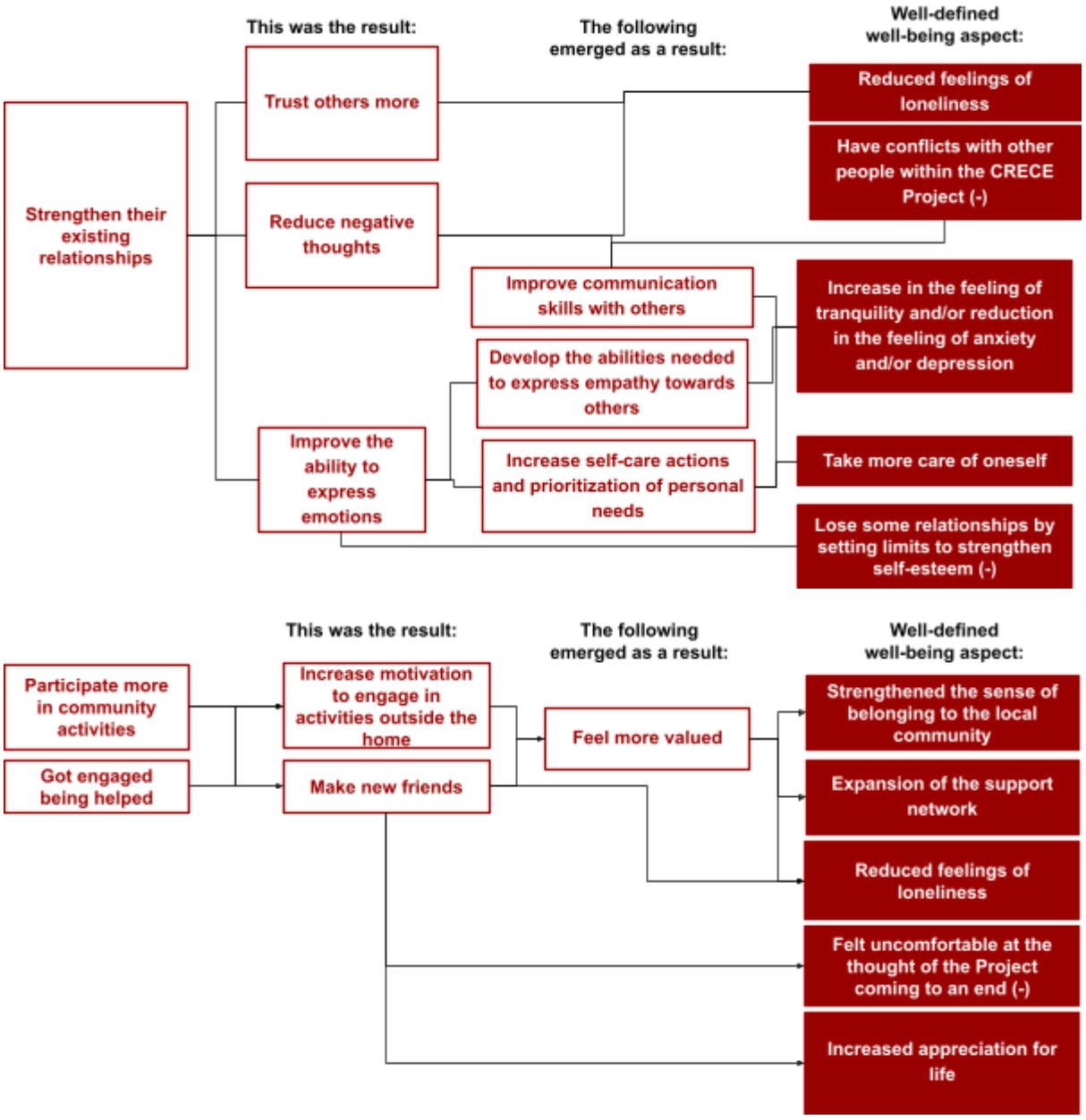
For a small number of women who were experiencing precarious housing conditions, homelessness, or insecurity in their employment situation, some of the changes achieved through the project related directly to improvements in their living circumstances. Although this subgroup was relatively small, they shared the same internal changes as other participants, such as learning and applying relaxation and mindfulness techniques and developing stronger boundary-setting skills, which helped them manage stress and protect their emotional well-being. These internal gains increased their sense of empowerment and confidence to seek out and access new housing-related resources and opportunities. As a result, some women were able to improve their housing situation and felt greater satisfaction with their living conditions, while others successfully secured a job and experienced higher economic satisfaction. This highlights how, despite being few in number, these women benefited from the same supportive environment as their peers, with the added impact of concrete improvements in their housing and employment circumstances driven by the program's holistic approach.

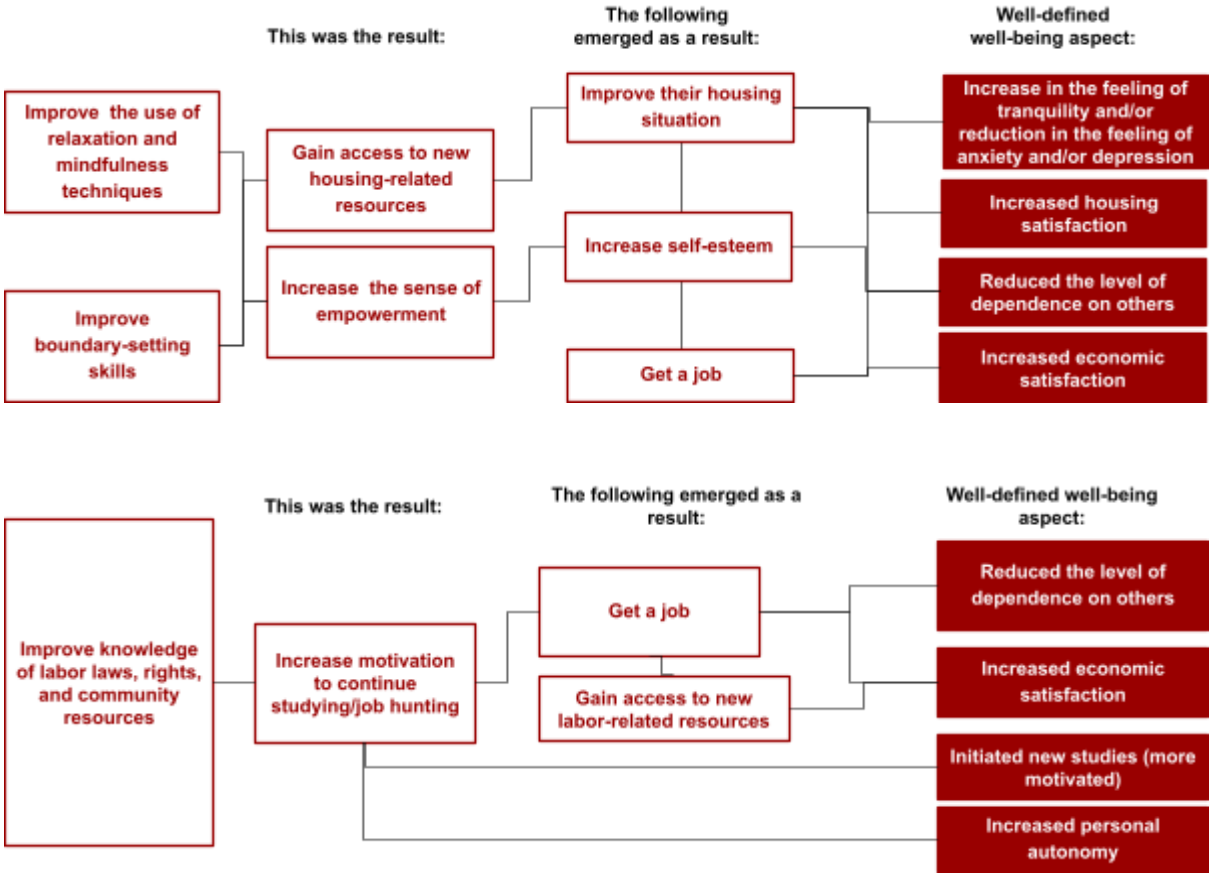
While the overall impact of the project was overwhelmingly positive, some women did report experiencing a few negative consequences as they progressed through the process of empowerment and personal change. As participants strengthened their self-esteem and learned new emotional skills, many gained the confidence to set healthier boundaries and say 'no' to situations and people that previously drained their well-being. This sometimes led to conflicts within the CRECE Project itself, as well as with new friends made

through the program or with existing friends and family members who resisted the women's changing attitudes and behaviours. A few women also lost relationships that no longer aligned with their strengthened sense of self-worth. Additionally, because they came to deeply appreciate the value of the support they were receiving — and the sense of well-being it generated — several women expressed discomfort and anxiety about the idea of the project eventually coming to an end, and uncertainty about how they would cope without this structured support.

Source: Own elaboration

Figure 33. Chain of events





Source: Own elaboration.

4.6.3 Experienced by - Young people facing social challenges

Based on data collected with a sample of 22 young participants, equivalent to 3.40% of the population studied[59], 10 well-defined changes (aspects of well-being) were identified that arose as a consequence of their participation in CRECE.

"I am excited that I had lost a long time ago."

Young person in a situation of social difficulty

The following table summarizes the 10 changes identified by this group, grouped by both positive and negative changes that occurred to this stakeholder. It's important to note that not all of these changes were included in the SROI calculation or value map (see included in Chapter 10. Future values). Some of them were ruled because they were not considered material (see relevance test Section 6.1) and (significance test Chapter 8. Materiality Analysis). For a detailed list of included and excluded changes, refer to Table 36.

Table 30. Positive and negative changes identified

Changes positive identified (80%, 8 of 10)	Negative changes (20%, 2 of 10)
-Reduced feeling of loneliness **-Expansion of the support network** **-Strengthened sense of belonging to the local community** **-Increased economic satisfaction** **-Increased housing satisfaction** **-Initiated new studies (more motivated)** **-Increased appreciation for life** **-Increased personal autonomy**	**-Has conflicts with other people within the CRECE Project (-)** **-Feel uncomfortable thinking that the CRECE Project will end (-)**

Source: Own elaboration

Young people indicated the degree of importance that each of these changes had in their lives, since not all changes provided the same value or were perceived with equal relevance. The analysis of how many identified with the change and how valuable the changes were to them, can be found in Section 5.2.3.

[59] *Saturation was reached when the 22 interviews had been conducted.*

Below, the focus is on displaying what changes were considered well defined and how they display in a chain of events.

The following illustration reflects, in summary, what changes young people identified, including those that precede the change that adds value to them (in red). This allows us to understand which effects would be most relevant to inform decision-making regarding improvements to the CRECE program that affect this group, thus contributing to optimizing its positive impact in future editions.

Table 31. ToC- Youth in ex-custody/social difficulty

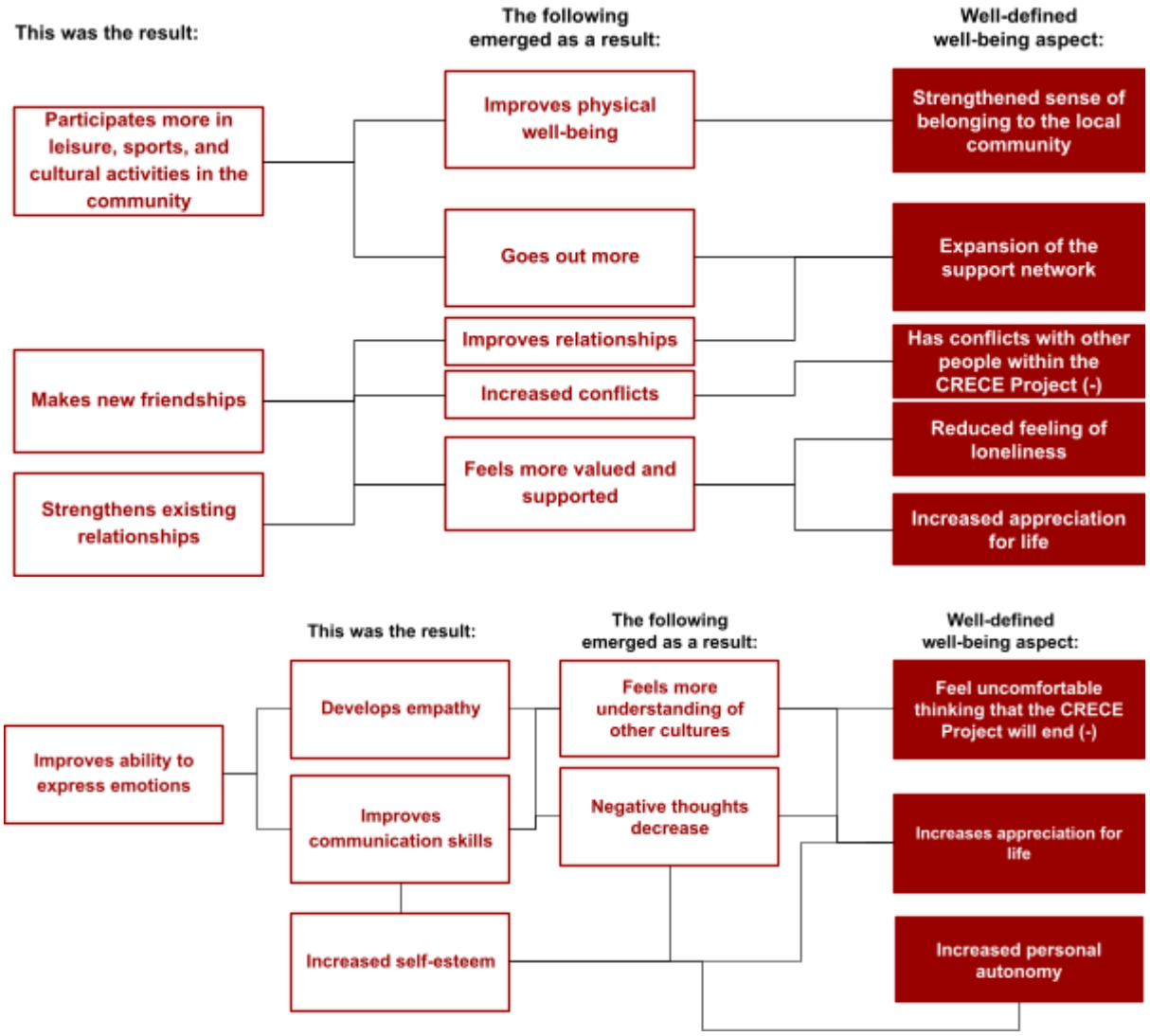
Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	**As a result, stakeholders say they:**	**Well-defined outcomes to be measured**
Group activities *Workshops* *Mental health sessions* *Social/recreational events / outings* *Skill-building* *Engagement with community entities* *Community walks* **Individual activities** **Personalized** *routines (crafts, literacy classes, attending church, goal setting)*	Time dedicated to the activities	Experience of 26.857 activities 41.09% of participating people reduce vulnerability factors -47.60% of young people in a situation of being taken into care and/or social difficulty gain access to a job in the formal economy -11% Young people in a situation of being released from care and/or social difficulty obtained an alternative form of accommodation	Participates more in leisure, sports, and cultural activities in the community, where they made new **friendships** and strengthens existing **relationships** Developed **empathy** and improved **communication** skills which increased **self-esteem** Increased in **skills** and **knowledge** on how to search for job and housing which lead to define **new life goals** and increase on more people to rely on	Improves **physical** well-being and went out **more**, which Improves **relationships** but also Increased **conflicts** and made them feel more valued and supported They felt more **understanding** of other cultures and the **negative** thoughts **decrease** Apply for **studying**, got a **job** and better **housing** situation	***Increased economic satisfaction** ***Increased housing satisfaction** ***Expansion of the support network** ***Initiated new studies (more motivated)** ***Strengthened sense of belonging to the local community** ***Increases appreciation for life** ***Reduced feeling of loneliness** ***Increased personal autonomy** ***Has conflicts with other people within the CRECE Project (-)** ***You feel uncomfortable thinking that the CRECE Project will end (-)**
Analysis of the chain of events: As young people participated more actively in leisure, sports, and cultural activities within the community arranged by the program, they not only					

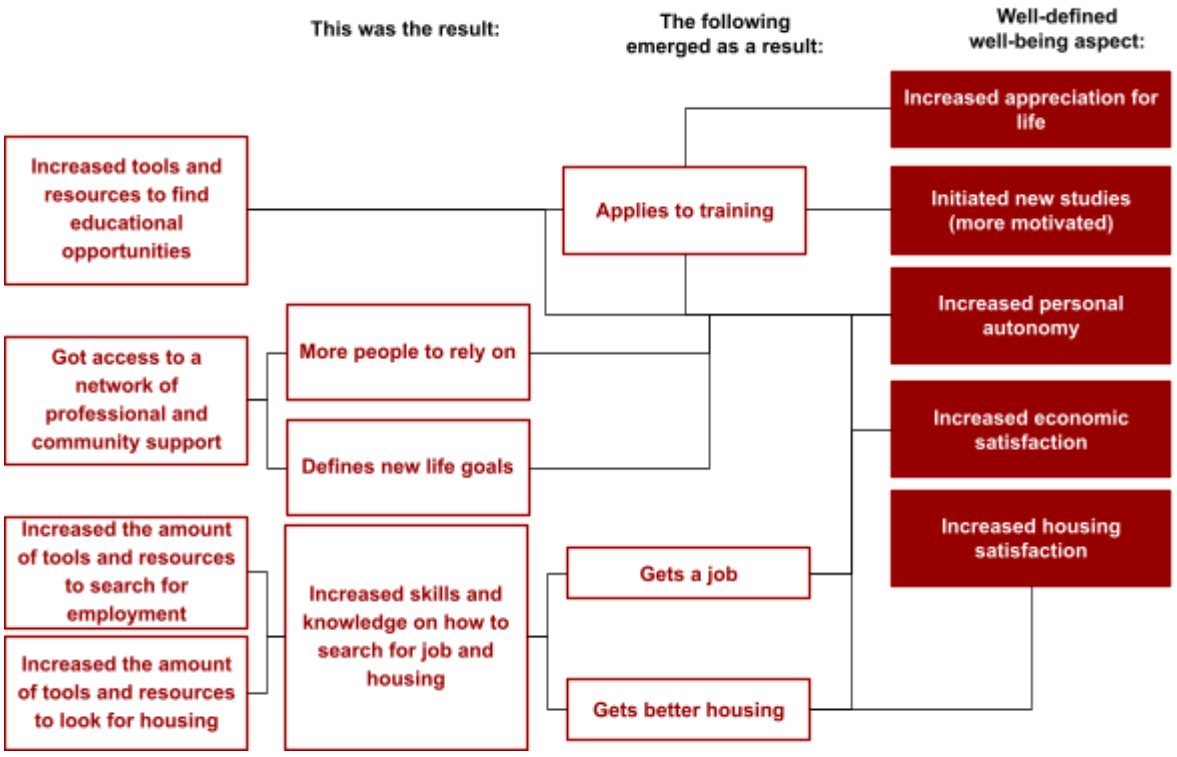
expanded their social connections but also experienced improvements in their physical health. Engaging in these activities gave them more opportunities to spend time outside the home, be physically active, and develop healthier daily routines. The evaluation team noted that participants frequently spoke about meeting new people and expressed a strong desire to discover and try new things, which further motivated them to get involved in community spaces. This greater social engagement and exposure to new situations strengthened their positive communication skills and also helped them reinforce existing relationships with family and friends, making these bonds more supportive and meaningful. While this for some of the participants, sometimes led to moments of conflict within new relationships as they navigated different personalities and expectations, for most of them, the result was that young people felt more valued, better supported, and more connected to their community, reducing the sense of loneliness.
Through the project, young people learned new emotional tools and skills that enabled them to express their emotions more clearly and confidently. This improvement in emotional expression fostered a stronger sense of empathy towards others, enhanced their communication skills, and boosted their self-esteem. As they gained a deeper understanding of their own feelings, they also became more capable of recognising and respecting different perspectives and cultural backgrounds, which helped reduce negative thoughts and internal conflicts. The evaluation team noted during discussions that being able to understand their emotions and having practical support to address them played a key role in helping young people feel more balanced and resilient. However, from a negative perspective, some participants expressed concern about the program ending, feeling unsure whether they would be able to manage these emotions and maintain this personal growth on their own without the continued guidance and safe space that the project provided.

The young people shared that they developed practical skills through the program on how to search for a job and secure better housing, which was complemented by expanding their personal networks. This wider network gave them more contacts, information, and opportunities to connect with people who could support their plans. For some, this combination of new skills and stronger connections helped them set clearer goals and take concrete steps to improve their living conditions; as a result, a few were able to find work or better housing, though this did not happen for everyone. The evaluation team observed that for most young people, the strongest impacts were internal — including more positive attitudes, better emotional resilience, greater self-awareness, and improved relationship-building skills. These personal changes, along with practical tools and support, gave them the confidence to deal with challenges more independently and to plan for a more secure and stable future beyond the project's direct support.

Source: Own elaboration.

Figure 34. Chain of events





Source: Own elaboration.

4.6.4 Experienced by - People experiencing homelessness

Based on data collected with a sample of 23 persons being homeless, equivalent to 2.94% of the population studied[60], 9 well-defined changes (aspects of well-being) were identified that arose as a consequence of their participation in CRECE.

"I have noticed changes in the way I feel accepted. It is very important for me since they motivated me to get out of the hole where I was. Thanks to CRECE and its work team, I am a new person, more confident, happier, more animated and stronger."
People being homelessness

The following table summarizes the 9 changes identified by this group, grouped by both positive and negative changes that occurred to this stakeholder. It's important to note that not all of these changes were included in the SROI calculation or value map (see included in Chapter 10. Future values). Some of them were ruled because they were not considered

[60] *Saturation was reached when 23 interviews had been conducted.*

material (see relevance test Section 6.1) and (significance test Chapter 8. Materiality Analysis). For a detailed list of included and excluded changes, refer to Table 36.

Table 32. Positive and negative changes identified

Changes positive identified (89%, 8 of 9)	Negative changes (11%, 1 of 9)
-Reduced feeling of loneliness **-Increased economic satisfaction** **-Increased housing satisfaction** **-Improved physical and/or mental health** **-Expansion of the support network** **-Initiated new studies (more motivated)** **-Strengthened sense of belonging to the local community** **-Increased personal autonomy**	**-Increased concern and uncertainty about the continuity of the project (-)**

Source: Own elaboration

The persons in this stakeholder group indicated the degree of importance that each of these changes had in their lives, since not all changes provided the same value or were perceived with equal relevance. The analysis of how many identified with the change and how valuable the changes were to them, can be found in Section 5.2.4.

Below, the focus is on displaying what changes were considered well defined and how they display in a chain of events.

The following illustration reflects, in summary, what changes were identified by people experiencing homelessness, including those that precede the change that adds value to them (in red). This allows us to understand which effects would be most relevant to inform decision-making in relation to improvements to the CRECE program that affect this group, thus contributing to optimizing its positive impact in future editions.

Table 33. Theory of Change - People experiencing homelessness

Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	As a result, stakeholders say they:	Well-defined outcomes to be measured
Group activities *Workshops* *Mental health sessions* *Social/recreational events / outings* *Skill-building* *Engagement with community entities* *Community walks* **Individual activities** **Personalized** *routines (crafts, literacy classes, attending church, goal setting)*	Time dedicated to the activities	Experience of 26.857 activities 41.09% of participating people reduce vulnerability factors	Participating more in leisure, sports, and cultural activities in the community helped participants make **new friendships** and also helped them **strengthen existing relationships.** Improving e**motional expression skills** led participants to improve their **communication** skills and also helped them **value** themselves more. Taking better care of themselves and improving self-care led them to **value themselves more** and an increase in **self-esteem** which for some increased their **motivation to study** Having a professional and community support network helped them **value themselves more** and increased their	Found purpose in life which for some leads to a feeling of wanting to continue living. Had more friends. Were more motivated to quit consuming drugs Slept better, felt more supported and valuable and became more empathic. Developed a more positive vision of the future. Where more motivated to study, got better economy and were more motivated to search for job.	***Reduced feeling of loneliness** ***Increased economic satisfaction** ***Increased housing satisfaction** ***Improved physical and/or mental health** ***Expansion of the support network** ***Initiated new studies (more motivated)** ***Strengthened sense of belonging to the local community** ***Increased personal autonomy** ***Increased concern and uncertainty about the continuity of the project (-)**

			self-esteem Having more tools and resources to find studies and work contributed to increase in **self-esteem** and **motivation to study** and to look for a **job** or **housing or economic support** made them feel useful and proud		

Analysis of the chain of events: As participants experiencing homelessness or insecure housing became more involved in leisure, sports, and cultural activities organised by the program, they not only expanded their social connections but also found greater meaning in life, spent more time with others, and felt more respected, valued, and believed in by their community. Many expressed that meeting other people who treated them with dignity gave them a sense of being seen and supported, which helped reduce feelings of loneliness.

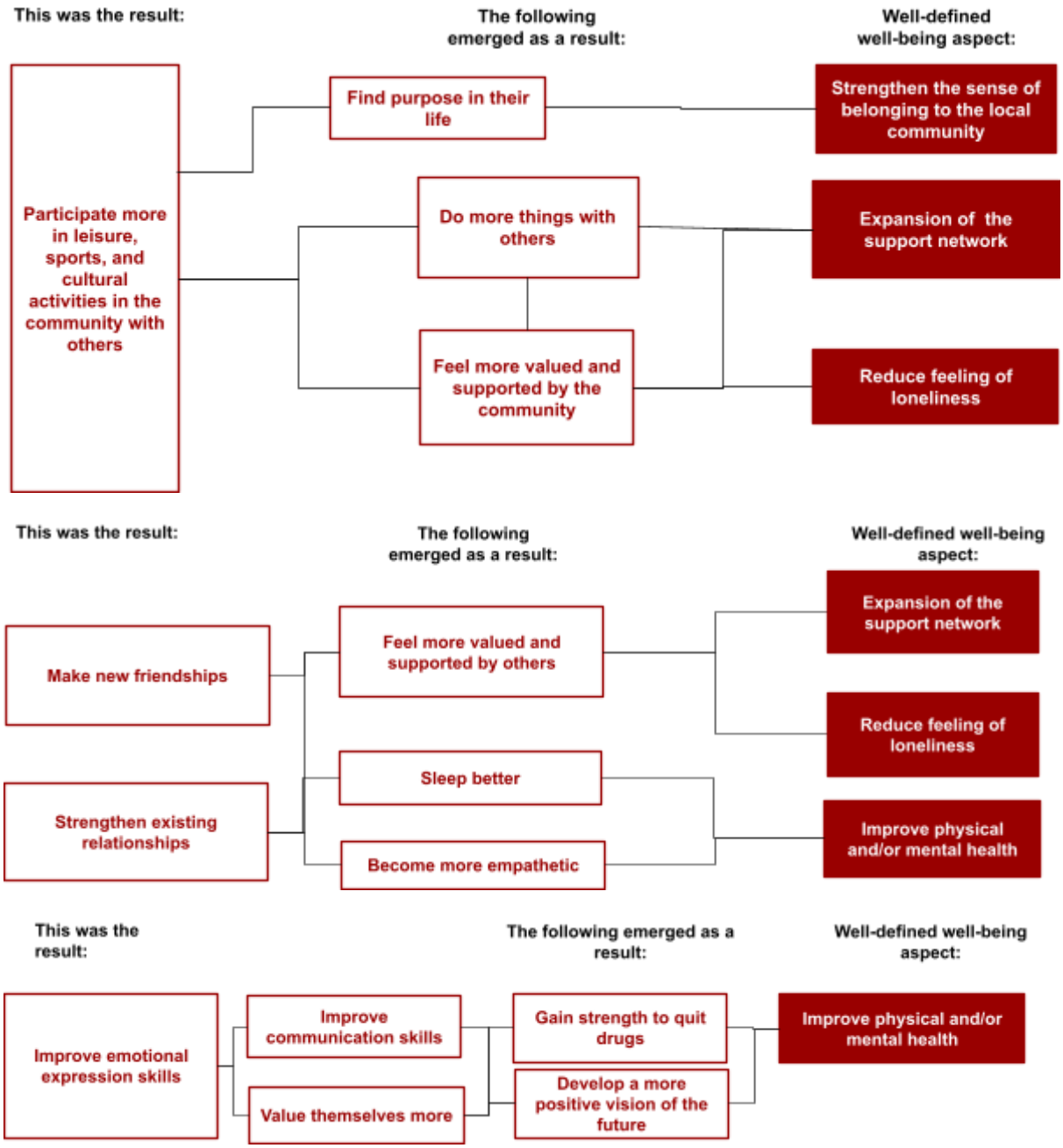
The evaluation team noted that participants often emphasised how important it was to connect with others who respected them, and how this motivated them to stay active in community spaces instead of isolating themselves. This social engagement, combined with new tools and skills to handle emotions, led to improved communication skills, stronger self-esteem, and even better sleep for some. As they began to take better care of themselves, many started to value themselves more deeply, and in some cases, this greater self-worth inspired them to consider reducing or stopping drug use, for some other it came through that they had felt the feeling of “finding purpose in life against", helping them feel better both physically and emotionally. They talked about finding purpose in life again, that life had a meaning again. They also learned practical ways to search for better economic opportunities and more stable housing, which made them feel more capable, useful, and proud of what they could achieve. This sense of pride and capability motivated them to take more initiative, rely less on others, and make choices to improve their circumstances independently. Feeling more accepted and empowered also strengthened their sense of belonging to the local community. Some participants formed new friendships with people in similar situations, while others gained confidence to reconnect with old friends and family outside the program. Some of them talked about reconnecting with their children.

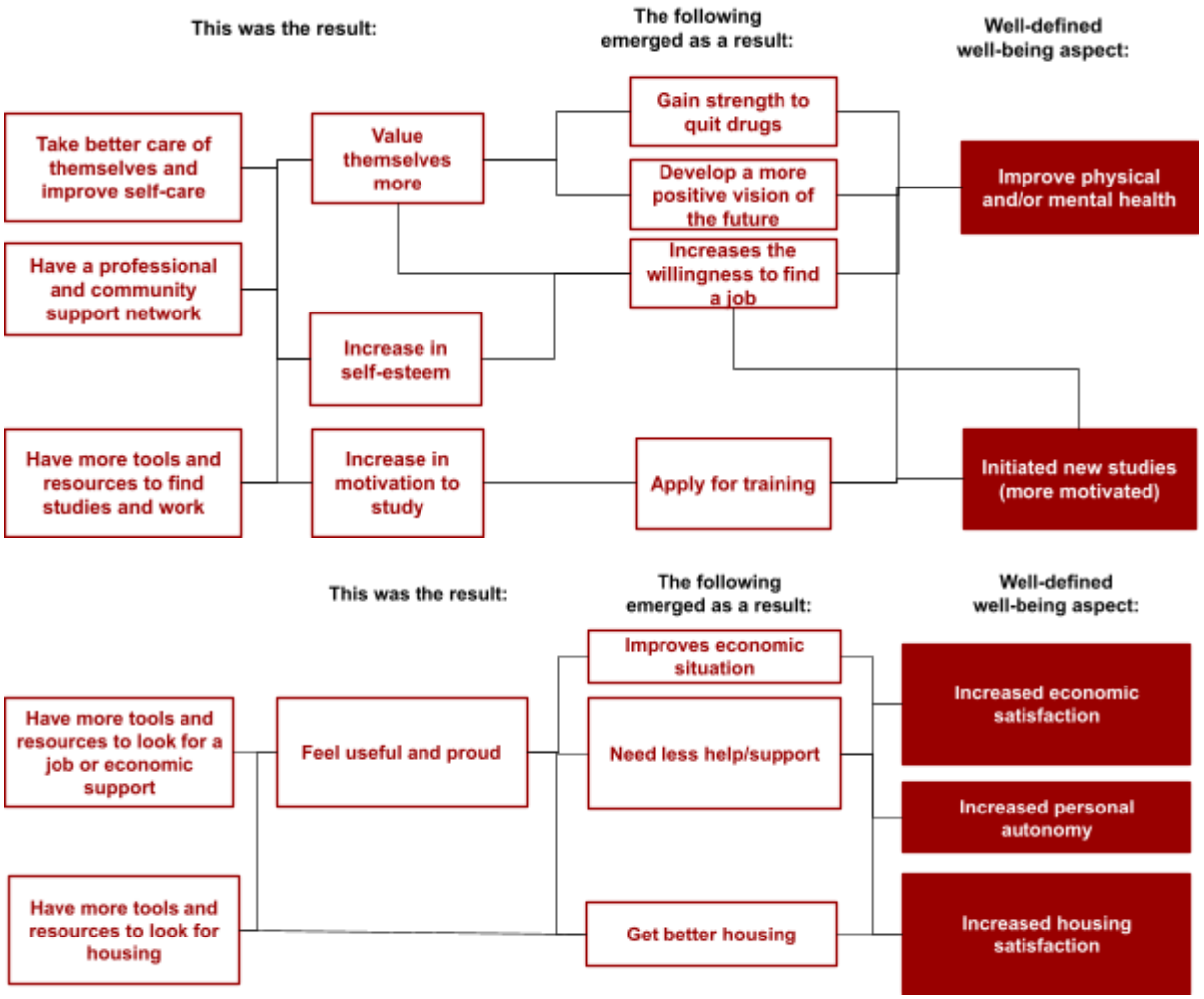
A few were motivated to return to their studies, specially in language for non Spanish speaking, to continue developing their skills and competencies. In addition, the practical guidance and support on how to find housing helped some secure better living arrangements, although this was only possible for a few. Despite these positive changes, many worried about the program ending, feeling uncertain about whether they could maintain their progress alone. Overall, the evaluation team concluded that the program’s greatest

contribution for people experiencing homelessness was to provide vital emotional skills, practical tools, and a supportive network, empowering them to face challenges more confidently and plan for a safer, more stable future beyond the program's direct support, not always leading to changes in circumstances.

Source: Own elaboration.

Figure 35. Chain of events





Source: Own elaboration.

4.6.5 Experienced by - People with mental health difficulties

"I feel happier knowing that I can count on friends."

People with mental health difficulties



From the data collection carried out with a sample of 7 people with mental health difficulties—equivalent to 0.98% of the population studied—11 aspects of well-being were identified as a consequence of their participation in CRECE. This sample does not guarantee data saturation, since a larger number of interviews was not reached; therefore, as noted on multiple occasions in the report, there is a risk that it does not represent all individuals with this condition.

It is important to highlight that "mental health difficulty" is not a characteristic, but rather a situation or condition that affects all stakeholder groups; accordingly, changes identified from other participant groups in which mental health was mentioned were also included when their members indicated they were experiencing this condition. For example, the change

"*calmer/less anxiety*" recurs in the "women" group, a group that included people with mental health difficulties.

It is concluded that, although data saturation was not achieved in this phase of data collection, it was possible to confirm—using quantified data—that the most essential changes were incorporated and that the sample was completed with information from other interviews. Therefore, it is considered that the risk of these data not being representative of their voices has been reduced, although it is to be said in the name of transparency that saturation was not met at this stage.

The following table summarizes the 13 changes identified by this group, grouped by both positive and negative changes that occurred to this stakeholder. It's important to note that not all of these changes were included in the SROI calculation or value map (see included in Chapter 10. Future values). Some of them were ruled because they were not considered material (see relevance test Section 6.1) and (significance test Chapter 8. Materiality Analysis). For a detailed list of included and excluded changes, refer to Table 36.

Table 34. Positive and negative changes identified

Changes positive identified (92%, 11 of 13)	Negative changes (8%, 2 of 13)
-Reduced feeling of loneliness **-Expansion of the support network** **-Strengthened sense of belonging to the local community** **-Increased economic satisfaction** **-Increased housing satisfaction** **-Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression** **-Reduce visits to the doctor** **-Depend less on other people** **-Increase in appreciation for life** **-Feel more valued** **-Have more hope of being able to have or keep a job**	**-Having conflicts with other people within the CRECE Project (-)** **-Feeling uneasy at the thought that the CRECE Project might end (-)**

Source: Own elaboration.

The persons in this stakeholder group indicated the degree of importance that each of these changes had in their lives, since not all changes provided the same value or were perceived with equal relevance. The analysis of how many identified with the change and how valuable the changes were to them, can be found in Section 5.2.5.

Below, the focus is on displaying what changes were considered well defined and how they display in a chain of events.

The following illustration reflects, in summary, what changes were identified by the people with mental health difficulties, including those that precede the change that adds value (in red). This allows us to understand which effects would be most relevant to inform decision-making in relation to improvements in the CRECE program that affect people suffering from mental health difficulties, thus contributing to optimizing its positive impact in future editions.

Table 35. Theory of Change - People with mental health difficulties

Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	As a result, stakeholders say they:	Well-defined outcomes to be measured
Group activities *Workshops* *Mental health sessions* *Social/recreational events / outings* *Skill-building* *Engagement with community entities* *Community walks* **Individual activities** **Personalized** *routines (crafts, literacy classes, attending church, goal setting)*	Time dedicated to the activities	Experience of 26.857 activities 41.09% of participating people reduce vulnerability factors	Participated more in leisure, sports, and cultural activities in the community, which meant that they went out more and met new people Make new friendships and Strengthen existing relationships Improve their ability to express emotions, Improve communication skills, Increase ability to end harmful relationships, Increase self-esteem Have more tools and resources to handle conflicts. Get access to a professional and	Experience conflicts with others within the CRECE Project (negative), Feel more valued and supported by the community, Decrease in negative thoughts, Show greater empathy Decrease in negative thoughts, Increase ability to end harmful relationships and Leads to better conflict resolution Increase self-esteem Learn to set boundaries: Improve communication skills and supports emotional stability and conflict	***Reduced feeling of loneliness** ***Expansion of the support network** ***Strengthened sense of belonging to the local community** ***Increased economic satisfaction** ***Increased housing satisfaction** ***Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression** ***Reduce visits to the doctor** ***Depend less on other people** ***Increase in appreciation for life** ***Feel more valued** ***Have more hope of being able to have or keep a job** ***Having conflicts with other people within the CRECE Project (-)** ***Feeling uneasy at the thought that the CRECE Project might end (-)**

			community support network Have more tools and resources to search for employment and housing	management (implied) Supports finding a job (implied) Decrease visits to the doctor and decrease in medication use for anxiety, also find a sense of purpose in life	

Analysis of the chain of events: As participants living with mental health challenges (not diagnosed in all cases it was the participants perception) became more involved in leisure, sports, and cultural activities organised by the program, they not only expanded their social connections but also found renewed meaning and purpose in their daily lives. Many shared that spending more time with others, feeling respected, and being treated with dignity gave them a sense of being seen and understood, which helped reduce feelings of loneliness. The evaluation team noted that for many, simply being around people who listened without judgement motivated them to stay engaged in community spaces instead of withdrawing.

This increased social engagement, combined with practical tools and skills to manage emotions, led to improved communication skills and equipped participants with valuable mental health tools, practical knowledge, and access to professionals who could support them with their mental health needs. Many reported feeling less anxious and less depressed and described experiencing a greater sense of calm in daily life. One aspect that came through very strongly was the increased willingness to keep living, especially among participants who had struggled most with these feelings before joining the program. Expressions such as *"wanting to live again," "finding purpose again,"* and *"feeling energy and vitality again"* were frequently mentioned and reflected how transformative this experience was for this group in particular.

Participants also gained practical skills and information to look for better economic opportunities and more stable housing, which made them feel more capable, useful, and proud of what they could accomplish. It also strengthened their sense of belonging to the local community. Many built new friendships with people who understood their struggles, and some regained the courage to reconnect with old friends, family, or their children.

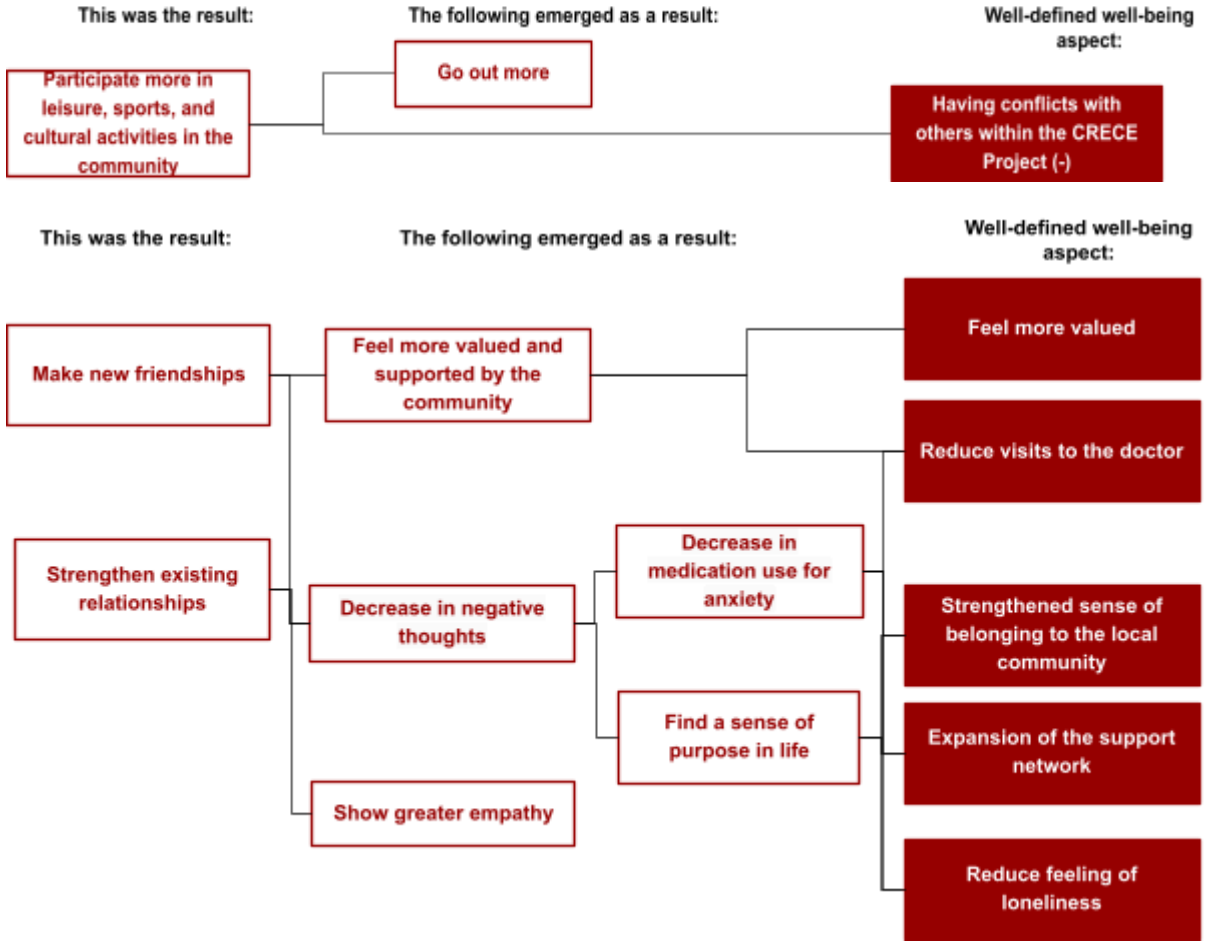
Although these positive outcomes did not always lead to immediate changes in living conditions, they laid a strong foundation for improved mental well-being, life satisfaction, and, above all, a renewed sense of purpose and desire to live. However, it is important to note that some participants experienced conflicts with other

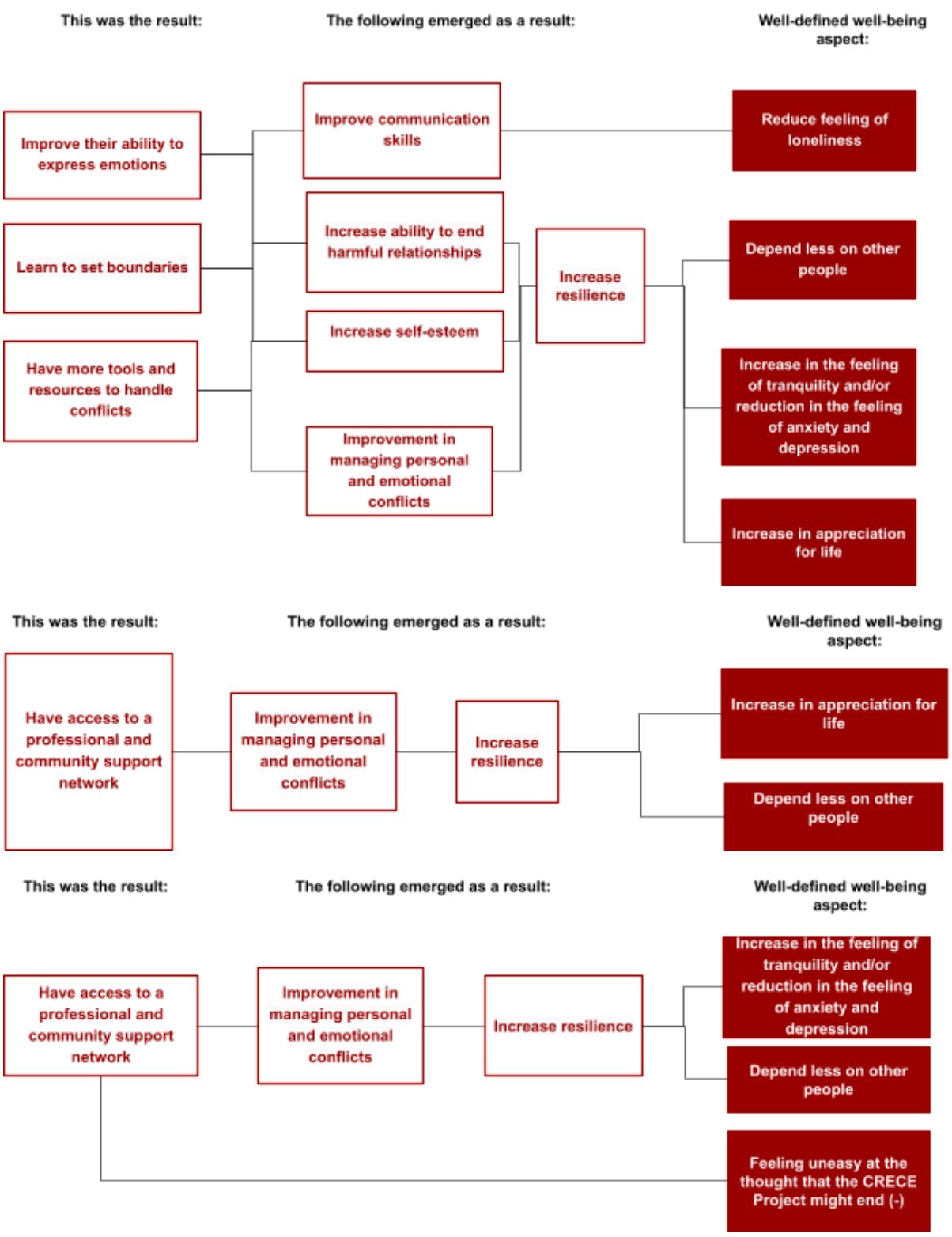
people in the CRECE Project as they navigated new relationships and boundaries. Additionally, many felt uneasy about the program ending and worried whether they could maintain their progress alone without continued guidance and support, when asked for negative impacts.

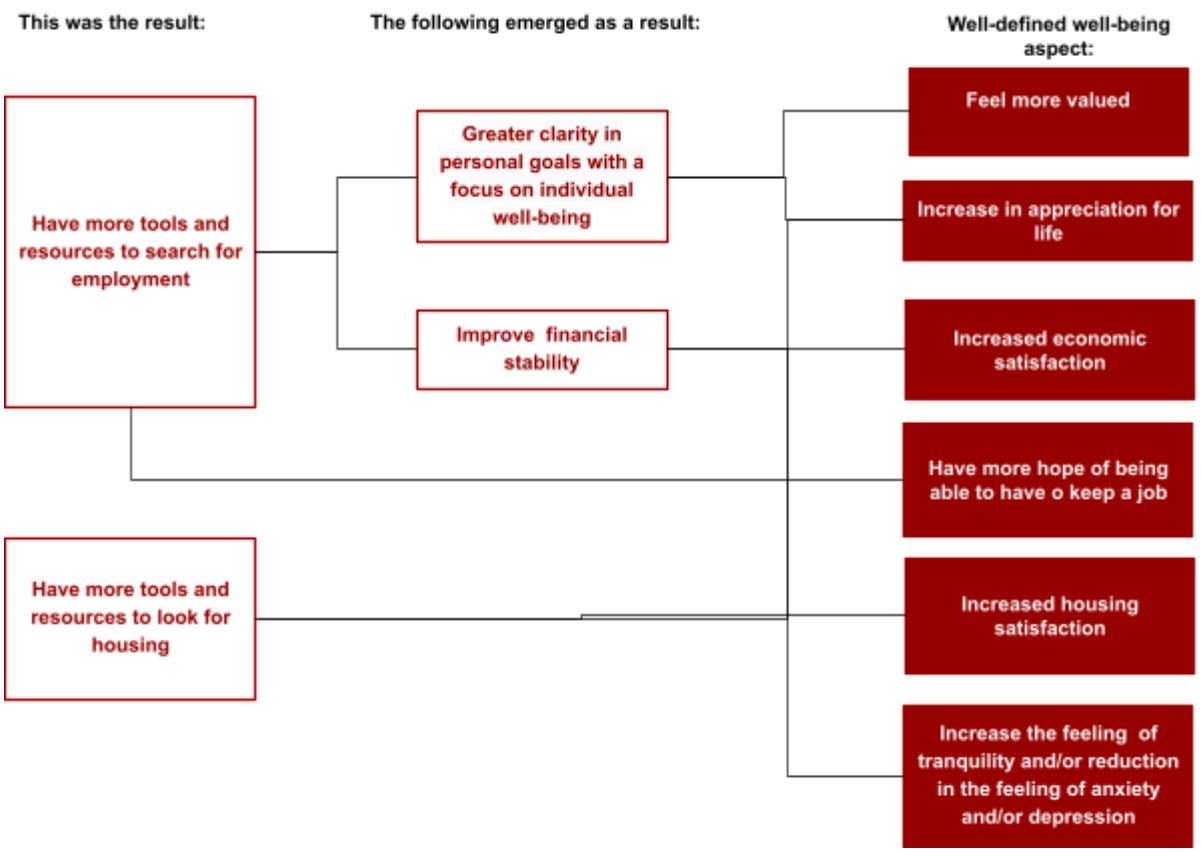
Based on what participants shared, the evaluation team judged that the program's greatest contribution for people with mental health issues was to provide essential emotional skills, practical tools, professional support, and a caring network that helped reduce anxiety and depression, fostered a sense of calm and hope, and most importantly, gave participants the strength to find purpose again and a renewed willingness to keep living and participating actively in life — even if these changes did not always translate immediately into improvements in external circumstances such as living conditions, as most of the outcomes were internal shifts in attitude, awareness, and skillsets.

Source: Own elaboration.

Figure 36. Chain of events




This was the result:
The following emerged as a result:
Well-defined well-being aspect:
Improve their ability to express emotions
Learn to set boundaries
Have more tools and resources to handle conflicts
Improve communication skills
Increase ability to end harmful relationships
Increase self-esteem
Improvement in managing personal and emotional conflicts
Increase resilience
Reduce feeling of loneliness
Depend less on other people
Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and depression
Increase in appreciation for life
This was the result:
The following emerged as a result:
Well-defined well-being aspect:
Have access to a professional and community support network
Improvement in managing personal and emotional conflicts
Increase resilience
Increase in appreciation for life
Depend less on other people
This was the result:
The following emerged as a result:
Well-defined well-being aspect:
Have access to a professional and community support network
Improvement in managing personal and emotional conflicts
Increase resilience
Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and depression
Depend less on other people
Feeling uneasy at the thought that the CRECE Project might end (-)



Source: Own elaboration

4.6.6 Shared outcomes among participant subgroups

Having detailed each "Participant" subgroup in earlier sections, this section analyzes all well-defined outcomes *across* those subgroups to highlight the outcomes that were shared experiences among all participants. This was specifically important for the organization to understand what was unifying, to make better decisions in resource allocation. For this reason, this chapter puts specific emphasis on those well-defined outcomes.

The qualitative data collection presented below involved a total of 673 participants (11.22% of 5.996), individuals who were reached by the actions implemented.. Between all of them, they identified a total of 13 well-being changes generated in their lives, which were analyzed both individually and together, comparing the changes with each other and the value assigned to each change by the different stakeholders. The 13 changes were:

Table 36. Changes identified by all participants (part of the activity)

Changes positive identified	Negative changes
-Reduced feeling of loneliness **-Increases support network** **-Strengthened sense of belonging to the local community** **-Increased personal autonomy** **-Increased economic satisfaction** **-Increased housing satisfaction** **-Initiated new studies (more motivated)** **-Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression** **-Increases appreciation for life** **-Improves physical and/or mental health** **-Feel that the things you do in life are worth it** **-Take more care of your mental health**	**-Increased concern and uncertainty about the continuity of the project (-)**

Source: Own elaboration

Of the 13 changes in well-being analyzed in this chapter, whose value, depth and duration are detailed in Chapters 6. Materiality Analysis and Chapter 7. Measure the change and whose value is monetized in Chapter 10. Future values, they identified **three changes in well-being that contributed significantly to the increase in life satisfaction reported by the participants and that were common to all population groups with social difficulties evaluated.** The other ten changes, although relevant, were identified only by one or more population groups in social difficulty, but not transversally like these three main changes.

Table 37. Highlighted common aspects of well-being

Changes	Definition
Reduced feeling of loneliness	According to the definition of the research "*Experience and perception of unwanted loneliness. Responses at the community level*[61]", unwanted loneliness is a subjective feeling that can be experienced at different times in life and with different intensities, without always requiring intervention. It is not a static state, as it can be influenced by various factors and life events. It differs from social isolation in that it is an objective condition based on the size of the social network and the frequency of contacts. Although isolation can increase the risk of feeling lonely, it does not always imply feeling alone, since loneliness is a complex and diverse experience. This phenomenon can be both temporary and chronic. Furthermore, unwanted loneliness can manifest itself in three dimensions: social, emotional and existential. Social loneliness refers to the lack of relationships or the absence of a feeling of community, emotional loneliness refers to the lack of intimate relationships, and existential loneliness refers to the perception of emptiness, alienation or incompleteness.
Expansion of the support network	According to the definition of the participants, the support network was perceived as a set of people, organizations or resources to which they could turn in situations of need or difficulty. These networks provided emotional, social, practical or material support, and were directly related to the absence or increase of well-being, as they facilitated facing problems, making decisions and managing stressful situations. The support networks mentioned included, among others, the Red Cross, family, friends, professionals, institutions and communities.

[61] Foundation ISEAK. (2024). *Research on the experience and perception of unwanted loneliness. Responses at the community level*. Foundation ISEAK.

Strengthened sense of belonging to the local community	According to the definition of the participants, strengthening the sense of belonging to the local community involved feeling that they were an active part of their environment, establishing significant links with other people, organizations and initiatives that existed in their locality. This sense of belonging was directly associated with increased well-being, as it provided a feeling of inclusion, support and emotional security. By strengthening their connection with the community, people feel more motivated to participate in local activities, collaborate in solving common problems and contribute positively to collective development.

Source: Own elaboration

As detailed in the report *Research on the experience and perception of unwanted loneliness. Responses at the community level*[62] social capital is present in the structures of interpersonal and intersectoral relationships of a society, manifesting itself in the form of norms, networks and trust, referring to Robert Putnam's definition in his work *Bowling Alone: The Collapse and Revival of American Community*[63]. It is explained that the Social capital is composed of a set of characteristics that promote social cohesion and community well-being. On the one hand, the objective or structural dimension, which includes aspects such as social participation, networks and contacts and, on the other hand, the subjective dimension, which refers to the feeling of belonging, perceived social support, trust in others and perceived citizen security at a community level.

The report explains that if trust at the community level is high, the feeling of security increases, the feeling of belonging becomes stronger and the risk of feeling lonely decreases. In other words, a person who lives in an environment where they feel safe and perceives that they can count on others is less likely to experience loneliness than someone who lives in an environment where fear and the perception of not being able to count on anyone prevail.

Based on this explanation, in the case of the people participating in the CRECE program, they clearly identified an improvement in areas that are mentioned in the aforementioned research as preventive tools to reduce or avoid the feeling of loneliness, since it is evident that they strengthened aspects such as their feeling of belonging, perceived social support

[62] Foundation ISEAK. (2024). *Research on the experience and perception of unwanted loneliness. Responses at the community level*. Foundation ISEAK.
[63] Putnam, R. D. (2000). *Bowling alone: The collapse and revival of the American community*. Simon & Schuster.

and their increase in their network of contacts. Furthermore, the high value they explain of being able to experience these changes demonstrates that the CRECE program manages to generate improvements not only in the intentional aspects of the program, but also provides significant value for the participants, according to their own subjective assessment. This highlights the program's capacity to positively impact essential aspects for the well-being and quality-of-life of the population group in social difficulty.

Likewise, it is confirmed that these three effects, mentioned in the cited research, were also identified by the participants as a result of their participation in the CRECE program. Next, they are analyzed together, indicating in parentheses the number of people who reported them and the degree of importance assigned on a scale from 1 to 10. This illustrates the value that CRECE has contributed in improving well-being, as seen in table below.

Figure 37. People who are identified and degree of importance

		Reduction of loneliness	Increased support network	Community belonging
Elderly people	✓	(95%) **8.27**	(97%) **8.08**	(81%) **7.90**
Women social difficulty	✓	(62%) **8.50**	(88%) **8.28**	(84%) **8.51**
Young people in social difficulty	✓	(46%) **7.60**	(96%) **8.03**	(57%) **7.64**
Homeless people	✓	(90%) **7.5**	(88%) **8.00**	(85%) **6.58**
People with mental illness	✓	(60%) **8.3**	(95%) **8.94**	(80%) **7.29**

Source: Own elaboration.

The other ten changes were identified by one or several population groups in social difficulty but not transversally in all of them. For this reason, they are detailed individually in Chapter 4.Understand what changes and 7.Measure the change and are described in the following sections. Below, these three aspects of well-being are analyzed separately, in order to provide crucial data to facilitate informed decision-making.

Reduction of feeling of loneliness

The results of the analysis of the well-being aspect related to *reduced feeling of loneliness* show that the *elderly people* were the ones who most identified this improvement, since 95% of this group (N=292) reported having experienced a reduction in unwanted loneliness, evidencing a very high percentage of people who had been positively affected.

Furthermore, of the three changes in well-being that contributed to the increase in life satisfaction, this was the change that contributed the most value to elderly people through their participation in CRECE, with an average score of **8.27** on a scale of 10.

The second group that most identified a reduction in unwanted loneliness were *women experiencing homelessness*, where 90% of the people surveyed (N=104) pointed out this improvement, assigning it an average importance of **7.5** points out of 10, somewhat lower than all the other groups of participating people studied.

For its part, *people with mental health difficulties* and *women in situations of social difficulty* They also reported having experienced a reduction in the feeling of loneliness, although to a lesser extent than the aforementioned groups, with 62% (N=190) and 60% (N=20), respectively. However, those who experienced this improvement indicated that it had a high value in their life, after having seen this feeling of loneliness reduced, with average scores of **8.5** and **8.3** points, respectively, which shows the degree of importance that this aspect of well-being had for them in their lives.

Finally, the group that least identified with this progress were *young people in situations of ex-custody and/or social difficulty,* where only 46% of the group (N=67) reported having experienced a decrease in their feeling of loneliness. However, those who did perceive this improvement highlighted that stopping feeling lonely had a great benefit in their lives,

providing them with considerable social value, with an average score of **7.6** out of 10, very similar to the value they reported of *people experiencing homelessness*.

In conclusion, the groups to whom CRECE **has brought them greater value** through the reduction of the feeling of loneliness were the *elderly people* (index 827) and *people experiencing homelessness* (index 675), surpassing the groups of *women in situations of social difficulty* (index 527), *people with mental health difficulties* (index 498) and, finally, to the *young people in situations of social difficulty* (index 350), who valued this change at a significantly lower level, with an impact that represents half the value perceived by other groups.



Expansion of the support network

The results of the analysis of the well-being aspect related to the *expansion of the support network* show that the *elderly people* were the ones who most identified this improvement, since the **97%** (N=292) of this group reported having experienced an increase in their support network, reflecting a very high percentage of people who were positively affected. Along with them, the *people with mental health difficulties* also identified this improvement in a large majority, reaching a **95%** (N=20), like the *young people in situations of ex-custody and/or social difficulty*, with a **96%** (N=67) of people participating in the evaluation.

Both *elderly people* (with an average score of **8.7** on a scale of 10), as *young people in situations of ex-custody and/or social difficulty* (**7.6** points out of 10) and the *people with mental health difficulties* (**8.3** points out of 10) considered that this change had a very high degree of importance in their lives, providing them with considerable social value through

their participation in CRECE, since it contributed significantly to increasing their satisfaction with life.

On the other hand, the *people experiencing homelessness* identified somewhat less with this change, although **88%** of them (N=104) reported having experienced an increase in their support network, assigning it a value of **7.5** out of 10. Similarly, the *women in situations of social difficulty* also identified this improvement in **88%** of the cases (N=190), with an average score of **8.5** out of 10. Although these population groups in social difficulty were less numerous, for those who experienced this improvement the change had a significant impact on their lives, evidencing its great importance in terms of well-being.

In conclusion, the population groups in social difficulty to whom CRECE **has brought them greater value** through the increase in the support network were the *elderly people* (index 844), *people with mental health difficulties* (index 789), and the *women in situations of social difficulty* (index 748), to whom it offered something more valuable than to the groups of *young people in situations of social difficulty* (index 730), and *people experiencing homelessness* (index 660) who indicated that this change brought value to their lives but at a somewhat lower level, although equally significant due to the high value assigned.

Strengthened sense of belonging to the local community

The results of the analysis of the well-being aspect related to *strengthening the sense of belonging to the community* local evidence that the *people experiencing homelessness* were the ones who most identified this improvement, since **85%** (N=104) of this group reported experiencing an increase in their sense of belonging to the community. However, the value assigned to this change was the lowest among all the population groups in social difficulty evaluated, with an average score of **6.58** on a scale of 10, which suggests that, although this change was relevant for many people, it was not considered as important as in other groups.

The second group that most identified a strengthening of the sense of belonging to the local community were the *women in situations of social difficulty*, where the **84%** (N=190) of the people surveyed reported this improvement, assigning it an average value of **8.51** out of 10,

the highest among all population groups in social difficulty, reflecting how much they value having experienced this improvement in their lives thanks to CRECE.

For their part, the *elderly people* also reported a significant improvement in their sense of belonging to the community, with **81%** (N=292) of people identifying this change. This group assigned an average score of **7.9** out of 10, highlighting its relevance to perceived well-being and reflecting a high level of appreciation towards this change.

In the case of the *people with mental health difficulties*, **80%** (N=20) of the group indicated having experienced a strengthening of the sense of belonging to the community, with an average rating of **7.29** out of 10, which shows that this change had a moderate positive effect on their lives.

Finally, the *young people in situations of ex-custody and/or social difficulty* were the group that least identified with this improvement, since only **57%** (N=67) reported experiencing an increase in their sense of belonging to the local community. However, those who experienced it assigned relatively high importance, with an average score of **7.64** out of 10, reflecting the value of this change despite the overall low identification.

In summary, the population groups in social difficulty that most valued *strengthening the sense of belonging to the community,* as a result of their participation in CRECE, they were *women in situations of social difficulty* (index 715) and *elderly people* (index 640), reflecting the highest scores among all groups. They were then followed by *people with mental health difficulties* (index 583) and *people experiencing homelessness* (index 559), while the *young people in situations of ex-custody and/or social difficulty* had the lowest rate (435), although those who experienced it assigned considerable value to the change in their sense of belonging to the community.

Differences in the assessment of changes in well-being between groups

The analysis of the different aspects of well-being related to the *reduced feeling of loneliness*, *expansion of the support network* and *strengthening the sense of belonging to the local community* It shows how each group valued the importance of these changes in their lives, as a consequence of their participation in CRECE. The results of the analysis

show that the *elderly people* especially valued the *reduced feeling of loneliness* as the change that brought them the most, also considering the increase in the support network as an important change in their lives. Thirdly, they valued the strengthening of the sense of belonging to the community, highlighting its relevance in perceived well-being.

For their part, the *women in situations of social difficulty* considered that the change that contributed the most value to their lives was the strengthening of the *sense of belonging to the local community*, reflecting how much they valued having experienced this improvement. Also significantly estimate the increase in the support network, recognizing the positive contribution to their well-being. Lastly, the reduced feeling of loneliness was also appreciated as a relevant change in their lives.

The *young people in situations of ex-custody and/or social difficulty* fundamentally valued the *expansion of the support network*. They also highlighted the reduced feeling of loneliness and the strengthening the sense of belonging to the local community, although these changes were not as notable compared to other population groups in social difficulty.

The *people experiencing homelessness* They mainly estimated *reducing feelings of loneliness*. Next, they considered strengthening the sense of belonging to the local community to be important, although with a somewhat lower impact. Finally, the increase in the support network was also considered a positive change in their lives.

For their part, people with *mental health difficulties* valued above all the *expansion of the support network*, considering it a change of great importance in their lives. They also positively valued the reduction in the feeling of loneliness and the strengthening of the sense of belonging to the community, recognizing the positive effect that these changes had on their well-being.

Finally, the result of the analysis showed that the change in well-being that contributed the most social value on average to all population groups in social difficulty was the *expansion of the support network* (index 3770), with ratings that range between 7.5 and 8.7 on a scale from 0 to 10, which shows its importance for the different stakeholders. He is followed by *strengthening the sense of belonging to the local community* (index 29323), which also

obtained high ratings, between 6.58 and 8.51 on a scale from 0 to 10, although with greater variability between groups. Finally, the *reduced feeling of loneliness* (index 2876) also received high ratings, between 7.5 and 8.7 on a scale from 0 to 10, although it was not the well-being change that contributed the most value compared to the other two.

4.6.7 Backtracking to well-defined outcomes - Satisfaction of impacted people

During data collection, respondents—especially participants—consistently described outcomes as "improved life quality," "overall improved wellbeing," or "increased life satisfaction." This generic wellbeing outcome appeared at the end of nearly every event chain, regardless of stakeholder group. Although the evaluation team ultimately excluded it from the core SROI calculation—because it was too broad to inform specific organizational decisions—it was measured since almost every identified change, positive or negative, culminated in this overall effect.

In stakeholder validation sessions, the evaluation team explored which dimensions of wellbeing underpinned this general sense of life satisfaction. To verify that this finding extended beyond the initial sample, the team then collected quantitative data from the full stakeholder cohort to assess how widely—and how deeply—this generic outcome was felt.

When defining well-defined outcomes, the evaluation team "traced back up the chain" to more specific aspects of wellbeing that offered clearer opportunities to optimize value in future decision-making, setting aside the later-emerging generic outcome. Nevertheless, the team chose to report these overall wellbeing results here to help the organization understand the extent to which various wellbeing dimensions influenced people's life satisfaction and happiness, as the results showed far beyond improvements compared to national data (see below).

Also, because understanding and improving the well-being of citizens, employees and customers has long been a key objective for governments, employers and businesses.[64]. The World Happiness Report, published annually by the United Nations Sustainable Development Solutions Network (UN SDSN), has evaluated since 2012 global progress in

[64] Sustainable Prosperity. (2023) https://www.sustainableprosperity.org.

citizen well-being, defined mainly as self-reported life evaluation measured using the Cantril scale.[65] via Gallup World Poll[66]. 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.[67]. In Spain, the National Institute of Statistics (INE)[68] It has collected data on the well-being of citizens since 2013, in order to take said data into account when making public policy decisions.

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 National Institute of Statistics, to evaluate the impact of CRECE on improving people's well-being. The concept “life satisfaction” refers to the perception that a person has about his or her own life as a whole and includes both objective aspects (such as income level, work situation or health) and subjective aspects (emotions, expectations, personal relationships, etc.). In turn, the well-being domains of Sherlock-Executioner are integrated[69], 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-being[70], 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.

Given the high degree of importance that this indicator has at the national and international level, the evaluation asked about their perception of satisfaction with life before the program. ***In general, on a scale from 0 to 10, where 10 is the highest level of satisfaction, how satisfied were you with your life before participating in CRECE?”*** and ***now after having***

[65] Cantril, H. (1964). The Pattern of Human Concerns. New Brunswick, NJ: Rutgers University Press.
[66] Gallup. (n.d.). Global Research. https://www.gallup.com/analytics/318875/global-research.aspx.
[67] 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.
[68] National Institute of Statistics (INE). (n.d.). *Quality of life and subjective well-being survey.* https://www.ine.es.
[69] 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
[70] *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.

participated? using the same life satisfaction scale from the National Statistics Institute (INE). The purpose of this question was to understand how the project improved people's lives.

Once the results were obtained, the average scores were calculated, and the change was determined as the difference between the two. The average increase observed varied according to the population group in social difficulty surveyed. In general terms, considering the 673 participating people surveyed, an increase in satisfaction levels was recorded, with an average increase of **2.25 points on a scale of 0 to 10** (going from an average of **5.18 a 7.43**), which shows the positive impact of the intervention.

Furthermore, this increase significantly exceeds the average perception of life satisfaction in Spain and the European Union in 2023[71]. According to the latest data, overall satisfaction with life (average) in the EU was 7.3 points, while in Spain it reached 7.2 points. This means that the people participating in CRECE not only **exceeded the national average by 0.22 points**, but they were previously **2.02 points below** this, which further highlights the improvement experienced as a consequence of CRECE activities.

Put in relation to the context of reducing unwanted loneliness, according to the *Research on the experience and perception of unwanted loneliness. Responses at the community level*[72], carried out in the same project and year, with the same group, it is evident that when loneliness is combined with low life satisfaction and a lack of interest in daily activities, the prevalence of unwanted loneliness increases significantly. Therefore, there is a direct relationship between the increase in life satisfaction and the intentional change, reported by the participants: ***reduction of unwanted loneliness,*** reinforcing, with said data, the positive impact of the intervention.

[71] National Institute of Statistics (INE). (2023). *Satisfaction with life*. Of https://www.ine.es/ss/Satellite?L=es_ES&c=INESeccion_C&cid=1259944627813&p=1254735110672&pagename=ProductosYServicios%2FPYSLayout&param1=PYSDetalleFichaIndicador&param3=1259947308577

[72] Foundation ISEAK. (2024). *Research on the experience and perception of unwanted loneliness. Responses at the community level. Page 51: Quote: ...if we cross the degree of global satisfaction with life and the lack of interest or pleasure in doing things with the feeling of loneliness, we can observe how up to 23% feel loneliness among those who report having a high degree of global satisfaction with their life and, at the same time, indicate that in the last 2 weeks they have never or almost never felt little interest or pleasure in doing things. At the same time, it is worth noting that among those who have low life satisfaction and at the same time show little interest in doing things, the prevalence of Unwanted Loneliness is 93%.*

Given that a significant variation is observed in the levels of satisfaction between the different population groups in social difficulty, the points for improvement by group are detailed below, in order to support decision-making in relation to the different groups. All participants answered the same question on a scale from 0 to 10, where 10 represented a very high degree of overall satisfaction with life.

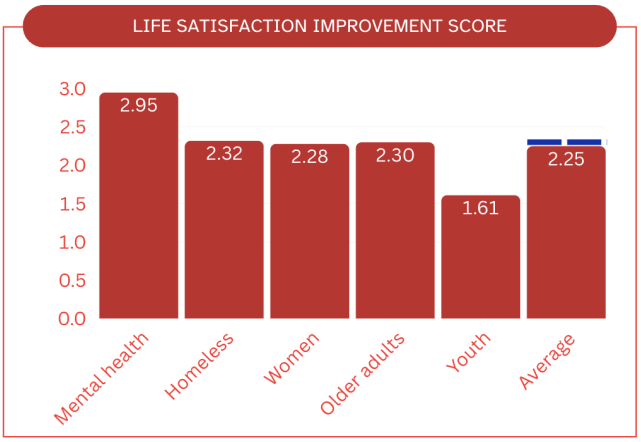
The *elderly people*, once CRECE was completed, achieved the greatest current satisfaction (**8.08**), but not the largest increase (**+2.3 points**, from 5.78 to 8.08). In the group of *women in situations of social difficulty,* the improvement was significant (**+2.28 points**, from 4.72 to 7.00), although their overall satisfaction with life was still relatively low compared to other groups and the average in Spain (7.3 in 2023), after their participation in CRECE.

The *young people in situations of ex-custody and/or social difficulty* recorded the smallest increase (**+1.61 points**, from 4.88 to 6.49), remaining 1.21 points below the average satisfaction in young people aged 16 to 29 in Spain (7.7 points), despite their participation in the activities.

The *people experiencing homelessness* showed a notable improvement, going from 4.58 to 6.89 (increase in **2.32 points**). Finally, people with *mental health difficulties* experienced one of the largest increases, increasing **2.95** points (from 5.05 to 8.00).

However, it is important to highlight that these last two groups, considered in the analysis as separate groups, represent living conditions and not individual characteristics of people. Therefore, their level of satisfaction may be influenced by the circumstances in which the people surveyed found themselves and/or reflected in the young or women groups. Not only that, but, in both groupings, the sample presents a certain degree of statistical sampling error, as detailed in Table 10 which implies that it is not completely representative. For these two reasons, the data reflected from these last two groups should be applied with caution in future decision-making in relation to population groups in social difficulty that present these conditions.

Figure 38. Life satisfaction improvement score



Source: Own elaboration.

In the case of *paid staff*, they were also asked about their degree of satisfaction with life. They were asked: ***On a scale from 0 to 10, where 10 is the maximum degree of satisfaction, how satisfied were you with your life before being part of CRECE?"*** *and* ***"And now, after having been part of the project?***

On average, they already exceeded the average satisfaction in Spain (7.3 points in 2023), with an initial score of 7.71, that is, 0.41 points above the national average before joining CRECE. After participating in CRECE, they indicated an improvement of 0.14 points in their satisfaction with life (final score corresponding to 7.8 on average).

This improvement could be linked to the increase in their satisfaction with the improvement of skills and job prospects, given that, in Spain, according to data from the National Institute of Statistics[73], people with higher educational levels and higher incomes tend to report greater satisfaction with life. However, it is highlighted that this increase is not considered significant enough to influence decision-making.

[73] National Institute of Statistics (INE). (2023). *Satisfaction with life*. Retrieved on [access date], from https://www.ine.es/ss/Satellite?L=es_ES&c=INESeccion_C&cid=1259944627813&p=1254735110672&pagename=ProductosYServicios%2FPYSLayout&param1=PYSDetalleFichaIndicador&param3=1259947308577 If the level of education is considered, the higher the level of education, the higher the percentages of high and very high satisfaction. The same thing happens if we consider income, the higher the income decile, the higher the percentage of high and very high satisfaction, reaching 85.5% in the tenth decile.

4.6.8 Experienced by - Paid staff



Based on data collected with a sample of 33 paid staff members, equivalent to 47.14% of the population studied[74], 8 well-defined changes (aspects of well-being) were identified that arose as a consequence of their participation in CRECE.

The following table summarizes the 8 changes identified by this group, grouped by both positive and negative changes that occurred to this stakeholder. It's important to note that not all of these changes were included in the SROI calculation or value map (see included in Chapter 10. Future values). Some of them were ruled because they were not considered material (see relevance test Section 6.1) and (significance test Chapter 8. Materiality Analysis). For a detailed list of included and excluded changes, refer to Table 36.

Table 38. Positive and negative changes identified

Changes positive identified (63%, 5 of 8)	Negative changes (37%, 3 of 8)
-Expansion of the professional network **-Improvement in professional development for tackling unwanted loneliness through community intervention** **-Greater transfer of knowledge about unwanted loneliness to the personal and community level** **-Improvement in job satisfaction and well-being** **-Improved relationship with family**	**-Increase stress (-)** **-Decreased self-confidence and self-esteem (-)** **-Greater sense of professional stagnation (-)**

Source: Own elaboration

[74] *Saturation was reached when 50% of the interviews had been conducted.*

The persons in this stakeholder group indicated the degree of importance that each of these changes had in their lives, since not all changes provided the same value or were perceived with equal relevance. The analysis of how many identified with the change and how valuable the changes were to them, can be found in Section 5.2.6.

Below, the focus is on displaying what changes were considered well defined and how they display in a chain of events. The following chain of events presents the relationship between the identified changes, highlighting in red the changes that are considered well defined (well defined outcomes), and in which the social value provided is found, since they encapsulate the value generated for the group of paid staff. This visual representation makes it easier to understand the process, showing how one change drives another, and contributes to more effective decision making by pinpointing areas where resources should be focused.

Table 39. Theory of Change - Paid staff

Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	As a result, stakeholders say they:	Well-defined outcomes to be measured
Supporting group activities and individual activities **Staff training**	**Type**: time **Value: 112.889,37€** The costs associated with the regular work of Red Cross staff are covered by funding from the Ministry of Social Rights and Agenda 2030. In this input, only the additional uncompensated time dedicated specifically to the CRECE project is counted. **Headquarters Team**: A total of 1.015,2 hours, valued at a net rate of 6,89€/hour, calculated from the budget allocated to personnel and considering the company's contribution to Social Security (32.5%) and the deductions corresponding to the worker (IRPF in sections	-243.000 hours of experience in executing innovative community intervention -70 resumes of professionals improved in community intervention and addressing vulnerability factors (in relation to unwanted loneliness)	**Meets** more **people** Application of **new community intervention** methodologies **Expansion** of knowledge about community work and unwanted loneliness **Adaptation** to a new work environment Improvement of the ability to identify and address unwanted	Increased the ability to **communicate** and **collaborate** with colleagues and other teams within the organization and connects with more organizations outside of the Red Cross Also, **development** of a more **realistic perspective** on the work Improvement of professional skills and competencies and to **strengthening of community intervention** skills to address unwanted loneliness Improvement of socio-emotional skills Improvement of **socio-emotional skills** which Increase in motivation for community work which Increase in **motivation** for creation And lead to **innovating** in the design of interventions Strengthening of **skills** for prevention and support in	***Expansion of the professional network** ***Improvement in professional development for tackling unwanted loneliness through community intervention** ***Greater transfer of knowledge about unwanted loneliness to the personal and community level** ***Improved relationship with family** ***Improvement in job satisfaction and well-being** ***Greater sense of professional stagnation (-)** ***Decreased self-confidence and self-esteem (-)**

	and SS worker 4.70%). Total: **6.993,52€**. **Dynamizers**: A total of 2,079 hours, equally valued at 6,89€/hour, with the same contribution and deduction parameters. Total: **14.324,31€**. **Technicians**: A total of 950.4 hours, valued equally at 6,89€/hour, with the same contribution and deduction calculations. Total: **6.548,25€**.		loneliness and Improve practices in the implementation of community interventions Feeling of not "living up to" expectations (-) Increase uncertainty and workload (-)	deinstitutionalization processes which lead to **greater sense of personal fulfillment** **Less time** for family relationships (–) and the job **insecurity** due to the end of the project (–) led to the **deterioration** of the **work-life balance** (-)	***Increase stress (-)**

Analysis of the chain of events: One of the key aspects that distinguished this project from standard organizational initiatives was its explicit focus on social innovation. Unlike conventional models that follow predefined structures, this project devoted its entire first year to the development of new services and products, which would later be implemented and evaluated over an 18-month period.

This approach required staff members to operate in a highly adaptive, exploratory environment, often beyond their typical roles and professional profiles. The evaluation team observed that this shift generated a wide range of outcomes—both positive and negative—not commonly seen in more traditional settings. Staff had to assume roles that demanded new skill sets, greater autonomy, and a redefinition of their relationship with the community and with service users, particularly the population that Red Cross was not used to working with (young people, women, people in situations of homelessness and personas with mental difficulties).

On the positive side, many reported enhanced social-emotional competencies that improved their motivation and resilience, a stronger sense of community and professional purpose—especially in relation to preventing the institutionalization of older individuals and combating unwanted loneliness—and greater personal fulfillment as they co-created solutions and innovated in intervention design. This was often accompanied by a heightened interest in initiating social projects, reflecting a renewed connection to meaningful, impact-driven work.

However, these transformative experiences also introduced significant emotional and professional challenges, including feelings of inadequacy and diminished self-confidence when efforts did not meet expectations, a sense of professional stagnation due to a lack of clear benchmarks or recognition, and, in some cases, a weakened professional identity as individuals struggled to adapt.

These findings underscore the complex interplay between innovation, professional development, and well-being. While the project facilitated deep engagement and growth for many, it also revealed the emotional risks inherent in transformative change—particularly when evolving roles and expectations are not fully supported by institutional recognition or stability.

Evaluators further noted an increase in stress, echoed by the staff stating themselves during group discussions, as a key concern affecting decision-making and potentially influencing future program implementation. This stress was attributed primarily to increased workloads, a deteriorating work-life balance, and job insecurity stemming from the project's fixed-term nature. The stakeholder also emphasized a desire to explore the potential outcome of professional network expansion, though tangible results had yet to emerge. This was particularly relevant given the uncertainty around future employment. At the time of the interview, the stakeholder highlighted considerable professional growth, particularly in implementing community-based approaches to address unwanted loneliness. This development included the application of a new intervention methodology, improved interdisciplinary collaboration, and the establishment of connections with organizations in the community.

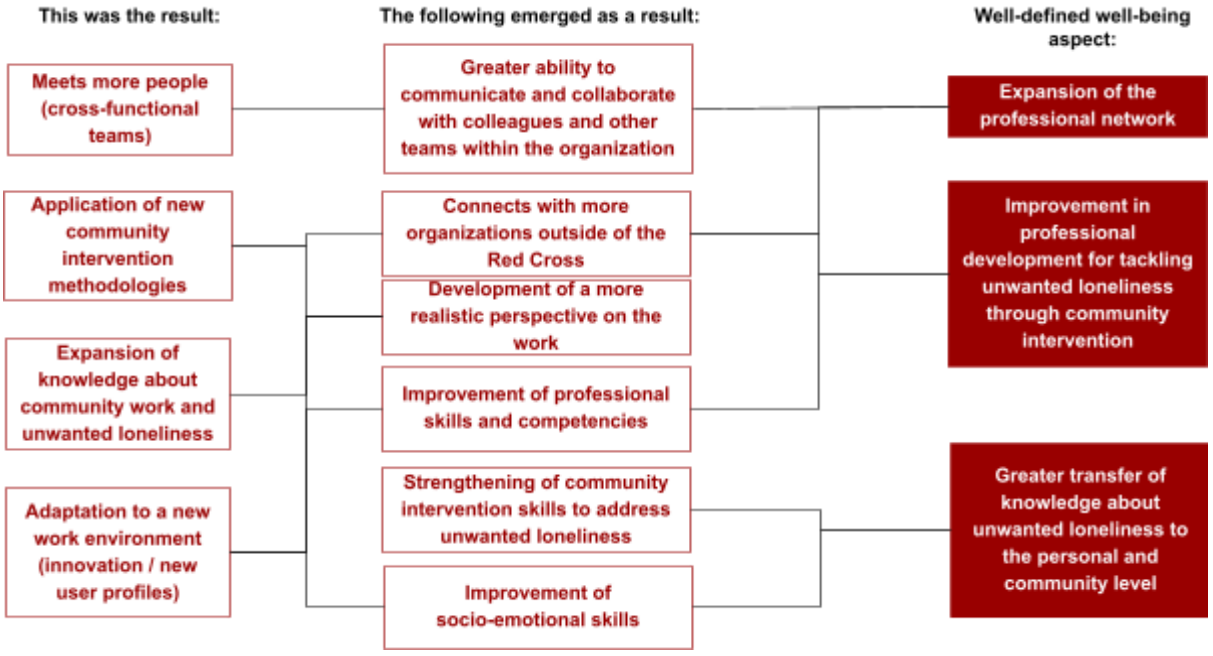
These experiences not only enhanced their understanding of community work and loneliness issues but also broadened their perspective on their professional role, improved their competencies, and strengthened their capacity to adapt to new contexts.

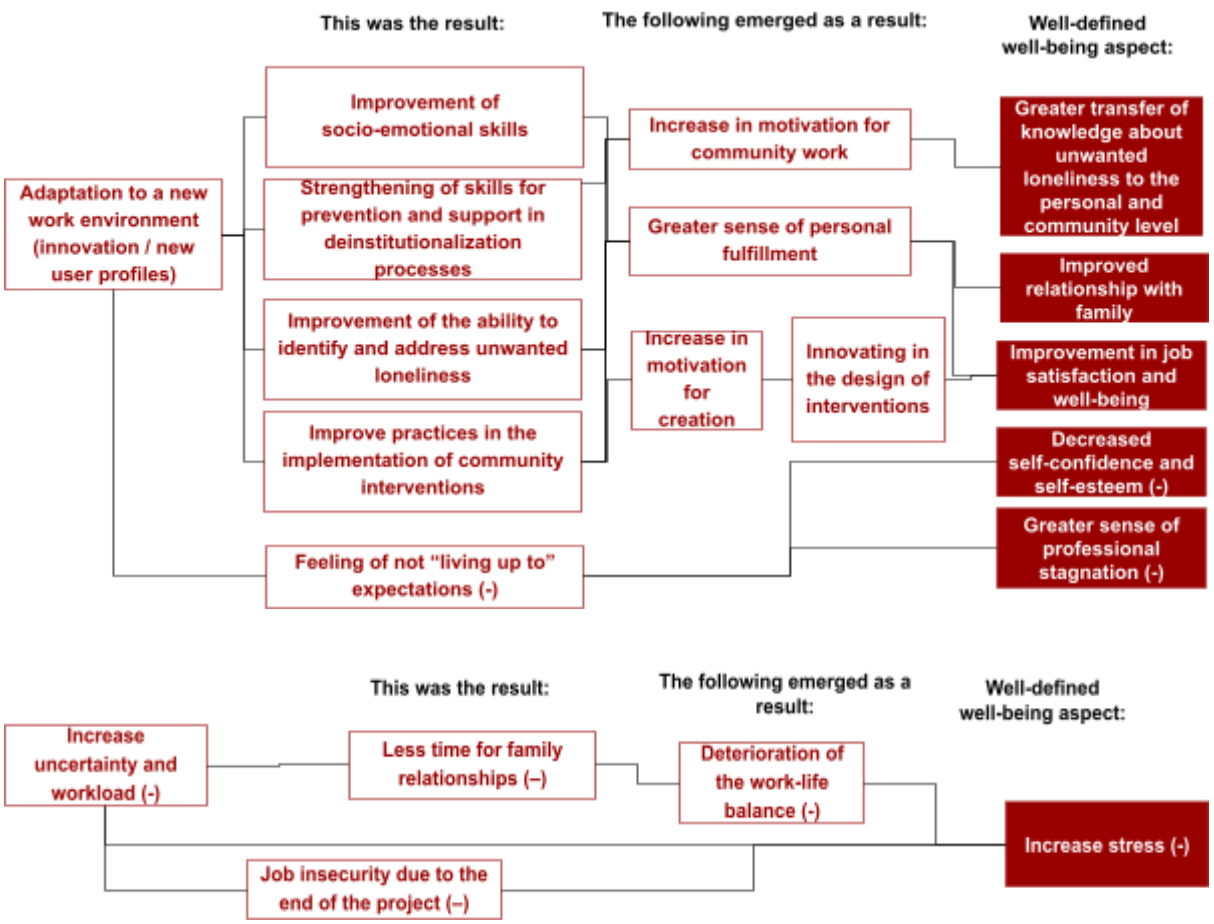
Based on the information shared, the validated judgment concluded that the majority of observed outcomes were primarily linked to competence development. However, due to the timing of data collection—conducted close to the project's end—it was not possible to fully capture how these outcomes might evolve into sustained change. Nonetheless, early indicators pointed to emotional transformation, relationship shifts, and growth in individual capacities, suggesting potential for lasting impact, albeit one not yet fully evidenced within the current evaluation timeframe.

Source: Own elaboration.

The following illustration reflects, in summary, what changes the paid staff identified in terms of their own well-being, including those that preceded the change that added value to them (in red). This allows us to understand which effects would be most relevant to inform decision-making in relation to improvements to the CRECE project that affect this group, thus contributing to optimizing its positive impact in future editions.

Figure 39. Chain of events





Source: Own elaboration.

4.6.9 Experience by - Volunteers

Based on data collected with a sample of 17 volunteers, equivalent to 13.71% of the population studied[75], 8 well-defined changes (aspects of well-being) were identified that arose as a consequence of their participation in CRECE.

The following table summarizes the 8 changes identified by this group, grouped by both positive and negative changes that occurred to this stakeholder. It's important to note that not all of these changes were included in the SROI calculation or value map (see included in Chapter 10. Future values). Some of them were ruled because they were not considered

[75] *Saturation was reached when all 17 interviews had been conducted.*

material (see relevance test Section 6.1) and (significance test Chapter 8. Materiality Analysis). For a detailed list of included and excluded changes, refer to Table 36.

Table 40. Positive and negative changes identified

Changes positive identified (87%, 7 of 8)	Negative changes (13%, 1 of 8)
-Improved mental health and emotional well-being **-Increased commitment and active participation in volunteering** **-Increased personal satisfaction and sense of fulfillment** **-Improved perception of physical well-being** **-Improved employment situation** **-Improved financial situation** **-Improved relationship with family**	**- Change in the availability of free time (-)**

Source: Own elaboration

The persons in this stakeholder group indicated the degree of importance that each of these changes had in their lives, since not all changes provided the same value or were perceived with equal relevance. The analysis of how many identified with the change and how valuable the changes were to them, can be found in Section 5.2.7.

Below, the focus is on displaying what changes were considered well defined and how they display in a chain of events. The following chain of events presents the relationship between the identified changes, highlighting in red the changes that are considered well defined (well defined outcomes), and in which the social value provided is found, since they encapsulate the value generated for the volunteers. This visual representation makes it easier to understand the process, showing how one change drives another, and contributes to more effective decision making by pinpointing areas where resources should be focused.

Table 41. Theory of Change - Volunteers

Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	As a result, stakeholders say they:	Well-defined outcomes to be measured
Supporting group activities and individual activities **Volunteer training**	**Type**: time Input value: **172.826,19€,** From 10/04/2022 to 07/31/2024 there were a total of 729 volunteers (H: 229 / F: 500), with 8,395 organized activities with a total of 17,309.50 hours carried out, which represents an average of 2.06 hours per shift carried out. **The total valuation of the inputs provided amounts to 172.826,19€** composed of the monetary valuation of the hours dedicated (17,309.50 hours × 9.10€/hour net = 157.516,45€) and the direct monetary expenses reported by the volunteers (15.309,74€). The hourly value represents the net amount that a person on the	-17,309.50 hours of volunteer experience The majority of volunteers trained in community intervention and addressing vulnerability factors (in relation to unwanted loneliness)	Spent more time with the participants supporting in group activities or individual actions Spent more time learning about unwanted loneliness, improved skills to detect and prevent Met new people and gained experience	Became **more aware** of healthy living, signed up to **sports club**, and/or **walked** more to support locations, and/or took **part in physical activities** that had the aim to boost participants' physical health Had l**ess availability of free time** (was not seen as negative for the majority) Knowledge improved their **understanding and communication skills as well as Greater empathy and understanding towards others** which Improved the **relationship** with their family and increase in **social and community** integration Expanded professional network and could evidence proven experience	***Improved perception of physical well-being** ***Improved mental health and emotional well-being** ***Increased commitment and active participation in volunteering** ***Increased personal satisfaction and sense of fulfillment** ***Improved relationship with family** ***Change in the availability of free time (-)** ***Improved employment situation** ***Improved financial situation**

	payroll would receive for this job.				

Analysis of the chain of events: The evaluator determined by the comments from the interviews with the volunteers, that these volunteer activities were exceptional and distinguishable from typical Red Cross volunteer work, even when performed by the same volunteers. The evaluator concluded that the unique characteristics and impact of these activities have been effectively documented in the chain of events. The well-defined outcomes for volunteers reflect both shifts in attitude—like greater commitment and personal satisfaction—and concrete improvements in life circumstances, such as better mental and physical health, stronger family relationships, and enhanced employment and financial situations. This Red Cross program—where volunteers far outnumber paid staff—created a unique environment, according to the volunteers, in which the volunteers not only learn to detect and prevent loneliness in the community but also experience unexpected personal benefits when applying the awareness and knowledge to the private sphere.

Some outcomes were intentional: volunteers seeking to bolster their résumé took on roles that sharpened their skills and expanded their networks, directly leading to improved job prospects and, in turn, a financial financial impact for a few of them that could evidence that this change had happened during the program as a consequence of their participation in the program. Other outcomes emerged organically. As volunteers became more attuned to loneliness prevention—practicing empathy, active listening and community outreach—they found their family bonds strengthening without having set out to do so, especially with elderly people in their surroundings. They even talked about a new approach towards neighbours.

This chain illustrates how the program's focus on the mental and physical well-being of participants also had a significant impact on the volunteers. Beyond simply becoming more aware of the importance of a healthy lifestyle—which led some to join sports clubs—volunteers also engaged more in physical activity by participating in or leading sessions originally designed for the beneficiaries.

From the volunteers' perspective, this marked a meaningful departure from their usual volunteering experience. They placed great value on these changes, as they not only contributed to others' well-being but also improved their own physical and emotional health. The evaluator team recognized this as a particularly valuable outcome for this stakeholder group, highlighting the reciprocal benefits of a well-being-centered intervention.

An increase in personal satisfaction and a sense of accomplishment emerged as one of the most consistently reported outcomes across volunteer programs—and this case was no exception. Notably, these emotional benefits stood out as clear and uncontested, particularly among older participants within this stakeholder group.

This positive shift was primarily driven by a heightened awareness of unwanted loneliness as a broader societal issue, coupled with the enriching social connections formed through volunteer engagement. These interpersonal experiences not only strengthened community ties but also ignited a renewed sense of personal

motivation, growth, and self-development. Overall, the program significantly fostered a deeper sense of meaning, connection, and shared purpose among its participants.

Increasing awareness of loneliness, combined with hands-on volunteering experiences and extended time devoted to such activities, significantly enhanced volunteers' communication skills—especially in terms of empathy toward others, sensitivity to language, and understanding of emotional isolation. This deepened engagement not only fostered stronger community and neighborhood connections, but also improved relationships with family members, boosted emotional well-being, mental health, and personal satisfaction. However, a downside was that this increased commitment sometimes came at the cost of having less personal time.

Although only a few volunteers explicitly mentioned it, the evaluation team wanted to emphasize that increased networking with other volunteers and professionals—combined with the time invested in learning about unwanted loneliness—significantly enhanced the volunteers' personal skills and competencies. This experience not only broadened their professional networks but also enriched the tools and evidence available for job-seeking and curriculum development.

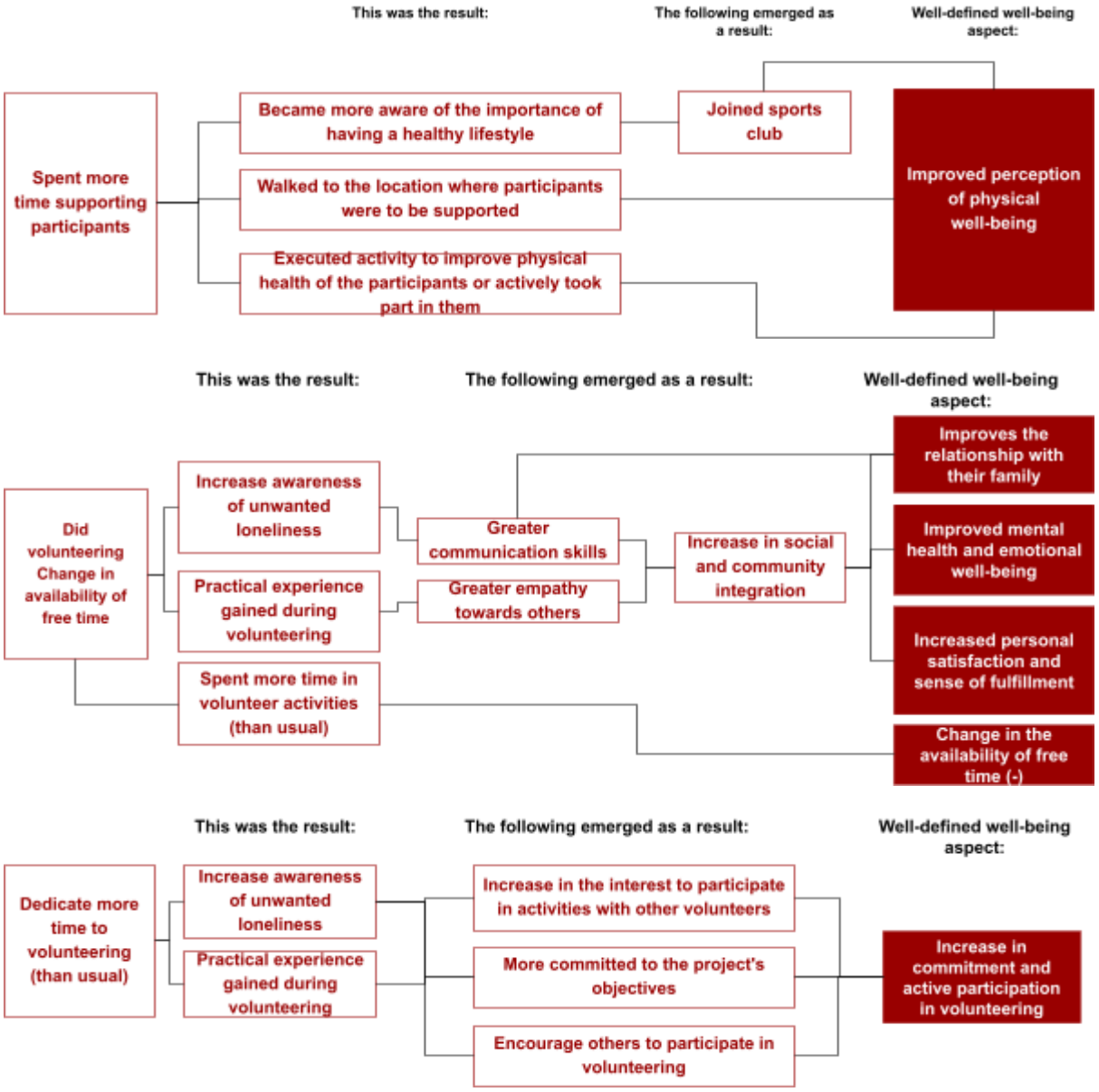
For some volunteers, these developments led to new job opportunities. For others, while it did not result in immediate employment, it improved their overall employability and stability. In both cases, the outcomes contributed positively—either by strengthening financial situations through employment or by improving long-term prospects.

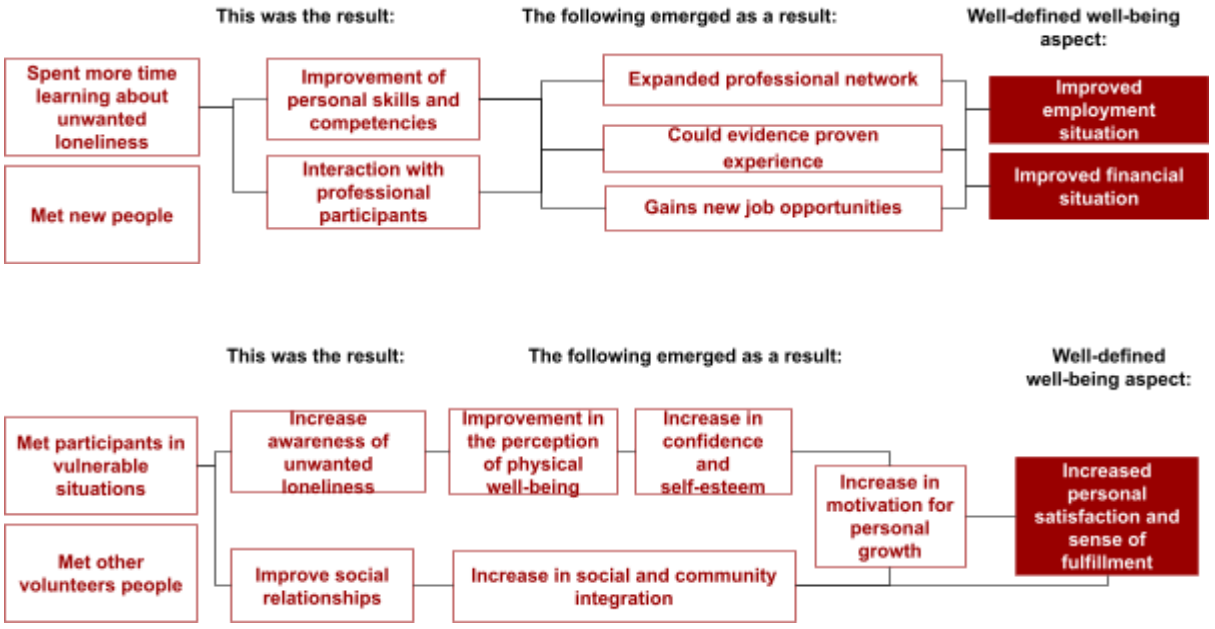
Most effects were positive, yet the evaluator team deliberately preserved one "negative" outcome: a few volunteers reported that the time commitment felt burdensome. Though identified by a minority, this well-defined strain signals potential volunteer burnout and could undermine recruitment through word-of-mouth. Acknowledging it ensures Red Cross leadership can balance impact with volunteer capacity and sustain both the program's effectiveness and its volunteer base.

Source: Own elaboration

To better illustrate the pathways leading to the well-defined outcomes, the changes have been mapped in the images below. Since a single change can trigger multiple subsequent changes, the chains are presented in a linear format to enhance clarity. As a result, some well-defined outcomes are repeated across different chains, reflecting their emergence from multiple contributing factors.

Figure 40. Chain of events





Source: Own elaboration

4.6.10 Experienced by - Alliances (Third Sector Organizations)

Based on data collected with a sample of 10 representatives from twelve organizations, equivalent to 15.27% of the population studied[76], 7 well-defined organizational changes were identified that arose as a consequence of their participation in CRECE.

The following table summarizes the 7 changes identified by this group, grouped by both positive and negative changes that occurred to this stakeholder. It's important to note that not all of these changes were included in the SROI calculation or value map (see included in Chapter 10. Future values). Some of them were ruled because they were not considered material (see relevance test Section 6.1) and (significance test Chapter 8. Materiality Analysis). For a detailed list of included and excluded changes, refer to Table 36.

[76] *Saturation was reached when 10 interviews had been conducted.*

Table 42. Positive and negative changes identified

Changes positive identified (100%, 7 of 7)
-Improvement in the quality of the interventions or activities offered **-Increased organizational satisfaction** **-Greater connection with the territory aligned with the organizational mission** **-Increased visibility and community recognition (by citizens and other entities)** **-Increase in the need and active participation of volunteers** **-Expansion of operational capacity in response to increased demand for services (more services / more people served)** **-Greater possibility of obtaining more financial resources**

Source: Own elaboration

These organizations indicated the degree of importance that each of these changes had in their entities, since not all changes provided the same value or were perceived with equal relevance. The analysis of how many organizations identified with the change and how valuable the changes were to them, can be found in Section 5.2.8.

Below, the focus is on displaying what changes were considered well defined and how they display in a chain of events.

The following illustration reflects, in summary, what changes were identified by people representing these organizations explaining what added value to them (in red). This allows us to understand which effects would be most relevant to inform decision-making in relation to improvements to the CRECE program that affect this group, thus contributing to optimizing its positive impact for the organizations in future editions.

Table 43. Theory of Change - Alliances (Third Sector Organizations)

Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	As a result, stakeholders say they:	Well-defined outcomes to be measured
Within CRECE, one flow addressed specifically organizations *Collaboration on community activities together with Red Cross* *Coordination of action plans that addressed community work* *Set up of community networks* *Attending training*	Shared input with Alliances (Public Administration) **Total value: 155.907,48€** **Type**: time Monetary valuation of the time dedicated by 331 organizations to the CRECE project during January 2023 - June 2024, calculated based on 2 hours per month per organization (excluding August 2023) and using as a reference the cost/hour according to the Social Intervention Agreement (13,83€/hour in 2023 and 14,27€/hour in 2024).	-52 territorial mappings -47 community programs -118 community coordination tables -Experience on the part of 331 local entities with active involvement -173 activities co-created around unwanted loneliness	**Greater understanding of unwanted loneliness** **Expansion of professional resources (as they had access to resources outside of their own organization)**	This **new awareness** enhances each organization's ability to detect and address the issue more effectively. This fostered an **increase in inter-organizational relationships**—organizations begin to collaborate more frequently and deeply. **Greater mutual learning**, allowing organizations to share effective practices and experiences. **Better coordination and networking**, streamlining interventions. A more **complementary and community-based approach** in how services are delivered. As organizations work more closely together and strengthen internal competencies, they make **adaptive changes** in how services are delivered: -Adjusting **working hours, age ranges**	***Improvement in the quality of the interventions or activities offered** ***Increased organizational satisfaction** ***Greater connection with the territory aligned with the organizational mission** ***Increased visibility and community recognition (by citizens and other entities)** ***Increase in the need and active participation of volunteers** ***Expansion of operational capacity in response to increased demand for services (more services / more people served)** ***Greater possibility of obtaining more financial resources**

				served, and **pathways of care**. -Generated **greater trust and security** felt by users and stakeholders.	

Analysis of the chain of events: The CRECE project introduced a new, structured approach to collaboration among participating third-sector organizations—many of which were not previously accustomed to working together in such an integrated manner. This mode of collaboration was not limited to coordination meetings or referrals; rather, it involved a deliberate exchange of services and resources between organizations. Entities actively made their own services available to CRECE participants, while simultaneously referring their own users to activities and digital content created by the CRECE team. This mutual exchange of value represented a significant cultural shift in how organizations approached partnership.

One of the most frequently cited outcomes during the evaluation process was an increase in the strength and breadth of the organizations' networks. Participants described the emergence of working relationships and mutual learning opportunities that were rarely present in their day-to-day operations prior to CRECE. The project facilitated greater inter-organizational trust, more effective coordination, and a shared understanding of intervention goals. These improvements were accompanied by a rise in professional confidence and perceived capability to respond to complex issues like unwanted loneliness. This was made possible through an intentional focus on building knowledge and competencies among staff, particularly in the area of recognizing and addressing social isolation.

In operational terms, this translated into a number of adaptive changes, including modifications in how services were organized—for example, in relation to user demographics, opening hours, and referral pathways. These internal shifts fostered a greater sense of alignment between each organization's mission and its practical activities, and also increased trust and confidence in the quality and security of interventions being offered.

Despite these improvements, organizations noted that the short timeframe of the collaborative experience limited their ability to observe more visible or measurable changes in users' life circumstances, such as improvements in financial stability, cultural perceptions, or interpersonal relationships. The effects most clearly identified during the evaluation were related to increased visibility, strengthened capacities, and enhanced reputational capital—important foundations for impact, but not direct generating changes in circumstances at the time the evaluation took place. Organizations acknowledged that while these changes represented clear progress, they had not yet led to reduced cost in resources, new investments or increase in users.

Interestingly, when asked about negative or unintended outcomes, participating organizations did not report any. Moreover, there was no significant concern regarding the end of the project funding period. The evaluator judged that no negative changes were identified as it could be attributed to the established and trustworthy presence of the Red Cross in

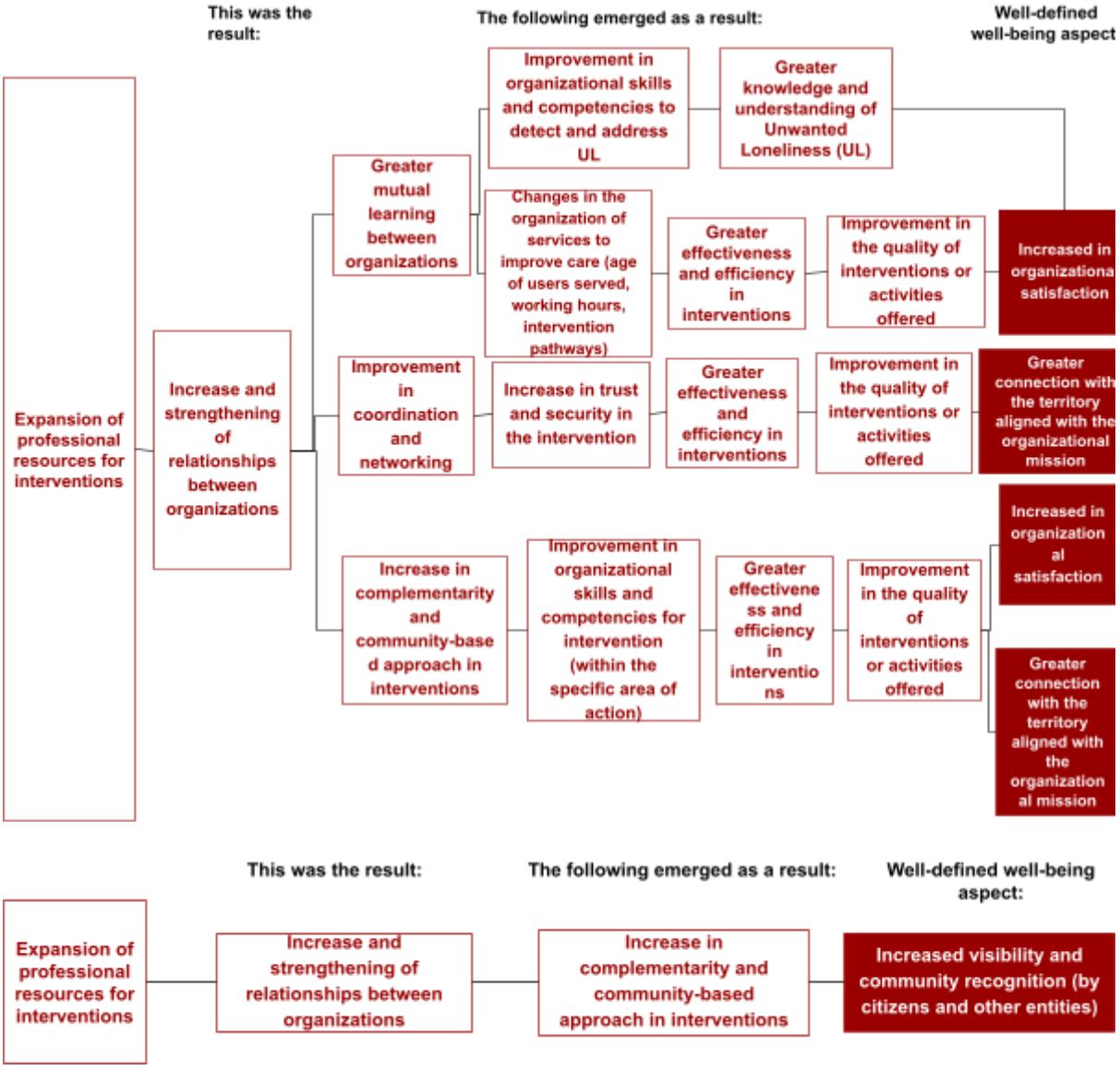
the region as well as size. Many organizations expressed confidence that, regardless of the project's formal conclusion, the Red Cross would likely continue some version of the intervention, ensuring continuity of support and stability in the ecosystem of services.

In summary, the evaluator team interpreted the chain addressing the value assigned to CRECE fostering initial organizational changes centered on learning, coordination, and cultural transformation. While not all these changes have yet translated into concrete outcomes, they represented essential groundwork for long-term systemic improvements in how third-sector organizations collaborate, deliver care, and respond to social challenges in their communities.

The evaluator team judged that even if a well-defined outcome is often likely to be a change in behaviour or circumstance, in this case organizational behavior, however in this instances the changes were "well-defined" still being changes in attitude, awareness or capacity as they were important for decision making for future interventions, in relation to the collaboration work.

To better illustrate the pathways leading to the well-defined outcomes, the changes have been mapped in the images below. Since a single change can trigger multiple subsequent changes, the chains are presented in a linear format to enhance clarity. As a result, some well-defined outcomes are repeated across different chains, reflecting their emergence from multiple contributing factors.

Figure 41. Chain of events





Source: own elaboration.

4.6.11 Experienced by - Alliances (Public Administration)

Based on data collected with a sample of 10 representatives from twelve organizations, equivalent to 15.27% of the population studied[77], 9 well-defined organizational changes were identified that arose as a consequence of their participation in CRECE.

The following table summarizes the 9 changes identified by this group, grouped by both positive and negative changes that occurred to this stakeholder. It's important to note that not all of these changes were included in the SROI calculation or value map (see included in Chapter 10. Future values). Some of them were ruled because they were not considered material (see relevance test Section 6.1) and (significance test Chapter 8. Materiality Analysis). For a detailed list of included and excluded changes, refer to Table 36.

Table 44. Positive and negative changes identified

Changes positive identified (89%, 8 of 9)	Negative changes (11%, 1 of 9)
-Greater awareness and appreciation of networking **-Greater autonomy in the management of services focused on tackling Unwanted Loneliness (Unwanted Loneliness (UL)** **-Expansion of services in areas not directly related to unwanted loneliness** **-Greater possibility of obtaining more financial resources** **-Implementation of a long-term strategy for addressing unwanted loneliness** **-Increased organizational satisfaction** **-Increased visibility and community recognition (citizens and other entities)** **-Reduction of workload**	**-Increased concern and uncertainty about project continuity (-)**

Source: Own elaboration

[77] *Saturation was reached when 10 out of 12 interviews had been conducted.*

Public Administration organizations indicated the degree of importance that each of these changes had in their entities, since not all changes provided the same value or were perceived with equal relevance. The analysis of how many identified with the change and how valuable the changes were to them, can be found in Section 5.2.9.

Below, the focus is on displaying what changes were considered well defined and how they display in a chain of events.

The following illustration reflects, in summary, what changes were identified by people representing these organizations explaining what added value to them (in red). This allows us to understand which effects would be most relevant to inform decision-making in relation to improvements to the CRECE program that affect this group, thus contributing to optimizing its positive impact for the organizations in future editions.

Table 45. Theory of Change - Alliances (Public Administration)

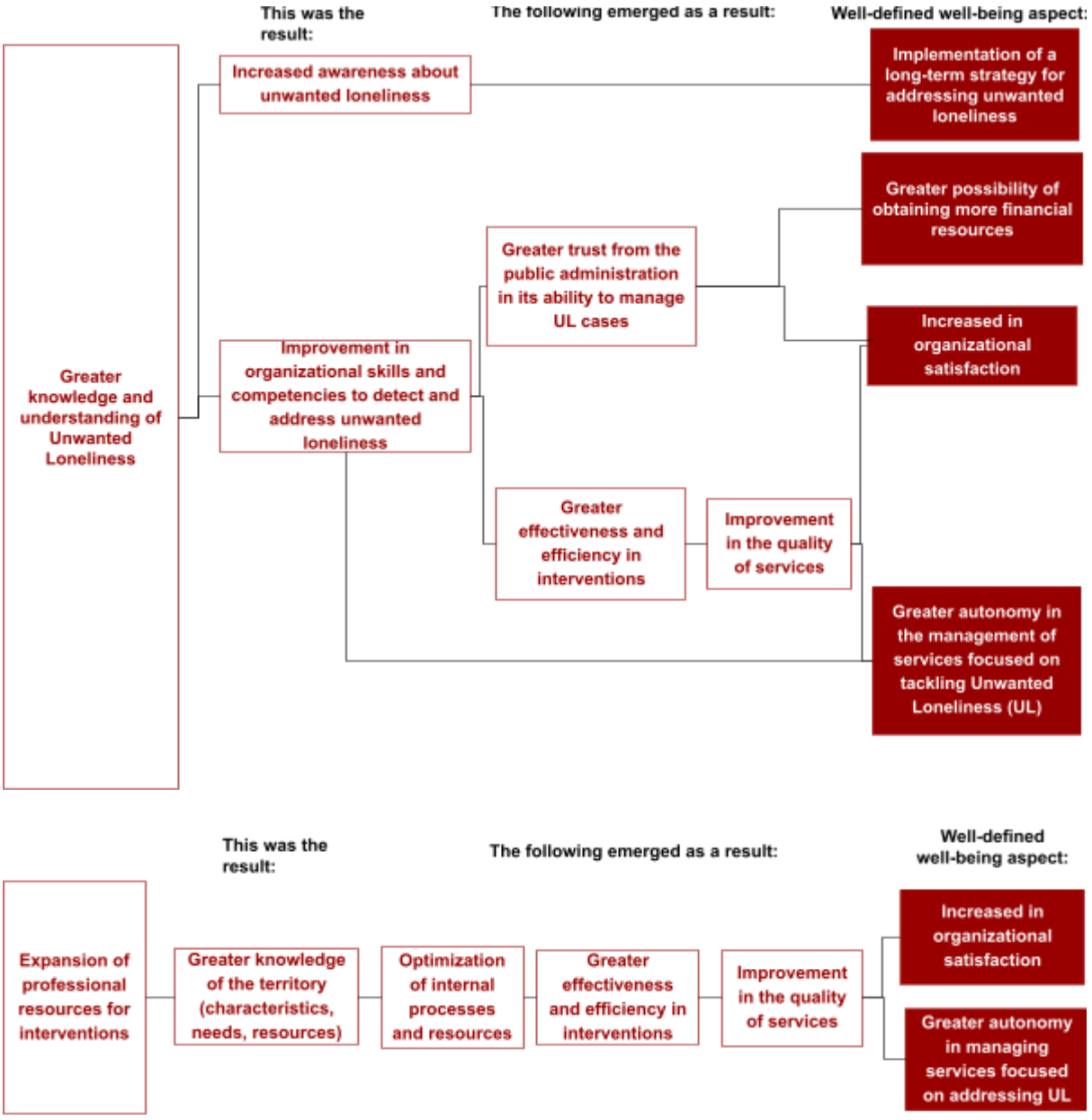
Activities	Inputs	Outputs	Chain of outcomes		
			This changed:	As a result, stakeholders say they:	Well-defined outcomes to be measured
Within CRECE, one flow addressed specifically organizations *Collaboration on community activities together with Red Cross* *Coordination of action plans that addressed community work* *Set up of community networks* *Attending training*	**Shared input with Alliances (3rd sector)** Shared input with Alliances (Public Administration) **Total value: 155.907,48€** **Type**: time Monetary valuation of the time dedicated by 331 organizations to the CRECE project during January 2023 - June 2024, calculated based on 2 hours per month per organization (excluding August 2023) and using as a reference the cost/hour according to the Social Intervention Agreement (13,83€/hour in 2023 and 14,27€/hour in 2024).	52 territorial mappings -47 community programs -118 community coordination tables -Experience on the part of 331 local entities with active involvement -173 activities co-created around unwanted loneliness	**Increased awareness about the unwanted loneliness problem** **Capacity-building in knowledge and skills about loneliness and how to prevent** **Expansion of professional resources (as they had access to resources outside of their public domain)**	Understood the **need for a strategy**. It improved the organizational **skills and competence**, enhancing the organization's **ability to detect** persons suffering from unwanted loneliness which generated **greater trust from the public administration, and** in its ability to manage unwanted loneliness cases which led them to **become more effective and efficient in the interventions and increased the possibility to apply for more funds.** This fostered an **increase in complementarity and community-based approach** in interventions—organizations began to collaborate more frequently and deeply, and started to **use community resources** more. Saw the benefit of collaboration, worried about the absence of a driver.	***Implementation of a long-term strategy for addressing unwanted loneliness** ***Increased organizational satisfaction** ***Greater autonomy in the management of services focused on tackling Unwanted Loneliness (Unwanted Loneliness (UL)** ***Increased visibility and community recognition (citizens and other entities)** ***Greater awareness and appreciation of networking** ***Reduction of workload** ***Increased concern and uncertainty about project continuity (-)** ***Greater possibility of obtaining more financial resources** ***Expansion of services in areas not directly related to unwanted loneliness**

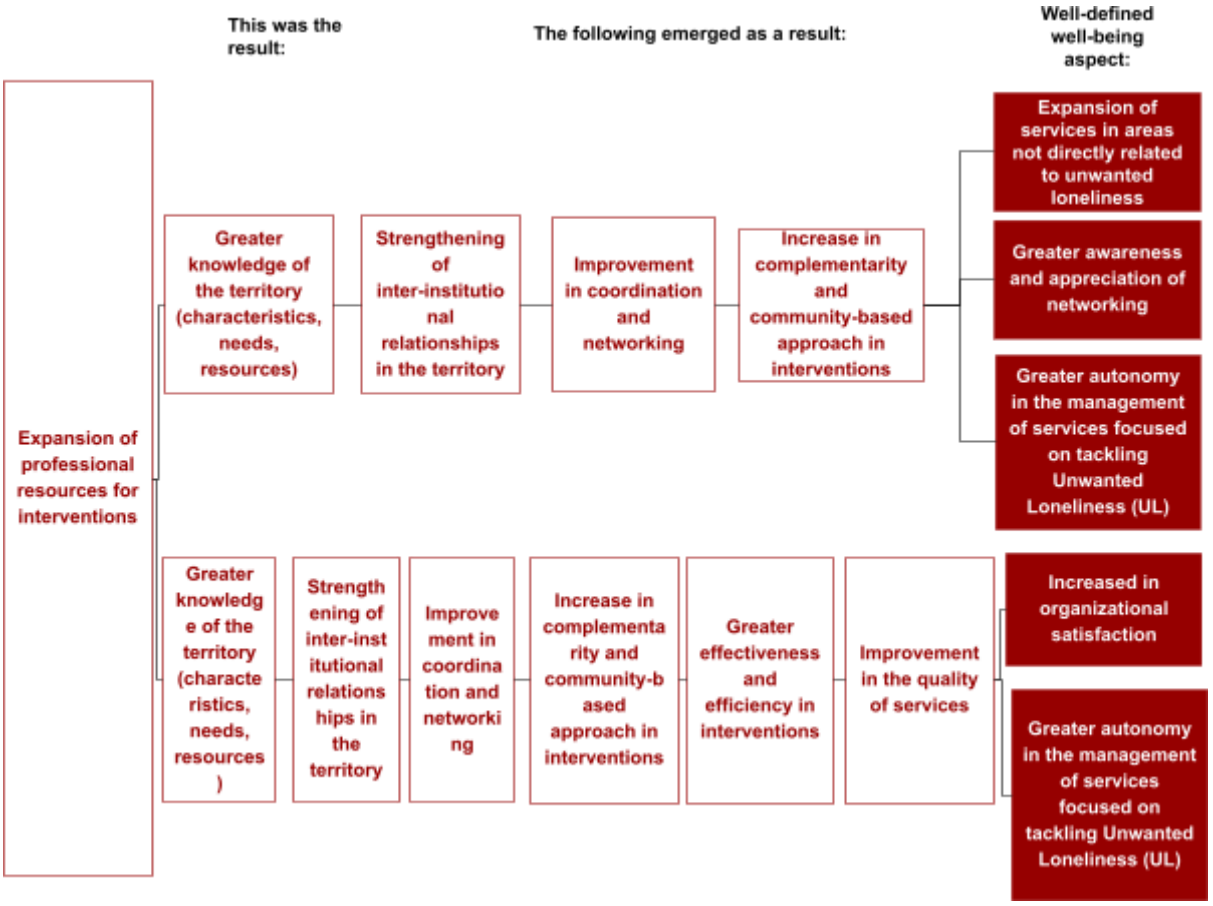
Analysis of the chain of events: All the changes in this chain are related to how the CRECE program has impacted the alliance organizations—public services that operate in the community. The evaluator team judged that, given the project's short timeframe, most of the observed shifts were in awareness, attitudes and capacities rather than in concrete circumstances, as the chain of changes shows. They attribute this to the longer lead-time public administrations typically need before awareness and capacity gains translate into tangible situational changes—a point the organizations themselves also noted. These bodies, unaccustomed to cross-sector collaboration on a shared concern, saw early increases in the number of partner organizations and in their ability to support lonely users. Yet, according to the evaluator team's judgment, workload pressures and institutional processes could delay these early shifts from solidifying into sustainable internal changes that ultimately benefit service users.

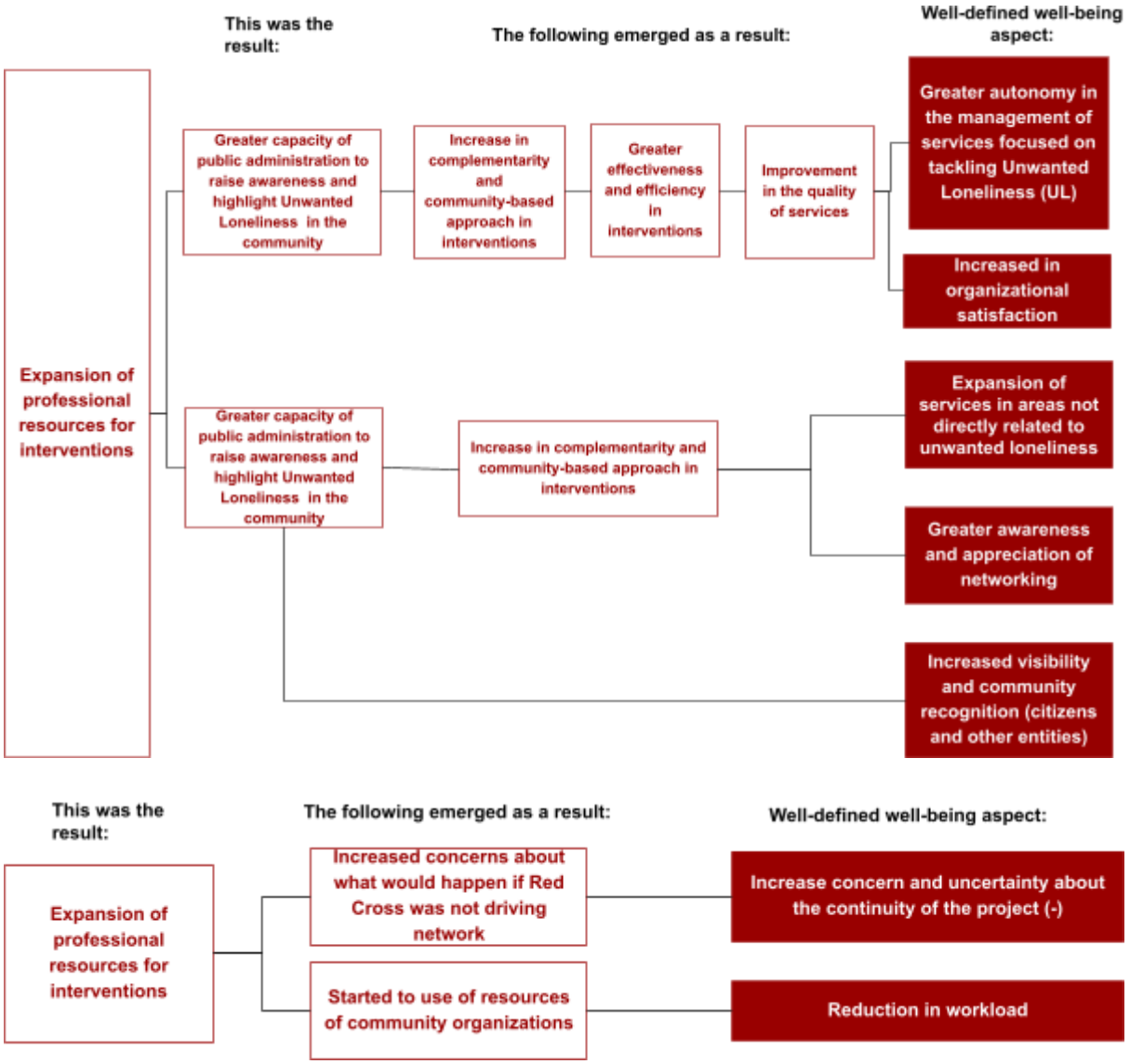
Still, evaluators underscored several well-defined outcomes—such as the implementation of a long-term strategy against unwanted loneliness; increased organizational satisfaction, autonomy and visibility; deeper community-based networking; reduced overall workload; and enhanced funding opportunities—which both organizations and evaluators agreed are critical foundations for deeper, future impact and will guide Red Cross decisions on community engagement. They also highlighted a clear negative outcome: a widespread increase in worries about the project's continuity. Because the Red Cross has driven this community work and public-funded bodies depend on its momentum, organizations fear that if CRECE ends, the networks and resources built will quickly unravel—an important warning and opportunity for strengthening sustainability in future editions.

To better illustrate the pathways leading to the well-defined outcomes, the changes have been mapped in the images below. Since a single change can trigger multiple subsequent changes, the chains are presented in a linear format to enhance clarity. As a result, some well-defined outcomes are repeated across different chains, reflecting their emergence from multiple contributing factors.

Figure 42. Chain of events




This was the result:
The following emerged as a result:
Well-defined well-being aspect:
Expansion of professional resources for interventions
Greater knowledge of the territory (characteristics, needs, resources)
Strengthening of inter-institutional relationships in the territory
Improvement in coordination and networking
Increase in complementarity and community-based approach in interventions
Expansion of services in areas not directly related to unwanted loneliness
Greater awareness and appreciation of networking
Greater autonomy in the management of services focused on tackling Unwanted Loneliness (UL)
Greater knowledge of the territory (characteristics, needs, resources)
Strengthening of inter-institutional relationships in the territory
Improvement in coordination and networking
Increase in complementarity and community-based approach in interventions
Greater effectiveness and efficiency in interventions
Improvement in the quality of services
Increased in organizational satisfaction
Greater autonomy in the management of services focused on tackling Unwanted Loneliness (UL)



Source: Own elaboration

5. VALUE THE THINGS THAT MATTER



This chapter on Principle 3: "***Value what matters***" of the Social Value International[78], describes the process of assigning value to the changes generated in stakeholder groups, described in the previous chapter. To do this, two valuation methods were combined—the non-monetary unequal weighting method (scale 1 to 10) and monetary valuation (proxies)—applying the anchoring technique in accordance with the principles, ensuring an accurate representation of the value of changes in strategic and operational decision-making. These two methods are described in this section.

This section answers the question:

What value is assigned to each change to understand the relative importance between change and change within the same stakeholder group?

5.1 THE PROCESS TO IDENTIFY THE VALUE

To evaluate the comparative relevance of these changes, data were collected on two key aspects:

- ☑ first, how many people identified with each change (to understand to what extent the majority or a minority of the persons in the stakeholder group identified with the change;
- ☑ and second, how valuable each change was to them. This information allowed to determine the degree of importance they ascribed to it, thereby providing a comprehensive view of the value it generated for them.

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

The data collection in relation to the valuation, two valuation methods that involved the stakeholder were applied. In this chapter both are described

a) the non-monetary unequal weighting method (scale 1 to 10) and
b) The monetary valuation where financial proxies are used to understand the relative importance in-between the values

Table 46. Data Collection Summary for "Value What Matters"

	Participants	Paid staff	Volunteers	Alliances - Third Sector and Public Administration
***What:* How many? How did they value the change?**	☑ Yes	☑ Yes	☑ Yes	☑ Yes
How many:	**663 (11.10%)**	**56 (80%)**	**78 (62.90%)**	**22 (16.79%)**
Type of data collected:	Quantitative			
Data collection method:	Survey			

Note: "Yes" indicates that the stakeholder provided data for these questions. "How many" shows the number of persons, and the percentage refers to the total study population. Source: own elaboration.

This data collection was conducted through webforms, which were adapted and simplified in language when necessary to adapt to the different stakeholders. These webforms were designed to reach as many participants as possible in order to be representative. URL links to the webforms were provided to the organization, which then distributed them to participants and other stakeholders via WhatsApp or email. In cases where a digital solution was not feasible, the webforms were printed for participants to complete on paper; once submitted, staff members digitalized the responses for analysis.

Figure 43. Example of design with qr codes to facilitate the forms



Source: Own elaboration

According to the sampling requirements (see Section 4.1.1), the data presented in the following chapter are statistically representative of the “Participants,” “Paid Staff,” and “Volunteers” stakeholder groups. However, there is a potential under-representation of “Alliances – Third Sector i.e. NGOs and Public Administration ,” where a sampling error of 20.22 % exceeds acceptable thresholds. The evaluation team judges this to be at most a medium-to-low risk for decision-making related to this stakeholder group, since the focus of this report is “people's wellbeing” (even if the SROI calculation includes these organizational changes), wherefore most decisions would be related to optimizing wellbeing for the people.

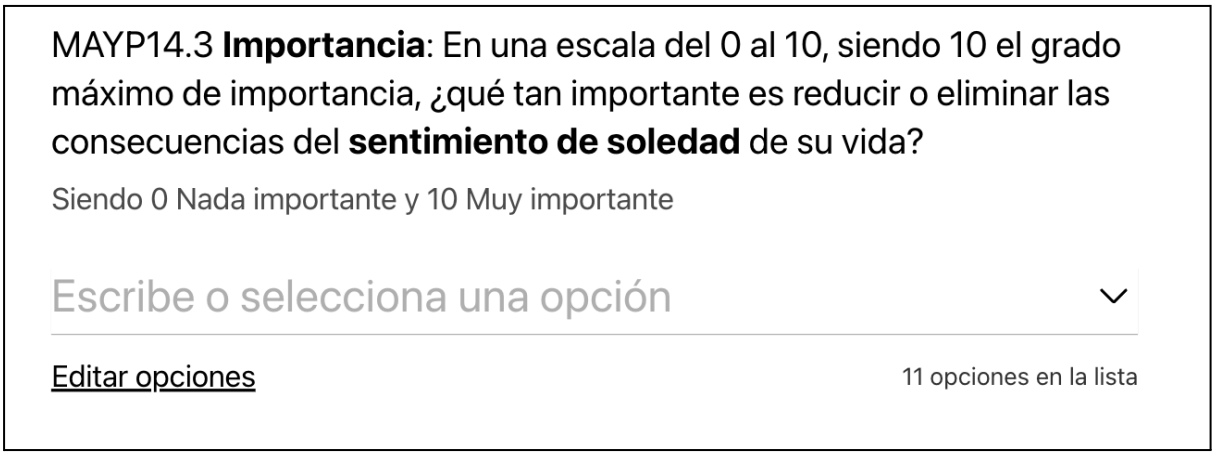
Within the “Participants” cohort, some subgroups also fall slightly outside statistical tolerances: “Women,” “Young People,” and “People Experiencing Homelessness” each exhibit error rates just above the acceptable margin—implying a low but existent risk—whereas “Elderly” participants show no sampling error. “People with Mental Health Conditions” display an error rate exceeding 3 %, which would normally render their subgroup unrepresentative. Nevertheless, because individuals with these conditions are also included

in the other well-represented stakeholder groups, the team considers the overall risk of missing critical perspectives to remain low.

In the SROI calculation, to remain conservative values only for stakeholder groups with statistically representative samples were extrapolated.

For each well-defined outcome, described previously in Section 4.6, participants were asked to indicate whether they identified with the change and how important it was to them (non-monetary evaluation) on a Likert scale from 1 to 10. Additionally, to support the development of "proxies" (monetary evaluation) described in Section 5.3, they were also asked questions to help determine possible proxies.

Figure 44. Example of question from webform



Translation: Importance: On a scale from 1 to 10, being 10 the highest level of importance, how important was it for you to have reduced or eliminated the sense of loneliness in your life as a consequence of your participation in the activity? Source: Own elaboration.

After data collection, the evaluation team calculated mean importance ratings for each change to reflect stakeholders' perceptions of their relative importance. They considered using the median versus the average and ultimately selected the average as the most appropriate measure as the sample group was representative and counted with a large number of persons.

These average data then informed the materiality assessment of each change in terms of relevance and helped refine the set of well-defined outcomes previously described in Section 4.6.

To support this process and standardize it across all stakeholders, a relevance-test model was developed (see Chapter 6. Materiality Analysis) to gauge how relevant each outcome was to each stakeholder group. For a comprehensive description of the relevance test and the criteria used to exclude non-relevant changes (not taken forward in the process).

Note that due to survey fatigue—especially among participants with language barriers and older adults—the evaluation team limited the subsequent analysis (magnitude of change, duration and causality) to only those outcomes deemed relevant in the relevance test. This approach helped prevent drop-outs later in the SROI process.

Participants reported that the survey was lengthy, hard to understand and at times overwhelming; consequently, any outcomes excluded by the relevance test do not appear in the descriptions and analysis in Chapter 7. Measuring the Change, as the evaluators limited to absolutely necessary the data collection, and thus did not ask about changes that were not relevant as being excluded in the relevance test.

Readers should refer to Table 36 for a comprehensive overview of every well-defined outcome. In that list, it is clear which changes were carried forward into the SROI calculation (see Chapter 10. Future values) because they were deemed both relevant and significant, thus material for decision making, and which were excluded—either by the relevance test for lack of relevance (see details in Chapter 6. Materiality Analysis") or by the materiality analysis for lack of significance (see Chapter 8. Materiality Analysis).

5.2 STAKEHOLDER COUNT AND RELATIVE IMPORTANCE (NO MONETARY EVALUATION)

Below is a breakdown per stakeholder of how many people identified themselves for each stakeholder group and how relevant they were to them.

5.2.1 Elderly participants

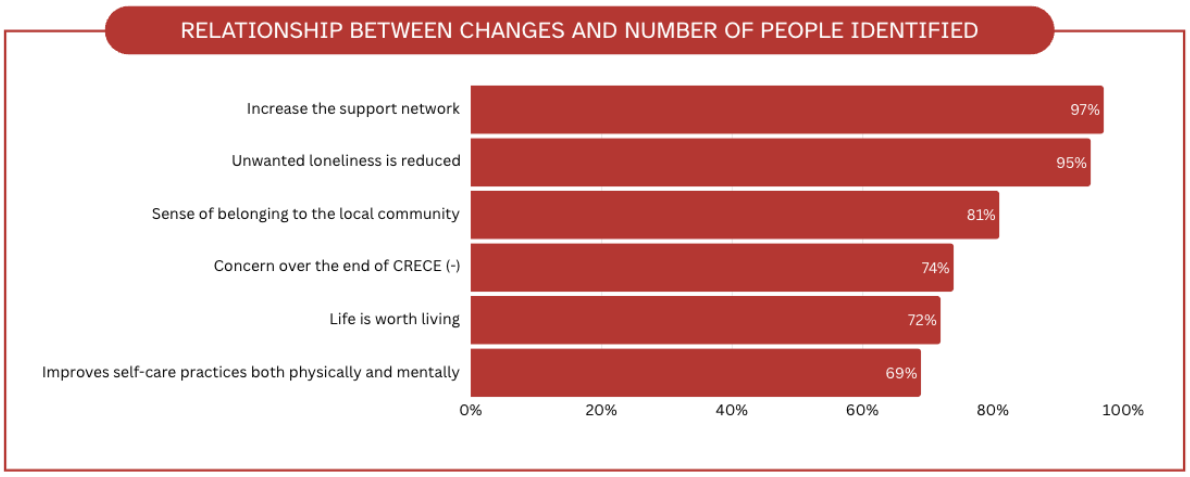
Based on data collected from a sample of 292 elderly people, equivalent to 20.04% of the population studied, the number of people who had experienced the change and the degree

of importance they assigned to it were identified. This sample is statistically representative, as it reflects the voices of older adults.

The analysis of these changes reflected that not all elderly people experienced all the changes, nor were all the changes experienced equally important in the lives of the people surveyed, so not all of them managed to contribute the same social value. Given the high degree of importance that this information has to optimize future editions of the CRECE program, the number of people who identified with each change and the degree of importance they assigned to it are detailed below. The purpose is to visualize which improvements most people identify with, and which ones add greater value to their well-being.

This assessment was carried out using a scale from 1 to 5, which was later translated to a scale from 1 to 10, evaluating the extent to which they identified with each change and how much social value they perceived they had received through their participation in the program.

Figure 45. Relationship between changes and number of people identified



Source: Own elaboration

Apart from the results already described in Section 4.6.6 in relation to improvements in *reduced feeling of loneliness*, *expansion of the support network* and, the *strengthening the sense of belonging to the community local*, it is highlighted that most of the changes mentioned in the Figure 45 were highly valued (exceeding 7.9 on a scale of 10), which

shows that the CRECE program generated a positive impact and significant social value in the lives of the participating elderly people, by facilitating improvements in multiple aspects of their well-being.

The results highlight that the change that generated the most social value for elderly people was the *improvement of physical and mental self-care practices*, with an average score of 8.4 out of 10, which reflects its high importance for the well-being of this group. Other changes valued by elderly people were *increase in personal autonomy* (8.0), *feel that the things you do in life are worth it* (8.1) and the *increased concern about the future without the support of the CRECE project* (8.2), although the latter confirms a negative effect in terms of uncertainty, which shows that elderly people highly valued being able to avoid this worry.

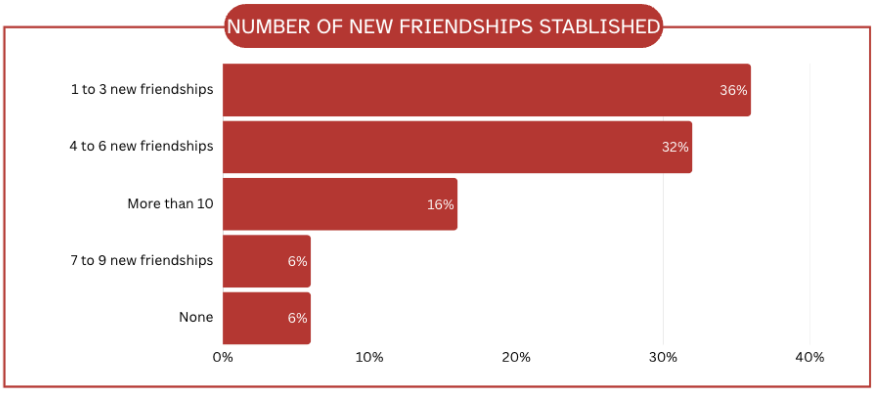
Emotional well-being

The positive changes that elderly people identified in themselves as a direct effect of their participation in the CRECE project were also perceived from the outside by their family and friends. Family members, in particular, mentioned that the participants are happier, with greater spirits and a more positive attitude towards life, which coincides with what the participants experienced. It is important to note that some family members highlighted that the participants spoke more, were more communicative and showed a better disposition to face their daily lives.

Interpersonal relationships

On the other hand, friends and close social relationships, according to mentions by the participants, noted that they had strengthened their ties with existing friends and had made new friends through CRECE. 36% of the people surveyed (N=292) had established between 1 and 3 new friendships, and 32% between 4 and 6. In the interviews, the participants spoke that after the CRECE activities they felt better in spirit, happier and eager to participate, since they had expanded their network of friends and had those with whom to share moments and experiences. Some people explained that they began to leave the house more, attending social, sporting or leisure events, which increased their social participation, achieving a more active and varied routine, doing activities such as having coffee with friends, walking, exercising and attending workshops.

Figure 46. Number of new friendships established



Source: Own elaboration

As for the new relationships established, also mentioned by friends and family, they made them feel more accompanied and, thanks to this, their feeling of unwanted loneliness had decreased. Likewise, they observed that elderly people showed interest in participating and happiness in doing CRECE activities, and even motivated other people to participate in CRECE.

Elderly people mentioned that they felt more open to interacting with other people, noting that it was less difficult for them to make new friends and strengthen ties with people around them. In addition, they indicated that they improved their ability to listen to and understand others, which contributed to the quality of their relationships. Thanks to these new or better relationships, the elderly people felt more energy and willingness to face everyday life, changing their attitude towards this stage of life in a more positive way and feeling useful by actively participating in program activities or in the community.

Many people indicated that they managed to have more people to call or share moments with, which generated a feeling of closeness and mutual support, and greater active participation in the community, commenting that they felt more integrated into their environment. They got involved in neighborhood activities, participated in community events and were interested in the lives and needs of other people, thus contributing to strengthening the social fabric and fostering a spirit of collaboration and mutual support.

Social inclusion

Another important change occurred in relation to their community activity, finding themselves with greater occupation in their daily routine. Many people expressed that they were more active and busier, regularly participating in workshops, group activities and events. This participation has allowed them to stay entertained and avoid downtime at home, generating a feeling of productivity and dynamism in their daily lives.

Some people commented that their relationship with family and close people also improved, since they perceived that they were more animated and eager to do things together. They highlighted the value of being able to talk about their things with other people outside the family environment and highlighted how important the company and support of their new friends was for them.

5.2.2 Women in situations of social difficulty

Based on data collected from a sample of 190 older adults, equivalent to 8.42% of the population studied, the number of people who had experienced the change and the degree of importance they assigned to it were identified. Although this sample has a margin of error[79], it is valid for understanding the reported changes.

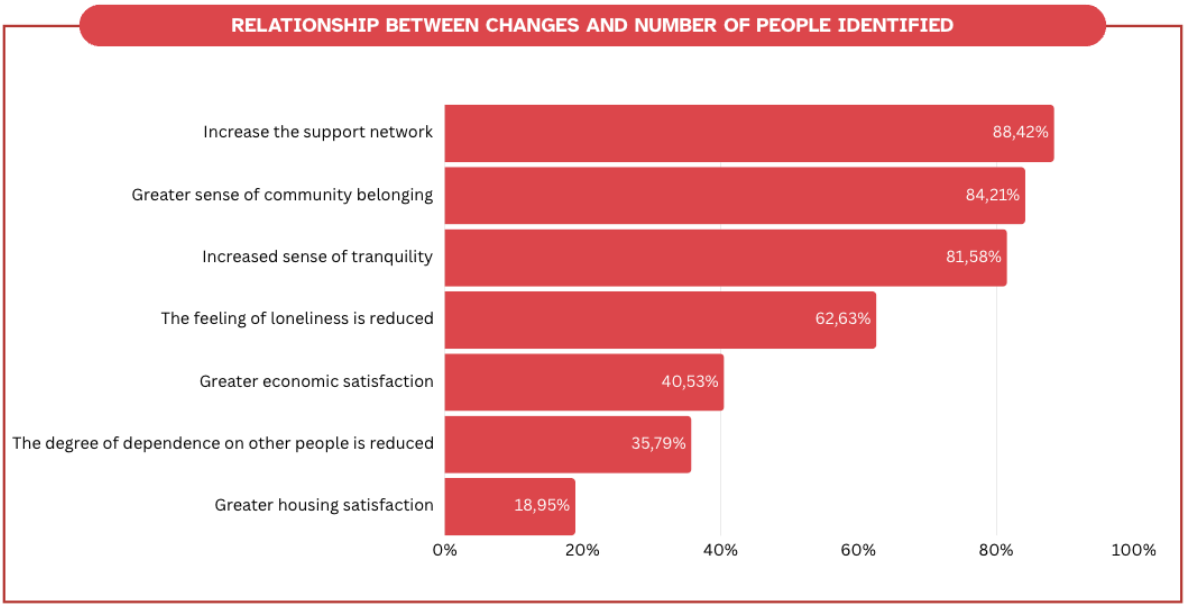
The women indicated the degree of importance that each of these changes had in their lives, since not all changes provided the same value or were perceived with equal relevance.

The analysis of these changes reflected that not all women experienced all the changes, nor were all the changes experienced equally important in the lives of the people surveyed, so not all of them managed to contribute the same social value. Given the high degree of importance that this information has to optimize future editions of the CRECE program, the number of women who identified with each change and the degree of importance they assigned to it are detailed below. The purpose is to visualize which improvements most people identify with, and which ones add greater value to their well-being.

[79] *For this interest group comprising 2.256 people, data was collected from 190 participants, corresponding to a statistical sampling error of 11.87%. This margin of error implies that there is a certain risk that the results obtained are not completely representative of the behavior and experiences of the total group. Therefore, the conclusions drawn should be interpreted with some caution when considering strategic decisions based on this analysis, although the error ratio is reasonably acceptable.*

This assessment was carried out using a scale from 1 to 5, which was later translated to a scale from 1 to 10, evaluating the extent to which they identified with each change and how much social value they perceived they had received through their participation in the program.

Figure 47. Relationship between changes and number of people identified



Source: Own elaboration.

Apart from the results already described in Section 4.6.6 in relation to improvements in *reduced feeling of loneliness*, *expansion of the support network* and, the *strengthening the sense of belonging to the community local*, it is highlighted that most of the changes mentioned in the Figure 47 were highly valued (exceeding 8.1 on a scale of 10), which shows that the CRECE program generated a positive impact and significant social value in the lives of women in situations of social difficulty, by facilitating improvements in multiple aspects of your well-being.

The results highlight that the change that generated the most social value for women was the *increased housing satisfaction*, with an average score of **8.79** out of 10, reflecting its high importance for the well-being of the women who experienced this change. However, it should be noted that this impact was only observed in a small percentage of women (18.95% of the 190 women surveyed), so it was not an improvement perceived by the entire

stakeholder group, nor does it represent the entire group. Even so, the report highlights the high value of having experienced this change so that it is taken into account in decision-making for future editions.

Other changes highly valued at 8.0 points on average or more on a scale of 10 were the *Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression*[80] (**8.51**), the *reduced feeling of loneliness* (**8.50**), the *increased economic satisfaction* (**8.48**), having seen *reduced the degree of dependence on other people* (**8.10**), and having *expansion of the support network* (**8.28**).

However, *strengthening the sense of belonging to the local community* is not as highly rated as the other changes, with a score of **7.10** out of 10. This suggests that, for women, the other effects generated by their participation in CRECE mentioned above add more value to their well-being.

The changes mentioned by the women as a direct effect of their participation in the CRECE program were also detected from the outside by their family and friends. Based on the analysis of the qualitative data collected on how the people around the women participating in the CRECE project perceived the changes in the women, it was observed that in most cases highlighted significant improvements in your well-being and attitude.

"He has a more active and fighting attitude."

Family observation

People close to them, such as family members, friends and psychologists, saw that women showed a more optimistic attitude and greater general well-being, which was reflected in their daily behavior and expressions. They even mentioned having noticed an increase in self-esteem and that they were calmer, happier and more positive. They observed that they felt more motivated, more self-confident, and more open to interacting with others. Additionally, they commented that the participants had improved their communication skills, their ability to express emotions and their willingness to interact socially.

[80] *This report highlights that the expressions used, such as "tranquility", "anxiety" and "depression", correspond to the subjective perception of the participants and not to a medical diagnosis. Including these terms in the report uniquely reflects how people describe their own experience and emotional well-being.*

With respect to general well-being, cited by the participating women and also by their friends and family, there is a strong focus on the importance of having achieved a *greater feeling of calm and/or a reduction in feelings of anxiety and/or depression*[81], whose value is clearly reflected in the average score of **8.51** out of 10 in terms of the degree of importance of having achieved this change, which is considered a very significant assessment, in fact one of the highest for this group.

Since this change covered a range of emotional and physical feelings related to mental well-being, we further evaluated how the participants' well-being had improved.

The analysis carried out on a total of 191 women surveyed, of which 63.35% provided answers about *how your relationship with feelings of anxiety, depression, or increased feelings of calm had changed* after participating in the activities organized by CRECE, has revealed that a **33.06%** of them indicated that, *Although they had not suffered from anxiety, they feel calmer in general* thanks to your participation in the project. On the other hand, **31.4%** pointed out that they *previously felt depressed, but no longer experience that feeling*, while **19.01%** stated that they *used to feel anxious, but they no longer experience this feeling*. Finally, **15.7%** He did not identify with any of the situations mentioned.

Emotional well-being

Taken together, this suggests that the vast majority of respondents (**83.47%** adding the first three categories) *experienced an improvement in their emotional well-being after participating in CRECE activities*, either through the reduction of depression symptoms[82], the decrease in anxiety or a general increase in the feeling of calm.

It was also evaluated whether this improvement could have led to a reduction in medical visits, which could represent an additional positive effect. However, the results revealed that this effect was not very significant, since only 2.63% of the 191 people surveyed (5 people) mentioned having had fewer medical visits thanks to the benefits obtained through the

[81] *When referring to the concept of tranquility, anxiety and depression, this study highlights that the participants were asked subjectively, so the results are not supported by medical reports that support these data. A formal diagnosis was not requested, but participants were asked to reflect personally and subjectively on these concepts. In this report, these terms are understood and analyzed as the subjective feelings of the people surveyed in relation to their own emotional well-being after their participation in CRECE activities.*

[82] *This report highlights that the expressions used, such as "tranquility", "anxiety" and "depression", correspond to the subjective perception of the participants and not to a medical diagnosis. Including these terms in the report uniquely reflects how people describe their own experience and emotional well-being.*

CRECE project. On the other hand, 1% (2 people) indicated that they had seen an increase in their visits to psychologists. In addition to this, 11.58% (21 people) indicated that they had not seen a reduction in their medical visits because they did not have them in the first place. The rest of the people, corresponding to 84.79%, did not answer the question because they did not feel identified or did not want to answer.

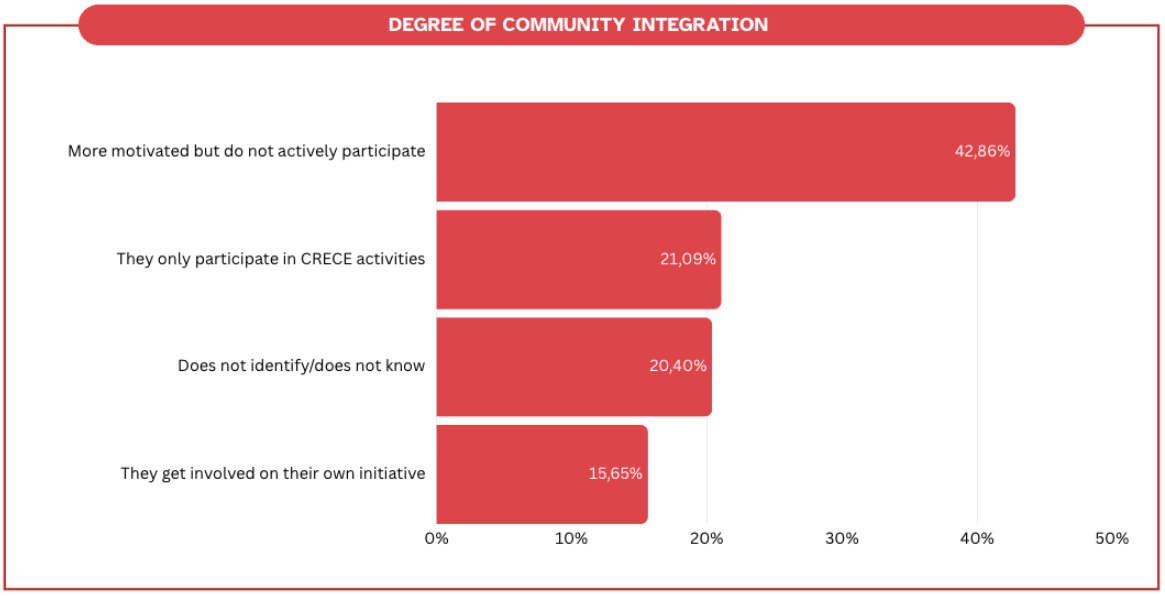
In conclusion, the data reflect that participation in the activities of the CRECE project has had a positive impact on the emotional well-being and self-esteem of the women surveyed. The vast majority of them experienced a significant improvement in their feeling of calm, reduction in anxiety symptoms and decrease in depression, which is valued as a very important change (8.51 out of 10 in terms of importance).

Social inclusion

The *community interaction* that the participating women pointed out, as well as what their friends and family observed, is also reflected in the data related to the way in which they noticed a difference in their relationship with the community. This *strengthening the sense of belonging to the local community* materialized, according to the women, through the aspects visualized through the Figure 48. The data show different levels of community integration among the women participating in the CRECE project. Approximately **43%** felt more motivated to participate in community actions, although not actively, which indicates a positive change in their disposition towards the community. On the other hand, a **21%** They participated only in activities organized by CRECE, which allowed them to link in a controlled and structured way with their environment, while a **16%** They had begun to get involved on their own initiative, showing a proactive step towards community interaction.

However, approximately one **20%** of the participants did not identify with any of these options or did not want to respond, which could indicate that there are still barriers to community participation for several of them, or that there is a representation of women who did not experience changes in their community participation as a direct cause of their intervention in CRECE.

Figure 48. Degree of community integration



Source: Own elaboration

Material well-being

Of the 191 people surveyed, one **40.53%** mentioned that the project had helped them feel *increased economic satisfaction* due to the specific support received by the project that allowed them to solve some economic difficulties such as help to cover food, bill payments and transportation. Some of them acknowledged that they have received help with clothing and food, help with extracurricular activities, transportation passes and sessions with psychologists, which had allowed them to free up resources to pay debts.

"My partner and I got a job through a participant I met in a workshop who put me in contact with the owner of a company."
Women in situations of social difficulty

Other women increased their income thanks to their collaborations as professionals with CRECE, as was the case of a photographer who had gained visibility through the program. Additionally, some participants had support to access financial aid such as the Guaranteed Insertion Income.[83] and the Minimum Living Income[84].

[83] Social security. (s.f.). *Minimum Living Income*. Recovered from https://www.seg-social.es/wps/portal/wss/internet/InformacionUtil/44539/49706.
[84] Social security. (s.f.). *Minimum Living Income*. Recovered from https://imv.seg-social.es/.

Regarding the improvement in *satisfaction with housing*, no conclusive data could be reported that could support decision-making, since the data collected was based only on the responses of 23 people, which represented 12% of the total population studied, and was not representative of the total number of people who had a better housing situation. In addition, from these responses, a slight increase was observed in the proportion of women who indicated having a "rented or owned home" (16 cases, equivalent to 8.38%), as well as a small decrease in the option of living in a rented apartment or house shared with other people (7 cases, equivalent to 3.66%).

Due to the small size of the sample that reported having experienced satisfaction with housing, these results did not allow representative conclusions to be drawn about the improvement in the housing situation of the group studied, which limits their usefulness for strategic decision making.

However, people who reported improvements in their housing situation expressed emotional benefits and a greater sense of well-being, expressing phrases such as: "we have peace and harmony in our home", "I live more relaxed", "I feel more confident about not having to be evicted", "I used to have more conflicts at home", "I am calm, there is not so much pressure" and "I have more peace of mind". These testimonies suggest a positive relationship between a better housing situation and a greater sense of tranquility and emotional stability.

5.2.3 Young person in a situation of social difficulty

Based on data collected from a sample of 67 young persons, equivalent to 10.36% of the population studied, the number of people who had experienced the change and the degree of importance they assigned to it were identified. Although this sample[85] includes a margin of error, it is valid to understand the reported changes.

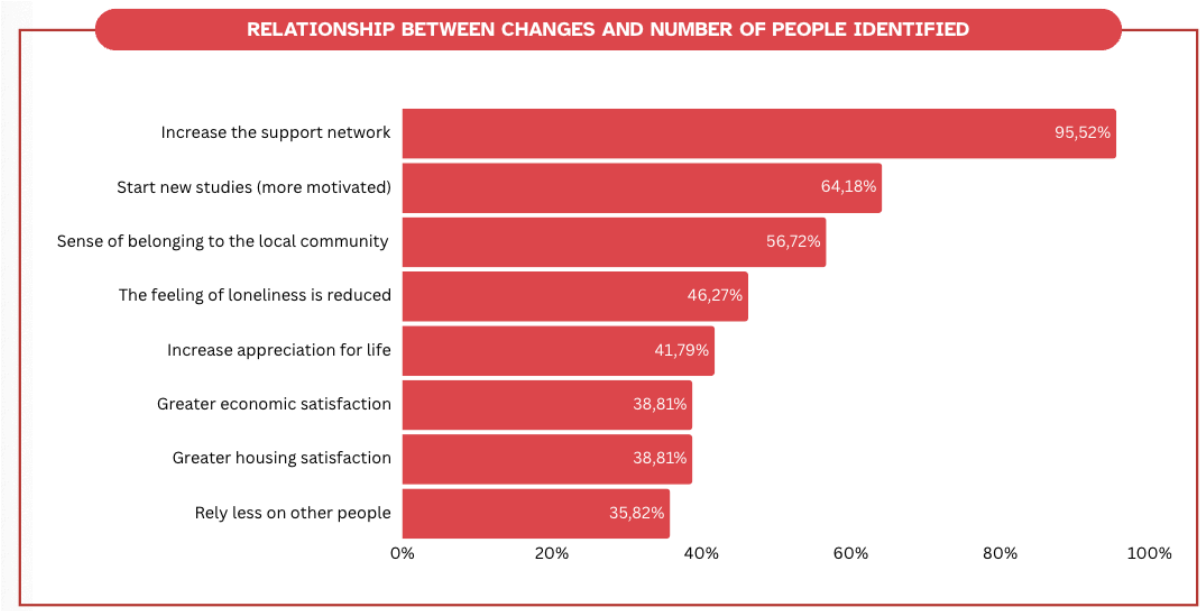
[85] *For this interest group made up of 647 people, data were collected from 67 participants, which corresponds to a statistical sampling error of 9.66%. This margin of error implies that there is a certain risk that the results obtained are not completely representative of the behavior and experiences of the total group. Therefore, the conclusions drawn should be interpreted with some caution when considering strategic decisions based on this analysis, although the error ratio is reasonably acceptable.*

The analysis of these changes revealed that not all young people experienced all the changes, nor were all the changes experienced equally important in the lives of the people surveyed, so not all of them managed to contribute the same social value.

Given the high degree of importance that this information has to optimize future editions of the CRECE project, the number of young people in situations of ex-custody and/or social difficulty who identified with each change and the degree of importance they assigned to it. The purpose is to visualize which improvements most people identify with, and which ones add greater value to their well-being.

This assessment was carried out using a scale from 1 to 5, which was later translated to a scale from 1 to 10, evaluating the extent to which they identified with each change and how much social value they perceived to have received through their participation in the project.

Figure 49. Relationship between changes and number of people identified



Source: Own elaboration.

Apart from the results already described in Section 4.6.6 in relation to improvements in *reduced feeling of loneliness*, *expansion of the support network* and, the *strengthening the sense of belonging to the community local*, it is highlighted that most of the changes mentioned in the Figure 49 were highly valued (exceeding 7.64 on a scale of 10), which

shows that the CRECE project generated a positive impact and significant social value in the lives of young people in situations of ex-custody and/or social difficulty, by facilitating improvements in multiple aspects of your well-being.

The results show that the two changes with the greatest social value for young people were the recovery of *appreciation for life*, a highly valued feeling of well-being, with an average score of **8.37** *about 10,* and having achieved *greater satisfaction with the housing situation* (**8.33** about 10). These results reflect on the one hand, the great importance that young people assign to their emotional state and, on the other, the high value that having a satisfactory home represents for those who improved their housing situation.

Other changes also highly valued include *depend less on other people* (**8.10** about 10), *expansion of the support network* (**8.03** about 10) and *initiated new studies (more motivated*) (**8.00** about 10).

On the other hand, although the *reduced feeling of loneliness*, being an intentional change to the project[86] and that to a certain extent young people consider it relevant, obtained an average score of **7.60** out of 10, indicating that, although it is a valued aspect of your well-being, it is minor compared to the other changes mentioned above. Similarly, the *improvement in the economic situation*, also being an intentional change according to the project objectives, received an assessment of the degree of importance of **7.88** out of 10, placing it below all aspects of well-being that were considered to have the most value in their life.

The changes reported by young people in a situation of ex-tutelage and/or social difficulty as a direct effect of their participation in the project were also perceived by their friends, family and other close contacts. Based on the analysis of the qualitative data collected on how people around the young people perceived these changes, it was observed that aspects such as greater socialization, self-confidence, motivation and emotional well-being stood out. Those around them noticed how they now interacted more confidently, establishing new relationships and strengthening their support network.

[86] *Logical framework of the CRECE - Red Cross project. "OE1. The people participating in the project will have perceived a reduction in unwanted loneliness" (internal document).*

In turn, their close contacts perceived that they had gained independence, assuming greater responsibilities in their daily lives and making decisions with greater autonomy.

"Yes, they tell me a lot that I have changed, and they notice that I am calmer and more empathetic."

Family observation

Likewise, those who lived with them observed greater personal stability, reflected in a more solid emotional balance and a more positive attitude in the face of challenges. Together, these testimonies confirm the effects that CRECE had on their lives, not only from the perception of the participant, but also from the perspective of those around them. Friends, family and other close people confirm having noticed these changes in the participant, which reinforces what was expressed and valued by the young people.

Relational well-being and social inclusion

Through data analysis, two key improvements were identified in relation to interpersonal relationships and social inclusion, which were also perceived by family and friends. It was observed that participation in the CRECE program contributed both to the creation of new relationships, friendships and contacts and to the strengthening of existing links between the people surveyed and different groups in their immediate environment (see Chapter 7. Measure the change).

In particular, a positive effect was evident in new and established relationships with Red Cross staff and organizations, consolidating the bond with those who accompanied them in their process. Likewise, new connections were generated with other community organizations and ties with acquaintances, relatives, sons/daughters, partners, guardians and neighbors were strengthened, which contributed to a *greater sense of belonging to the local community* and to the *expansion of the support network*.

In the *Research on the experience and perception of unwanted loneliness. Responses at the community level*[87], it is explained that not only deep relationships but also neighborhood relationships play a fundamental role in shaping a social environment that favors the

[87] ISEAK Foundation. (2024). *Research on the experience and perception of unwanted loneliness. Responses at the community level*. ISEAK Foundation .

development of bonds of trust. The importance of spontaneous and affectionate interactions, even between strangers, is highlighted as a key element for a friendlier urban life, which has a preventive impact against unwanted loneliness, which nourishes life satisfaction.

Several young people mentioned that, thanks to a broader support network generated by the CRECE intervention, they now participated in more recreational activities (gym, cinema, leisure) with other people, which had reduced their feeling of loneliness, and allowed them to enjoy quality time. Other people explained how they had developed greater confidence in being able to count on someone when they needed it.

Likewise, they reported that expanding their support network helped them improve their communication skills and feel more comfortable expressing their thoughts and emotions.

In summary, the expansion of the support network favored reconnection with family members and integration into community spaces, strengthening existing ties, making new friends and promoting a stronger sense of belonging in their environment.

These testimonies coincide with what was described in the aforementioned research, showing that changes of high value were generated for people young people in a situation of ex-tutelage and/or social difficulty that are foundations key to reducing unwanted loneliness and promoting life satisfaction[88]. Underlines the positive impact that CRECE has had in strengthening the support networks of young people and supporting that they *depend less on other people or organizations*.

Material well-being

Within the area of material well-being, three circumstances were identified that, according to the young people surveyed, had changed in their lives. The most notable aspect was having *initiated new studies with greater motivation*, evidencing the positive impact of CRECE on the educational motivation of this group. In particular, **64.18%** of the 67 people surveyed indicated that they had begun new studies, reflecting the importance of this change in their

[88] *Young people reported an increase in life satisfaction of 1.61 points on a 10-point scale. Although this level of satisfaction does not exceed the Spanish average for ages 16 to 25, which stands at 7.7 points out of 10, the group perceived a significant increase, since its initial average score was 4.88 and, after its participation in CRECE, it reached 6.49 points. Therefore, it can be concluded that there has been a notable improvement in their well-being. Furthermore, in the validation of the impact chains, it was identified that the support network played a fundamental role in increasing their satisfaction with life.*

lives, to which they assigned a value of 8.0 out of 10 in terms of the value that having experienced this circumstantial change brought to their lives and well-being.

Although these data do not represent the entire population, they do reflect the experience of those young people who felt supported in this area. Specifically, CRECE promoted enrollment in new training opportunities (37.20%)[89], allowed 13.95% to resume previous studies, helped 11.62% define academic objectives, and encouraged participation in educational environments.

"I have signed up for courses or workshops that I had not considered before."
Young person in a situation of social difficulty

These results demonstrate that the program not only encouraged learning but also contributed to the development of a more structured future plan with greater expectations for personal and professional growth.

Likewise, several young people indicated that their decision to return to school was directly related to improving their job opportunities. They perceived training as a key tool to access better jobs and develop professional skills.

"Continuing studying has allowed me to develop and learn things that has made my job search easier."
Young person in a situation of social difficulty

Additionally, several people indicated that before participating in CRECE, education was not a priority; however, through CRECE they began to value it as a fundamental aspect in their lives. Beyond the educational and work environment, the motivation to study had a positive effect on their personal well-being and self-esteem, allowing them to regain self-confidence and improve their perception of their future.

The *economic satisfaction* reported by 38.81% of the people surveyed (67 in total), It is closely linked to the expansion of their support network, which was a key factor in facilitating their access to employment. This progress was manifested in two main ways: through direct

[89] *Of the 67 people surveyed, 43 responded about the changes they had experienced in the educational field. Within this group, 37.20% indicated that they enrolled in courses or workshops that had not previously been considered, reflecting a positive impact on their motivation to continue training.*

support from the CRECE program or through new contacts generated within the expanded network.

The analysis of the testimonies indicates that the economy improved or was expected to improve mainly as a result of obtaining a job, which suggests that financial stability depends on circumstantial factors, such as the possibility of connecting with people and resources that facilitate job placement.

"From having almost 0€ in my bank account to in a few days being able to collect my first salary in a long time, and if the work lasts, it will give me total financial independence. I have gone from coming of age in a juvenile center and having zero income during the first eight months to having a salary of 1.400€."
Young person in a situation of social difficulty

In this sense, the support network not only has an impact on social and emotional well-being but also plays a fundamental role in improving the quality-of-life of young people, providing them with job opportunities that allow them to access income and economic stability.

An aspect linked to material well-being that some young people pointed out as a significant change was the housing situation. 38.81% of the 67 people who responded indicated that they had *improved their home*, although no common pattern was identified in these improvements. However, they mentioned different progress in housing conditions, such as access to accommodation in hostels, shared or rented housing.

Although the available data do not allow a more detailed description of these improvements, those who reported this change also noted positive impacts on different aspects of their lives. Housing stability had an effect on their emotional well-being, their autonomy, and their ability to develop more organized and healthy habits.

5.2.4 People experiencing homelessness

Based on data collection carried out with a sample of 104 homeless people, equivalent to 11.25% of the population studied, eight aspects of well-being were identified that arose as a

consequence of their participation in CRECE. Although this sample[90] It has a margin of error, it is valid to understand the reported changes.

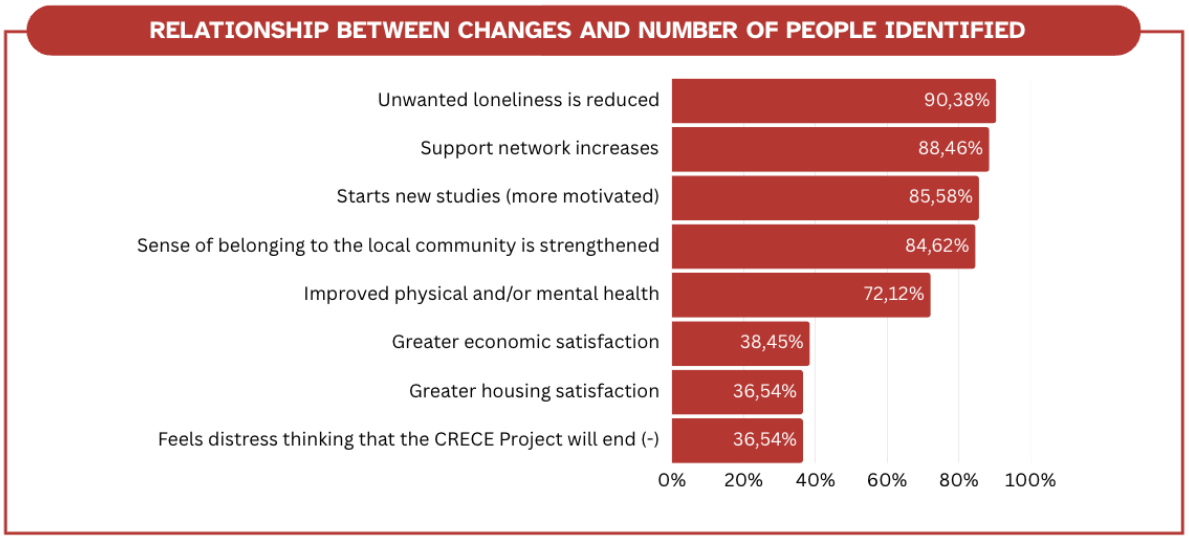
The analysis of these changes reflected that not all people experiencing homelessness did not experience all the changes, nor were all the changes that occurred equally important in the lives of the people surveyed, so not all of them managed to contribute the same social value.

Given the high degree of importance that this information has to optimize future editions of the CRECE project, the number of people in housing difficulty who were identified with each change and the degree of importance assigned to it is detailed below. The purpose is to visualize which are the improvements with which the most people identified and which contributed the greatest value to their well-being.

This assessment was carried out using a scale from 1 to 5, which was later translated to a scale from 1 to 10, evaluating the extent to which they identified with each change and how much social value they perceived they had received through their participation in the program.

[90] *For this interest group composed of 924 people, data were collected from 104 participants, which corresponds to a statistical sampling error of 8.88%. This margin of error implies that there is a certain risk that the results obtained are not completely representative of the behavior and experiences of the total group. Therefore, the conclusions drawn should be interpreted with some caution when considering strategic decisions based on this analysis, although the rate of representation.*

Figure 50. Relationship between changes and number of people identified



Source: Own elaboration

Apart from the results already described in Section 4.6.6 in relation to improvements in *reduced feeling of loneliness*, *expansion of the support network* and, the *strengthening the sense of belonging to the community local*, it is highlighted that most of the changes mentioned in the Figure 50 were rated moderately high (exceeding 6.1 on a scale of 10), which shows that CRECE generated a positive impact and a relatively significant social value in the lives of the people experiencing homelessness, by facilitating improvements in multiple aspects of your well-being.

The results highlight that the change that generated the most social value for people experiencing homelessness was that of *Improved physical and/or mental health*, with an average score of **8.28** out of 10, reflecting its high importance for the well-being of the women who experienced this change. However, it should be noted that this impact was only observed in a small percentage of women (18.95% of the 190 women surveyed), so it was not an improvement perceived by the entire stakeholder group, nor did it represent the entire group. Even so, the report highlights the high value of having experienced this change so that it is taken into account in decision-making for future editions.

Other changes in their well-being highly valued by homeless people were the *greater satisfaction with housing* (**8.06**) and the *expansion of the support network* (**8.00**). To a lesser

extent, although with a positive assessment, there is having experienced an *increased economic satisfaction* (**7.62**) and, although it was the main objective of the project, the *reduced feeling of loneliness*, which obtained a rating of **7.50** out of 10. Although this is still a high score, which reveals the importance of this improvement for the participants, it is perceived as a less relevant change compared to the others mentioned.

On the other hand, the negative impact identified in the *concern about the completion of the CRECE Project*, which, although with a lower score (**6.70**), continues to be a relevant aspect in decision-making related to this group. Likewise, other changes with somewhat lower ratings include having experienced a *strengthening the sense of belonging to the local community* (**6.58**) and having increased its *motivation to initiate new studies* (**6.10**).

The changes described by homeless people as a direct effect of their participation in the project were also perceived by their environment. People close to those who participated in CRECE noticed significant changes in their mood, their way of relating, and their general well-being. Many highlighted that, after participating in the program, they seemed calmer, happier and more motivated to face daily life. They also perceived greater self-assurance, with more confidence in their interactions and communication skills, which had a positive effect on their interpersonal relationships.

"My family has noticed that I am calmer and more cheerful."

Homeless person

In addition, family and friends noticed an increase in the social participation of these people, who were more active, open and expressive, also becoming more sociable and empathetic. Some mentioned that they had improved their verbal communication, including language proficiency, and that they tried to listen to others more.

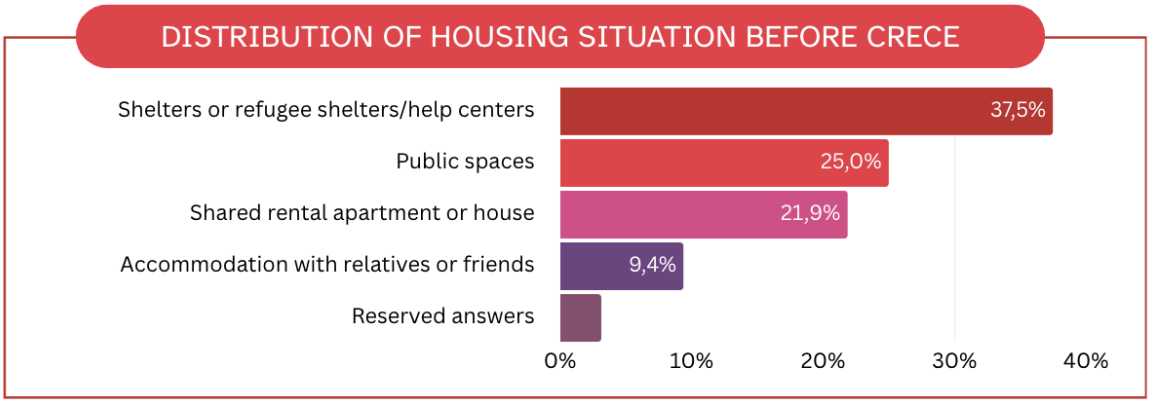
Another aspect noted in relation to social interaction was that they began to share more with those around them, organizing activities together and expanding their social circle. In general, those close to them agree that positive changes were observed, reflected in a more cheerful attitude, a more relaxed expression and a greater sense of well-being.

Housing situation

According to the *Investigation about the experience and perception of unwanted loneliness. Responses at the community level*[91], access to housing is a structural issue that directly impacts the feeling of loneliness and is one of the main causes of homelessness. It is indicated, according to the results of the research, that 73% of homeless people link their loneliness with problems accessing housing and evictions represent a common cause of this situation.

Under this context and with the aim of better understanding the improvements reported by people experiencing homelessness, we analyzed how their housing situation had changed. After joining the CRECE project, compared to their situation prior to the support received. Before their participation, the people surveyed faced a variety of housing conditions, most of them precarious, as indicated in Figure 51. A number of people (**37.50%** of the 25 people who responded) were staying in shelters or reception centers, while a **25%** They remained in public spaces such as bus stations or parks. There were also those who shared a rental apartment or house with other people (**21.90%**), and some lived temporarily in the homes of relatives or friends.

Figure 51. Distribution of the housing situation before CRECE



Source: Own elaboration.

[91] Foundation ISEAK. (2024). *Research on the experience and perception of unwanted loneliness. Responses at the community level*. Foundation ISEAK.

The support of the CRECE project generated significant and positive changes in the housing situation of the participating people with housing difficulties who reported having seen a change in their housing situation. Of a total of 25 people with comparable data, 9 people, representing **36.0%**, experiment *improvements in your housing situation*. Notably, no person worsened their situation, while 16 people, 64.0%, maintained their initial situation.

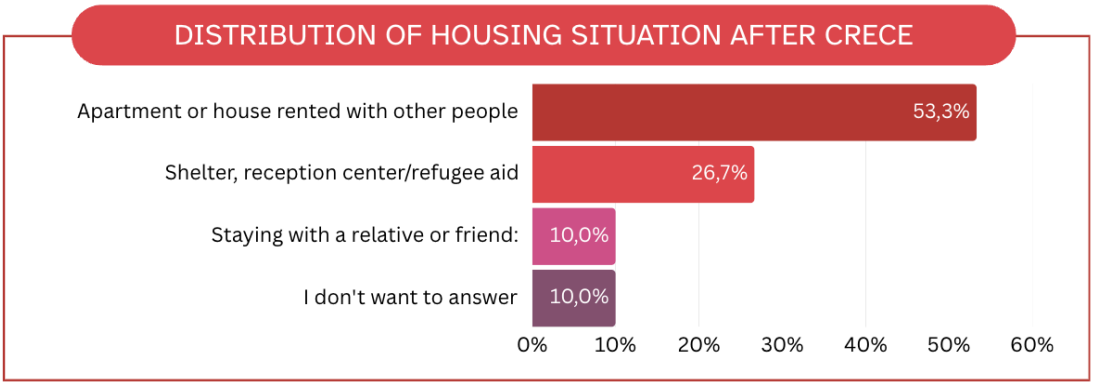
Among those who maintained their situation, 7 people continued living in the same modality, representing 28% of the total number of participants with comparable data. Another group of 6 people, constituting 24% of the total, continued to reside in their previous type of housing, indicating that they were already in a relatively stable situation. Additionally, 3 people, representing 12% of the total, have maintained their housing modality, which reflects the continuity in their support network and in a temporary or collaborative accommodation environment.

It is relevant to highlight that it *completely eliminated the situations of living in public spaces,* with the proportion of people living in these places reducing from 25% to 0% (8 people). Furthermore, the percentage of people in rental apartments or houses increased considerably, going from 21.88% to **53.33%**, indicating greater access to more stable housing. There was also a reduction in the proportion of people in shelters or reception centers, from 37.5% to 26.67%.

"I live with mental peace of mind that I am not going to sleep on the street, other men on the street are not going to try to abuse me, no robberies, no threats..."

Homeless woman

Figure 52. Distribution of the housing situation after CRECE



Source: Own elaboration.

These data reflect the positive impact of the program, showing a clear trend towards improvement in housing conditions, with a significant transition from more precarious situations to more stable options.

"Now I'm not cold, they don't look at me badly on the street, I have more stability and more security."

Homeless person

The improvement in housing conditions for participating people who were previously homeless, in precarious situations or with unstable housing contracts, has had a positive impact on their lives, manifesting in a variety of significant changes on both a personal and social level.

Several of the 25 people participating in this data experienced a considerable increase in their security and stability. Previously vulnerable to inclement weather and risky situations on the street, they now highlight the peace of mind that comes with having a safe and stable roof. This fundamental change allowed them to sleep without fear of theft, threats or abuse, situations that were every day for many of them. Likewise, eliminating exposure to adverse weather conditions and transitioning to safer housing contracts markedly improved their physical health and overall well-being.

On an emotional and social level, the effects have also been significant. Some respondents recount how improved housing fostered reconnection with family and friends, reducing loneliness and allowing them to participate in community activities that were previously inaccessible. This not only improved their social support network but also strengthened their sense of belonging and community.

Furthermore, having one's own space has had a positive impact on the personal autonomy of the participants. They mention having more control over basic aspects of daily life, such as eating and rest, which contributes to a greater sense of independence and self-esteem.

Although these data come from reports of only 25 people and are representative for this specific group, they underline the evidence that significant changes have been generated in the area of housing.

Physical and mental well-being

The *improvement in physical and mental well-being* was highly valued by people experiencing homelessness, with an average score of **8.28** out of 10. This suggests that this is a fundamental aspect of their quality of life, according to their own perception. Based on these results, a detailed analysis was carried out with the aim of providing information that can support decision-making in relation to homeless groups.

"It is a change in my physical and mental health, and on a social level, training and employment, and it's so important to me."

Homeless person

According to the *Survey of Homeless People* carried out by the National Institute of Statistics (INE, 2022)[92], although women represent a smaller percentage of the homeless population in Spain (23.3%), they face specific challenges that make them more vulnerable in certain aspects. For example, 36.6% of homeless women had been in this situation for less than a year, compared to 31.2% of men, and had a higher prevalence of chronic diseases (43.6% in women compared to 35.5% in men).

[92] National Institute of Statistics (INE). (2022). *Homeless Survey 2022*. I HAVE. https://www.ine.es/prensa/epsh_2022.pdf

In the analysis of the sample for this study, a proportionally balanced distribution is observed in relation to gender, with 53 women (50.96%), 49 men (47.12%), 1 transgender person (0.96%) and 1 person who did not want to indicate their gender, so it does not correspond to the distribution at the national level. However, it was considered that the data could be equally important in decision-making, so, apart from a general analysis, an exploratory analysis was carried out to identify whether gender influenced the improvements experienced in physical and mental well-being, although with a small sample.

However, this report highlights that, given that the sample analyzed (70 people) is not statistically significant to represent the entire population studied (924 people), the results can provide valuable information for decision making, although they cannot be extrapolated as representative of the entire population due to the margin of sampling error and its implications for representativeness.

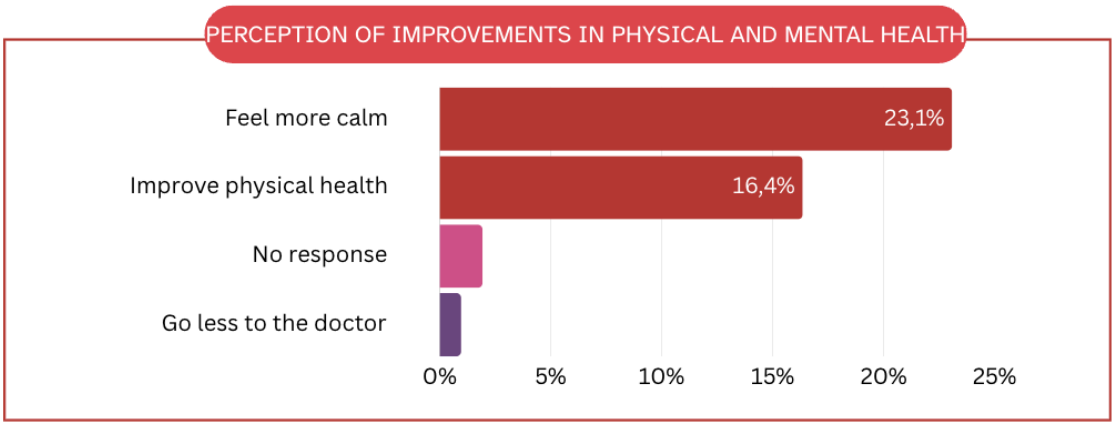
The analysis of the responses of 70 people out of a total of 104, which corresponds to the **67.31%** of the population studied, showed that the improvement in *mental health* most reported was the *feel calmer*, with **23.08%** of the responses (24 people). The results reflect a similar distribution between genders in this category, with **22.45%** in men (11 people) and **22.64%** in women (12 people), and 1 person who preferred not to indicate their gender.

Regarding the improvement in *physical health,* with which they identified a **16.35%** Of the people surveyed, significant differences are observed between genders: **24.49%** of men (12 people) report having improved their physical fitness, compared to just **9.43%** of women (5 people).

The *reduced feeling of anxiety* is reported in similar proportions between genders: **8.16%** in men (4 people) and **7.55%** in women (4 people), representing a **7.69%** of the total number of participants (8 people).

And **1.92%** overall preferred not to answer and in a very low proportion, they reported that *they went to the doctor less* (**0.96%** corresponding to a woman).

Figure 53. Perception health improvements - Global



Source: Own elaboration

In conclusion, the results reflect progress in mental and physical health among the people surveyed, with a more marked gender difference in physical improvement in the male gender. However, when it comes to mental health, there is no significant difference between genders. Given that the sample does not reach a statistically significant threshold, the results cannot be extrapolated to the entire homeless population addressed in this study (**924 people**). Even so, these findings provide relevant information for decision-making in relation to population groups in social difficulty who find themselves in this housing situation.

Social inclusion

According to the *research on the experience and perception of unwanted loneliness. Responses at the community level*[93], The stigma associated with homelessness can lead to social isolation and exclusion, making integration into the community even more difficult. Additionally, social support networks, including family, friends, and community organizations, play a crucial role in people's integration. homeless. Research indicates that strengthening these networks and facilitating access to resources and support services can significantly improve their opportunities for social inclusion.

In this context, an analysis of the responses of 104 people (11.26% of the studied population) was carried out to better understand how people in housing difficulties had

[93] Foundation ISEAK. (2024). *Research on the experience and perception of unwanted loneliness. Responses at the community level*. Foundation ISEAK.

changed their relationship with the neighborhood and the community as a result of their participation in the activities organized by CRECE. This analysis seeks to identify the effect that these initiatives have had on the social integration of people experiencing homelessness, a prevention factor according to the research cited above.

The results clearly reveal that the majority of people identify the organization that manages the CRECE project (Red Cross) as *your main new community contact (support network)* according to what is detailed in Figure 54. This finding could also explain why this group of people was the one that stood out the most to *the concern about the completion of the project*. Specifically, 36.54% of the 104 people surveyed expressed this concern, assigning a medium level of **6.7** out of 10 regarding the importance it would have for them to be able to avoid this feeling of worry, since it caused them discomfort. This reflects the fear that this new connection to the community could disappear.

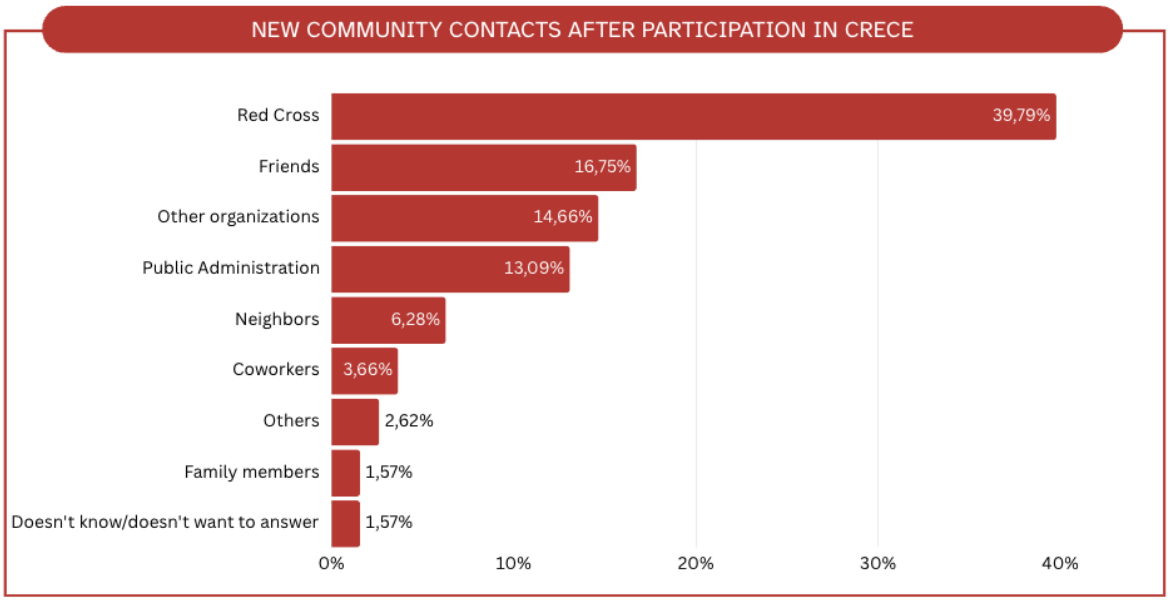
"They have helped me get my NIE."

Homeless person

Other relevant contacts established include *new friends*, marked by **16.75%** of the people surveyed, and the contact with *other support organizations*, mentioned by **14.66%**. Additionally, 13.09% of the participating people indicated having established contact with new *public administration entities*, such as social services.

On the other hand, the family plays a minimal role in these new ties, which could indicate two possible reasons: either it already had a significant presence in the lives of these people and is not a new contact, or there is a lack of previous relationship that has not been modified after participation in the program.

Figure 54. New community contacts after participation in CRECE

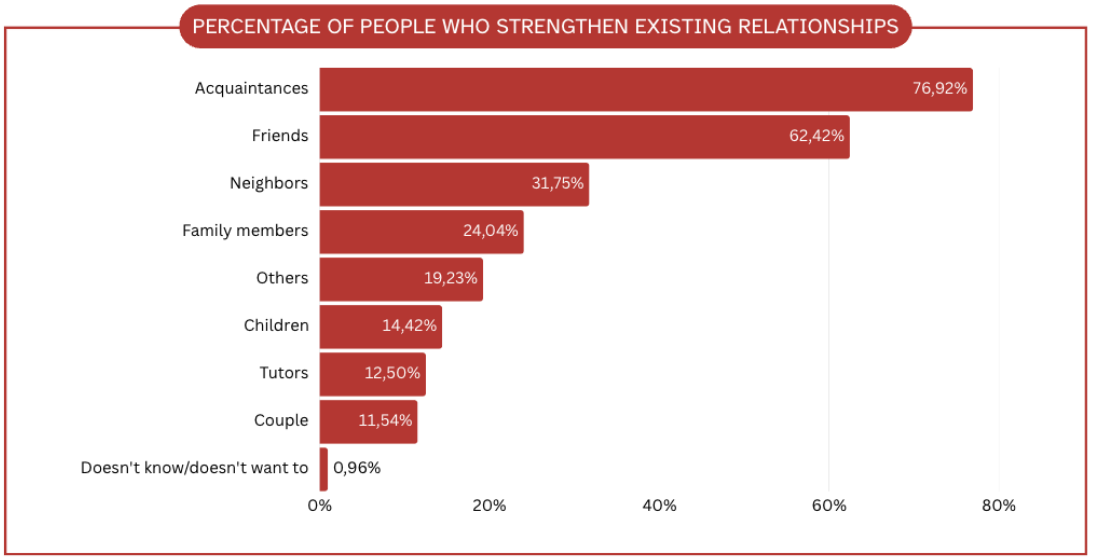


Source: Own elaboration.

Apart from the data that shows the creation of new contacts in the previous figure, the same 104 people surveyed reflected in the following Figure 55 perceived improvements in their existing relationships.

A clear strengthening is observed in these links, with significant improvements especially in the area of *acquaintances*, where **86.92%** of the people surveyed reported a positive evolution, and in the area of *friendships*, with **62.42%**. This, in relation to the conclusions of the previously cited study, suggests that everyday interactions, even with those who are not intimately close, play a fundamental role in the perception of support and connection, which is reflected in the improvements in connection with the neighborhood reported by the **31.75%** of the people surveyed.

Figure 55. Proportion of people who strengthen existing relationships



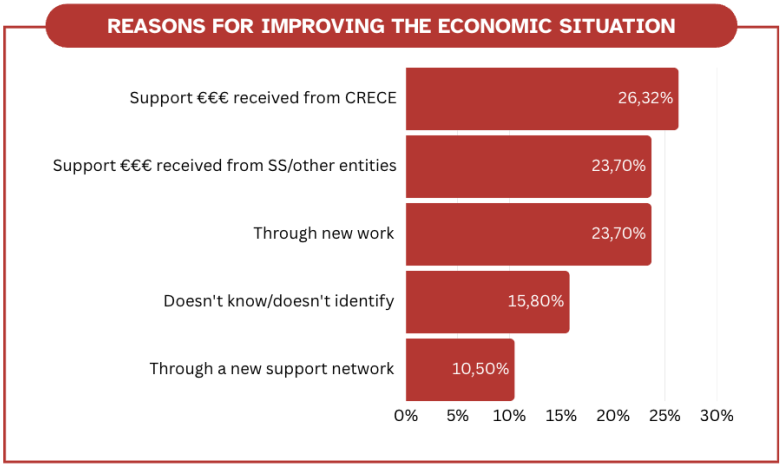
Source: Own elaboration.

Material well-being

Although the improvement of the economic situation was not considered a priority compared to other changes, 38.46% of the total number of participants (40 of 104) specified the reasons for their economic improvement. Among these, financial support from CRECE and social services or other entities represents approximately half of the improvements (50%), while almost a quarter comes from getting a job as indicated by Figure 56.

Although these data provide a view of the distribution in this subset of people who report economic improvements thanks to CRECE, the sample is not sufficient to draw representative conclusions for the entire group, but it does provide information on the causes that generate economic improvement.

Figure 56. Reasons for improving the economic situation



Source: Own elaboration

5.2.5 People with mental health difficulties

From the data collection carried out with a sample of 20 people with mental health difficulties, equivalent to 2.81% of the population studied, 13 aspects of well-being were identified that arose as a consequence of their participation in CRECE. Although this sample[94] It has a margin of error, it is valid to understand the reported changes.

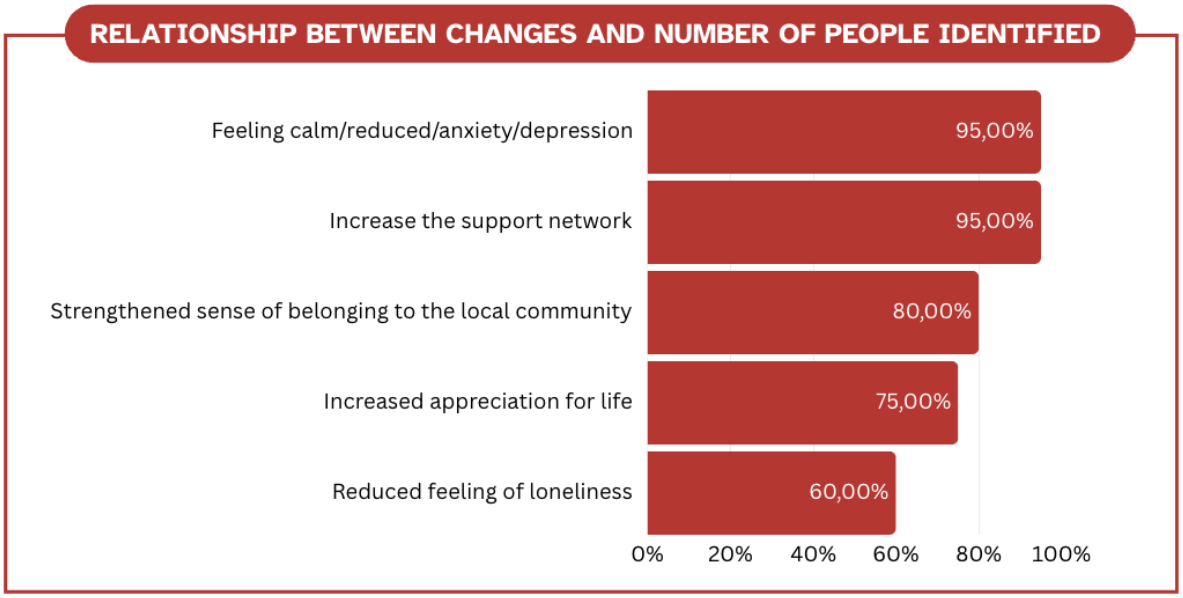
The analysis of these changes reflected that not all people with mental health difficulties experienced all the changes, nor were all the changes experienced equally important in the lives of the people surveyed, so not all of them managed to provide the same social value. Given the high degree of importance that this information has to optimize future editions of the project, the number of people with mental health difficulties who identified with each change and the degree of importance they assigned to it. The purpose is to visualize which

[94] *For this interest group made up of 712 people, data were collected from 20 participants, which corresponds to a statistical sampling error of 35.60%. This margin of error implies that there is a certain risk that the results obtained are not completely representative of the behavior and experiences of the total group. Therefore, the conclusions drawn should be interpreted with some caution when considering strategic decisions based on this analysis, although the error rate is moderately acceptable.*

improvements most people identify with, and which ones add greater value to their well-being.

This assessment was carried out using a scale from 1 to 5, which was later translated to a scale from 1 to 10, evaluating the extent to which they identified with each change and how much social value they perceived they had received through their participation in the program.

Figure 57. Relationship between changes and number of people identified



Source: Own elaboration.

Apart from the results already described in Section 4.6.6 in relation to improvements in *reduced feeling of loneliness*, *expansion of the support network* and, the *strengthening the sense of belonging to the community local*, it is highlighted that most of the changes mentioned in the Figure 57 were highly valued (exceeding 7.29 on a scale of 10), which shows that CRECE generated a positive impact and significant social value in the lives of the people with mental health difficulties, by facilitating advances in multiple aspects of your well-being.

The results highlight that the change that generated the most social value for elderly people was the *expansion of the support network*, with an average score of **8.94** out of 10, reflecting

its high importance for the well-being of the people who experienced this change. However, it is important to note that the sample is not representative of the entire population studied, as mentioned above, so the risk of making decisions based solely on this data must be considered. Even so, the report highlights the high value that this change had for the majority (95% of the 20 people surveyed), providing relevant information for decision-making in future editions.

Other changes highly valued by the people surveyed were: *Reduced feeling of loneliness* (8.30) and the *Increased perception of the value of life* (7.80). The changes: *Strengthened sense of belonging to the local community* (7.29) and the *Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression*[95] (7.6) were identified by several people, as shown in Figure 57. However, the value attributed to having experienced these changes as a result of their participation in CRECE was lower compared to other effects.

Several of the improvements mentioned by people with mental health difficulties as a direct effect of their participation in the project were also perceived by their family and friends. Analysis of the qualitative data collected on how those around them observed these changes shows that, in most cases, those closest to them noticed significant improvements. Some of the responses collected include that their daughters are calmer because they see them better, that their family has been positively affected, that their partner and they have improved their relationship and are now more independent, or that they believe that their family has noticed the changes (although it has not been explicitly expressed). These testimonies reinforce the idea that the changes generated by participation in CRECE not only impacted those who participated directly but could also be observed by those close to them.

Emotional well-being

In relation to improvements in mental health, several people mentioned positive changes associated with feeling, in general, *calmer and calmer*. Some indicated that they had experienced a *reduction in feelings of anxiety or depression*, while others highlighted that they had *decreased the amount of medication* related to these symptoms or that went with

[95] *This report highlights that the expressions used, such as "tranquility", "anxiety" and "depression", correspond to the subjective perception of the participants and not to a medical diagnosis. Including these terms in the report uniquely reflects how people describe their own experience and emotional well-being.*

less frequent visits to the doctor. While the sample of 20 people is not large enough to make a conclusive statistical calculation, these testimonies reflect significant trends within the group surveyed.

In terms of specific responses, 4 people (20.0%) indicated that *before they had the feeling of anxiety, but now they don't anymore*, while 5 people (25.0%) indicated that *they used to feel depressed, but now they don't*. According to the *Research on the experience and perception of unwanted loneliness. Responses at the community level*, 79% of people with mental health problems identified their current situation with a feeling of emptiness around them. The study indicates that loneliness is not always linked to the search for relationships and may have to do with other elements, such as a lack of purpose in life.

In the qualitative interviews, recurring expressions emerged that reinforce the existence of a change in the perception of emotional well-being that the research talks about, such as "have the desire to live again", "find the joy of life again" and "find a purpose in life". The phrases "have a desire to live" the "have the desire to live again" were repeated on multiple occasions, which shows that they experienced a change in attitude and feeling towards life itself, which, in reference to the study cited, could support the prevention of *feeling of loneliness*.

These qualitative data reinforce the perception that participation in the program has had a positive impact on the sense of emotional well-being of several people in the group.

The results show that *lack of hope about the future* has been a problem, this sensation was reduced according to 4 people (80.0%).

Likewise, 3 people (60.0%) indicated *having had difficulty concentrating on your life or your relationships with other people*, a situation that after having gone through CRECE had improved. *The feeling of marked tiredness or lack of energy*, according to 2 people (40.0%), had also changed for the better while the perceived improvements in reducing *feeling excessive guilt or low self-esteem*, *sleep disturbances*, *changes in appetite or weight*, and the *physical inactivity* They were only mentioned each by 1 person (20.0%), so they were experienced by very few of the surveyed group.

Of the 5 people who had indicated that they had noticed a *reduction in feelings of depression*[96], we explored in greater detail which specific symptoms had decreased in intensity or disappeared. The results revealed that *lack of hope about the future* was what they noticed most that had changed to positive (4 people, 80.0%). Likewise, 3 people (60.0%) indicated that they *had less difficulty concentrating on their life or their relationships with other people*. *The feeling of marked tiredness or lack of energy decreased* in 2 people (40.0%), while *a feeling of excessive guilt or low self-esteem, sleep disturbances, changes in appetite or weight, and physical inactivity* were mentioned in terms of improvements in these areas each by 1 person (20.0%).

These data, although they only reflect the experience of 5 people, give an indication of those symptoms that have been reduced or eliminated and, therefore, their emotional well-being has improved.

Social inclusion

The results of the analysis show that, of the 16 people who responded, the majority have experienced positive changes in their sense of belonging to the community and in their community habits. The most selected option was "I interact more with other people", with 14 participants (87.5%), which suggests a significant increase in social interaction. Likewise, 11 people (68.75%) indicated that they feel greater confidence in themselves, reflecting a strengthening of their self-esteem and personal security.

In terms of active participation in the community, 5 people (31.25%) mentioned that they organize more activities with other people, while 4 people (25.0%) said they feel more motivated to contribute to the well-being of their neighborhood and the same number indicated that they feel safer in their environment.

On the other hand, 2 people (12.5%) marked the option "I don't know", indicating that they have not yet fully reflected on these changes, and 1 person (6.25%) chose "I don't want to answer".

[96] *This report highlights that the expressions used, such as "tranquility", "anxiety" and "depression", correspond to the subjective perception of the participants and not to a medical diagnosis. Including these terms in the report uniquely reflects how people describe their own experience and emotional well-being.*

These results reflect a general improvement in the community integration of the people surveyed, with an increase in social interactions, self-confidence and motivation to contribute to collective well-being. Additionally, the data has been represented in a bar figure to facilitate its visualization.

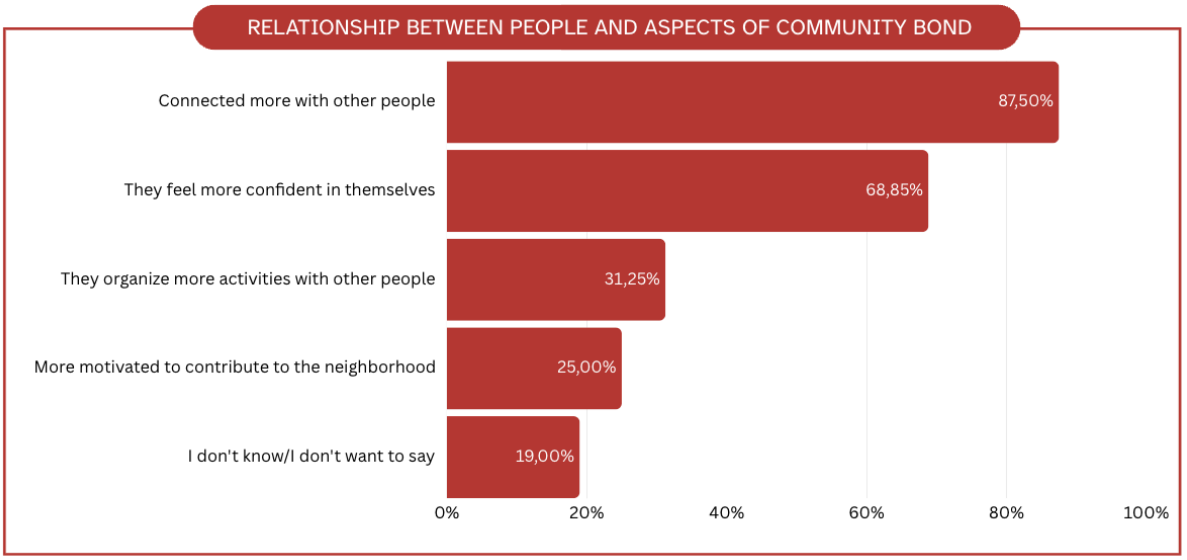
Given the high rating assigned by the people surveyed to *improvements in reducing feelings of loneliness*, *increasing the support network* and *strengthening the sense of belonging to the local community* The effects of these changes were analyzed in more detail, which for them had a lot of value in their well-being, thanks to the community integration that CRECE promoted. Not only were they identified by several people (see Figure 57), but they also provided high social value to the majority of the participating people.

The results of the analysis, reflected in Figure 58, show that, of the 16 people who responded, the majority had positive changes in their sense of belonging to the community and in their community habits. The most shared reflection was *"I interact more with other people"*, indicated by 14 of them (87.5% of the 20 people surveyed), which suggests a significant increase in social interaction. Likewise, 11 people (68.75%) indicated that they felt greater confidence in themselves, reflecting a *strengthening of their self-esteem and personal security*.

In terms of active participation in the community, 5 people (31.25%) mentioned that *they organized more activities with other people*, while 4 people (25.0%) said *they felt more motivated to contribute to the well-being of their neighborhood* and the same number indicated that they felt safer in their environment.

These data, although they only reflect the experience of 20 people, provide guidance on how a general improvement in the community integration of the people surveyed materializes, with an increase in social interactions, self-confidence and motivation to contribute to collective well-being.

Figure 58. Relationship between people and aspects of community bond



Source: Own elaboration

5.2.6 Paid staff

Based on data collection carried out with a representative sample of 56 paid staff, equivalent to 80% of the population studied (statistically representative sample), 8 aspects of well-being were identified that arose as a consequence of their work within the CRECE project.

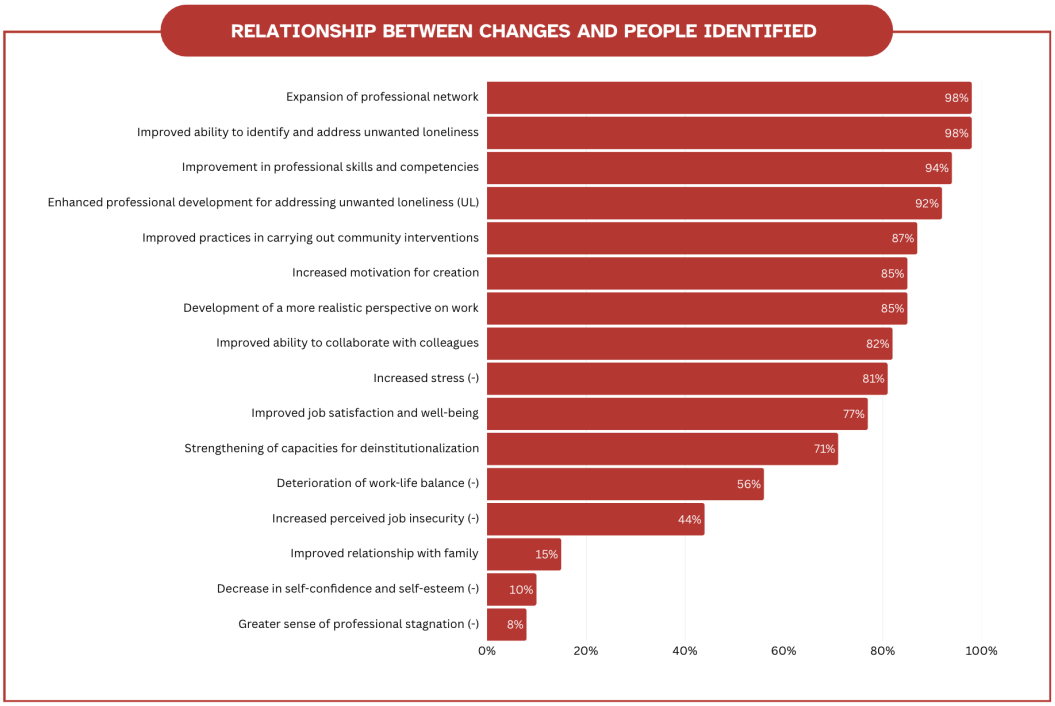
These intermediate and final changes were subsequently subjected to a materiality test that consists of a combination of the relevance test (Section 4.2) and significance (Section 8.1).

In the initial phase of qualitative data collection, 16 changes through work sessions with the stakeholder group. To validate these changes, a first questionnaire was carried out (n=56) where professional staff were asked if they identified with them through the question: "***Would you say that you have experienced change... thanks to your participation in CRECE?***". Figure 59 details the number of people who identified themselves.

Besides Of the changes indicated by the people surveyed, another change was identified during the subsequent work sessions with people representing the stakeholder group, so

one more change was added to the 7 changes initially identified, resulting in 8: the "transfer of knowledge about unwanted loneliness to the personal and community sphere." Because this new identified change had not been quantified, it was incorporated into a second questionnaire. (n=33), showing unanimous identification with the change on the part of the professional people consulted.

Figure 59. Relationship between changes and people identified

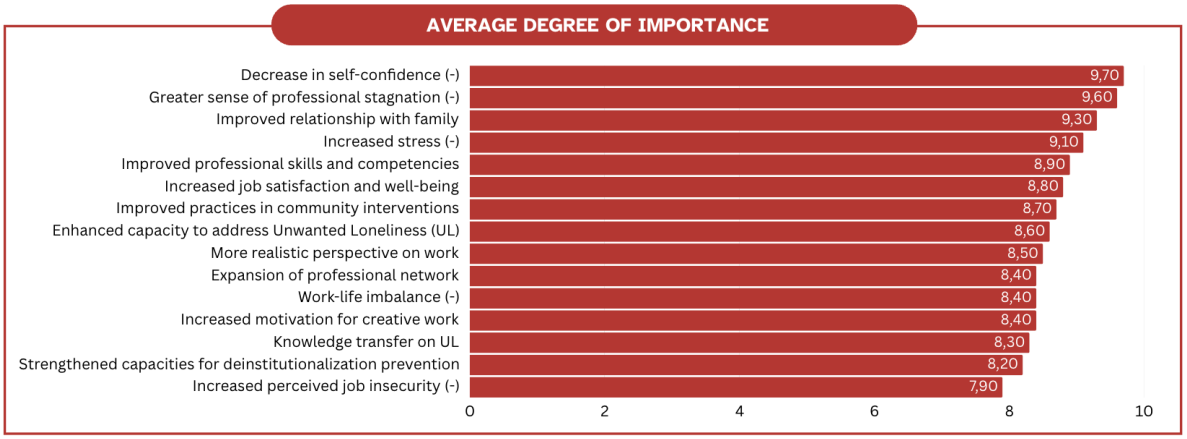


Source: own elaboration.

To assess the degree of importance of each change from the perspective of the people who have experienced them, the following questions were asked for each of the changes: ***On a scale of 1 to 10, where 1 is 'Not at all important' and 10 is 'Very important', how important is this change to you?***

In the next Figure 60 You can observe the changes ordered according to the degree of importance assigned by professionals. It is observed that, regardless of how many people identified the change, the range of importance oscillates between **7.9** and **9.7** on a scale of 1 to 10.

Figure 60. Average degree of importance



Source: Own elaboration

Below is an analysis of some of these aspects of well-being that changed in the lives of paid staff.

Emotional and physical well-being

In relation to the *emotional impact of work,* that goes through several of the changes identified, the qualitative responses reveal an interesting duality: while it can be a source of stress, it also generates significant learning, as reflected in this testimony:

"It has taken a lot of emotional toll on me, I have experienced moments of great sensitivity and that has affected me in my daily life. This, being partly negative, has subsequently helped me to see life with different eyes, and above all loneliness, and it is a positive learning experience."

Increment from stress (-): He **72.46%** of people surveyed (56 in total) indicated that said stress was specifically linked to mental workload and time management:

"A lot of mental burden due to not being able to achieve everything required, due to lack of time and personnel"

However, it is significant that this aspect frequently appears qualified by a positive balance, as this testimony illustrates:

"CRECE has taught me to manage uncertainty and stress, but it has made me grow professionally a lot. It has been quite a challenge and has made the internal and external work beautiful."

The analysis identified several main coping strategies, highlighting:

- ☑ Mental and physical health care as the most implemented
- ☑ Regular physical activity
- ☑ Attendance at psychological therapy
- ☑ The use of medication in some cases
- ☑ The practice of meditation or yoga
- ☑ Physiotherapy sessions to manage physical tension derived from stress.

In the professional field, they pointed out *necessary organizational improvements such as clearer calendars and objectives, the need for exclusive dedication* (instead of being a task added to other projects) and more defined protocols. At the individual level, some people reported *trying to improve your planning and prioritization of tasks,* although they pointed out the difficulties in making it effective due to the nature of the project. Finally, cognitive strategies that people were implementing were identified, focused on *relativization of situations* and refocusing the project as "*a learning process*".

Impaired balance between personal and work life (-): The *extension of the working day* emerged as the main factor, with a **33.3%** (of 56 respondents) indicating more time away from home and a **21.7%** *need to work from home after hours*. The *job insecurity* constituted the second factor (**29%)**, especially regarding the continuity of the project. He **34.8%** identified the *increased stress or anxiety* as the main consequence, triggering *effects on physical and mental health, sleep, personal relationships* and *job performance*.

Interpersonal relationships and personal development

Expansion of the professional network: Although no successive significant changes were detected that would reach the consensus necessary to be considered as such (70% threshold), relevant trends did emerge that could materialize in the long term. **50.7%** (of 56 people surveyed) indicated they have *obtained or believe that they could obtain new professional opportunities*, while the **49.3%** reported *feel more valued in your current*

*professional role***.** To a lesser extent, the **18.8%** they visualized *the possibility of getting a better paying job*.

Improvement of professional skills and competencies: **84.10%** of the people surveyed revealed that this development includes aspects not initially considered, such as tolerance to frustration and strengthening of professional self-concept.

"In my case, value my professionalism and discover that my learning and previous training have given me the necessary tools to face projects of this magnitude. I am very satisfied and I have experienced it as an opportunity to take on new challenges."

In technical skills, they highlighted *community work experience* **(63.8%),** *organizational capabilities* (**59.4%**) and *detection of unwanted loneliness* (**47.8%**). *In soft skills, leadership* (**39.1%**), *patience* (**36.2%**) and *negotiation* (**26.1%**).

Improving professional development in addressing unwanted loneliness: He **65.2%** (of the 56 people surveyed) pointed out the *experiential learning* as the main factor, followed by *specific training* of the project (**50.7%**) and the development of *leadership capabilities* (**42%**). He **78.26%** associates this development with a *greater creative capacity and flexibility in the design of interventions*.

"I wanted to emphasize the issue of knowing how to detect the needs of the participating people and the territory in question and from there use creativity to design a complete community, group and personal itinerary. We have had no guidelines. For me the fundamental kit of the project has been: Get to know the people, get to know the municipality and think to see what you can propose, transfer it and let the people themselves give it their own way."

The qualitative responses complemented this vision by identifying additional elements linked to the experimental nature of the project, such as *the implementation experience from scratch*, *simultaneous management of multiple tasks*, *the assumption of new responsibilities* and the *combination of intervention and research*, all of them valued as contributing factors to professional development.

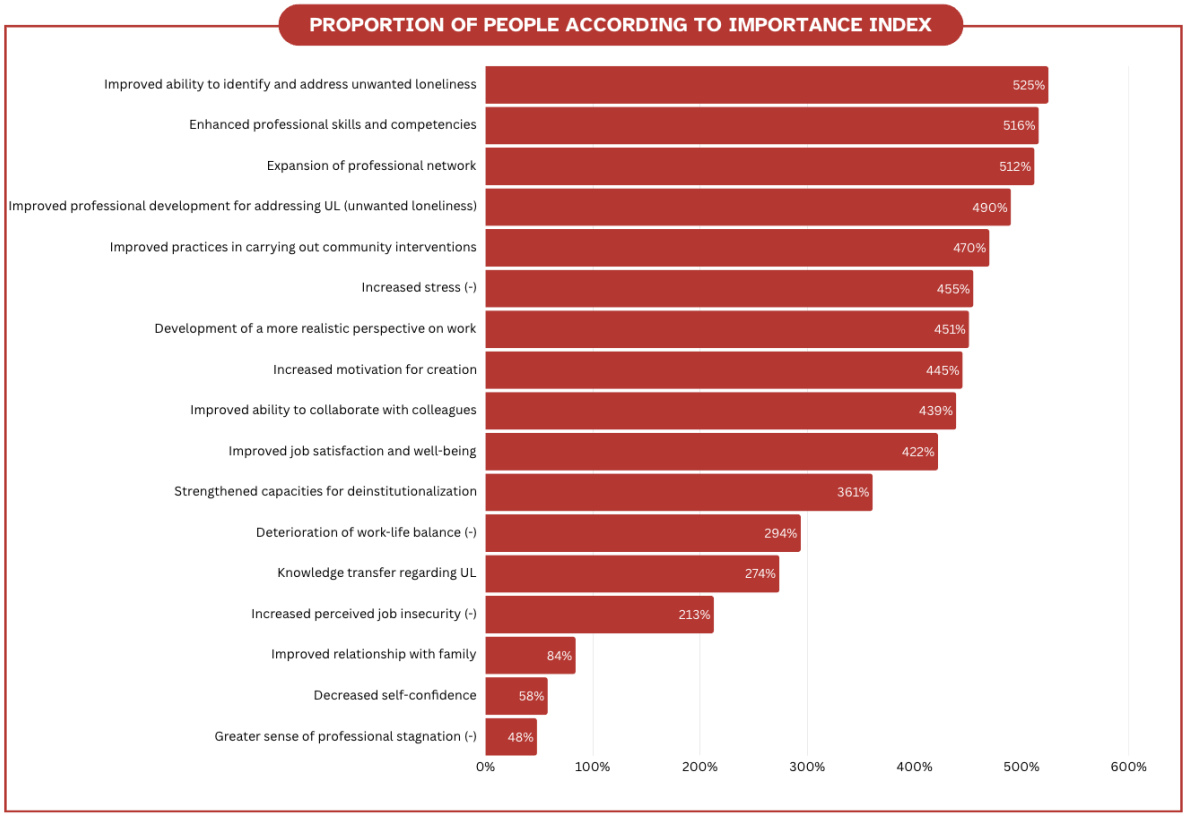
Indrelevance ice

Once the number of people who identified with each change and the level of importance assigned to each of them was established, the relevance index for each change was

calculated. This index was obtained by multiplying the number of people who identified themselves[97] by the average importance rating given.

The results are shown in the following Figure 61:

Figure 61. Proportion of people according to importance index



Source: own elaboration.

5.2.7 Volunteers

From the data collection carried out with a representative sample of 78 volunteers, equivalent to 62.90% of the population studied (statistically representative sample), 8

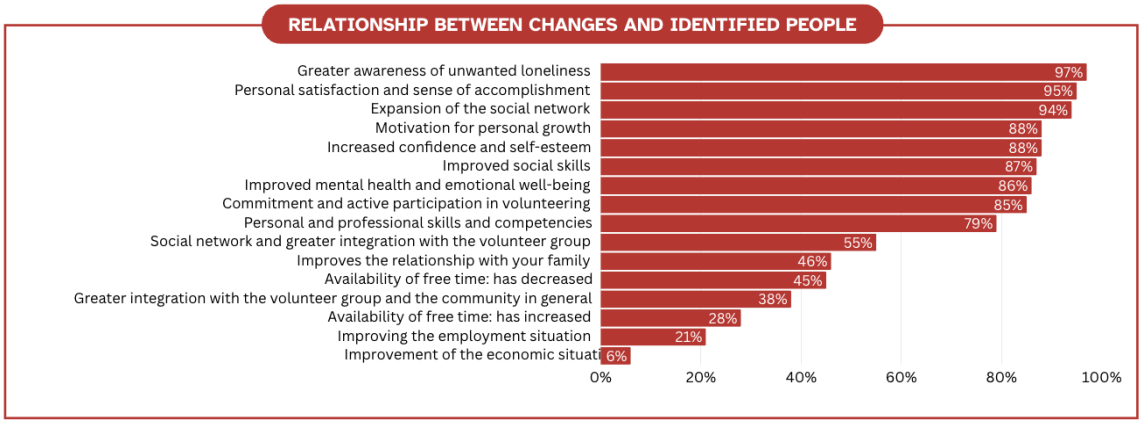
[97] *The results of the change 'Transfer of knowledge about unwanted loneliness to the personal and community sphere' are included, although this was identified in a second moment with a smaller sample (n=33) from which 100% identification was obtained.*

aspects of well-being were identified that arose as a consequence of their volunteering within the CRECE project.

These intermediate and final changes were subsequently subjected to a materiality test that consists of a combination of the relevance test (Section 4.2) and significance (Section 8.1).

In the initial phase of qualitative data collection, 8 changes were identified through the work sessions with the stakeholder group. To validate these changes, a first questionnaire was carried out (n=78) where the volunteers were asked if they identified with them through the question: "***Would you say that you have experienced change X thanks to your participation in CRECE?***

Figure 62. Relationship between changes and identified people



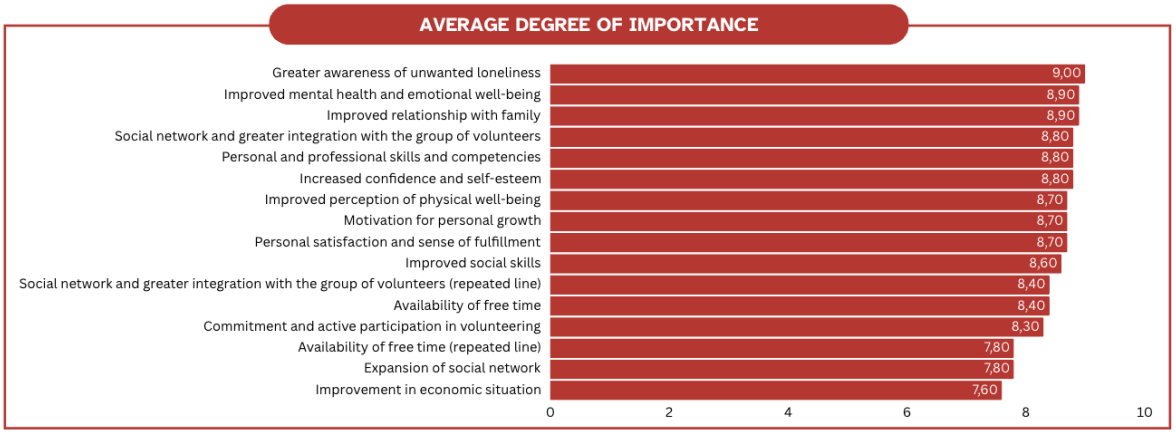
Source: Own elaboration

To assess the degree of importance of each change from the perspective of the people who have experienced them, the following questions were asked for each of the changes: ***On a scale of 1 to 10, where 1 is 'Not at all important' and 10 is 'Very important', how important is this change to you?***

In the next Figure 63 You can observe the changes ordered according to the degree of importance assigned by professionals. It is observed that, regardless of how many people

identified the change, the range of importance oscillates between **7.6** and **9.0** on a scale of 1 to 10.

Figure 63. Average degree of importance



Source: Own elaboration

Emotional and physical well-being

Health improvement mental and emotional well-being: The analysis revealed several key aspects of this progress. Volunteers mainly reported an improvement in self-esteem and confidence, better emotional management and greater well-being derived from helping others. A reduction in negative states and greater sociability was also observed.

"I feel more encouraged, I feel more joyful, my self-esteem has improved, I feel good about what I do, it is gratifying."

"I know my emotions and reactions better and I have more tools to manage them."

Improvement in the perception of physical well-being: The improvement was mainly manifested through increased general physical activity and motivation to perform specific physical activity. Volunteers especially highlighted sedentary lifestyle routes and greater awareness of physical self-care.

"We do a lot of cultural and physical activities, long walks, stretching exercises, things that I didn't do before because of the rush of everyday life, and with the group I'm always active."

Change in availability of free time (+/-): Importantly, this change was dual in nature: some people experienced an increase and others a decrease in their free time. The decrease in free time was seen as positive by some people and negative by others, as was its increase. The data show that 56.4% (of a total of 78 people surveyed) of all of them positively valued the change (whether increase or decrease), while only 3.8% perceived it negatively and 12.8% maintained a neutral position.

Interpersonal relationships and personal development

Improvement of personal and professional skills and competencies*:* 56% of volunteers identified interaction with participants as the main improvement factor, followed by practical experience gained (42%) and collaboration with paid staff (40%). Formal training, both internal and external, had a minor impact (24% and 15% respectively).

"Why every time I experiment "When dealing with people in a state of loneliness, I try to be more empathetic, more assertive and to do this I have to work and manage my emotional states."

Improvement in social skills*:* 51% of volunteers reported greater ease in communicating with different types of people, while 49% reported an increase in empathy and understanding towards others. Teamwork and confidence when speaking in public also improved significantly (35% and 24% of responses respectively).

Increased personal satisfaction and feeling of accomplishment: The volunteers linked this satisfaction mainly with the possibility of helping others and seeing positive results in the participants.

"The fact that I feel more useful, surrounded by good/well-intentioned people, but, mainly, because I realize that the work of volunteers clearly makes a great positive difference in the lives of the people participating in the project."

5.2.8 Alliances (Third Sector Organizations)

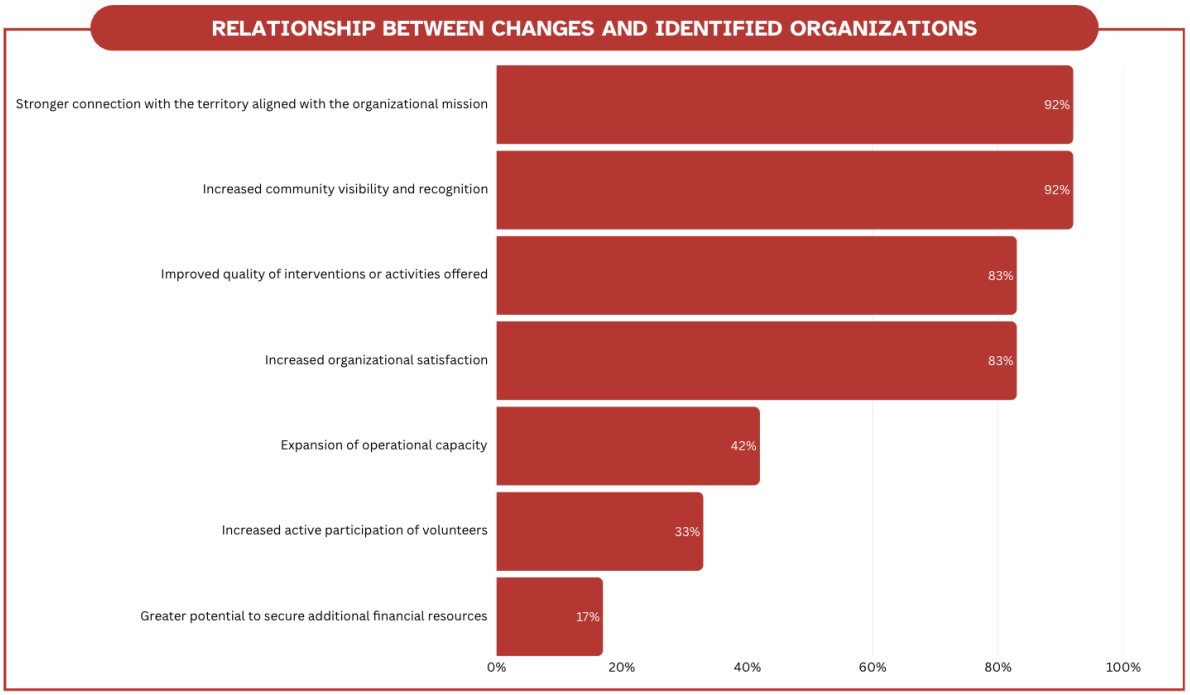
From the data collection carried out with a sample of 12 third sector organizations, equivalent to 1% of the population studied, 7 aspects of organizational well-being (changes) were identified that arose as a consequence of their collaboration with CRECE. Although this sample[98] presents a high margin of sampling error, the data from these organizations are valid to understand the reported changes.

These intermediate and final changes were subsequently subjected to a materiality test that consisted of a combination of the relevance test (Section 4.2) and significance (Section 8.1).

In the initial phase of qualitative data collection, 7 changes were identified through the work sessions with the participating Third Sector Organizations. To validate these changes, a questionnaire was carried out (n=12) where the organizations were asked if they identified with them through the question: ***Would you say that your organization has experienced change X thanks to its collaboration with CRECE?***

[98] *For this interest group made up of 121 organizations, data was collected from 12 of them, which corresponds to a statistical sampling error of 20.22%. This margin of error implies that there is a high risk that the results obtained are not completely representative of the experiences of the entire group. Therefore, the conclusions drawn should be interpreted with some caution when considering strategic decisions on this analysis.*

Figure 64. Relationship between changes and identified organizations

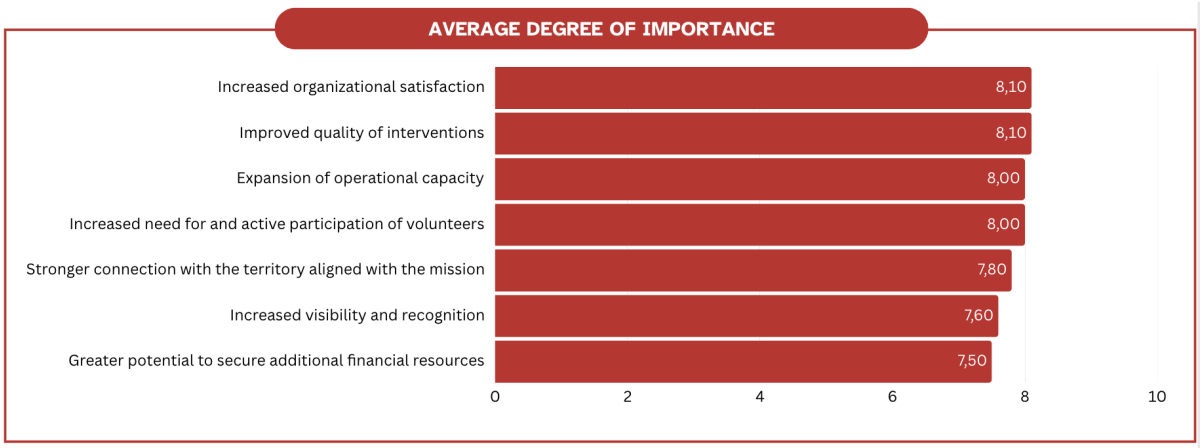


Source: Own elaboration

To assess the importance of each change from the perspective of the third sector organizations that have experienced them, the following question was asked for each of the changes: ***On a scale of 1 to 10, where 1 is 'Not at all important' and 10 is 'Very important', how important is this change to your organization?***

In the next Figure 65 You can see the changes ordered according to the degree of importance assigned by the participating Third Sector Organizations. It is observed that, regardless of how many organizations have identified the change, the range of importance oscillates between **7.5** and **8.1** on a scale of 1 to 10.

Figure 65. Average degree of importance



Source: Own elaboration

Organizational development

Improves the quality of the interventions or activities offered: The organizations identified two main consequences of this improvement, with equal frequency (33.3% each): the increase in satisfaction and improvement of the organizational climate, and the greater connection with the territory aligned with its mission. It is significant that the economic consequences were minority, with only one organization pointing out the possibility of obtaining more financial resources. One response specifically highlighted the ability to "generate a network and position the organization as a meeting and welcoming space," suggesting a qualitative impact on the social function of the organizations. organizations.

Interorganizational relationships

Greater connection with the territory: 45% of the organizations (of the 12 that were surveyed) attributed this strengthening mainly to the improvement in the quality of the interventions, while 36% related with the expansion of its operational capacity. Collaboration emerged as an additional factor, although a minority.

Expansion of operational capacity: This expansion was manifested above all in an increase in the number of people served (80% of responses), while the diversification of services was mentioned by one organization. 80% of the organizations attributed this expansion to the increase in complementarity and community focus in interventions, and the

same proportion indicated as a consequence a greater territorial linkage aligned with their mission.

5.2.9 Alliances (Public Administration)

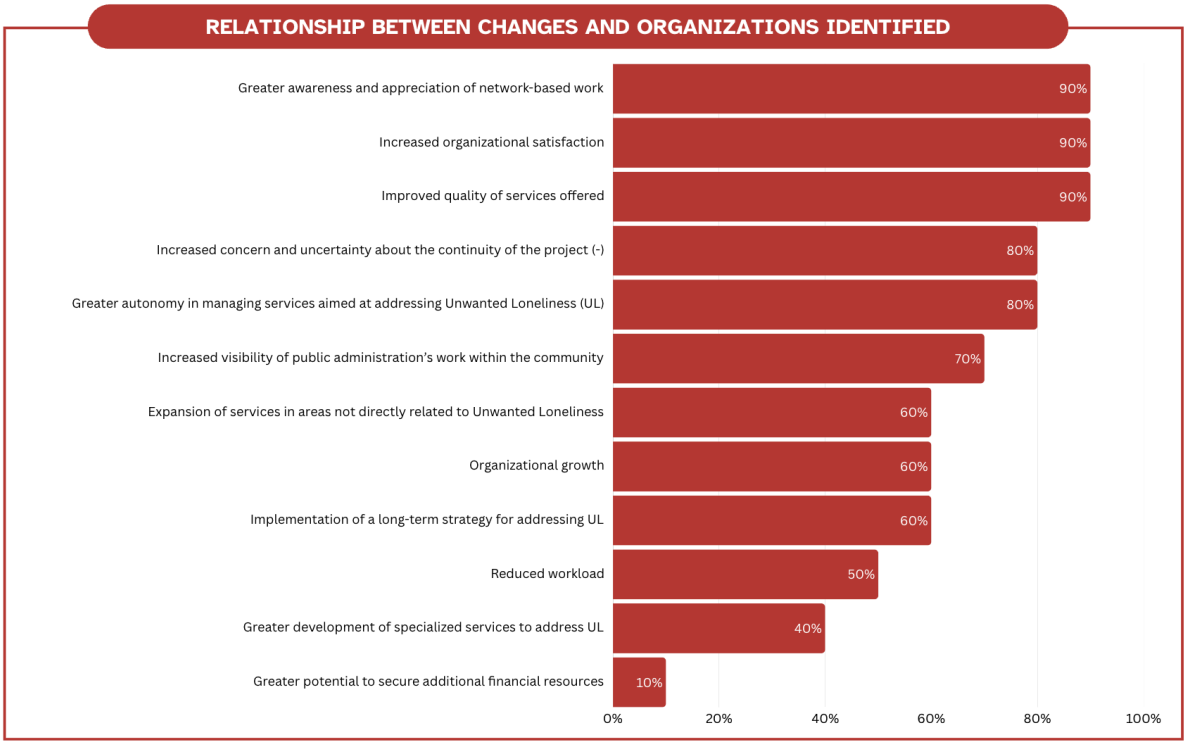
From the data collection carried out with a sample of 12 Public Administration organizations, equivalent to 1% of the population studied, 9 aspects of organizational well-being (changes) were identified that arose as a consequence of their collaboration with CRECE. Although this sample[99] present a high margin of sampling error, the data from these organizations are valid to understand the reported changes.

These intermediate and final changes were subsequently subjected to a materiality test that consists of a combination of the relevance test (Section 4.2) and significance (Section 7.1).

In the initial phase of qualitative data collection, 9 changes were identified through the work sessions with the Public Administration. To validate these changes, a questionnaire was carried out (n=10) where the representatives were asked if they identified with them through the question: ***Would you say that your organization has experienced change X thanks to its collaboration with CRECE?***

[99] *For this interest group made up of 10 organizations, but considering a total of 131 organizations including those from the third sector, and due to the difficulty of clearly separating the typology of the organizations, the sample was calculated based on the total of 131 organizations. Data were collected from 12 of them, resulting in a statistical sampling error of 20.22%. This margin of error implies that there is a significant risk that the results obtained are not fully representative of the experiences of the entire group. Therefore, the conclusions drawn should be interpreted with caution when considering strategic decisions based on this analysis.*

Figure 66. Relationship between changes and organizations identified

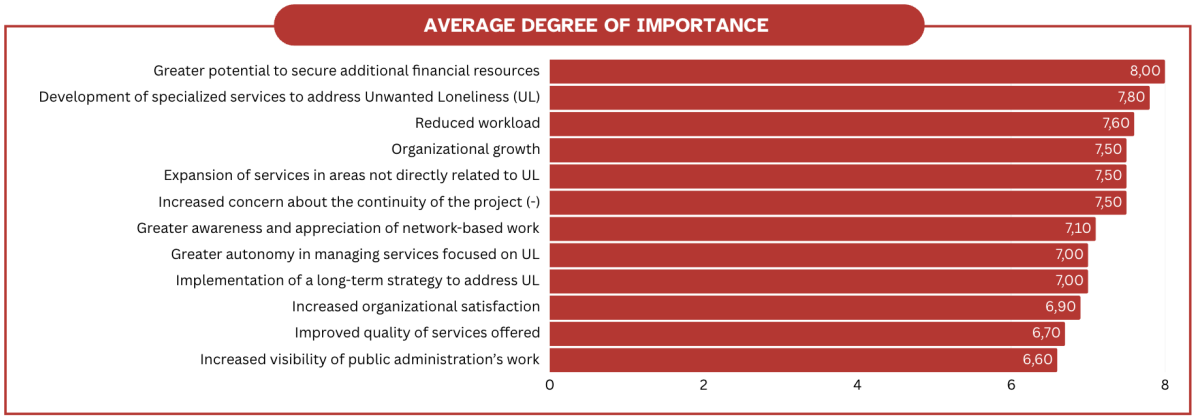


Source: own elaboration.

To assess the importance of each change from the perspective of the Third Sector Organizations that have experienced them, the following question was asked for each of the changes: ***On a scale of 1 to 10, where 1 is 'Not at all important' and 10 is 'Very important', how important is this change to your organization?***

In the next Figure 67 You can observe the changes ordered according to the degree of importance assigned by the participating Third Sector Organizations. It is observed that, regardless of how many organizations have identified the change, the range of importance oscillates between **6.6** and **8.0** on a scale of 1 to 10.

Figure 67. Average degree of importance



Source: own elaboration.

Organizational development

Improvement in the quality of services offered: Public administration organizations identified three main aspects for improvement: *the increase in the coverage of its services* and the *customization of your services according to individual needs* (30% of the responses each), followed by the *increase in the variety of its services* (20%). One organization specifically highlighted *improvement in the monitoring of cases attended*.

Organization growth: This growth was mainly manifested in the *increasing scope of services offered*, with 30% of the organizations (of the 12 surveyed) reporting an increase in the number of people served. 20% indicated an *expansion in the areas of intervention or services offered*.

5.3 IDENTIFICATION OF PROXIES (MONETARY EVALUATION)

To understand the value of the changes achieved, it is essential to address the question: *"How would individuals in the stakeholder groups have reached this specific outcome without participating in this project?"* By assessing how much the change is worth to them, we also gain insight into the level of effort or resources that would have been required to achieve similar results through alternative means. This can be done with non-monetary evaluation as explained in Section 5.2, or by monetary evaluation, as explained going forward. For this report both methods were applied.

From a financial perspective, "value" can be interpreted as the amount of economic effort—expressed in monetary terms—that would need to be invested in equivalent activities or interventions to produce the same amount of outcome for a person. To make this value tangible and comparable, monetary units (euros) are used as a standardized measure. This monetization is also necessary for calculating the SROI ratio, as detailed in the corresponding chapter.

To enable this process, it is necessary to identify appropriate indicators or proxies for each outcome, allowing changes to be expressed and analyzed in economic terms.

To identify indicators and proxies (approximations of monetized value) that allow for understanding the value attributed to each change, a combination of valuation techniques were applied, based on *The Green Book* from HM Treasury—the UK Government's official guide to the evaluation and assessment of public policies[100]. 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[101] of the SROI methodology was taken into consideration, which emphasizes the importance of involving stakeholders in determining the value assigned to

[100] HM Treasury. (2022). *The Green Book: Central Government Guidance on Appraisal and Evaluation*. UK Government. https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent
[101] Social Value International. (n.d.). Principle 1: Involve stakeholders www.socialvalueint.org/principle-1-involve-stakeholders.

the changes, wherefore, for the monetized evaluation, the voice of the stakeholder was included as well when selecting the proxies.

Based on these two sources of information, a monetized value was identified for all changes and all stakeholder groups, revealing the value assigned—and visualized in monetary terms—by the stakeholders to each of the changes.

The following section describes the methodology applied to define the values (proxies) for all reported changes included in the SROI calculation (see Chapter 10. Future values) in this report.

5.3.1 Anchoring

Anchoring[102] is a technique used in impact assessment that involves selecting a reference value for a specific change and using it as a baseline for determining the value of other changes. In other words, an anchor value is established, and all other values for that specific stakeholder are adjusted according to their relative importance[103] in relation to the anchor. This approach ensures consistency in valuation by preserving the proportional significance of each outcome.

In this way, the relative importance of the changes is maintained, expressed by the stakeholders themselves in the survey, and it is ensured that their voice is represented in the relationship of importance between one change and another. Thus, each stakeholder group has an "anchor" value that, depending on the degree of importance, serves as a basis for calculating the value of all other changes within the same group. The formula is the following:

[102] 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

[103] *Refers to the relative importance assigned to each value in comparison to a designated anchor value. For instance, if the anchor outcome is rated with an importance level of 8 on a 10-point scale, it would hold twice the weight of another outcome rated at 4, thus twice the economic assigned value. This anchoring procedure ensures that the relative importance among outcomes is preserved and reflected consistently throughout the evaluation.*

Figure 68. Formula to calculate the value of changes

$$\text{Valued change value} = \left(\frac{\text{Value of the "anchor" change}}{\text{Importance rating of the "anchor" change}}\right) \times \text{Importance rating of the valued change}$$

Source: Own elaboration.

The anchoring process was the following:

1. The developed "anchor" value in monetary terms was used as a basis.
2. To this monetary value the corresponding formula was applied to calculate the monetary value of all other changes for the stakeholder group. This is referred to as a "proxy" assigned to the outcome.
3. Finally, the "proxy" was adjusted according to the magnitude of the change generated in each case to account for "how much changed" and avoid overclaiming the value in alignment with the principle 5 "***Avoid overclaiming***[104]".

The benefit of applying the anchoring technique lies in the fact that the relative importance of the changes identified for these stakeholders is prioritized over separate valuations and different techniques for each change, given the difficulty that these groups had in being able to value each change monetarily. This eliminates the risk of not adequately reflecting the value of different well-being changes in relation to other changes identified by these same groups.

Since one of the main goals of an SROI analysis is to obtain useful information for decision-making, the relative importance of the results to different stakeholders – reflecting how much a specific change matters to them – provides more useful and practical information for improvement in certain areas than a calculation of total social value or an SROI ratio alone. Therefore, this technique was considered most appropriate for these groups.

However, this technique presents the risk of a strong dependence on the anchor value, which can distort the calculation of the total social value and SROI ratio, since the financial anchor value becomes the determinant for all other values.

[104] *Social Value International. (n.d.). Principle 5: Do not overclaim www.socialvalueint.org/principle-5-do-not-overclaim.*

5.3.2 Rationale for the selection of the anchoring value

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, we will call it the "anchor proxy." Its development is based on econometric models, known in some cases as "value factors" or under the "WELLBY" theory (Wellbeing-Adjusted Life-Years).[105].

It was important to identify an anchoring proxy value that, on one hand, reflected the value perceived by stakeholders, and on the other, incorporated academic research and empirical evidence related to the core change generated—namely, the *reduction of loneliness among participants*. This dual approach was essential to ensure alignment with the overarching objective of the program: reducing unwanted loneliness. In the same way, for the other stakeholder groups, the anchoring value was also developed to reflect the voices of the stakeholders and the alignment with either the program's objectives or the organization's corporate culture.

In this context, understanding the value of *reducing unwanted loneliness* as being identified by all subgroups of the stakeholder group "participants", was critical. Until now, the financial approach to this aspect of well-being had primarily been framed in terms of reducing public healthcare costs, as is common in Spanish policy discussions outlined for example in the recent report *Research on the Experience and Perception of Unwanted Loneliness: Responses in the Community Sphere*[106].

However, given that this report had the intention to inform decision-making and may be used by the Ministry of Social Welfare, it was essential that the valuation would go beyond cost-saving arguments. The anchor proxy value needed to reflect the voices of stakeholders involved in this project and as well recognize well-being as a meaningful social outcome in its own right, have been proved in other researches.

Based on this context, the selection and development of the proxy value were designed to support this objective—demonstrating the social value generated (or potentially diminished)

[105] Nature Communications. (2024) *Nature*. https://www.nature.com/articles/s41599-024-03229-5
[106] Foundation ISEAK. 2024. *Research on the Experience and Perception of Unwanted Loneliness: Responses in the Community Sphere*. Foundation ISEAK.

beyond the limited lens of “cost savings to the state” currently used in public decision-making frameworks.

At the same time, it was crucial to preserve the non-monetary valuation done by the stakeholder groups to ensure that the relative importance of outcomes was respected and properly weighted. Taking all these considerations into account, it was decided to develop an anchoring value that could address all these needs.

To support this approach, the calculation of the relevant coefficients for all stakeholder groups was commissioned to Dr. Daniel Fujiwara. He was tasked with identifying academic studies conducted in Spain and other European countries that had evaluated the value of "*reduced loneliness*", “*increase in stress*” and "*connection with purpose*.”

For the **anchor proxy** applied to the “*participants*” three criteria were taken into consideration for the development of the proxy anchor value:

- ☑ **The perception of the stakeholder**, represented by the change they themselves identified as most significant (they were all involved in identifying “proxies” for all changes) as well as non monetary evaluation which prove high levels of significance in *reducing the sense of loneliness.*
- ☑ **The intended change of the program**, that is, the outcome that the intervention explicitly aimed to generate—for the participants, the *reduction of unwanted loneliness.*
- ☑ **The existence of national and international studies** on the topic, which could support and justify the development of an evidence-based anchor value - research has been done in relation to *loneliness*.

For the **anchor proxy** applied to the “*paid staff*” stakeholder group these criteria were established to determine which change in well-being would serve as the foundation for developing an appropriate anchoring value.

- ☑ **The perception of the stakeholder**, represented by the change they themselves identified as significant (they were all involved in identifying “proxies” for all changes)

as well as non monetary evaluation which prove high levels of significance in *increased stress*.

- ☑ **The change could have an impact on the program**, the negative changes could affect the quality, cost or process of the program - *increased stress* could be a change that led to impacts on the resource setting.
- ☑ **The existence of national and international studies** on the topic, which could support and justify the development of an evidence-based anchor value - research has been done in relation to *stress at work*.

For the **anchor proxy** applied to the values of the group of "*volunteers*" these criteria were established to determine what would be the change in well-being for which an "anchor proxy" would be developed:

- ☐ **The perception of the stakeholder**, reflects a change that significantly affected the well-being of this group and that had high relevance (*connection with purpose*).
- ☐ **The change was closely connected to the identity of the organization,** the Red Cross is a volunteer-based organization with a strong emphasis on standards that promote well-being, community connection, and a sense of *purpose*.
- ☑ **The existence of national and international studies** on the topic, which could support and justify the development of an evidence-based anchor value - research has been done in relation to *connection with purpose and volunteering*.

The process to develop "anchor proxies" based on the Wellbeing Valuation method[107] applied to the mentioned stakeholder follow the following steps:

- ☑ **Studying collected data:** At this stage, both non-monetary valuation data and the monetary valuation of proxies coming from the stakeholder involvement were analyzed.
- ☑ **Review of Spanish literature:** Search for values in academic literature and studies carried out in Spain.

[107] HM Treasury. (2022). *The Green Book: Central Government Guidance on Appraisal and Evaluation*. UK Government. https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent

- ☑ **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 estimation:** Use Wellbeing evaluation to estimate values from the coefficients using average minimum wage income in Spain.

For the “anchor proxy” applied to the values of the "*community alliances*" stakeholder, data from interviews with the stakeholder group itself were used. In them they were asked:*What would you have done as an organization to achieve the same change?* The data obtained was used to identify the “anchor proxy”:

- ☑ Reflect a change that was mentioned by all organizations and that had high relevance (*Greater visibility of the work of the public administration towards the community in the case of the organization)*.
- ☑ The existence of organizational costs that could be used to triangle the value.

To calculate the value of the "anchor proxy", the average cost dedicated to visualization activities and awareness campaigns in the 15 territories studied was studied.

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.[108] to estimate alternative anchor values detailed in Chapter 12. Sensitivity analysis, both assessments were compared and their degree of sensitivity was analyzed in the sensitivity analysis.

Once the “anchor proxies” were developed, they were adjusted to duration of the program and dept (this is outlined for each change in Table 36 below and in the Value Map in Appendix IX):

[108] HM Treasury. (2022). *The Green Book: Central Government Guidance on Appraisal and Evaluation*. UK Government. https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent

- ☑ The duration of the program (18 months) required adjustment in cases where the base proxy reflected only one year (12 months) of value. This adjustment was applied to the stakeholder groups *"participants"* and *"paid staff"* to ensure that the proxy values accurately captured the extended period of impact.

  In contrast, for the *"volunteers"* group, no adjustment was made. This was due to the relatively low number of hours contributed, and because the research used to develop the proxy was based on an annual value regardless of the number of hours volunteered. A similar approach was taken with the *"alliances"* group, where the proxy represented a one-time cost for a campaign, independent of its duration.
- ☑ In addition to duration, the **depth of change** was also taken into account to ensure that each value accurately reflected the extent of transformation experienced. This adjustment was applied consistently across all outcomes.

In this way, overestimating the value generated was avoided, in compliance with SROI Principle 5: "***Do not overestimate the effects***".

Table 47. Values of *anchor proxy* by stakeholder group[109]

Type	Participants	Volunteers	Paid staff	Alliances
Original anchor proxy / year	4.514€	6.204€	-4.331€	14.900€
Adjusted anchor proxy taking into account the 18 months evaluated	6.771€	Not adjusted as volunteers don't work full time	-6.497€	Not applicable, its a unit cost

Note: The first anchor proxy relates to the value for a year. The second row, reflects the value taking into account the 18th months of the program (see column R in the Value Map, Appendix IX) for two of the stakeholder groups. Furthermore, these anchoring proxies were adjusted in the Value Map (see Column T) to reflect the depth of change for each outcome. The adjusted values are those considered in the SROI calculation and final ratio. Source: Own elaboration.

Description of the "anchor proxy" *Reduced feeling of loneliness* applied to "participating persons":

Sources used in the analysis

[109] *If you need to use this value, contact The Social Consulting Agency as they are values protected by copyright.*

To calculate the "anchor proxy", an analysis was carried out of the academic research that was chosen for the development of the proxy amongst those identified.

- ☑ One of the Spanish academic research revealed a significant impact in economic terms and also quality of life. According to the report[110], the costs at the population level reach 34.092 million euros annually, considering health costs, productivity losses and loss of quality-of-life (QALY). On average, each affected person generates a cost of 5.260€ per year, with 94€ in health costs, 1.233€ in productivity losses and 3.086€ in loss of QALY. This report took into account wellbeing in terms of "less time to live".
- ☑ The second study[111] in Spain that acted as the basis for the selection of the proxy and analyzed the impact of loneliness on life satisfaction, looked at the effect of loneliness on life satisfaction and found a negative coefficient of -0.53 which translates as a cost of 5.944€ per person per annum (with minimum income of 15.876€).
- ☑ And finally, an international research[112] estimated an annual cost of 7.331€ caused by reduced loneliness.

Final anchor proxy value

Given that the values associated with quality of life were considered more representative and less subject to variation than those based on health or productivity costs, the final "anchor proxy" selected for the changes experienced by the "participants" was **4.514€** per year. This value, presented in Table 46, corresponds to the midpoint between the two results found in the Spanish studies referenced, both of which had already been adapted to the Spanish context, not to overestimate, nor to underestimate.

The final proxy identified as the anchor for this stakeholder group was subsequently contrasted with the values assigned by participants to this change. A detailed description of this process can be found in Section 5.3, where it is demonstrated that the values assigned

[110] Rodríguez et al. *SoledadES: Study on the costs associated with loneliness in Spain*. (Year unknown).
[111] Kupcewicz, E., et al. (2022). *Study of nurses in Spain during Covid-19: Impact of general sense of loneliness on life satisfaction (LS)*.
[112] Peytrignet, S., Garforth-Bles, S., & Keohane, K. (2020). *Loneliness monetisation report: Analysis for the Department for Digital, Culture, Media & Sport*. Symmetrical-Jacobs.

by this group align closely with the selected proxy, showing a high degree of consistency between stakeholder perceptions and the final valuation used.

Description of the "anchor proxy" *Increases personal satisfaction and feeling of accomplishment* applied for "volunteers":

Sources used in the analysis

To calculate the "anchor proxy", an analysis was carried out of the academic research that was chosen for the development of the proxy amongst those identified. In the Spanish context, studies on the impact of purpose in relation to life satisfaction are limited. Only two reports were taken into account.

- ☑ Among the few available, stands out *Drivers of Subjective Well-being in Spain: Are There Gender Differences?*[113], which identifies a significant correlation of 0.56 between purpose and life satisfaction.
- ☑ This finding aligns closely with Wolfram's international study[114], who, analyzing a sample from the United Kingdom, reports a correlation of 0.55 between purpose and satisfaction with life, after converting the satisfaction scale to a range of 11 points similar to that used in the Spanish study.
- ☑ In order to strengthen the analysis, a second indirect methodology was used through Well-being Assessment, based on more solid statistical evidence of the positive impact of purpose on anxiety and depression. According to Barcaccia et al.[115], in a sample of Italian adolescents, purpose in life reduced anxiety and depression by an average of 53%. Given that the cost of negative well-being associated with anxiety/depression is estimated at 9.790€, this reduction is equivalent to a value of 5.140€.

Final anchor proxy value

The proxy value to be anchored was estimated to **6.204€** (making reference to the two spanish studies). Although the indirect method produces a slightly lower value than the third study, it provides confidence in the results of the direct method.

[113] Arrondo, C., [other authors], et al. (2021). *Drivers of Subjective Well-being in Spain: Are There Gender Differences?*
[114] Wolfram (2022). *Meaning in life, life role importance, life strain, and life satisfaction.*
[115] Barcaccia et al. (2023). *Purpose in life as an asset for well-being and a protective factor against depression in adolescents.*

However, in the analysis it is stated that caution should be taken when interpreting this result, as the models do not control for other variables, which could overestimate the effect and its value.

The final proxy identified as the anchor for this stakeholder group was subsequently contrasted with the values assigned by participants to different changes they had experienced. A description of this process can be found in Section 5.3.1, dedicated to *Stakeholder Involvement in the Identification of Indicators and Proxies*.

Description of the "anchor proxy" *Increases stress* applied for "paid staff":

Sources used in the analysis

To calculate the "anchor proxy", an analysis was carried out of the academic research that was chosen for the development of the proxy amongst those identified.

- ☑ In Spanish literature, the impact of stress on life satisfaction has been widely investigated, identifying five relevant studies.[116]. 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.
- ☑ Furthermore, the Social Value Bank of Australia[117] estimates a value of -5.050€ per person per year for the impact of stress.
- ☑ As the main reference, the Spanish study by Rey and Extremadura (2015) was used.[118], 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.

Final anchor proxy value

The key study identified here was by Rey & Extremura (2015) as this uses a general population Spanish sample. They find the impact of stress on life satisfaction to be -0.36,

[116] 1. 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. 2. 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. 3. Daukantaite, D., y Zukauskiene, R. "Stress and Subjective Well-Being Among University Students in Kyrgyzstan, Lebanon, Tunisia, and the UK." 4. *Journal of Happiness Studies* 13 (2012): 725-746. 5. 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.

[117] Social Value Bank of Australia, *Measuring Social Value Using Wellbeing Valuation*, accessed June 7, 2025, https://www.socialvaluebank.com.au.

[118] Rey, M., & Extremadura, J. (2015). *Study on stress: Impacts on health and productivity*.

which is very much in line with the general findings in the literature. Using the WV method, this produces a value of **4.331€** per person per annum for reducing stress, which is the one selected for the proxy value for this stakeholder group. This recommended value is broadly similar to the value for Australia in the SVB.

The final proxy identified as the anchor for this stakeholder group was subsequently contrasted with the values assigned by participants to different changes they had experienced. A description of this process can be found in Section 5.3.1, dedicated to *Stakeholder Involvement in the Identification of Indicators and Proxies*.

Description of the "anchor proxy" *Increased visibility and community recognition* applied for "community alliances":

Sources used in the analysis

To calculate this "anchor proxy", in the absence of similar studies, the methodology *revealed a preference* to develop a value that could be used as an "anchor proxy". Based on the organizations' responses, it was determined that the most comparable change was the increase in community visibility and recognition, with the contracting of awareness campaigns as a market reference. In order to determine its value, the transparency portals of various city councils were analyzed, selecting awareness, communication or dissemination campaigns carried out in 2023-2024.

From the analysis of 17 campaigns (with values between 980€ and 39.728€), two main clusters emerged: between 7.000€-8.000€ and between 14.000€-15.000€, choosing **14.900€** as a proxy when representing recent campaigns, aimed at social awareness and comprehensive in their execution.

This value was applied as an anchor proxy for community alliances, serving as a reference in estimating the value of other changes within the stakeholder group. In the absence of specific studies, it was validated with cost data reported by the Public Administration and the Red Cross investment in similar campaigns, ensuring its representativeness in the 15 territories evaluated.

5.3.3 Involvement of stakeholders

According to SROI Principle 1, ***"Involve stakeholders"*,** these must participate in identifying the relevance of the changes experienced. In this study, information was collected from all stakeholders through the question: ***How important is it for you to have experienced this change through CRECE?*** thus applying a non-monetized valuation (see Chapter 4. Understanding what changes).

The same principle recommends, although it does not require, involving stakeholders in the identification of the monetary value of these changes, thus allowing the relative importance of each transformation experienced to be reflected. In this study, stakeholders actively participated in this process. For the monetary valuation, different approaches were used depending on the stakeholder group:

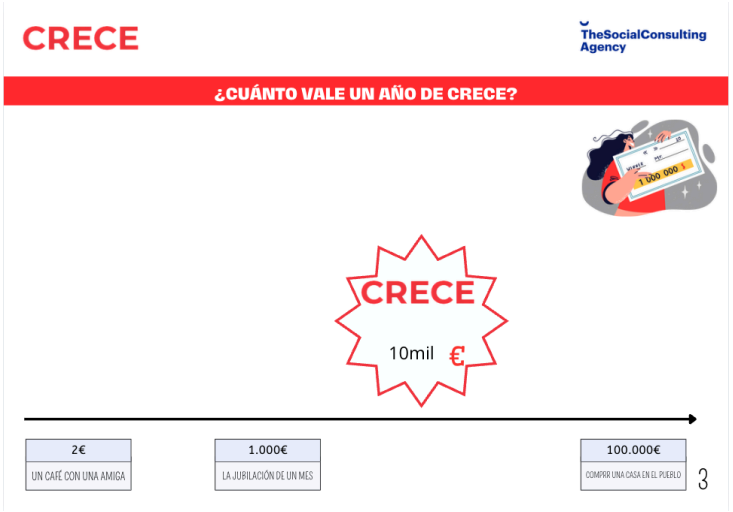
Participants: To identify reference values ("proxies"), a valuation technique based on a "Value Game" was used.[119]" in which the question was asked: ***How much is a year of CRECE worth?*** This technique was applied because participants found it difficult to assign a value to each change individually.

The objective was to obtain a monetary value of the total well-being generated and establish a correlation between the amount of change in generic well-being and the estimated value in other countries where the WELLBY[120] (monetary value for each point on a well-being scale from 0 to 10), was well defined. As the data revealed the changes that generated said well-being, a proportion of the changes in relation to generic well-being could be calculated. This allowed us to approximate an estimated value for each change identified.

When participants were asked to estimate the total value of the program—considering all the changes they experienced—on a scale ranging from 2€ to 100.000€, most respondents placed that value at approximately 10.000€. This proportionally positions the selected anchoring proxy value within a reasonable and consistent range, as it represents just one component of the total value perceived by participants.

[119] *The Value Game*. (n.d.). http://www.valuegame.org
[120] HM Treasury. (2021). *The Green Book: Central Government Guidance on Appraisal and Evaluation*. https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-govervent.

Figure 69. Image from material used to identify indicators and proxies.



Source: Own elaboration.

It was also asked in the surveys conducted with this group to indicate what they would have done if they had not engaged in the activity. The results showed that they believe the same outcome could only have been achieved through mental health support—for example, by seeing a psychologist at 60€ per session, four times per week, over a period of 18 months, resulting in a total cost of approximately 4.320€, but not alone, combined with other social activities. This estimate closely aligns with the selected proxy value.

Figure 70. Material to understand value in paid personnel

15 → **3f.Valor SOLEDAD -** ¿Cómo podríamos entender el valor monetario de "**sentirse menos solos/as**"? ¿Qué harían durante 1 año para reducir la soledad? ¡¡Cuantifiquemos!

Todos los grupos

Source: Own elaboration.

Some participants also mentioned that engaging in social activities might have contributed to the outcome. However, they emphasized that this alone would not have been sufficient. To

achieve the same depth of change, these activities would have needed to be combined with mental health support.

To strengthen the robustness of the value identified by the participants themselves, paid staff were consulted using the revealed preference method to estimate values for each change experienced by the participants.

In this way, data were obtained from both those who experienced the changes and those who observed them, which made it possible to develop reference proxies, that is, values comparable to the "anchor proxy."

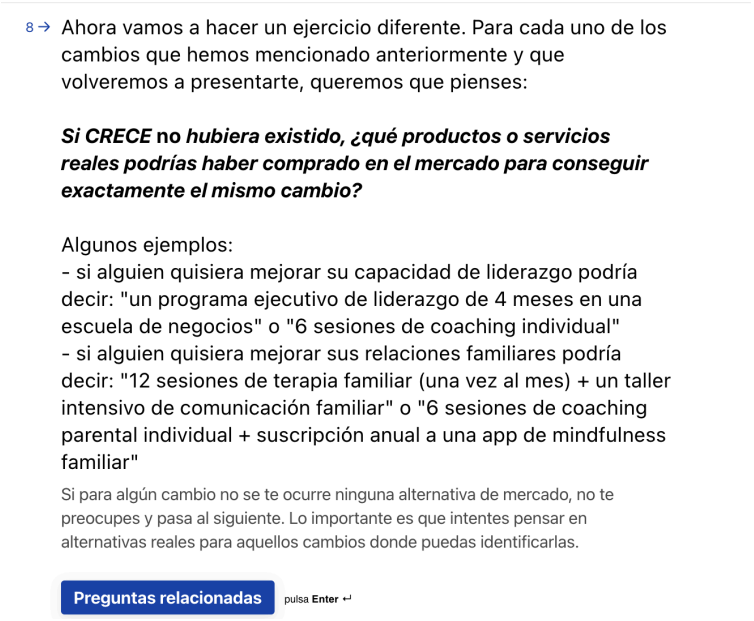
Haven involved the stakeholders in the valuation strengthened the reliability of the data selected as "anchor proxy" (see Section 5.3.1), since the proxies identified through these methodologies made it possible to contrast values, validate the selected proxy and perform a sensitivity test (see Chapter 12. Sensitivity Analysis), ensuring that it was representative of the value perceived by the participants.

Paid staff, volunteers, community alliances: To identify reference values, an assessment technique based on *revealed preference*[121], for which in a first phase, data was collected in order to identify indicators that would allow estimating a "proxy". To this end, the following question was formulated: ***If the CRECE project had not existed, what products or services available on the market would you have needed to acquire to achieve changes similar to those experienced?***

The collection of this information was carried out through structured forms or focus groups (in the case of volunteers).

[121] HM Treasury. (2022). *The Green Book: Central Government Guidance on Appraisal and Evaluation*. UK Government. https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent

Figure 71. Material to understand the value according to various groups



Source: Own elaboration.

From the set of responses obtained, those that were most recurrent or that were most closely linked to monetizable products or services were selected for analysis. Among these, the anchor value was identified as the one that presented greater solidity, with more reliable data sources and greater capacity for contrast.

5.3.4 Other 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". anchor" (see Section 5.3.2).

Furthermore, these methodologies were used with the objective of including them in the sensitivity analysis (see Chapter 12 “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 other values were identified for *unwanted loneliness is reduced* (participants) that were taken into account in the significance test:

- ☑ **Value of loss of quality-of-life caused by unwanted loneliness in Spain:** And the SoledadES studio[122], which estimates a value of 3.086€ per person and year, calculated from the loss of QALYs associated with unwanted loneliness. This data is intended to reflect the value of quality-of-life related to the reduction of unwanted loneliness. If we extrapolate this value to 18 months, this value amounts to 4.629€.
- ☑ **Health cost of unwanted loneliness in Spain:** The SoledadES studio estimated that unwanted loneliness generates a health cost of €960 per person per year. If we extrapolate this value to a period of 18 months, the cost amounts to 1.440€ per person. It is important to highlight that the value assigned in this study only contemplates the reduction in the use of health services, since this change was not directly identified by the participants. As a consequence, although the degree of significance has been analyzed, it is possible that the value reported by the participants underestimates the real impact of the decrease in the use of these services.
- ☑ **Average annual expenditure that a household spends on leisure in 2023:** In 2023, the average annual expenditure of a household on leisure activities is estimated at 1.160€. Since unwanted loneliness is linked to the relationship with the community and personal relationships, the possibility of using this investment in leisure as a proxy to assess this impact. Extrapolating this expense to a period of 18 months, the investment would amount to 1.740€. Although this parameter is one of the factors highlighted by the participants, it is not the only one associated with the reduction of unwanted loneliness. Therefore, using this proxy carries the risk of underestimating the real value of this change.

Conclusion: Although a variation was detected that impacted the conservative ratio, 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 is minimal. Therefore, it is

[122] Rodríguez et al. *SoledadES: Study on the costs associated with loneliness in Spain*. Report on health quality-of-life productivity and impact on quality of life (QALY) derived from loneliness in the Spanish population. The estimate is based on a loss of 20.000.000€ in QALY, distributed according to the percentage of the population experiencing unwanted loneliness (13.4%), which is equivalent to 6.481.580 people.

concluded that the selected “anchor proxy” value is adequate and sufficiently robust to illustrate the value generated in monetary terms.

In this case of the value and *Increases stress* (paid staff) three reference values were calculated to compare with the “anchor proxy”:

- ☑ **Professional support cost additional:** It was calculated considering the monthly overtime hours reported by the different profiles of professional people (headquarters, facilitators and technicians), which total 23.45 hours per month. Using as a reference the base salary of Professional Group 2 according to the State Collective Agreement for Social Action and Intervention 2023[123], and applying the proportion corresponding to the extra workload (14.65%), the value for a period of 18 months is estimated at 855,21€.
- ☑ **Investment in individual therapy:** The value of attending weekly individual therapy sessions for 18 months, excluding the vacation period, was estimated using “hours of therapy” as a key indicator to reflect techniques applied to reduce stress. The total estimated value for a period of 18 months was 3.264€[124]
- ☑ **Investment in regular physical activity:** It was calculated based on the average cost of a gym membership in Spain, including access to facilities and guided classes. According to data from the fitness sector[125] By 2024, the average monthly payment is 53€, which for a period of 18 months results in a total value of 954€.

Conclusion: Although the calculated reference values are notably lower than the selected “anchor proxy”, the impact on the social return ratio is minimal, varying only from 3.00 to 2.99. Therefore, although the selected value is higher than the reference value, it is considered adequate and sufficiently robust to illustrate the value generated in monetary terms, demonstrating the stability of the analysis carried out.

[123] Resolution of October 31, 2023, of the General Directorate of Labor, by which the salary tables for the year 2023 of the State Collective Agreement for Social Action and Intervention are registered and published. (2023, November 9). Official State Gazette, 269, 110939-110942. https://www.boe.es/buscar/doc.php?id=BOE-A-2023-17418

[124] Average price of therapeutic session in Spain €51 per session * 4 weeks * 16 months). The Economist. (2020, September 9)www.eleconomista.es/status/noticias/10787793/09/20/Cuanto-cuesta-ir-al-psicologo-en-Espana-Un-ranking-de-las-mas-caras-y-baratas.html (value: €3,264)

[125] Playbook. (2024, January 22). The price of gyms in Spain rises by 4% in 2024, up to 53 euros per month. https://www.2playbook.com/fitness/precio-gimnasios-en-espana-se-eleva-4-en-2024-hasta-53-euros-mes_16095_102.html

In this case of the value and *Increases personal satisfaction and feeling of accomplishment* (volunteers) two reference values were calculated to compare with the "anchor proxy":

- ☑ **Investment in personal development experiences:** It was calculated based on the average cost of volunteer programs[126] in Portugal, specifically taking into account the suggestion of "traveling far (1000km) to discover other realities" mentioned in the focus groups. Taking as reference two different programs in Portugal, with costs of 2.564€ and 1.770€ respectively for a two-week experience, an average value of 2.167€ is established.
- ☑ **Professional telephone escort service:** The value of providing weekly telephone support for 18 months was estimated, considering a dedication of half an hour per week. The calculation includes both the cost of professional time according to the State Collective Agreement for Social Action and Intervention 2023[127] (39 total hours at 13,83€/hour) as the average telecommunications costs per household in Spain[128] (43€/month). The total estimated value for a period of 18 months is 1.313,37€.

Conclusion: Although the calculated reference values are notably lower than the chosen "anchor proxy" (6.204€), their impact on the social return ratio is minimal, reducing only from 3.00 to 2.99. For this reason, although the selected value significantly exceeds the reference values, it is considered appropriate and solid enough to represent the value generated in monetary terms, ensuring the stability of the analysis.

5.3.5 Valuation of inputs

Principle 1: ***Involve stakeholders***[129] refers to engaging stakeholders in the evaluation of values, both for outcomes and for inputs. Principle 3: ***Value the things that matter***[130] also addresses valuation, focusing on understanding the value not only of outcomes but also of inputs. Since the topic of inputs is therefore covered by two principles, and to avoid

[126] Volunteer World. (2024). Voluntourism and solidarity trips. Volunteer World. https://www.volun.com/es/volunteer-abroad/volunturismo

[127] Resolution of October 31, 2023, of the General Directorate of Labor, by which the salary tables for the year 2023 of the State Collective Agreement for Social Action and Intervention are registered and published. (2023, November 9). Official State Gazette, 269, 110939-110942. https://www.boe.es/buscar/doc.php?id=BOE-A-2023-17418

[128] CNMC. (2024). The average expenditure on telecommunications services per household was 43 euros per month. CNMC. https://www.cnmc.es/prensa/panel-hogares-gastos-telecomunicaciones-20240621

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

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

confusing the reader, the data collection process and analysis are described in detail in section 4.5.1 (Inputs). In this chapter, the subject is only mentioned and referred back to that section, in order to make clear that the evaluation of inputs is also part of Principle 3. Readers are therefore directed to 4.5.1 (Inputs) for a full explanation of how the evaluation of inputs was conducted.

5.3.6 Summary list of all proxies for all outcomes of all stakeholders

Table 48 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 the changes that were considered "significant" in the significance test detailed in Chapter 8. Material Changes.

The value shown in the last column of this table is the one applied in the Value Map (see Appendix IX).

Table 48. Proxies of changes by stakeholder group

Stakeholder group	Change	Anchor proxy used to Anchor all values for the stakeholder group	How important is the outcome to stakeholders (expressed in monetary terms) Unadjusted to amount	How important is the outcome to stakeholders (expressed in monetary terms. Adjusted to the depth of the change)	Indicator and selection rationale	Source
Participants - Elderly	**Reduced feeling of loneliness**	6.771€ Formula: (4.514€/12 months) *18 months	6.771€	3.386€*	The anchoring method was used to assign monetary values. The reduction of loneliness was selected as the anchor value, with a monetary equivalent of 6.771€, and served as the reference point for valuing the other changes experienced by this stakeholder group. Initially, the anchor proxy was set at 4.514€, derived from Wellbeing Valuation and Spanish studies. Since the evaluation spans an 18-month period, the original annual proxy was divided by 12 to	Own development See details in Section 5.3.1
	Strengthened sense of belonging to the local community		6.468€	2.755€		
	Expansion of the		6.615€	3.136€		

people	**support network**				obtain a monthly value, which was then multiplied by 18 to reflect the total value over the evaluation period. This anchor represents a relative importance rating of 8.27 (see column P) on a 1–10 scale. The monetary values of other changes were calculated proportionally, using the following formula: Anchor Proxy (Column S10) ÷ 8.3 (relative importance of the anchor value) × Relative importance of the new value. These values can be found in column R. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded in column K. These adjusted monetary values are reflected in column S, ensuring that the monetary estimation remains balanced and proportionate to the change experienced. The value used to calculate the SROI is the adjusted monetary value in column S.	"Anchor proxy" value
	Feeling that the things one does in life are worth it		6.632€	4.914€		
	Increased concern and uncertainty about the continuity of the project (-)		-6.714€	-5.337€		
	Take better care of mental health		6.877€	5.220€		
Participants - Women in situations of social difficulty	**Reduced feeling of loneliness**	6.771€ Formula: (4.514€/12 months) *18 months	6.771€	5.011€*	The anchoring method was used to assign monetary values. The reduction of loneliness was selected as the anchor value, with a monetary equivalent of 6.771€, and served as the reference point for valuing the other changes experienced by this stakeholder group. Initially, the anchor proxy was set at 4.514€, derived from Wellbeing Valuation and Spanish studies. Since the evaluation spans an 18-month period, the original annual proxy was divided by 12 to obtain a monthly value, which was then multiplied by 18 to reflect the total value over the evaluation period. This anchor represents a relative importance rating of 8.27 (see column P) on a 1–10 scale. The monetary values of other changes were calculated proportionally, using the following formula: Anchor Proxy (Column S10) ÷ 8.3 (relative importance of the	Own development See details in Section 5.3.1
	Increased economic satisfaction		6.755€	2.513€		"Anchor proxy" value
	Increased housing satisfaction		7.002€	1.780€		
	Expansion of the support network		6.596€	4.815€		
	Strengthened sense of belonging to the local		5.656€	4.016€		

	community				anchor value) × Relative importance of the new value. These values can be found in column R. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded in column K. These adjusted monetary values are reflected in column S, ensuring that the monetary estimation remains balanced and proportionate to the change experienced. The value used to calculate the SROI is the adjusted monetary value in column S.	
	Increment the feeling of calm and/or reduced feelings of anxiety and/or depression		6.771€	2.688€		
Participants - Young people in situations of ex-tutelage and/or social difficulty	**Reduced feeling of loneliness**	6.771€ Formula: (4.514€/12 months) *18 months	6.771€	4.760€	The anchoring method was used to assign monetary values. The reduction of loneliness was selected as the anchor value, with a monetary equivalent of 6.771€, and served as the reference point for valuing the other changes experienced by this stakeholder group. Initially, the anchor proxy was set at 4.514€, derived from Wellbeing Valuation and Spanish studies. Since the evaluation spans an 18-month period, the original annual proxy was divided by 12 to obtain a monthly value, which was then multiplied by 18 to reflect the total value over the evaluation period. This anchor represents a relative importance rating of 7.6 (see column P) on a 1–10 scale. The monetary values of other changes were calculated proportionally, using the following formula: Anchor Proxy (Column S10) ÷ 8.3 (relative importance of the anchor value) × Relative importance of the new value. These values can be found in column R. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded in column K. These adjusted monetary values are reflected in column S, ensuring that the monetary estimation remains balanced and	Own development See details in Section 5.3.1
	Strengthened sense of belonging to the local community		6.807€	4.908€		"Anchor proxy" value
	Initiated new studies (more motivated)		7.127€	3.421€		
	Expansion of the support network		7.154€	5.087€		
	Increased economic satisfaction		2.940€	1.535€		
	Increased housing satisfaction		2.940€	1.826€		

					proportionate to the change experienced. The value used to calculate the SROI is the adjusted monetary value in column S.	
Participants - People experiencing homelessness	**Reduced feeling of loneliness**	6.771€ Formula: (4.514€/12 months) *18 months	6.771€	4.584€	The anchoring method was used to assign monetary values. The reduction of loneliness was selected as the anchor value, with a monetary equivalent of 6.771€, and served as the reference point for valuing the other changes experienced by this stakeholder group. Initially, the anchor proxy was set at 4.514€, derived from Wellbeing Valuation and Spanish studies. Since the evaluation spans an 18-month period, the original annual proxy was divided by 12 to obtain a monthly value, which was then multiplied by 18 to reflect the total value over the evaluation period. This anchor represents a relative importance rating of 7.50 (see column P) on a 1–10 scale. The monetary values of other changes were calculated proportionally, using the following formula: Anchor Proxy (Column S10) ÷ 8.3 (relative importance of the anchor value) × Relative importance of the new value. These values can be found in column R. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded in column K. These adjusted monetary values are reflected in column S, ensuring that the monetary estimation remains balanced and proportionate to the change experienced. The value used to calculate the SROI is the adjusted monetary value in column S.	Own development See details in Section 5.3.1
	Increased economic satisfaction		6.879€	2.201€		"Anchor proxy" value
	Increased housing satisfaction		7,277€	1.164€		
	Improved physical and/or mental health		6.085€	2.379€		
	Expansion of the support network		7.222€	4.666€		
	Initiated new studies (more motivated)		5.507€	2.952€		
	Strengthened sense of belonging to the local community		5.940€	3.838€		
Participants - People with mental	**Reduced feeling of loneliness**	6.771€ Formula: (4.514€/12 months)	6.771€	4.807€	The anchoring method was used to assign monetary values. The reduction of loneliness was selected as the anchor value, with a monetary equivalent of	Own development See details in Section 5.3.1

health difficulties	**Expansion of the support network**	*18 months	7.260€	5300€	6.771€, and served as the reference point for valuing the other changes experienced by this stakeholder group. Initially, the anchor proxy was set at 4.514€, derived from Wellbeing Valuation and Spanish studies. Since the evaluation spans an 18-month period, the original annual proxy was divided by 12 to obtain a monthly value, which was then multiplied by 18 to reflect the total value over the evaluation period. This anchor represents a relative importance rating of 8.30 (see column P) on a 1–10 scale. The monetary values of other changes were calculated proportionally, using the following formula: Anchor Proxy (Column S10) ÷ 8.3 (relative importance of the anchor value) × Relative importance of the new value. These values can be found in column R. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded in column K. These adjusted monetary values are reflected in column S, ensuring that the monetary estimation remains balanced and proportionate to the change experienced. The value used to calculate the SROI is the adjusted monetary value in column S.	"Anchor proxy" value
	Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression		6.200€	4.464€		
	Strengthened sense of belonging to the local community		5.955€	4.294€		
	Increase in appreciation for life		6.347€	4.252€		
Paid staff (Headquarters Team, Facilitators, Technicians)	**Increased stress (-)**	-6,497€ (4.331€/12 months) *18 months	-6.497€	-1.241€	The anchoring method was used to assign monetary values. The reduction of stress was selected as the anchor value, with a monetary equivalent of €6,497, and served as the reference point for valuing the other changes experienced by this stakeholder group. Initially, the anchor proxy was set at €4,331, derived from Wellbeing Valuation and Spanish studies. Since the evaluation spans an 18-month period, the original annual proxy was divided by 12 to obtain a monthly value, which was then multiplied by	Own development See details in Section 5.3.1
	Expansion of the professional network		**5.997€**	1.199€		"Anchor proxy" value
	Improvement in professional development for tackling unwanted		6.140€	2.063€		

	loneliness through community intervention				18 to reflect the total value over the evaluation period. This anchor represents a relative importance rating of 9.10 (see column P) on a 1–10 scale. The monetary values of other changes were calculated proportionally, using the following formula: Anchor Proxy (Column S10) ÷ 9.10 (relative importance of the anchor value) × Relative importance of the new value. These values can be found in column R. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded in column K. These adjusted monetary values are reflected in column S, ensuring that the monetary estimation remains balanced and proportionate to the change experienced. The value used to calculate the SROI is the adjusted monetary value in column S.	
Community alliances - Public Administration	**Greater awareness and appreciation of networking**		16.029€	321€	The anchoring method was used to assign monetary values. The increase in visibility and community recognition was selected as the anchor value, with a monetary equivalent of 14.900€/u, and served as the reference point for valuing the other changes experienced by this stakeholder group. This anchor represents a relative importance rating of 6.60 (see column P) on a 1–10 scale. The monetary values of other changes were calculated proportionally, using the following formula: Anchor Proxy (Column S10) ÷ 6.60 (relative importance of the anchor value) × Relative importance of the new value. These values can be found in column R. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded in column K. These adjusted monetary values are reflected in column S, ensuring that the	"Anchor proxy" value
	Increased concern and uncertainty about the continuity of the project (-)		-16.932€	-2.032€		"Anchor proxy" value
	Greater autonomy in the management of services focused on addressing Unwanted Loneliness (Undesired Loneliness (UL)		15.803€	632€		
Community	**Increased visibility and community recognition**	14.900€	14.900€	2.235€		Own development

alliances - Third Sector Organizations	**(citizens and other entities)**				monetary estimation remains balanced and proportionate to the change experienced. The value used to calculate the SROI is the adjusted monetary value in column S.	See details in Section 5.3.1
	Greater connection with the territory aligned with the organizational mission		17.609€	1.529€		"Anchor proxy" value
Volunteers	**Increases personal satisfaction and feeling of accomplishment**	6.204€ *(annualized value, adjusted to reflect that volunteers do not contribute full-time hours each month)*	6.204€	2.016€	The anchoring method was used for monetary valuation. The increase in personal satisfaction and sense of fulfillment was established as an anchor value at €6,204 per person/year, calculated using Wellbeing Valuation and Spanish studies, as it is related to the value of having purpose in life. The monetary values of the other results will be calculated proportionally according to their relative weightings using the formula: Monetary value = (Relative importance of the result / Relative importance of the anchor) × 6.204€.	Own development See details in Section 5.3.1
	Increased commitment and active participation in volunteering		5.919€	1.924€		Own development See details in Section 5.3.1
	Improvement in mental health and emotional well-being		6.347€	2.063€		

Source: Own elaboration.

6. MATERIALITY ANALYSIS - IDENTIFYING RELEVANT CHANGES

Validation and evaluation of the materiality of the changes



The analysis of the changes was carried out under the framework of the ***principle 4: Include only the material***, according to the methodology.

To guarantee the inclusion of the most relevant changes in the social impact analysis, two fundamental tests were applied.

A relevance test was carried out. This test evaluated the importance of the different changes experienced by the stakeholders, considering:

- **The number of people who identified each change.**
- **The importance of change from the perspective of those who experienced it.**

A threshold of 50-70% was established on the highest relevance index, which allowed us to identify which changes met criterion 1 of "relevance index":

☑ **Criterion 1: Relevance index**: It is analyzed whether the change is statistically significant within the set of observed changes.

In addition, four additional criteria were applied to criterion 1 to determine the degree of relevance for decision-making and its inclusion or exclusion:

☑ **Criterion 2: Inclusion by principle/objective of the organization**: It is verified whether the change is aligned with the mission and strategic objectives of the implementing entity.

☑ **Criterion 3: Social norm that requires inclusion**: It is evaluated whether some regulations or standards expect the change.

☑ **Criterion 4: Short-term financial impact**: It is analyzed whether the change generates relevant economic implications that justify its inclusion.

☑ **Criterion 5: Change management by other organizations:** It is reviewed whether other entities are managing or reporting the same change, guaranteeing consistency and transparency.

If a change met at least two of these five criteria, it was considered material and was incorporated into the significance analysis (see Chapter 8. Materiality Analysis) to evaluate its inclusion in the SROI calculation and value map (see Appendix IX). The test weighted all of these criteria to filter out irrelevant changes, ensuring that only relevant changes were considered. This rigorous approach allowed for a systematic and equitable evaluation, ensuring that the social impact analysis focused on the most relevant changes and avoiding the omission of significant effects derived from the intervention.

Figure 72. Example of a table with values to identify relevant changes

Criterios	Cambios/CRITERIOS	Mayor satisfacción económica	Mayor satisfacción de vivienda	Mejorada la salud física y/o mental
	Número de personas (percepción de persona impactada)	40	38	75
	grado de importancia (1-10)	7,62	8,06	8,28
1	*Criterio 1: INDEX DE RELEVANCIA*	***305***	***306***	***621***
	UMBRAL ASIGNADO (70%)	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL
	CRITERIOS APLICADOS			
2	La organización la tiene que incluir por principio/objetivo	*Si*	*Si*	*No*
3	Norma social que exige inclusión	*No*	*No*	*No*
4	Impacto financiero a corto plazo que exigue inclusión	*Sí*	*Sí*	*No*
5	Otras organizaciones gestionan el cambio/informes	*Si*	*Si*	*Si*
	SON RELEVANTES/ SON EXLUIDOS	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO

Source: Own elaboration.

In the following table, and in order to contextualize the well-defined changes resulting from the described process, the relationship between activity, outputs (products) and outcomes (changes) is presented, broken down by stakeholders.

In this section an analysis is presented 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 variables. This methodology allows us to accurately capture the magnitude and sustainability of the changes generated. The selection of data and indicators

aligns with Principle 4 of Social Value International: "*Include only what is material*"[131] and is supported by Principle 2: "*Understand what changes*"[132], addressed in the previous chapter, as well as Principle 3"*Value what matters*"[133] which is developed in Chapter 5. Determine value. In this way, a fluid transition is guaranteed between the identification of significant changes and their material and economic evaluation, following social impact standards.

This means that the following analysis focuses only on those changes that truly matter (that is, that they are relevant and add value) for the different stakeholders and that are fundamental (that is, material) to understand the authentic social value created, a conclusion that is obtained after applying the principles of the SROI methodology.

The sample of each stakeholder group that contributed to the data presented in the following information is detailed in the Involvement Plan (see Table 10). Given that the sample as a whole is representative of several of the stakeholders[134], it is considered that the risk of making decisions in relation to the total is low. Added to this, in the section on how the different stakeholders got involved (see Table 14) The process is detailed with each group and in the Appendices III IV and V. The questions are detailed.

[131] Social Value International. (n.d.). Principle 4: Only include what is material. www.socialvalueint.org/principle4-only-include-what-is-material
[132] Social Value International. Principle 2: Understand what changes. www.socialvalueint.org/principle-2-understand-what-changes.
[133] Social Value International. (n.d.). Principle 3: Value the things that matter. www.socialvalueint.org/principle-3-value-the-things-that-matter
[134] *In social studies, a margin of sampling error of 5-7% is considered acceptable to ensure adequate representativeness. In this study, the margins of error obtained vary depending on the group of interest. For participating seniors, volunteers, and paid staff, the margin of error is zero or within acceptable parameters. In contrast, some groups present margins that are somewhat higher than acceptable: people experiencing homelessness (8.88%), young people in a situation of ex-custody and/or social difficulty (9.66%), and women in a situation of social difficulty (11.87%), the latter slightly above the recommended threshold. The case of people with mental health difficulties stands out, whose margin of error reaches 35.60%, which represents a high level of uncertainty, as well as alliances 20.22%. These data indicate that, although representativeness is adequate in most cases, in some groups the uncertainty is greater, which implies a higher risk in decision making, which requires cautious interpretation of the results.*

In this way, the reader can understand how the degree of relevance that makes up the definition of materiality has been identified.[135] of each change, a fundamental element to quantify Social Value.

Readers should refer to Table 36 for a comprehensive overview of every well-defined outcome. In that list, it is clear which changes were carried forward into the SROI calculation (see Chapter 10. Future Values) because they were deemed both relevant and significant, thus material for decision making, and which were excluded—either by the relevance test for lack of relevance explained below or by the materiality analysis for lack of significance (see Chapter 8. Materiality Analysis).

6.1 RELEVANCE TEST PER STAKEHOLDER GROUP

6.1.1 Relevance test - Elderly participants

To determine the inclusion of changes in the analysis, a relevance index-based approach was applied as described in Section 4.2.

Although the changes *Increase in personal autonomy* and *Improves both physical and mental self-care practices* did not exceed the established threshold, it was decided to include them in the analysis because they met other criteria that justified their inclusion. On the one hand, these two changes were part of the intentional objectives of the project, and their analysis could become relevant for strategic decision-making, since it would allow the depth of the impact generated to be evaluated. On the other hand, both changes were found in other reports as aspects that are usually identified in similar projects, which shows their importance as indicators of well-being and social value in this type of intervention.

[135] *Information is material if its omission has the potential to affect the decisions of those who read it. To optimize social value, material information includes all relevant and significant impacts on well-being. Relevance is determined by the organization's policy, the needs of affected people, existing social norms and financial consequences. Significance is defined by the depth, scale, value, and causality of the results.* Social Value International. (2023). *SVI Glossary 2.0*. https://www.socialvalueint.org.

Figure 73. Criteria and values to identify relevant changes

Cambios/criterios de análisis	Se reduce la soledad no deseada	Se fortalece el sentido de pertenencia a la comunidad local	Incrementa la red de apoyo	Incremento en la autonomía personal	Sentir que las cosas que hace en la vida valen la pena	Aumenta la preocupación por el futuro sin el apoyo del proyecto CRECE (-)	Mejora las prácticas de autocuidado tanto físico como mental
Número de personas (percepción de persona impactada)	278	236	283	96	210	215	201
grado de importancia (1-10)	8,27	7,9	8,08	8	8,1	8,2	8,4
Criterio 1: INDEX DE RELEVANCIA	*2299*	*1864*	*2287*	*768*	*1701*	*1763*	*1688*
UMBRAL ASIGNADO (70%)	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	NO SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL
La organización la tiene que incluir por principio/objetivo	Si	Si	Si	Si	No	No	Si
Norma social que exige inclusión	Si	Si	Si	No	No	No	No
Impacto financiero a corto plazo que exige inclusión	No	No	No	No	No	Si	No
Otras organizaciones gestionan el cambio/informes	Si			Si	Si	No	Si
SON RELEVANTES/ SON EXLUIDOS	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO

Source: Own elaboration.

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".

Based on data collection, with a representative sample of 292 elderly participants (equivalent to 20% of the study population), 18 aspects of well-being were identified that had changed as a consequence of their participation in CRECE. For each of them, the elderly people indicated the degree of importance that having experienced these changes had in their lives, since not all the changes were equally important, or in other words, they provided the same value.

"Participating in CRECE has given me my life back."

Elderly person

6.1.2 Relevance test - Women in situations of social difficulty

To determine the inclusion of changes in the analysis, a relevance index-based approach was applied as described in Section 4.2

Although the changes *Increased economic satisfaction*, *Increased housing satisfaction,* and the *reduction in the degree of dependence on other people* did not exceed the established threshold, it was decided to include them in the analysis because they met other criteria that justified their inclusion. On the one hand, the changes related to economic and housing

satisfaction were part of the intentional objectives of the project and their analysis could become relevant for strategic decision-making, since it would allow the depth of the impact generated to be evaluated.

On the other hand, both changes were found in other reports as aspects that are usually identified in similar projects, which shows their importance as indicators of well-being and social value in this type of intervention. This last criterion was what generated the inclusion of the change: *increases the feeling of tranquility and/or reduces the feeling of anxiety and/or depression*[136], which was even evaluated in more depth to highlight information that could provide relevant information in making decisions about improvements in future editions of CRECE.

Figure 74. Criteria and values to identify relevant changes

Cambios/CRITERIOS	Mayor satisfacción económica	Mayor satisfacción de vivienda	Aumenta la red de apoyo	Se fortalece el sentido de pertenencia a la comunidad local	Incremento en la sensación de tranquilidad y/o reducción de la sensación de ansiedad y/o depresión	Se reduce el grado de dependencia de otras personas	Se reduce el sentimiento de soledad
Número de personas (percepción de persona impactada)	77	36	168	160	155	68	119
grado de importancia (1-10)	8,48	8,79	8,28	7,1	8,51	8,1	8,5
Criterio 1: INDEX DE RELEVANCIA	*653*	*316*	*1391*	*1136*	*1319*	*551*	*1012*
UMBRAL ASIGNADO (70%)	NO SUPERA UMBRAL	NO SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	NO SUPERA UMBRAL	SUPERA UMBRAL
CRITERIOS APLICADOS							
La organización la tiene que incluir por principio/objetivo	*No*	*Si*	*No*	*Si*	*No*	*Si*	*Si*
Norma social que exige inclusión	*No*	*Si*	*Si*	*Si*	*No*	*No*	*Si*
Impacto financiero a corto plazo que exige inclusión	*Si*	*Si*	*No*	*No*	*No*	*No*	*No*
Otras organizaciones gestionan el cambio/informes	*Si*	*Si*	*Si*	*Si*	*Si*	*Si*	*Si*
SON RELEVANTES/ SON EXLUIDOS	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO

Source: Own elaboration.

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 8. Materiality Analysis.

6.1.3 Relevance test - Young person in a situation of social difficulty

To determine the inclusion of changes in the analysis, a relevance index-based approach

[136] *This report highlights that the expressions used, such as "tranquility", "anxiety" and "depression", correspond to the subjective perception of the participants and not to a medical diagnosis. Including these terms in the report uniquely reflects how people describe their own experience and emotional well-being.*

was applied as described in Section 4.2.

Although the changes *Increased economic satisfaction* and *Rely less on other people* did not exceed the established threshold, it was decided to include them in the analysis because they met other criteria that justified their inclusion. On the one hand, changes related to economic satisfaction and independence were part of the project's intentional objectives.[137] and its analysis could become relevant for strategic decision-making, since it would allow the depth of the impact generated to be evaluated.

On the other hand, both changes were found in other reports as aspects that are usually identified in similar projects, which shows their importance as indicators of well-being and social value in this type of intervention.

Figure 75. Criteria and values to identify relevant changes

Cambios/CRITERIOS	Mayor satisfacción económica	Mayor satisfacción de vivienda	Aumenta la red de apoyo	Inicia nuevos estudios (más motivado/a)	Se fortalece el sentido de pertenencia a la comunidad local	Aumentar la apreciación por la vida	Se reduce el sentimiento de soledad	Depender menos de otras personas
Número de personas (percepción de persona impactada)	26	26	64	43	38	28	31	24
grado de importancia (1-10)	7,88	8,33	8,03	8,00	7,64	8,37	7,60	8,10
Criterio 1: INDEX DE RELEVANCIA	205	217	514	344	290	234	236	194
UMBRAL ASIGNADO (70%)	NO SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	NO SUPERA UMBRAL
CRITERIOS APLICADOS								
La organización la tiene que incluir por principio/objetivo	No	Si	Si	No	Si	No	Si	Si
Norma social que exige inclusión	No	Si	Si	No	No	No	Si	No
Impacto financiero a corto plazo que exige inclusión	Si	Si	No	No	No	No	No	No
Otras organizaciones gestionan el cambio/informes	Si	Si	Si	Si	Si	No	Si	Si
SON RELEVANTES/ SON EXLUIDOS	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO

Source: Own elaboration.

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 8. Materiality Analysis.

6.1.4 Relevance test - People experiencing homelessness

To determine the inclusion of changes in the analysis, a relevance index-based approach was applied as described in Section 4.6.6.

[137] *Logical framework of the CRECE - Red Cross project. "OE1. The people participating in the project will have perceived a reduction in unwanted loneliness.*

Although the changes *Increased economic satisfaction*, *Increased housing satisfaction,* and the *Feeling uncomfortable thinking that the CRECE Project will end (-)* did not exceed the established threshold, it was decided to incorporate them into the analysis because they met other criteria that justified their inclusion. On the one hand, the changes related to economic and housing satisfaction were part of the intentional objectives of the project and their analysis could become relevant for strategic decision-making, since it would allow the depth of the impact generated to be evaluated.

On the other hand, the negative change in concern about the completion of the project was taken into account because of all the population groups in social difficulty, it was one of those that highlighted it the most.

Figure 76. Criteria and values to identify relevant changes

Cambios/CRITERIOS	Mayor satisfacción económica	Mayor satisfacción de vivienda	Mejorada la salud física y/o mental	Aumenta la red de apoyo	Se reduce el sentimiento de soledad	Sentir malestar por pensar que se acabará el Proyecto CRECE (-)	Inicia nuevos estudios (más motivado/a)	Se fortalece el sentido de pertenencia a la comunidad local
Número de personas (percepción de persona impactada)	40	38	75	92	94	38	89	88
grado de importancia (1-10)	7,62	8,06	8,28	8	7,5	6,7	6,1	6,58
Criterio 1: INDEX DE RELEVANCIA	**305**	**306**	**621**	**736**	**705**	**255**	**543**	**579**
UMBRAL ASIGNADO (70%)	NO SUPERA UMBRAL	NO SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	NO SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL
La organización la tiene que incluir por principio/objetivo	Si	Si	No	Si	Si	Si	Si	Si
Norma social que exige inclusión	No	No	No	Si	Si	No	No	No
Impacto financiero a corto plazo que exige inclusión	Si	Si	No	No	No	Si	No	No
Otras organizaciones gestionan el cambio/informes	Si	Si	Si	No	Si	No	No	No
SON RELEVANTES/ SON EXLUIDOS	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO

Source: Own elaboration.

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 8. Materiality Analysis.

6.1.5 Relevance test - People with mental health difficulties

To determine the inclusion of changes in the analysis, a relevance index-based approach was applied as described in Section 4.6.6.

Although *reduced feelings of loneliness*, *strengthened sense of belonging to the local*

community, and *increased appreciation for life* did not exceed the established threshold, it was decided to include them in the analysis because they met other criteria that justified their inclusion. On the one hand, the changes related to loneliness and community belonging were part of the intentional objectives of the project and their analysis could become relevant for strategic decision-making since it would allow the depth of the impact generated to be evaluated.

On the other hand, both changes, as well as *Increased appreciation for life* were found in other reports as aspects that are usually identified in similar projects, which shows their importance as indicators of well-being and social value in this type of interventions.

Figure 77. Criteria and values to identify relevant changes

Cambios/CRITERIOS	Se reduce el sentimiento de soledad	Aumenta la red de apoyo	Aumento de la sensación de tranquilidad y/o una reducción de la sensación de ansiedad y depresión	Se fortalece el sentido de pertenencia a la comunidad local	Aumentar la apreciación por la vida
Número de personas (percepción de persona impactada)	12	19	19	16	15
grado de importancia (1-10)	8,3	8,94	7,6	7,29	7,8
Criterio 1: INDEX DE RELEVANCIA	*100*	*170*	*144*	*117*	*117*
UMBRAL ASIGNADO (70%)	NO SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	NO SUPERA UMBRAL	NO SUPERA UMBRAL
CRITERIOS APLICADOS					
La organización la tiene que incluir por principio/objetivo	Si	Si	No	Si	No
Norma social que exige inclusión	Si	No	Si	Si	Si
Impacto financiero a corto plazo que exige inclusión	No	No	No	No	No
Otras organizaciones gestionan el cambio/informes	Si	Si	Si	Si	No
SON RELEVANTES/ SON EXLUIDOS	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO

Source: Own elaboration.

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 8. Materiality Analysis.

6.1.6 Relevance test - Paid staff

From the data collected and the definition of the relevance index, a threshold of 70% of the largest index of all changes in this stakeholder group was determined. The highest index corresponds to the change *Improved ability to identify* and *address unwanted loneliness* with

an index of 524.6 (61 people identified the change × 8.6 average importance), so the threshold was established at 367.2: changes that exceeded this value advanced to the review of the other criteria of the test.

The changes that passed the complete test, including exceeding the threshold and meeting at least 2 criteria, were: *Improvement in professional development for tackling unwanted loneliness through community intervention, Expansion of the professional network, Improvement in job satisfaction and well-being, Increase stress (-)*. Likewise, it was considered that the change *Transfer of knowledge about unwanted loneliness to the personal and community sphere*[138] passed the test.

The changes that, despite exceeding the 70% threshold and meeting at least 2 criteria, were excluded for being part of a causal chain with other changes such as: *Improved ability to identify and address unwanted loneliness, Improved professional skills and competencies, Improved practices in delivering community interventions.*

The changes excluded for not exceeding the 70% threshold were the following: *Deterioration of the balance between work and personal life (-), Increase in perceived job uncertainty (-), Decrease in self-confidence and personal value (-), Strengthening capacities for prevention and support in deinstitutionalization processes, Greater feeling of professional stagnation (-), Improves the relationship with your family.*

The changes excluded for not meeting at least 2 of the 4 criteria (although they exceeded the threshold) were the following: *Improve your ability to communicate and collaborate with colleagues and other teams within the organization, Increase in creation motivation, Development of a more realistic perspective on work.*

[138] *"Transfer of knowledge about unwanted loneliness to the personal and community level" required special consideration. To collect the identification and importance information on a small sample, it was not possible to compare its index with the same reference index of the other groups. However, it was considered to have passed the test because it was identified by 100% of the sample, demonstrated high importance in the evaluations and met more than 2 of the 4 established relevance criteria.*

Figure 78. Criteria and values for relevant changes (changes included)

Criterio	Mejora del desarrollo profesional para el abordaje de la soledad no deseada desde la intervención comunitaria	Expansión de la red profesional	Mejora en la satisfacción y bienestar laboral	Incremento en el estrés (-)	Transferencia de conocimientos sobre soledad no deseada al ámbito personal y comunitario
Número de personas (todos los subgrupos) (percepción de persona impactada)	57	61	48	50	33
PROMEDIO- grado de importancia (1-10)	8,6	8,4	8,8	9,1	8,3
INDEX	490,2	512,4	422,4	455,0	273,9
	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL
La organización la tiene que incluir por principio/objetivo	SÍ	SÍ	NO	NO	SÍ
Norma social que exige inclusión	NO	NO	SÍ	SÍ	SÍ
Impacto financiero a corto plazo que exige inclusión	NO	SÍ	NO	SÍ	NO
Otras organizaciones gestionan el cambio/informes	SÍ	SÍ	SÍ	SÍ	SÍ
	INCLUIDO - BIEN DEFINIDO	INCLUIDO - BIEN DEFINIDO	INCLUIDO - BIEN DEFINIDO	INCLUIDO - BIEN DEFINIDO	INCLUIDO - BIEN DEFINIDO

Source: Own elaboration.

These changes were subjected to a significance test to determine their degree of materiality, which is detailed below. The data used in this significance test can be found in Chapter 7. "Measure Change" which groups all the data from all stakeholders.

6.1.7 Relevance test - Volunteers

Based on the data collected and the definition of the relevance index, a threshold of 70% of the highest index was determined. The highest index corresponds to the change ***Increased awareness of unwanted loneliness*** with an index of 684 (76 people identified the change × 9.0 average importance), so the threshold was set at 478.8: changes that exceeded this value advanced to the review of the other criteria of the test.

The changes that passed the complete test, included for exceeding the threshold and meeting at least 2 criteria, were: *Increased commitment and active participation in volunteering, Increased personal satisfaction and feeling of fulfillment, Improved mental health and emotional well-being.*

The changes that, despite exceeding the 70% threshold and meeting at least 2 criteria, were excluded because they were part of a causal chain with other changes, were: *Expansion of the social network, Increased motivation for personal growth, Increased confidence and*

self-esteem, Greater awareness of unwanted loneliness, Improved personal and professional abilities and skills, Improved social skills.

The changes excluded for not exceeding the 70% threshold were the following: *Expansion of the social network and greater integration with the group of volunteers, Expansion of the social network and greater integration with the group of volunteers and with the community in general, Change in the availability of free time (decrease) and Change in the availability of free time (increase), Improvement in the perception of physical well-being, Improvement in the work situation, Improvement in the economic situation, Improves the relationship with your family.*

Figure 79. Criteria and values for relevant changes (changes included)

Cambios/CRITERIOS	Aumento del compromiso y participación activa en el voluntariado	Aumenta la satisfacción personal y sentimiento de realización	Mejora en la salud mental y bienestar emocional
Número de personas (percepción de persona impactada)	66	74	67
PROMEDIO- grado de importancia (1-10)	8,3	8,7	8,9
INDEX	547,8	643,8	596,3
	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL
La organización la tiene que incluir por principio/objetivo	SÍ	SÍ	SÍ
Norma social que exige inclusión	SÍ	SÍ	SÍ
Impacto financiero a corto plazo que exige inclusión	SÍ	SÍ	SÍ
Otras organizaciones gestionan el cambio/informes	SÍ	SÍ	SÍ
	INCLUIDO - BIEN DEFINIDO	INCLUIDO - BIEN DEFINIDO	INCLUIDO - BIEN DEFINIDO

Source: own elaboration.

These changes were subjected to a significance test to determine their degree of materiality, which is detailed below. The data used in this significance test can be found in Chapter 7. Measure Change which groups all the data from all stakeholders.

6.1.8 Relevance test - Alliances (Third Sector Organizations)

Based on the data collected and the definition of the relevance index, a threshold of 70% of the highest index was determined. The highest index corresponds to the change Greater connection with the territory aligned with the organizational mission with an index of 86, so the threshold was set to 60: changes that exceeded this value advanced to the review of the other test criteria.

The changes that passed the complete test, included for exceeding the threshold and meeting at least 2 criteria, were: *Increase in organizational satisfaction, Greater connection with the territory aligned with the organizational mission, Increase in visibility and community recognition.*

The change *Improves the quality of the interventions or activities offered* It was excluded because, despite exceeding the threshold and meeting at least 2 criteria, it is part of a causal chain with other changes.

The changes excluded for not exceeding the 70% threshold were the following: *Increase in the need and active participation of volunteers, Expansion of operational capacity in response to the increase in demand for services and Greater possibility of obtaining more financial resources.*

Figure 80 . Criteria and values relevant changes (changes included)

Cambios/CRITERIOS	Mayor conciencia y valoración del trabajo en red	Aumento de la satisfacción organizacional	Mayor visibilidad del trabajo de la administración pública de cara a la comunidad	Aumento de la preocupación e incertidumbre sobre la continuidad del proyecto (-)	Mayor autonomía en la gestión de servicios enfocados al abordaje de la Soledad No Deseada (Soledad
Número de personas (percepción de persona impactada) (TOT:10)	9	9	7	8	8
a (1-10) (todos los subgrupos juntos)	7,1	6,9	6,6	7,5	7,0
INDEX	*64,0*	*62,0*	*46,0*	*60,0*	*56,0*
	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL
La organización la tiene que incluir por principio/objetivo	*SÍ*	*SÍ*	*NO*	*NO*	*SÍ*
Norma social que exige inclusión	*SÍ*	*NO*	*SÍ*	*NO*	*SÍ*
Impacto financiero a corto plazo que exige inclusión	*NO*	*NO*	*NO*	*NO*	*NO*
Otras organizaciones gestionan el cambio/informes	*NO*	*SÍ*	*SÍ*	*SÍ*	*NO*
	INCLUIDO - BIEN DEFINIDO	INCLUIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO

Source: Own elaboration.

These changes were subjected to a significance test to determine their degree of materiality, which is detailed below. The data used in this significance test can be found in Chapter 7. Measure Change which groups all the data from all stakeholders.

6.1.9 Relevance test - Alliances (Public Administration)

Based on the data collected and the definition of the relevance index, a threshold of 70% of the highest index was determined. The highest index corresponds to the change *Greater awareness and appreciation of networking* with an index of 64.0, so the threshold was set at 44.8: changes that exceeded this value advanced to the review of the other test criteria.

The changes that passed the complete test, included for exceeding the threshold and meeting at least 2 criteria, were: *Greater awareness and appreciation of networking, Increased organizational satisfaction, Greater visibility of the work of the public administration in the community, Increased concern and uncertainty about the continuity of the project (-), and Greater autonomy in the management of services focused on addressing Unwanted Loneliness.*

The change *Improvement in the quality of services offered* It was excluded because, despite exceeding the threshold and meeting at least 2 criteria, it is part of a causal chain with other changes.

The changes excluded for not exceeding the 70% threshold were the following: *Reduction in workload, Greater development of specific services to address Unwanted Loneliness, and Greater possibility of obtaining more financial resources.*

The changes *Growth of the organization and Expansion of services in areas not directly related to Unwanted Loneliness* were excluded because, although they exceeded the threshold, they did not meet at least 2 additional criteria.

Figure 81. Criteria and values relevant changes (included and excluded)

Cambios/CRITERIOS	Mejora la calidad en las intervenciones o actividades ofrecidas	Aumento de la satisfacción organizacional	Mayor vinculación con el territorio alineada con la misión organizacional	Aumento de la visibilidad y reconocimiento comunitario	Incremento de la necesidad y participación activa de voluntarios	Expansión de la capacidad operativa en respuesta al aumento de la demanda de servicios	Mayor posibilidad de conseguir más recursos financieros
Número de personas (percepción de persona impactada)	10	10	11	11	4	5	2
PROMEDIO- grado de importancia (1-10)	8,1	8,1	7,8	7,6	8	8	7,5
INDEX	81	81	86	84	32	40	15
	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	SUPERA UMBRAL	NO SUPERA UMBRAL	NO SUPERA UMBRAL	NO SUPERA UMBRAL
La organización la tiene que incluir por principio/objetivo	SÍ	NO	SÍ	SÍ	NO	NO	NO
Norma social que exige inclusión	SÍ	NO	SÍ	NO	SÍ	SÍ	NO
Impacto financiero a corto plazo que exige inclusión	NO	NO	NO	NO	NO	SÍ	NO
Otras organizaciones gestionan el cambio/informes	SÍ	SÍ	SÍ	SÍ	SÍ	SÍ	NO
	EXCLUIDO - FORMA PARTE DE LA CADENA	INCLUIDO - BIEN DEFINIDO	INCLUIDO - BIEN DEFINIDO	INCLUIDO - BIEN DEFINIDO	EXCLUIDO	EXCLUIDO	EXCLUIDO

Source: Own elaboration.

These changes were subjected to a significance test to determine their degree of materiality, which is detailed below. The data used in this significance test can be found in Chapter 7. Measure Change which groups all the data from all stakeholders.

7. MEASURE THE CHANGE

The following chapter details how the depth (magnitude) and duration of the change were identified, with the aim of understanding the extent to which a significant or limited change had occurred. The changes detailed were those that passed the relevance test described in the previous chapter.

Readers should refer to Table 36 for a comprehensive overview of every well-defined outcome. In that list, it is clear which changes were carried forward into the SROI calculation (see Chapter 10. Future values) because they were deemed both relevant and significant, thus material for decision making, and which were excluded—either by the relevance test for lack of relevance (see details in Chapter 6. Materiality analysis) or by the materiality analysis for lack of significance (see Chapter 8. Materiality Analysis).

7.1 IDENTIFY THE AMOUNT OF CHANGE THAT IS GENERATED

This section answers the question:

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

Gathering depth data of the change generated and its durability over time (sustainability) was carried out by integrating information from three sources.

- ☑ **Involvement of stakeholders:** First, all stakeholders were consulted using materials adapted to each one (including games, forms and focus groups), where subjective quantitative data were obtained.
- ☑ **Review of data from other instruments used:** To avoid overloading the stakeholders, the data already collected within the same project was used through different instruments used for data collection (see Table 49). Objective data from the instruments and sources listed in the table were used to support and sustain the subjective assessments obtained through the SROI questionnaires.

- ☑ **Expert observation:** Second, paid staff and subject matter experts were involved to provide their specialized insight and in-depth knowledge of stakeholders, specifically for the participants.
- ☑ **Other SROI reports and investigations:** Thirdly, other SROI reports that are described in the references were taken as reference (see References), allowing comparisons to be made with similar interventions in the social field.

Table 49. Data sources to measure change

Tool	Description	Justification
ESTE II (Social Loneliness Scale)	Validated psychometric scale developed by the University of Granada that specifically evaluates social loneliness. It is composed of 15 items with three response alternatives (Always, Sometimes and Never) and is structured in three factors: 1) Perception of social support, 2) Use of new technologies, and 3) Social participation index. The total score ranges between 0 and 30 points, allowing levels of loneliness to be classified as low (0-10 points), medium (11-20 points) and high (21-30 points). The scale has been specifically validated in the Spanish population and allows pre- and post-intervention measurements to be made to evaluate changes in levels of loneliness.	Interest in obtaining an objective and validated measurement of the change in the levels of unwanted loneliness of the participants, which allows supporting the subjective assessments obtained through other project instruments.
IMAP (platform for the comprehensive management of CRE users)	Comprehensive management platform developed by the Spanish Red Cross that allows the registration and monitoring of users, activities and services developed. The tool is designed to put the person at the center of the intervention, facilitating the analysis of their vulnerabilities and capabilities. It collects sociodemographic data of the participating people, including variables such as age, gender, family, work and housing situation, among other characteristics relevant to profile analysis.	Interest in analyzing whether the sociodemographic characteristics of the participants are correlated with the observed changes, and in validating that the profiles of the participants are similar in order to draw conclusions about the impact of the project.
CRECE project results	A set of indicators systematically collected by the Red Cross for the follow-up and monitoring of the implementation of the CRECE project, according to its logical framework and internal evaluation system.	These data are used when they coincide with changes identified in the SROI process, allowing their occurrence to be validated within the chain of events (output-outcome-impact).
External evaluation of the CRECE project	Independent analysis carried out by an external evaluation team that examines the development and results of the project according to the criteria established in the logical framework. The evaluation	Data from the external evaluation are used when they provide relevant information on elements of the value chain identified in the

	generates both quantitative and qualitative data on the implementation and results of the project.	SROI, allowing for greater rigor in the measurement of impact through an independent source.

Source: own elaboration.

7.1.1 Identification of depth indicators

Indicators are essential instruments to identify and quantify the changes experienced[139]. In this assessment, depth indicators (how much changed) They were established specifically for each change in each stakeholder group, based on different elements: on the one hand, the indicators of the prognostic analysis carried out during 2023[140], on the other hand, the standardized indicators of the ESTE II scale; thirdly, the monitoring data collected during the implementation of the project itself; and finally, the results obtained after identifying the changes in the evaluative analysis.

The purpose of these indicators was to rigorously quantify the magnitude of the change produced, using the most reliable data available through the tools implemented. In cases where there were no existing tools or scales, specific instruments were designed to evaluate the comparative situation between before and after the intervention.

These indicators were later translated into questions that, as mentioned above, were answered through surveys, focus groups and playful dynamics where the members of the stakeholders themselves expressed their perception of the magnitude (depth) of the change experienced. For the group of participants, a direct assessment of the change experienced was chosen. In those cases where it was necessary to simplify the formulation, Likert scales from 1 to 5 were used, which were subsequently converted to a scale from 1 to 10 to allow comparison of the depth between the different changes.

For the stakeholders “Paid staff”, “Volunteers” and representatives of “community alliances”, two questions were asked for each relevant change identified: the first sought to establish, on a scale from 1 to 10, the level at which they were with respect to the change before

[139] 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).
[140] Pólvora, P., & Ferreira, A. (2023). Valor Social Report CRECE 2023. The Social Consulting Agency.

participating in CRECE, while the second requested that, using the same scale, they will indicate your current situation. In this way the depth of the change could be clearly identified.

The result detailed in Table 50 represents the direct assessment of the change in the case of the participants, or the average calculated from the difference between the two questions previously described for the other groups.

The Table 50 shows in each column, generally, the average of the individual results obtained from the people involved. For most cases, it was determined to use the arithmetic mean, instead of the median or other statistical measures, as it was considered the most appropriate indicator for the objectives of the study. This choice is justified by the main purpose of obtaining a global perspective of the impacts produced and their associated assessment, in order to guide future decision-making. Specific cases where other statistical measures were used are detailed in the same table.

7.1.2 Depth of changes (Quantity)

The following table summarizes the set of data analyzed from the sources described in the previous chapter. The values obtained, presented in the last column, were applied to prepare the SROI Value Map (see Appendix IX), where the monetized value adjusts to the depth of change. In this report, this adjustment is made to avoid overestimating the value of the change, in compliance with principle 5: "*Do not overclaim*".

Table 50. Depth of changes by group of interest

Stakeholder group	Change	Indicator to measure amount	Pre	Post	Depth	Source
Participants - Elderly people	**Reduced feeling of loneliness**	Degree of improvement experienced. Subjective response based on the global score of the ESTE II unwanted loneliness scale, using the value capital (since it better reflected the voice of the entire group) and later converted to a scale of 1 to 10.	Retrospective evaluation[141]		5	Forms Appendices III IV and V. SCALE IS II (Appendix VI)
	Strengthened sense of belonging to the local community	Degree of improvement experienced. Subjective response based on previously identified qualitative indicators (knowledge of local people, sense of belonging, participation in events, among others), converted to a scale of 1 to 10. The depth value has been calculated by quantifying and weighting the multiple responses on community integration.	Retrospective evaluation		4.26	Forms Appendices III IV and V.
	Expansion of the support network	Degree of improvement experienced. Subjective response based on ranges of new friendships created (none, 1-3, 4-6, 7-9, more than 10), subsequently converted to a scale from 0 to 10. The depth value has been calculated using the weighted average of the responses.	Retrospective evaluation		4.74	Forms Appendices III IV and V.

[141] *For this question we used the retrospective evaluation was used as a depth measurement method, allowing the participants to assess the perceived change in a single measurement, since a pre and post question could not be applied due to restriction. It is in temporality. This approach is useful to reduce biases associated with lack of initial reference and improve precision in self-assessment of impact. Pratt, C. C., McGuigan, W. M., & Katzev, A. R. (2000). Measuring program outcomes: Using retrospective pretest methodology. American Journal of Evaluation, 21(3), 341-349.*

Stakeholder group	Change	Indicator to measure amount	Pre	Post	Depth	Source
	Increased personal autonomy	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10.	Retrospective evaluation		6.8	Forms Appendices III IV and V.
	Feeling that the things one does in life are worth it	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10.	Retrospective evaluation		7.41	Forms Appendices III IV and V.
	Increased concern and uncertainty about the continuity of the project (-)	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10.	Retrospective evaluation		7.95	Forms Appendices III IV and V.
	Take better care of mental health	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10.	Retrospective evaluation		7.59	Appendices III IV and V.
Participants - Women in	**Reduced feeling of loneliness**	Degree of improvement experienced. Subjective response based on the global score of the ESTE II unwanted loneliness scale, using the modal value and subsequently converted to a scale from 1 to 10.	Retrospective evaluation		7.4	SCALE IS II ((Appendix VI)
	Increased economic satisfaction	Degree of improvement experienced. Measurement based on project results, converted to a scale of 1 to 10 for analysis.	Retrospective evaluation		3.72	Project results combined with responses from Forms Appendices III IV and V.

Stakeholder group	Change	Indicator to measure amount	Pre	Post	Depth	Source
situations of social difficulty	**Increased housing satisfaction**	Degree of improvement experienced. Subjective response based on the level of satisfaction with the housing situation, converted to a scale of 1 to 10 for analysis.	Retrospective evaluation		1.54	Project results combined with responses from Forms Appendices III IV and V.
	Expansion of the support network	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10. The depth value has been calculated as the average of different aspects evaluated.	Retrospective evaluation		7.3	Forms Appendices III IV and V.
	Strengthened sense of belonging to the local community	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10. The depth value has been calculated as the average of different aspects evaluated.	Retrospective evaluation		7.1	Forms Appendices III IV and V.
	IIncrease in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression	Degree of improvement experienced. Subjective response, where the depth value has been calculated from the analysis of the evaluations provided by the participants, later converted to a scale of 1 to 10.	Retrospective evaluation		3.97	Forms Appendices III IV and V.
	Increased personal autonomy	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10.	Retrospective evaluation		6.6	Forms Appendices III IV and V.

Stakeholder group	Change	Indicator to measure amount	Pre	Post	Depth	Source
Participants Young people in situations of ex-tutelage and/or social difficulty	**Reduced feeling of loneliness**	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10.	Retrospective evaluation		7.03	Forms Appendices III IV and V.
	Strengthened sense of belonging to the local community	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10.	Retrospective evaluation		7.21	Forms Appendices III IV and V.
	Initiated new studies (more motivated)	Degree of improvement experienced. Subjective response based on type of action (resumed studies, enrolled in courses, defined educational objectives, participated more actively, started using resources), applying a weighting scale that assigned scores and subsequently converted to a scale from 0 to 10. The depth value has been calculated using the weighted average of the responses.	Retrospective evaluation		4.8	Forms Appendices III IV and V.
	Expansion of the support network	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10.	Retrospective evaluation		7.11	Forms Appendices III IV and V.
	Increased economic satisfaction	Degree of improvement experienced. Subjective response based on the level of satisfaction with the economic situation, converted to a scale of 1 to 10 for analysis.	Retrospective evaluation		5.22	Project results combined with responses from Forms Appendices III IV and V.

Stakeholder group	Change	Indicator to measure amount	Pre	Post	Depth	Source
	Increased housing satisfaction	Degree of improvement experienced. Subjective response based on the level of satisfaction with the economic situation, converted to a scale of 1 to 10 for analysis.	Retrospective evaluation		6.21	Project results combined with responses from Forms Appendices III IV and V.
	Increase in appreciation for life	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10.	Retrospective evaluation		7.2	Forms Appendices III IV and V.
	Increased personal autonomy	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10.	Retrospective evaluation		6.9	Forms Appendices III IV and V.
Participants - People experiencing homelessness	**Reduced feeling of loneliness**	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10.	Retrospective evaluation		6.77	Forms Appendices III IV and V.
	Increased economic satisfaction	Degree of improvement experienced. Subjective response based on the level of satisfaction with the economic situation, converted to a scale of 1 to 10 for analysis.	Retrospective evaluation		3.2	Project results
	Increased housing	Degree of improvement experienced. Subjective	Retrospective evaluation		1.6	Project results

Stakeholder group	Change	Indicator to measure amount	Pre	Post	Depth	Source
	satisfaction	response based on the level of satisfaction with the economic situation, using a scale of 1 to 10.				
	Improved physical and/or mental health	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10.	Retrospective evaluation		7.52	Forms Appendices III IV and V.
	Expansion of the support network	Degree of improvement experienced. Subjective response based on ranges of new friendships created (none, 1-3, 4-6, 7-9, more than 10), subsequently converted to a scale from 0 to 10. The depth value has been calculated using the weighted average of the responses.	Retrospective evaluation		6.46	Forms Appendices III IV and V.
	Initiated new studies (more motivated)	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10.	Retrospective evaluation		5.36	Forms Appendices III IV and V.
	Strengthened sense of belonging to the local community	Degree of improvement experienced. Subjective response, where the depth value has been calculated from the analysis of the evaluations provided by the participants.	Retrospective evaluation		6.46	Forms Appendices III IV and V.
	Increased concern and uncertainty about the continuity of the project (-)	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10.	Retrospective evaluation		5.84	Forms Appendices III IV and V.

Stakeholder group	Change	Indicator to measure amount	Pre	Post	Depth	Source
Participants - People with mental health difficulties	**Reduced feeling of loneliness**	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10.	Retrospective evaluation		7.1	Forms Appendices III IV and V.
	Expansion of the support network	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10.	Retrospective evaluation		7.3	Forms Appendices III IV and V.
	Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression	Degree of improvement experienced. Subjective response, where the depth value has been calculated from the analysis of the evaluations provided by the participants.	Retrospective evaluation		7.2	Forms Appendices III IV and V.
	Strengthened sense of belonging to the local community	Degree of improvement experienced. Subjective response, where the depth value has been calculated from the analysis of the evaluations provided by the participants.	Retrospective evaluation		7.21	Forms Appendices III IV and V.
	Increase in appreciation for life	Degree of improvement experienced. Subjective response originally on a scale of 1 to 5, later converted to a scale of 1 to 10.	Retrospective evaluation		6.7	Forms Appendices III IV and V.
Paid staff	**Expansion of the professional network**	Degree of expansion of the network of contacts of a team of professionals. Subjective response on a scale of 1 to 10.	6,12	8,12	2.0	Forms Appendices III IV and V.
	Improvement in	Degree of improvement in professional skills to	5,15	8,52	3.36	Forms

Stakeholder group	Change	Indicator to measure amount	Pre	Post	Depth	Source
	professional development for tackling unwanted loneliness through community intervention	address unwanted loneliness. Subjective response on a scale of 1 to 10.				Appendices III IV and V.
	Greater transfer of knowledge about unwanted loneliness to the personal and community level	Degree of application of knowledge about unwanted loneliness in the personal and community environment. Subjective response on a scale of 1 to 10.	5,67	8,61	2.94	Forms Appendices III IV and V.
	Improvement in job satisfaction and well-being	Degree of improvement in experienced job satisfaction. Subjective response on a scale of 1 to 10.	6,03	6,97	0.94	Forms Appendices III IV and V.
	Increased stress (-)	Degree of increase in the level of work stress. Subjective response on a scale of 1 to 10.	6,0	7,91	1.91	Forms Appendices III IV and V.
Volunteers	**Improvement in mental health and emotional well-being**	Degree of improvement in perceived emotional well-being. Subjective response on a scale of 1 to 10.	4,24	7,50	3.25	Focus group assessment

Stakeholder group	Change	Indicator to measure amount	Pre	Post	Depth	Source
	Increased commitment and active participation in volunteering	Degree of increase in the level of commitment to volunteers. Subjective response on a scale of 1 to 10.	4,24	7,50	3.25	Focus group assessment
	Increases personal satisfaction and feeling of accomplishment	Degree of improvement in personal satisfaction and fulfillment. Subjective response on a scale of 1 to 10.	4,24	7,50	3.25	Focus group assessment
Alliances - Third sector entities	**Increased organizational satisfaction**	Degree of increase in organizational satisfaction. Subjective response on a scale of 1 to 10.	7,08	7,67	0.58	Forms Appendices III IV and V.
	Greater connection with the territory aligned with the organizational mission	Degree of improvement in territorial linkage aligned with the mission. Subjective response on a scale of 1 to 10.	7,17	8,17	1.0	Forms Appendices III IV and V.
	Increased visibility and community recognition (citizens and other entities)	Degree of increase in community recognition. Subjective response on a scale of 1 to 10.	6,17	7,67	1.50	Forms Appendices III IV and V.
Alliances - Public Administration	**Greater awareness and appreciation of networking**	Degree of improvement in the assessment of networking. Subjective response on a scale of 1 to 10.	7,30	7,50	0.20	Forms Appendices III IV and V.

Stakeholder group	Change	Indicator to measure amount	Pre	Post	Depth	Source
	Increased organizational satisfaction	Degree of increase in organizational satisfaction. Subjective response on a scale of 1 to 10.	7,00	7,60	0.60	Forms Appendices III IV and V.
	Greater visibility of the work of the public administration towards the community	Degree of increase in the visibility of public community work. Subjective response on a scale of 1 to 10.	5,90	6,69	0.70	Forms Appendices III IV and V.
	Increased concern and uncertainty about the continuity of the project (-)	Degree of improvement in autonomy to manage Unwanted Loneliness services. Subjective response on a scale of 1 to 10.	5,40	5,80	0.40	Forms Appendices III IV and V.
	Greater autonomy in the management of services focused on addressing Unwanted Loneliness (UL)	Degree of increase in concern about continuity. Subjective response on a scale of 1 to 10.	5,40	6,60	1.20	Forms Appendices III IV and V.

Source: Own elaboration.

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7.1.2.1 Analysis and conclusions of the depth of intentional changes

An analysis and conclusions are detailed for each stakeholder group.

The analysis focused first on the change identified by the participants: *reducing unwanted loneliness*, because it was the intentional change of the project. The depth of change was analyzed from data collected from two sources, which were compared to obtain the most complete analysis possible.

- ☑ **The results of the subjective SROI assessment**, in which participants were asked to answer qualitative questions to obtain more detailed data (scale of 1 - 5);
- ☑ **The results obtained through the ESTE II scale** (measured on the defined scale ranging from 0 - 30 points) which focuses on measuring the level of loneliness, with questions and interpretation of a scale validated in Spain. It is important to note that ESTE II scale data were not available for all individuals who provided SROI assessment. This difference in the number of responses obtained required specific treatment to make the comparison as precise as possible, but it served to validate that change had been generated regardless of the instrument used to collect the data.[142].

Depth of intentional changes experienced by all groups

Of the 13 changes in well-being analyzed in this chapter, and detailed one by one for each group in Chapters 4. Understand what changes and 7. Measure the change), there are three effects reported by the participants, which are common to all the groups evaluated. These are analyzed together below, referring to the average of all population groups in social difficulty and the degree of depth perceived by each group mentioned, which offers a global vision of the group of participating people. The scale used to measure the depth of the changes was a Likert scale from 1 to 10, which is referenced in the analysis, and the

[142] To compare both scales, the average change of the EAST scale (0-30) was converted to a scale of 1-10. To address the uncertainty arising from ESTE responses not obtained, a range of results was calculated considering an optimal scenario (if all people without ESTE data had improved as much as possible, reducing their score by 30 points) and a pessimistic scenario (if all people without ESTE data had improved as much as possible, increasing their score by 30 points). This approach allowed us to obtain a range of values on a 1-10 scale that reflected all possibilities for the entire group, ensuring a more accurate comparison with the SROI value and quantifying the margin of uncertainty in the conclusions.

changes referenced below, mentioned independently by all groups of participating people, were:

1. *Reduced feeling of loneliness* (see previous section).
2. *Increase the support network.*
3. *Strengthened sense of belonging to the local community.*

The other 10 changes were identified by one or several population groups in social difficulty but not by all. That is why they are detailed individually in Chapters 4. Understand what changes and 7. Measure the change).

One of the intentional changes of the project is *reduce unwanted loneliness* of the population served[143]. The team that led the project measured the degree of reduction through the ESTE II scale, validated in Spain. The results showed that 89.51% of participating people experienced a decrease in their level of unwanted loneliness. Of these, 47.47% registered a moderate reduction (1-4 points), 31.84% a high reduction (5-9 points) and 10.20% a very high reduction (10 points or more), according to data reported in December 2024. The data also reflected that those women had a greater tendency to experience a "High" and "Very high" reduction (44%), while the most significant decrease is observed in the age groups between 35 and 64 years (with a 37% high or very high reduction) and 65-85 years (with a 47.5% high or very high reduction). In general terms, elderly people and women, according to the data collected through the ESTE II scale, present the highest levels of reduction in the experience of unwanted loneliness, reaching 50% and 40%, respectively, in the “High” or “Very High” categories.

These results, put in relation to the information collected for this impact report, reinforce the evidence detailed below for each group, since they precisely validate that there has indeed been a significant impact in reducing the feeling of unwanted loneliness. Along these lines, the perception of reduction in the feeling of loneliness according to the impact measurement presents an average of 6.65 on a scale of 10, considering the values assigned by the 673

[143] “Executive Summary” - Data analysis process on addressing unwanted loneliness (December 2024) internal document.

people surveyed, which corresponds to a statistically significant sample. representative if one wanted to represent the entire population studied[144] independent of the collective.

This result indicates that, in general, the people surveyed perceive a moderately high impact (exceeding half of the scale) in terms of reducing the feeling of loneliness after participating in CRECE activities.

Considering that the project's approach is preventive, it is crucial to contextualize this data with the study *"Research on the experience and perception of unwanted loneliness. Responses at the community level*[145]", which reveals that 45% of CRECE participants feel lonely, a figure five times higher than the 9% observed in the general population. Using the DJG scale[146], also applied in the aforementioned research, this percentage increases even further, reaching 86% within the CRECE studied population, almost double compared to 44% of the general population. This suggests that the prevalence of unwanted loneliness within the project could be even higher.

However, it is possible that not all of the population studied experienced this feeling, which is consistent with the impact identified; Not all people surveyed identify with this aspect of well-being, nor do they assign it the same degree of importance. The variety of "depth" reported in the cited research, where the reduction in unwanted loneliness experienced is distributed as follows: 47.47% experience a moderate reduction (1-4 points), 31.84% a high reduction (5-9 points), and 10.20% a very high reduction (10 points or more), demonstrates that approximately half of the population studied experienced, at the time of the study, a moderate level of reduction, which coincides with the degree of depth qWhat the people in this impact measurement study have assigned to you.

In this context, and referring again to what is intended to be demonstrated with these data from this same report, it is important to point out that not all of the participants reported having experienced changes in their feeling of loneliness (79.35% of 673 people surveyed),

[144] *The data in this report considers the total number of people per group reported at the end of the project on December 31, 2025, which amounted to 5,996 people.*
[145] ISEAK Foundation. (2024). *Research on the experience and perception of unwanted loneliness. Responses at the community level*. ISEAK Foundation.
[146] *Pratt, C. C., McGuigan, W. M., & Katzev, A. R. (2000). Measuring program outcomes: Using retrospective pretest methodology. American Journal of Evaluation, 21(3), 341-349.*

and not all population groups in social difficulty identified an equal degree of improvement, but with a variation between a depth of 5 to 7.4 on a scale of 10.

The finding stands out that women, who in the result reported by the project itself[147] showed a greater tendency to experience a "High" and "Very high" reduction (44%), also in the impact measurement, in which they reported assigning a very high value (8.5 out of 10) to the importance of reducing this feeling, they were also the ones that assigned the highest depth score to the change. That is, within the universe of the participating people, they are the group that has noticed a greater change in their feeling of unwanted loneliness.

This group is followed by people with mental health difficulties, who reported an average improvement of 7.1 on a scale from 1 to 10. Likewise, young people in a situation of guardianship and/or social difficulty registered, on average, a 7.0 on this same scale. However, the overlap of characteristics between subjects complicates a clear comparison by profile, since these characteristics can also be found in the group of women in situations of social difficulty.

Increasing support networks register a mean depth of perceived change of 6.58 (on a scale from 1 to 10) among all population groups in social difficulty. The variability in the responses of the different groups indicates that some groups perceive having experienced much more change in this area than other groups within the group of participating people, which could be related to contextual factors or differences in the implementation of the initiatives or in their different life situations. In this regard, people with mental health difficulties and women in situations of social difficulty report the highest values, indicating that in these groups the perception of improvement in the support network has been more significant.

Strengthening the sense of belonging to the local community is the aspect that shows the greatest variability in the responses and the least perceived impact, with an average of 6.45 (on a scale from 1 to 10), if all population groups in social difficulty are analyzed together, taking into account the responses of the 673 people who participated in the survey. The minimum value recorded for this indicator is 4.26 (on a scale of 10), which suggests that some people have not experienced significant improvement in this area. However, women

[147] "Executive Summary" - Data analysis process on addressing unwanted loneliness (December 2024) internal document.

and people with mental health difficulties again present these higher values (7.10 and 7.21 respectively on a scale of 1 to 10), which indicates a greater perception of integration in these groups.

Conclusion: In general terms, it is observed that women and people with mental health difficulties tend to report the highest means in the three changes analyzed, suggesting that the interventions have had a particularly positive impact on these groups. On the other hand, the lowest values are usually found in elderly people and those experiencing homelessness.

The analysis of the data obtained reveals a positive trend in the perception of the changes evaluated, although with variations between the different stakeholders. Evaluating the entire group as a whole (673 people), the results show profound changes in *reducing feelings of loneliness*, *increasing support networks* and *strengthening the sense of belonging to the local community*.

Specifically in relation to the depth of impact of intentional change to *reduce unwanted loneliness* Among all the groups addressed, the results show that the CRECE project achieved a moderately significant reduction, leaning towards high, in the feeling of reduction of unwanted loneliness especially prominent among women in situations of social difficulty, young people in situations of guardianship and/or social difficulty, and people with mental health difficulties. The perception of reduction in the feeling of loneliness, based on the impact measurement, registered an average depth of 6.65 points on a scale of 10, according to the values assigned by the 673 people surveyed, thus constituting a statistically representative sample in relation to the entire population studied, if the differences in the various population groups in social difficulty were not taken into account.

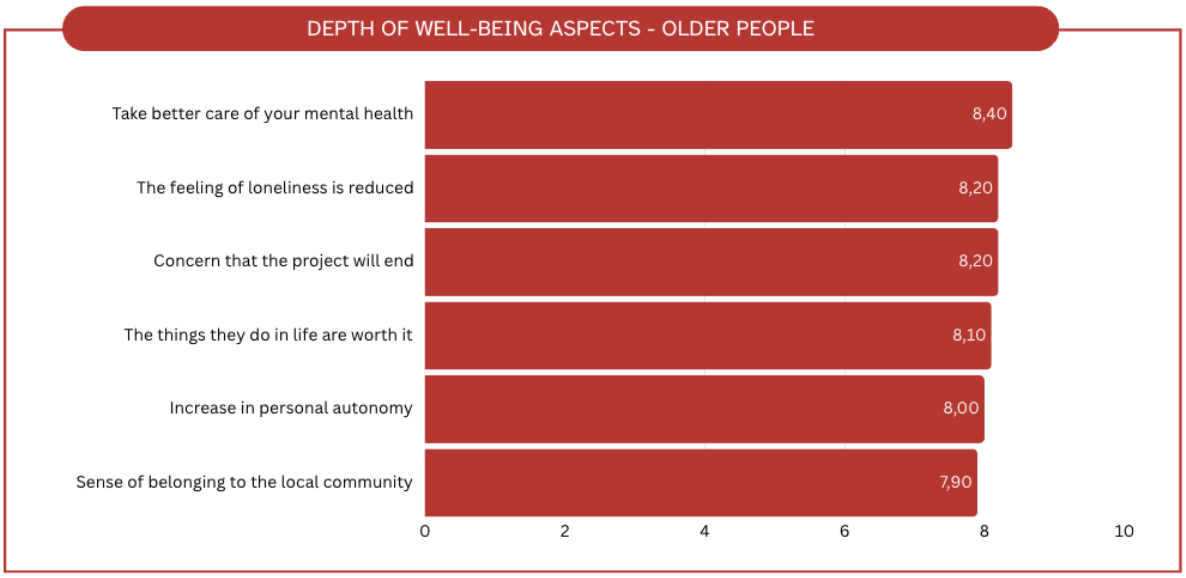
After having analyzed the data as a whole and by group, it is confirmed that the participants experienced a medium to high impact on this crucial aspect of well-being, depending on where they were in concepts of feeling of loneliness, and the different circumstances that affected them at the time of starting to participate in CRECE activities. This indicates that there was a relatively significant change in the reduction of loneliness, reinforcing the conclusions of the project itself in its effectiveness in addressing and mitigating unwanted loneliness in its various population groups in social difficulty.

7.1.2.2 Analysis Participants - Elderly people

The degree of depth for this group was estimated by evaluating the seven relevant changes indicated in Figure 82 . To do this, various measurement methods were used, mainly through retrospective questions about "how much change they had experienced", that is, how profound the perceived change had been. The responses were subjective and covered different aspects of well-being related to the changes identified.

In general, the analysis indicates that, on average, the depth of change in the different aspects of well-being evaluated shows a significant effect in all of them, exceeding 4 points on a scale of 10. This shows that not only are changes in well-being relevant to their lives, but also that a "medium" or "a lot" change is generated, that is, it is of greater depth, it has affected them significantly.

Figure 82. Depth of well-being aspects



Source: Own elaboration.

Originally, survey responses were collected on a scale of 1 to 5 but were later standardized to a scale of 1 to 10 to facilitate comparison and analysis. However, in the specific case of the change associated with *reducing unwanted loneliness*, a more rigorous evaluation was carried out by comparing the data from the subjective scale with the results of the validated

ESTE II scale. This comparison made it possible to ensure the accuracy of the data, considering that said change represented the intentional improvement of the program.

In the comparison analysis of *reducing unwanted loneliness*, the responses of 292 people from the subjective assessment of the SROI, providing an average depth of 5.0 points out of 10. The ESTE II scale, with data from 170 elderly people from this same group, showed an average improvement of 5.29 points (scale 0-30), equivalent to 2.59/10. Considering the 122 people without ESTE II data, the value of the entire group could range between 5.68 (maximum possible improvement) and 3.84 (maximum possible worsening), showing in any case a difference with the SROI. In conclusion, the value of the entire group can be expressed as 4.76 ± 0.92 points on a scale of 1-10, so it does not demonstrate a pronounced deviation between the two results analyzed.

Given the difference, these data underwent the sensitivity test (see Chapter 12. Sensitivity Analysis) to validate the degree to which they would affect decision-making, indicating, according to the test, a low level of impact.

The data reported by this group highlights that, among all the changes identified, the reduction in unwanted loneliness was not the one they perceived most deeply, even ranking below the rest of the changes experienced.

A hypothesis that arises from this analysis is based on the conclusions of the research on the experience and perception of unwanted loneliness, specifically in the study *Responses at the community level*[148], developed within the framework of CRECE. This research points out a difference between the results of the scales that measure unwanted loneliness and the subjective perception of elderly people about whether they feel lonely (they compare two data from two different scales).

This same phenomenon could explain why, according to the data in this report, elderly people indicated having perceived a lower degree of change in the reduction of unwanted loneliness (5.0 on a scale of 1 to 10), but at the same time they assigned a high value to having experienced this improvement in their lives as an effect of their time at CRECE (8.27

[148] Foundation ISEAK. (2024). *Research on the experience and perception of unwanted loneliness. Responses at the community level*. Foundation ISEAK.

on a scale of 1 to 10). This suggests that, although the improvement was not the most significant in terms of depth, in relation to other improvements experienced by this group, they perceive it as a valuable and relevant change for their well-being.

The most profound changes correspond, on the one hand, to the *Increased concern and uncertainty about the continuity of the project (-)* (7.95/10), indicating strong concern about the impact on their well-being if the program will arrive to finish.

On the other hand, the impact of CRECE on the mental and emotional health of elderly people was considered significant, as demonstrated by the change *Greater mental health care* (7.59/10). This result reflects greater awareness about the importance of emotional well-being and the adoption of concrete actions for self-care. Many elderly people reported improvements in their self-esteem and greater emotional stability, which strengthened their ability to cope with difficult situations, such as the loss of family members or the stress associated with caring for family members with illnesses or disabilities.

Additionally, several testimonies highlighted a reduction in negative or pessimistic thoughts, which suggests a profound change in attitude toward life and perception of one's well-being. According to their experiences, CRECE was a catalyst in this process, providing support spaces and activities that contributed to improving mood and reinforcing personal coping strategies. These results show not only an improvement in mental health, but also a structural change in the way elderly people value and prioritize their emotional well-being in everyday life.

Finally, among the most profound changes stands out the *Feel that the things you do in life are worth it* (7.41/10), evidencing profound effects on the attitude of elderly people. This impact is closely linked to the depth of the change that is observed from the environment, where many people report that their families and friends notice them "happier", "in a better mood" and "more animated". This transformative effect is manifested in expressions such as "wanting to do things", "wanting to do things" and "finding meaning in life", highlighting how CRECE has been key to recovering joy and fostering a more positive attitude in daily life. Some comments even mention feeling “younger” or that those close to them have told them that they seem rejuvenated, which reinforces the magnitude of the impact generated.

This last aspect is closely linked to the prevention of unwanted loneliness according to the study. *Research on the experience and perception of unwanted loneliness. Responses at the community level*[149], almost 90% of people with low life satisfaction and low interest or pleasure in doing things also experience a feeling of emptiness around them. Anhedonia and life dissatisfaction are related to the feeling of emptiness. When the study analyzed the relationship between global satisfaction with life and lack of interest or pleasure in activities, it was observed that 23% of those who expressed a high degree of satisfaction with their life but had felt little interest or pleasure in the last two weeks, also reported a feeling of loneliness. In contrast, among those with low life satisfaction and low interest in activities, the prevalence of unwanted loneliness reached 93%.

The results show a significant impact on *Increase in personal autonomy* (6.80/10) closely linked to the perception of greater confidence and self-sufficiency. Some people reported that their way of expressing themselves had changed, making them feel more confident and able to function independently, even in situations that were previously difficult for them due to physical or emotional limitations.

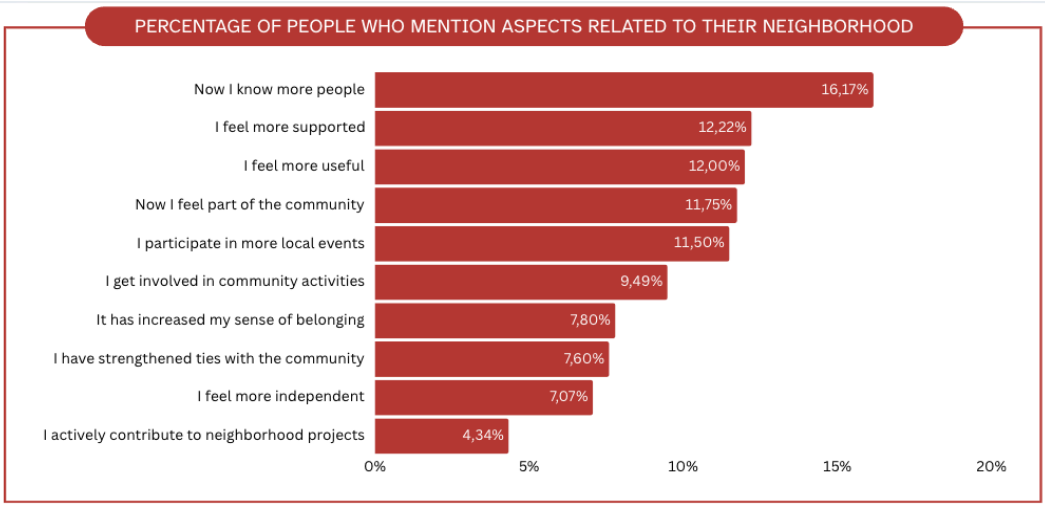
In addition, the social integration and personal autonomy of elderly people participating in CRECE improved. The change *More integrated into the community* (4.26/10) and the *Increase in support network* (4.74/10) reflect how many people had expanded their social circle, regained contact with old friends and strengthened their ties with the community. This process encouraged greater social participation, where they felt "more open", "more communicative" and with greater confidence to interact in different spaces.

In relation to community integration, other nuances were analyzed to understand the relationship with the neighborhood in more detail. The analysis of their improved relationship with the neighborhood as a result of participation in the activities organized by CRECE, shows that several things had changed both in their well-being and in their relationship with the community.

[149] ISEAK Foundation. (2024). *Research on the experience and perception of unwanted loneliness. Responses at the community level*. ISEAK Foundation.

From a total of 239 questionnaires analyzed, the results presented in Figure 83 indicate that, after participating in the CRECE program, around 16% of the people surveyed *met more people from the neighborhood*. Likewise, approximately 12% felt *more supported and more useful*. On the other hand, about 11% *they felt more part of the community* and *They participated more in local events*, and finally to a lesser degree (below 10%), *They became more involved in community activities, their sense of belonging increased, ties with the community were strengthened, and they felt more autonomous.* and *They actively contributed to neighborhood projects*.

Figure 83. Proportion of people and aspects linked to the neighborhood



Source: Own elaboration.

This set of perceptions related to their improved interaction with the neighborhood also impacted *the feeling of loneliness* in a positive way. Several people surveyed expressed that they feel "more supported," "accompanied," and with a "renewed connection with their environment." In this sense, CRECE not only promoted active participation in the community, but was also key to improving emotional well-being and the perception of support in daily life.

Conclusion: The analysis of the impact of CRECE on elderly people shows that the most profound changes are observed in concern for the continuity of the program, greater care for mental health and the feeling that the things they do in life are worth it. These results show that the participants have experienced greater awareness of their emotional well-being,

strengthening their self-esteem and coping ability. Furthermore, CRECE has been key to recovering the sense of purpose and motivation in their daily lives, which has positively impacted their mood and personal relationships, strengthened relational ties and increased the number of personal relationships.

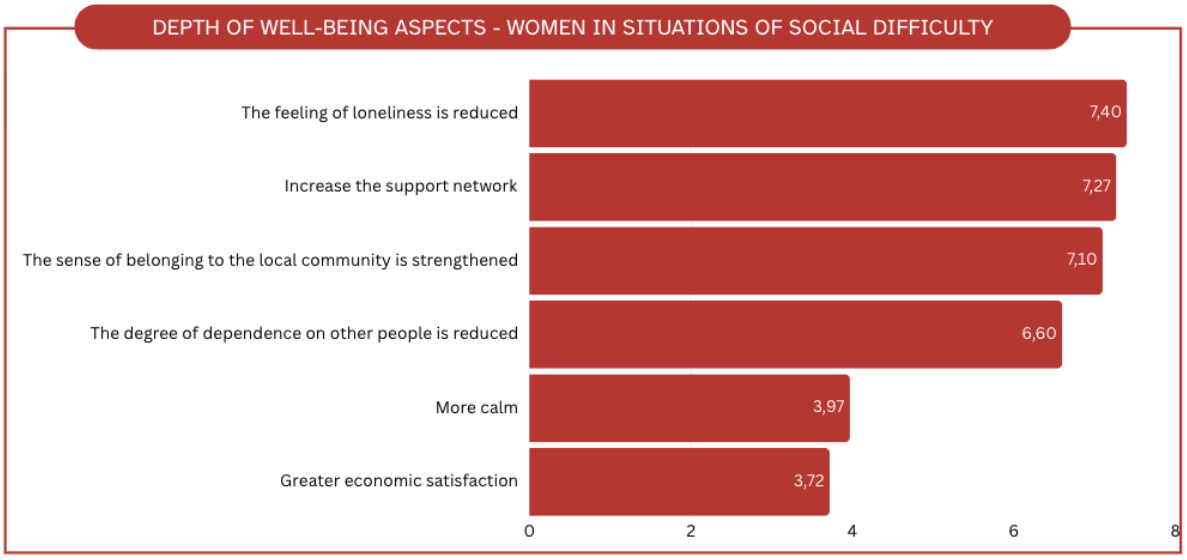
On the other hand, some improvement in personal autonomy was also observed, reflecting an increase in confidence and self-sufficiency in daily life. However, the reduction in unwanted loneliness shows a more moderate impact, despite being an aspect highly valued by the participants. This could indicate that it takes more time for the change to be more profound or that the previous level of loneliness was not particularly severe. Likewise, the changes in social integration and the strengthening of the support network are less profound, although they reflect a positive trend. Participants mention that they carry out more community activities and feel a greater connection with their environment. These findings underline the relevance of CRECE in improving the well-being of elderly people and the importance of guaranteeing its continuity to consolidate and deepen these impacts.

7.1.2.3 Analysis Participants - Women in situations of social difficulty

The depth of change in this group was evaluated based on the seven relevant aspects indicated in the previous chapter, using different measurement methods. All changes were analyzed through subjective assessments, although the results of the ESTE II scale were consulted as a reference to reference the results.

In general, the analysis indicates that, on average, the depth of most of the changes in the different aspects of well-being evaluated show a significant effect in all of them, exceeding 4 points on a scale of 10. This shows that not only are the changes in well-being relevant to their lives, but also that a “medium” or “a lot” change is generated, that is, it is of greater depth, it has affected them significantly.

Figure 84. Depth of well-being aspects



Source: own elaboration.

In reducing *unwanted loneliness*, the subjective assessment of the SROI, based on the responses of 190 women, reported an average improvement of 7.4 (scale of 1 to 10). In contrast, the ESTE II scale, applied to 109 women from this same group, reflected an improvement of 4.73 points on a scale from 0 to 30, equivalent to 2.42/10 on the standardized scale. Considering the 81 women without data in ESTE II, the variability of the entire group could range between 5.65 (maximum possible improvement) and 4.02 (maximum possible worsening), showing in any case a difference with the SROI. In conclusion, the value of the entire group can be expressed as 4.84 ± 0.81 points on the 1-10 scale, which could be because there is a difference between prospective perception and the more precise changes detected by a pre- and post-evaluation. In both cases the depth is moderately high. Given the difference, these data underwent the sensitivity test (Chapter 12. Sensitivity Analysis) to validate the degree to which they would affect decision-making, indicating, according to the test, a low level of impact.

The aspects of well-being evaluated that show greater depth, taking into account the reported average, exceed 7 points out of 10, highlighting the *reduced feeling of loneliness* (7.4/10), the *increase in support network* (7.3/10) and the *strengthening the sense of*

belonging to the community (7.1/10). There is also observed a *decreased dependence on other people*, although with less intensity (6.6/10). These results indicate that the participating women have experienced a significant transformation in their social integration and perception of support within their environment.

The qualitative analysis reinforces these findings, showing that many women expressed feeling more valued, which had a positive impact on their self-esteem, security and confidence. Among other aspects, they mentioned that since their participation in CRECE they began to go out more frequently, participating in community events, attending workshops and recreational activities, and resuming habits such as exercising, studying or socializing with more people.

Of a total of 191 women surveyed, 22 people (equivalent to 11.52% of the total) indicated that, since they were part of CRECE, they had begun to go out between once a week and several times a week, compared to their participation before the program. Although this increase does not represent the majority of the people surveyed, it stands out as a positive change that reflects a higher level of integration, participation and improvement in their daily lives for a percentage of the population studied.

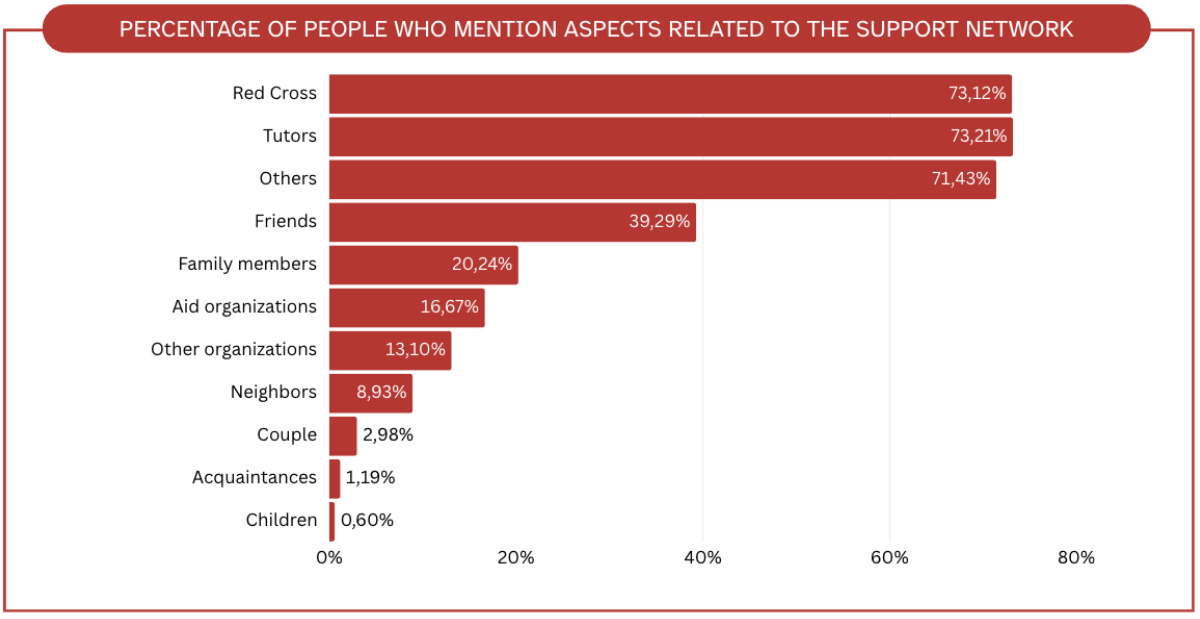
This, they indicated, allowed them to take on new challenges, strengthen their family ties and expand their social network. The possibility of sharing their concerns with other people in similar situations generated a feeling of belonging and strengthened their confidence in their ability to face difficulties. Furthermore, this personal recognition encouraged them to greater autonomy, reflecting in safer decision-making and motivation to improve different aspects of their life, such as searching for employment, commitment to their well-being and interaction with their community.

The in-depth analysis of the changes in the relationship with the groups in which women reported having increased the number of contacts in their support network—that is, those in which they had no or fewer contacts before participating in CRECE—shows that, of the 168 responses, the following areas of support (see figure 85) have improved since their participation.

This result is directly linked to the conclusions of the *Research on the experience and perception of unwanted loneliness. Responses at the community level*[150], which details the needs of this group in terms of perception of reciprocity, cooperation and trust as key elements to prevent unwanted loneliness. This report highlights that neighborhood relations play a fundamental role in shaping a social environment conducive to the development of bonds of trust, underlining the importance of spontaneous and affectionate interactions, even between strangers, as an essential ingredient for a friendlier urban life. Likewise, it highlights the relevance of having diverse neighborhoods and leisure opportunities that encourage interaction and strengthening the social fabric.

The fact that the support network with friends, family, neighbors and aid organizations has improved as detailed in the Figure 85 reflects a significant change that can contribute to the prevention of unwanted loneliness in the future.

Figure 85. Proportion of people and expansion of support network



Note: The data indicates that a person feels supported by more than one network. Source: own elaboration.

[150] ISEAK Foundation. (2024). *Research on the experience and perception of unwanted loneliness. Responses at the community level*. ISEAK Foundation.

On the other hand, some participants mention that the intervention has given them greater knowledge about who to turn to when they need help, which includes the new contacts they have established throughout the process. The fact that the percentage of relationships with family members has increased reinforces the concept described in the same report cited, in which it is detected that the women surveyed would turn to their family members in times of feeling alone. If the support network has expanded in this area, a hypothesis could be established that in some way the possibility of receiving support from their closest core is expanded, thus preventing unwanted loneliness.

"Now I have more friends, circles of trust and people with whom to share their worries and joys."

Woman in a situation of social difficulty

It should be noted that the less profound changes include the *increased feeling of calm and reduced anxiety or depression*[151] (3.97/10), the *increased economic satisfaction*[152] (3.72/10) and the highest *satisfaction with housing*[153] (1.54/10). These last two findings could be explained by the fact that, according to the data reported at the end of the project, 133 women found employment and 21 found a place to live in better conditions than before. However, not all of them were necessarily part of the evaluation, which could have influenced the fact that the depth of change experienced by these people was not fully reflected in the results.

In conclusion: The analysis of the data highlights that the reduction in unwanted loneliness has been the most profound change experienced by the people in this group and that their main support network in this context is made up of the managing organization, the Red Cross, and tutors related to CRECE. The subjective perception of the impact on reducing the feeling of loneliness obtained a high score on the SROI scale and, although the measurement with the validated ESTE II scale reflected a more moderate change, it was clearly the aspect in which the greatest transformation is evident. This finding suggests that

[151] *This report highlights that the expressions used, such as "tranquility", "anxiety" and "depression", correspond to the subjective perception of the participants and not to a medical diagnosis. Including these terms in the report uniquely reflects how people describe their own experience and emotional well-being.*
[152] *Of the total number of people attending, 133 were women. The total number of people who have participated in related activities: 813 (M:813) where the % of people involved is 16.40%.*
[153] *The total number of women who found a housing alternative has been 21 (M:21), the total number of people who have participated in these activities was 813 (M:813) therefore the % of inserted people is 2.6%.*

participation in the program generated a significant social connection, strengthening support networks and the sense of belonging to the community. The high assessment of this change indicates that unwanted loneliness was a central problem for many of these people and that the program had a relevant impact on their emotional and social well-being. The correlation with other changes, such as an increase in the support network and greater integration into the community, in which families and friends play an important role, reinforces this conclusion.

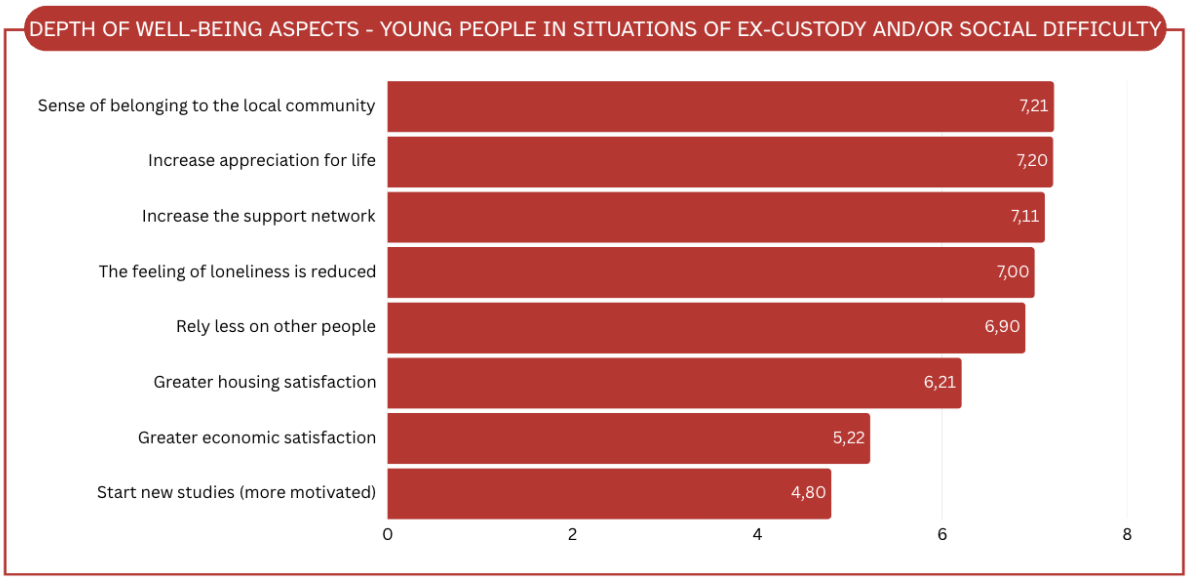
However, areas related to housing and economic stability still present significant challenges. These challenges and related hypotheses are detailed in Chapter 10. Future values.

7.1.2.4 Young people in situations of ex-custody and/or social difficulty

The depth of change in this group was evaluated based on the seven relevant aspects indicated in the previous chapter, using different measurement methods. All changes were analyzed through subjective assessments, although the results of the ESTE II scale were consulted as a reference to reference the results.

In general, the analysis indicates that, on average, the depth of most of the changes in the different aspects of well-being evaluated show a significant effect in all of them, exceeding 4 points on a scale of 10. This shows that not only are the changes in well-being relevant to their lives, but also that a “medium” or “a lot” change is generated, that is, it is of greater depth, it has affected them significantly.

Figure 86. Depth of well-being aspects



Source: Own elaboration.

In *reducing unwanted loneliness*, the subjective assessment of the SROI, based on the responses of 67 young people in a situation of ex-custody and/or social difficulty, reported an average improvement of 7/10. In contrast, the ESTE II scale, applied to 41 of these same people, reflected an improvement of 4.54 points on a scale from 0 to 30, equivalent to 2.36/10 on the standardized scale. Considering the 26 young people without data in ESTE II, the variability of the entire group could range between 5.33 (maximum possible improvement) and 3.66 (maximum possible worsening), showing in any case a difference with the data collected by the SROI questions. In conclusion, the value of the entire group can be expressed as 4.49 ± 0.83 points on the 1-10 scale, which could be due to the fact that there is a difference between prospective perception and the more precise changes detected by a pre and post evaluation. In both cases the depth ranges between medium high and high. Given the difference, these data underwent the sensitivity test (see Chapter 12. Sensitivity Analysis) to validate the degree to which they would affect decision-making, indicating, according to the test, a low level of impact.

"I I think that in my particular case, the difference is enormous, especially when

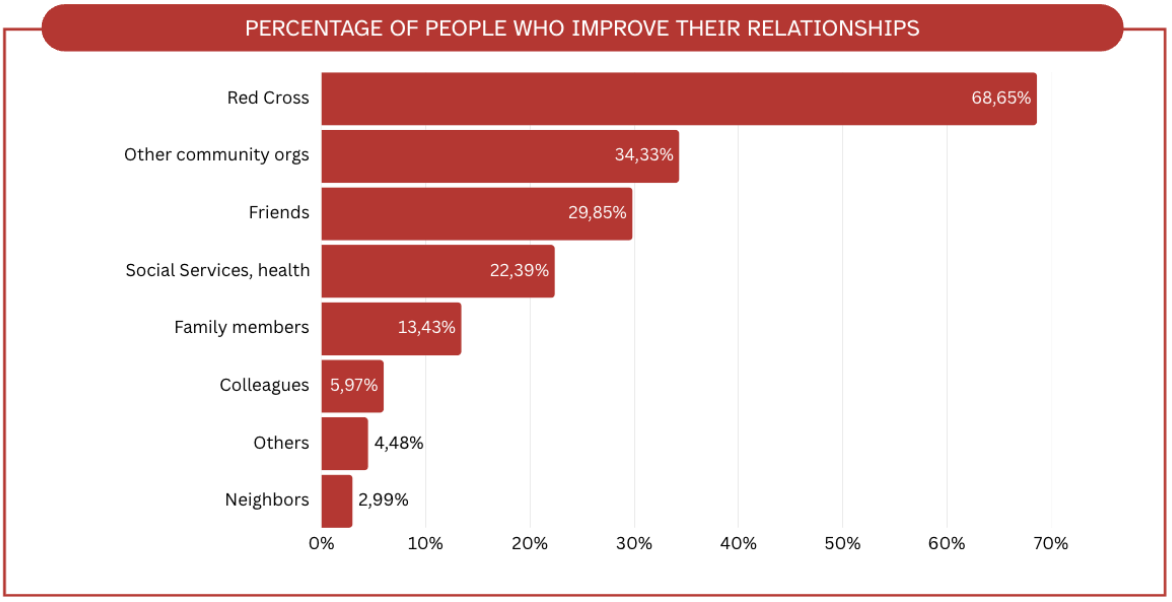
you notice the change yourself."
Young person in a situation of former guardianship and/or social difficulty

According to the average of the group of interest regarding the depth of change generated in the different aspects of well-being evaluated, a significant transformation is evident in most of them, with five changes exceeding 7 points on a scale of 10. The aspects with the greatest depth of change are: *strengthened sense of belonging to the local community* (7.2/10), *Increase in appreciation for life* (7.2/10), *expansion of the support network* (7.10/10) and *Rely less on other people* (6.9/10).

The analysis of the responses to the question about whether people around them had noticed changes in the young participants. of CRECE reflects that, to a certain degree, visible transformations are perceived in the way they express themselves, relate and face their daily lives. Many mention that they think they are more motivated, more self-confident, and more open to social interaction, changes that, according to them, have become evident both in their family environments and in their social circles. Additionally, they express that they have developed a more positive and proactive attitude, which has allowed them to participate in more activities, communicate better, and feel more valued.

These changes are also reflected in the groups in which they consider that they have made new contacts, expanded their support network, where the relationship established with the Red Cross (CRECE managing organization) and other community organizations clearly stands out (see Figure 87).

Figure 87. Proportion of people and expansion of support network

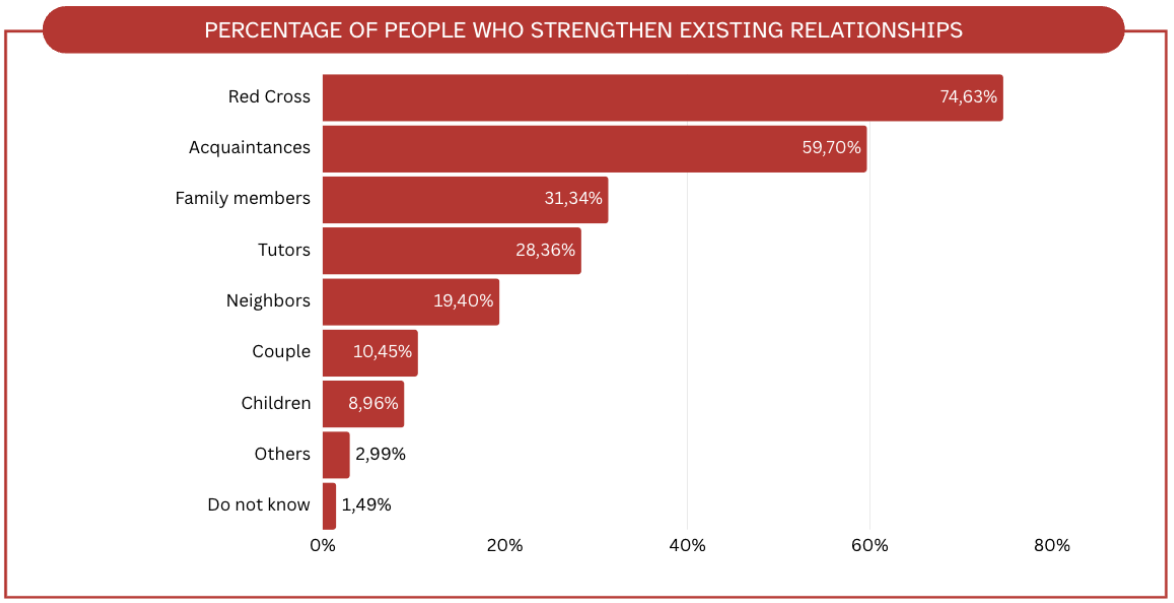


Source: Own elaboration.

Apart from the data that shows the creation of new contacts in the previous figure, the same 67 people surveyed reflected in the following Figure 88 perceived improvements in their existing relationships.

A clear strengthening is observed in these links, with significant improvements especially in the sphere of acquaintances, where 59.70% of the people surveyed reported a positive evolution, and in the family sphere, with approximately 31.34%. This, in relation to the conclusions of the previously cited study, suggests that everyday interactions, even with those who are not intimately close, play a fundamental role in the perception of support and connection.

Figure 88. Proportion of existing people and relationships



Source: Own elaboration.

Another aspect that was repeated recurrently was the impact on self-esteem and personal security. Several of the people surveyed highlighted that they felt "*more comfortable in their own skin"*, with greater clarity in the way they want to be treated and the importance of their own well-being. They also mentioned that they had learned to set limits and prioritize themselves.

In the case of people with a migratory background, knowledge of the language and integration into the community were key factors in their change process, allowing them to feel less isolated and have more tools to improve their quality of life. These improvements are reflected in the depth of the change experienced by this group, which assigned a 7 out of 10 to the *reduced feeling of loneliness*, indicating a significant change in this dimension. This level of transformation is similar in intensity to changes related to social integration and personal well-being.

According to the study *Research on the experience and perception of unwanted loneliness. Responses at the community level*[154], this is one of the groups analyzed in the report that most reports feeling loneliness. Likewise, in the impact measurement, the high degree of depth of the change experienced stands out, which suggests a relationship between the previous level of loneliness and the transformation achieved after the support received by CRECE.

"Now that I feel more valued, I have more relationships with other people."

Young people in situations of ex-tutelage and/or social difficulty

The same research cited above highlights the importance of social capital in situations of difficulty to avoid the chronicity of temporary loneliness, those derived from circumstantial factors, as in the case of young people, where the lack of employment can be a trigger.

Solid social capital makes it easier to overcome these challenges, preventing them from turning into a feeling of chronic loneliness. Within this context, the support network plays a fundamental role as a key component of social capital.

The data analyzed in this study, *in relation to improving the support network*, reflect not only a change highly valued by this group, but also an improvement with significant depth for this group.

Another factor mentioned in this same research that causes the feeling of loneliness and understanding that loneliness is not always linked solely to the search for relationships, is the factor of lack of purpose in life. Specifically, the group of young people reports a high degree of change in their *improved perception of appreciation for life*, with a score of 7.2 out of 10. This result shows that there has been a transformation in the way they see life and attitude, which, according to the research cited, can contribute to the prevention and reduction of the feeling of unwanted loneliness.

[154] Foundation ISEAK. (2024). *Research on the experience and perception of unwanted loneliness. Responses at the community level*. Foundation ISEAK.

On the other hand, less profound changes include the *Initiated new studies (more motivated)* 4.8/10), the *increased economic satisfaction*[155] (5.2/10) and the highest *satisfaction with housing*[156] (6.2/10). These challenges and the hypotheses related to the reasons for the low degree of depth are detailed in Chapter 10. Future values.

Conclusion: The analysis of the depth of the changes in young people in situations of ex-custody and/or social difficulty reveals a significant transformation in aspects such as the reduction of the feeling of loneliness, social integration and personal development, which present the highest levels of depth. The coherence in the changes linked to the relational field stands out, where the sense of belonging and the expansion of the support network show similar levels of intensity.

Likewise, an improvement is observed in the number of new contacts established, both with community organizations and the Red Cross and in the deepening of relationships with friends and family, which indicates that their support network is expanding. This improvement could be related to the depth of the change identified for personal autonomy and satisfaction with housing, whose means reflected a considerable improvement.

In contrast, the more instrumental aspects, such as financial satisfaction and motivation to initiate new studies, present moderate depth.

7.1.2.5 Participants - People experiencing homelessness

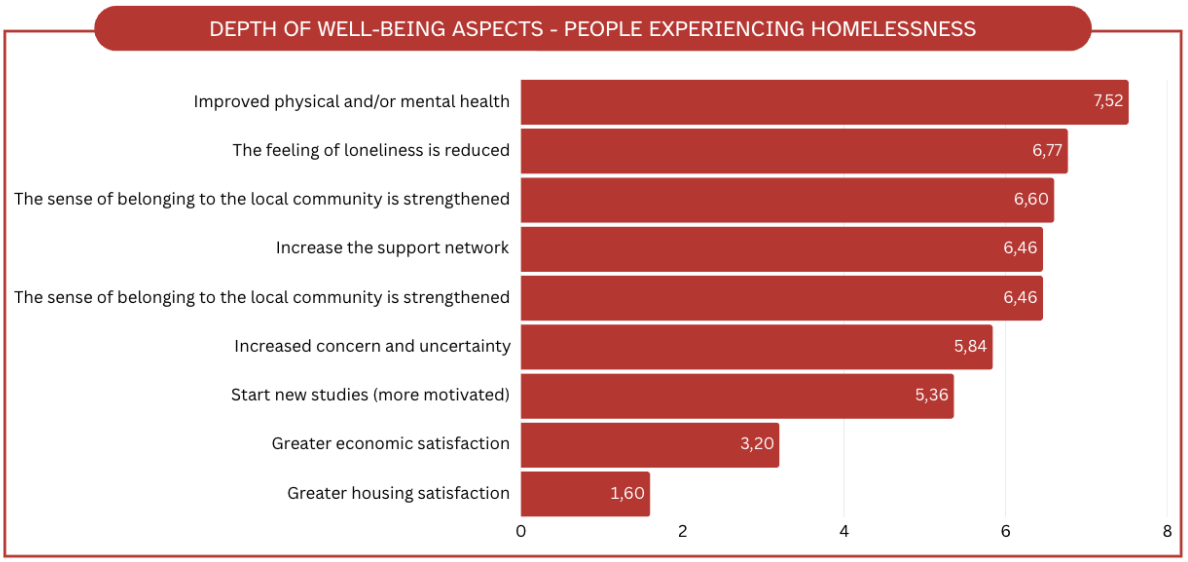
The depth of change in this group was evaluated based on the seven relevant aspects indicated in the previous chapter, using different measurement methods. All changes were analyzed through subjective assessments, although the results of the ESTE II scale were consulted as a reference to reference the results.

In general, the analysis indicates that, on average, the depth of most of the changes in the different aspects of well-being evaluated show a significant effect in most of them, exceeding 4 points on a scale of 10. This shows that not only are the changes in well-being relevant to

[155] *The total number of people attending were 168 (H:35/M:133), the total of young people who have participated in activities: 353 (H:218/M:135), thus the % of people involved is 47.60%*
[156] *The total number of people who found a housing alternative has been 39 (H:18/M:21), The total number of young people who have participated is 353 (H:218/M:135) therefore the % of people inserted is 11%*

their lives, but also that a “medium” or “a lot” change is generated, that is, it is of greater depth, it has affected them significantly.

Figure 89. Depth of well-being aspects



Source: own elaboration.

In *reducing unwanted loneliness*, the subjective assessment of the SROI, based on the responses of 104 young people experiencing homelessness, reported an average improvement of 6.77/10. In contrast, the ESTE II scale, applied to 56 of these same people, reflected an improvement of 3.65 points on a scale from 0 to 30, equivalent to 2.09/10 on the standardized scale. Considering the 46 young people without data in ESTE II, the variability of the entire group could range between 5.74 (maximum possible improvement) and 4.57 (maximum possible worsening), showing in any case a difference with the data collected by the SROI questions. In conclusion, the value of the entire group can be expressed as 5.15 ± 0.59 points on the 1-10 scale, which could be due to the fact that there is a difference between prospective perception and the more precise changes detected by a pre and post evaluation. In both cases, the depth ranges from medium high to high. Given the difference, these data underwent the sensitivity test (see Chapter 12. Sensitivity Analysis) to validate the degree to which they would affect decision-making, indicating, according to the test, a low level of impact.

According to the average of the group of interest regarding the depth of the change generated in the different aspects of well-being evaluated, a considerable variation is evident in the intensity of the transformations. The aspects with the greatest depth of change exceed 6 points out of 10, specifically: *Improved physical and/or mental health* (7.52/10), *expansion of the support network* (6.46/10) and *Strengthened sense of belonging to the local community* (6,46/10).

"I have more people to talk to."
People experiencing homelessness

In order to understand what data evidenced the degree of depth of the change "*Strengthened sense of belonging to the local community*, we sought to understand more in depth the effects on the relationship between homeless people and the community, after their participation in the project.

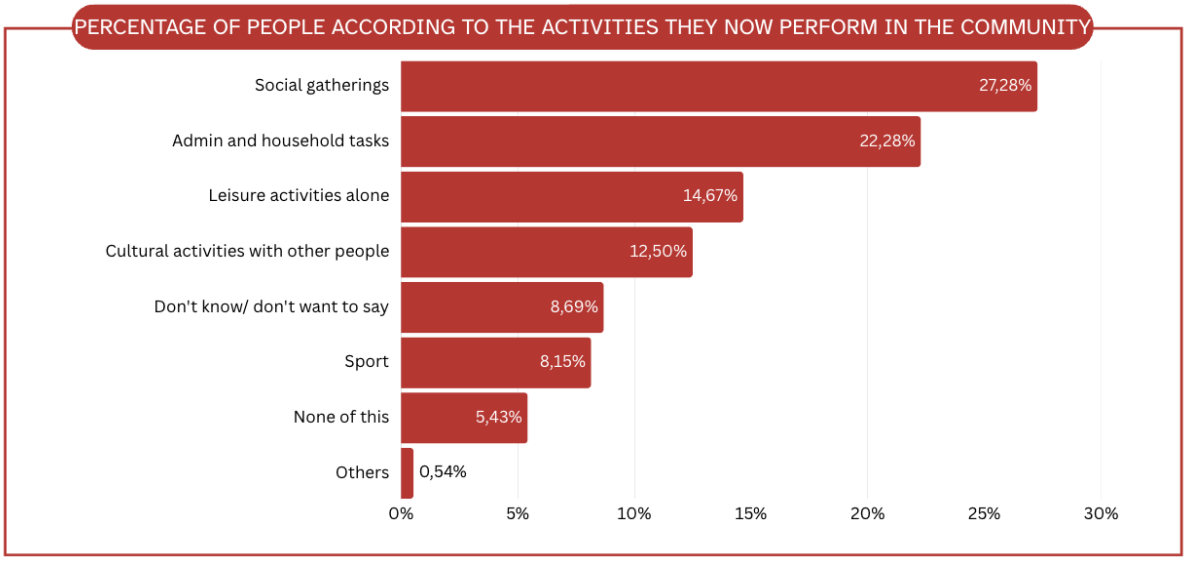
It was observed that the 50%[157] people felt *more motivated to participate in leisure and cultural activities in their neighborhood, although without actively getting involved*. And 27.45% pointed out that *He only participated in activities proposed by CRECE, without taking the initiative on his own.* On the other hand, 12.75% of the people surveyed did not identify with any of the mentioned situations, while a *9.80% He stated that, after his participation, they became more involved in the activities of his neighborhood autonomously*, without needing the support of CRECE. These data reflect that, although many people experienced a positive change in their connection to the community, there was still room for improvement in autonomy and active participation outside the environment facilitated by CRECE.

Likewise, related to the depth reported in the increase in the support network, and based on a total of 104 responses, the results of the Figure 90 below show that, after their participation in CRECE, about a third of the people surveyed has started to *participate more in social gatherings and leisure activities with other people*. Approximately a quarter has increased its *participation in basic tasks such as looking for work, housing or shopping*, indicating a significant change in the way they interact with their environment.

[157] *The total number of people surveyed was 104.*

On the other hand, around *one in six people has increased the frequency with which they do leisure activities alone*, while a *somewhat smaller number have begun to participate in cultural activities with other people*. The *sports practice has grown*, although to a lesser extent, reflecting a more moderate change in this area.

Figure 90. Proportion of people and aspects linked to the neighborhood



Source: Own elaboration.

These data reflect that participation in CRECE promoted social integration and the carrying out of community activities in the majority of the people surveyed, although there is still a smaller group that has not perceived major changes in their interaction with the environment.

When delving deeper into the data provided, it was seen that having a broader support network generated significant changes in people's participation in their environment. Of the 104 people who participated in the survey, 53 (50.96%) mentioned that they had increased the frequency with which they carried out activities in their community.

The frequency with which they were involved in community activities increased, highlighting that a relevant part of people began to participate daily in activities such as walking

(13.21%).[158], socialize or go to meeting spaces. Furthermore, a considerable proportion began to participate in activities several times a week (18.83%), such as sports, culture or social gatherings.

Other people increased their participation to once a week (7.55%) or a few times a month (5.66%), which indicated that, although the change was not uniform, there was progress in the frequency with which they interacted with their environment. However, there was still a group that participated only on weekends (5.66%), while another maintained sporadic or no participation (3.77%).

The findings of the analysis suggested that, although the expansion of the support network facilitated the adoption of new habits, promoting greater mobility, socialization and participation in collective activities, there were still barriers for all people to more consistently integrate these practices into their daily lives.

Finally, it is relevant to note the appearance of a negative change: the increase in concern and uncertainty about the continuity of the project, with a depth of 5.84 points out of 10. Although this score does not indicate a critical situation, it is significant enough to be taken into account, since it reflects a latent concern in the participants. This finding is especially notable within homeless people, where uncertainty about the continuity of the project is more pronounced compared to other groups. *The possibility that the activities and support offered by CRECE may be interrupted generates* a perceptible impact on the emotional stability and sense of security of those who participate in the program.

This finding can be interpreted as a positive assessment of the relevance of the support received and the impact that the program has on their lives. However, it is also essential to consider the negative effect that this uncertainty generates on people's well-being, which in turn influences the social return ratio, calculated in Chapter 10. Future values.

Conclusion: The analysis of the change in people experiencing homelessness revealed that the most significant transformations occurred in the relational sphere, with a positive impact on social integration, the reduction of loneliness and the strengthening of the support

[158] *Percentage calculated on 54 mentions, including participation several times a week, daily, once a week or a few times a month. There were still those who only participated on weekends, rarely or not at all.*

network, increasing the frequency of interactions with the community. Many people expressed having felt more motivated to participate in activities in their neighborhood, although mostly without taking the initiative autonomously. A smaller group managed to become actively involved in the community on their own, which indicated progress in social interaction, but also the need to reinforce strategies that encourage greater autonomy.

Among the notable changes in internal and transformational aspects, improvement in physical and/or mental health was found, with a depth of 7.52 out of 10, which represented the most significant transformation among the aspects evaluated. This indicated that participation in CRECE not only favored social integration but also generated a profound change on a personal level, reflected in greater emotional and physical well-being. The data suggested that this evolution could have been linked to the reduction of isolation, access to resources and the support offered by the program.

The changes in economic and housing stability were less noticeable, so a hypothesis is proposed in this regard, which is developed in Chapter 10. Future values.

Concern about the continuity of the project, although it did not represent an immediate crisis, generated an emotional impact on the participants and affected their perception of security. The importance they assigned to the permanence of CRECE highlighted its key role in their lives and the need to provide greater predictability about their future.

Altogether, the results reflected that CRECE promoted positive changes in the social integration, emotional well-being and health of people experiencing homelessness. However, there were still areas for improvement, especially in strengthening autonomy and reducing uncertainty about the continuity of the project. These aspects influenced the evaluation of the social return of the intervention, underlining the importance of addressing them in the sustainability of the program.

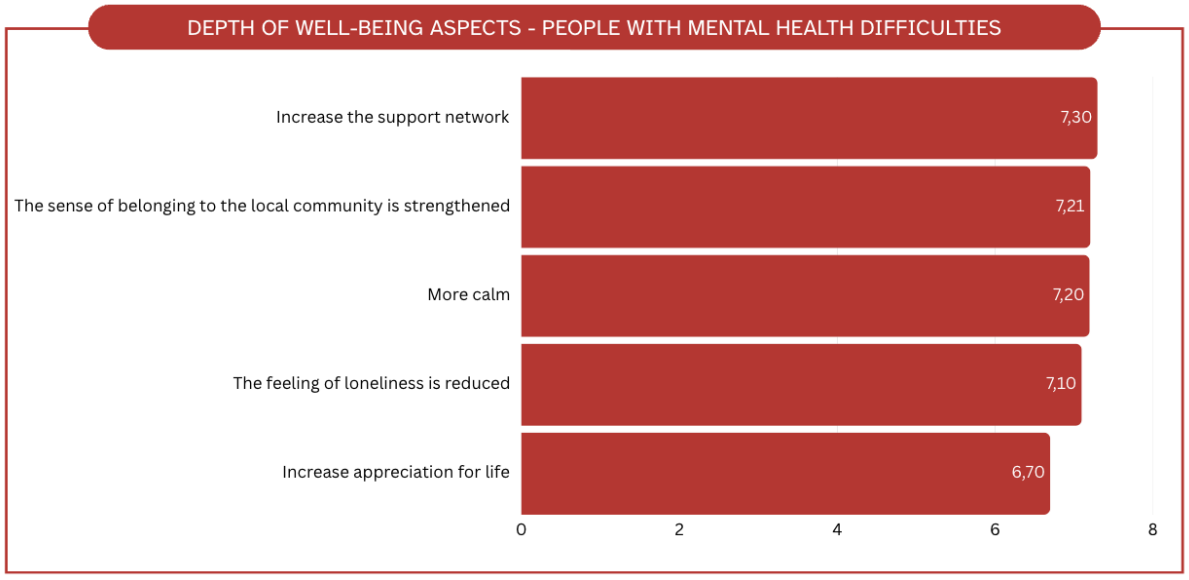
7.1.2.6 Participants - People with mental health difficulties

The depth of change in this group was evaluated based on the seven relevant aspects indicated in the previous chapter, using different measurement methods. All changes were

analyzed through subjective assessments, although the results of the ESTE II scale were consulted as a reference to reference the results.

In general, the analysis indicates that, on average, the depth of most of the changes in the different aspects of well-being evaluated show a significant effect in most of them, exceeding 6 points on a scale of 10. This shows that not only are the changes in well-being relevant to their lives, but also that a "medium" or "a lot" change is generated, that is, it is of greater depth, it has affected them significantly.

Figure 91. Depth of well-being aspects



Source: own elaboration.

In *reducing unwanted loneliness*, the subjective assessment of the SROI, based on the responses of 20 people with mental health difficulties, reported an average improvement of 7.10/10. In contrast, the ESTE II scale, applied to 17 of these same people, reflected an improvement of 5.00 points on a scale from 0 to 30, equivalent to 2.50/10 on the standardized scale. Considering the 3 young people without data in ESTE II, the variability of the entire group could range between 3.92 (maximum possible improvement) and 1 (maximum possible worsening), showing in any case a difference with the data collected by the SROI questions.

In conclusion, the value of the entire group can be expressed as 2.46 ± 1.46 points on the 1-10 scale, which could be due to the fact that there is a difference between prospective perception and the more precise changes detected by a pre and post evaluation. In both cases, the depth ranges from medium high to high. Given the difference, these data underwent the sensitivity test (see Chapter 12. Sensitivity Analysis) to validate the degree to which they would affect decision-making, indicating, according to the test, a low level of impact.

According to the average of the group of interest regarding the depth of the change generated in the different aspects of well-being evaluated, a significant and remarkably homogeneous transformation is evident in almost all of them, with four of the five changes exceeding 7 points on a scale of 10. The aspects with the greatest depth of change are: *expansion of the support network* (7.3/10), *Strengthened sense of belonging to the local community* (7.21/10), and *Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression*[159] (7.2/10). Something minor but not insignificant is the improvement in the *Increased appreciation for life* (6.7/10).

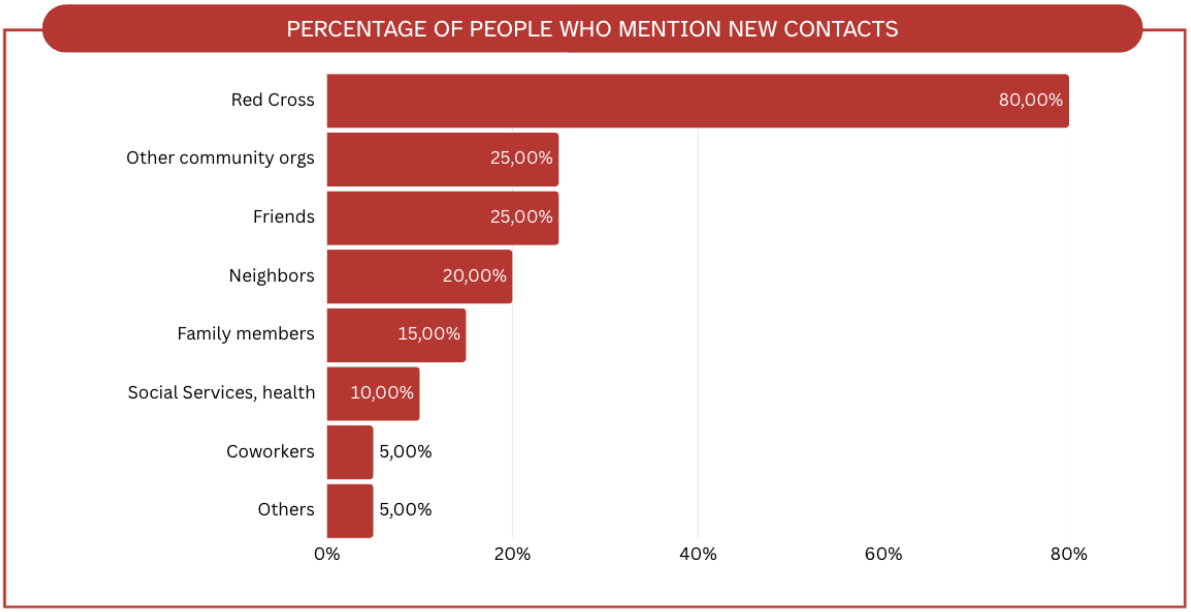
To understand how the *improvement in support networks*, being according to the data a key aspect in people's well-being with mental health difficulties, the analysis of the 12 respondents (60% of the people surveyed) focused on understanding the expansion of these networks in various areas. The study "*Research on the experience and perception of unwanted loneliness. Responses at the community level*[160]"emphasizes the importance of strengthening social capital to prevent the chronicity of loneliness, especially in difficult situations such as facing illnesses, so it was considered important to understand in which areas the improvement in the support network had deepened.

The data from the detailed analysis on the improvement of the support network reflects a substantial and valuable change for future decision-making in relation to this group. They not only show a significant expansion of social connections in certain areas, but also the establishment of new links in previously unexplored networks. As indicated by Figure 92

[159] *This report highlights that the expressions used, such as "tranquility", "anxiety" and "depression", correspond to the subjective perception of the participants and not to a medical diagnosis. Including these terms in the report uniquely reflects how people describe their own experience and emotional well-being.*
[160] ISEAK Foundation. (2024). *Research on the experience and perception of unwanted loneliness. Responses at the community level*. ISEAK Foundation.

Entities and support groups were identified in which the participants had generated new contacts.

Figure 92. Proportion of people and expansion of support network



Source: own elaboration.

The findings highlighted the predominant presence of the Red Cross, which was mentioned by 80% of the people surveyed, out of a total of 20 people. It should be noted that at the time of data collection, the Red Cross played a crucial role since it was the facilitation of the program, so by default it was considered a new support network.

Other community entities, such as religious, sports, cultural groups and NGOs, contributed to the support of 25% of the participants. This support extended to various aspects of daily life, reinforcing social connections and promoting participation in community activities and events that enriched emotional well-being.

The responses of 13 of the 20 people surveyed (65%) delved into the increase in the number of times they now went out. The analysis shows a significant increase in participation in leisure, sports and cultural activities. Many of them mentioned that before they had a more limited social life, but that they had incorporated more active routines, such

as going to the gym several times a week, participating in CRECE activities, and going out more frequently to play sports. In addition, some had begun to attend cultural events and get involved in community activities, such as drawing classes or meetings organized in their environment.

At the same time, an increase in relationships was observed in the private sphere, where friends and neighbors were mentioned by 25% and 20% of the participants.[161], respectively. This increase indicated the formation of new friendships and a strengthening of community and family interactions, with a notable deepening of family relationships by 15% of the participants.

Citizen aid organizations, including social services and health centers, although mentioned by a lower percentage (10%), played a somewhat less important role as they were recognized as new additions to the support network.

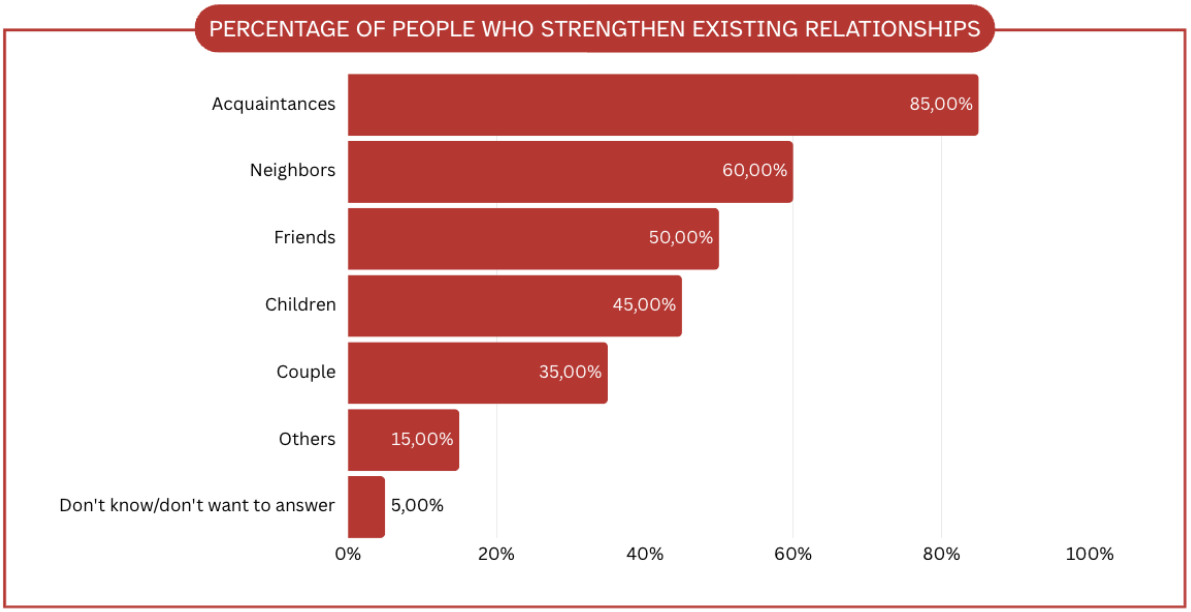
This same research, which highlights the importance of strengthening not only the *amount* but also the *quality* of relationships within a social support network reveals that fostering deep and meaningful connections is crucial to combating unwanted loneliness.

To detail where these relationships had been strengthened, an analysis was carried out on the responses of the participants in which they spoke of the strengthening of existing relationships. The findings, visualized through Figure 93 indicate that 95% of the people surveyed (19 out of 20) experienced a strengthening in their existing relationships, with significant improvements especially in the areas of acquaintances and neighbors.

This suggests, in relation to the conclusions of the aforementioned study, that everyday interactions, even with those who are not intimately close, play a fundamental role in the perception of support and connection, given the depth of change that has been assigned to improving the support network.

[161] *There were a total of 20 people surveyed.*

Figure 93. Proportion of people and existing relationships



Source: Own elaboration.

Another highlight of the study *Research on the experience and perception of unwanted loneliness. Responses at the community level*[162], was the crucial role that active participation in community activities played in reducing unwanted loneliness. This participation not only encouraged social interaction but also *strengthened the sense of belonging* and facilitated the establishment of meaningful relationships, aspects highlighted by the participants with mental health difficulties. Therefore, a more in-depth analysis was carried out in this regard for this group. YesThe responses of 19 of the 20 people surveyed (95%) were evaluated, who indicated that they had started new community activities as a result of their participation in the CRECE project.

The analysis focused specifically on understanding the changes in the community interaction of the participants before and after their incorporation into CRECE. To do this, the extent to which respondents had expanded or diversified their participation in activities within their community was examined. The results indicated greater involvement in different community

[162] Foundation ISEAK. *Research on the experience and perception of unwanted loneliness. Responses at the community level*. Foundation ISEAK, 2024.

settings, which suggests a strengthening of the bond with the environment and greater integration into the social life of the neighborhood.

In terms of participation, 45% of the people surveyed indicated that they had increased their involvement in leisure activities with other people (social gatherings), while 30% reported having participated more in cultural activities with other people. In addition, 25% indicated that they had increased their practice of sports, 20% began to carry out tasks such as searching for a job or housing and shopping in stores more frequently, and 15% stated that they spent more time on leisure activities alone.

Within these results, the largest group, made up of 50% of the people surveyed, indicated that they *felt more motivated to participate in leisure and cultural activities in their neighborhood than before*, although they were not yet actively participating. This finding suggests a positive impact on the perception of the community environment and a greater willingness to get involved in the future, while 14.29% *indicated that they only participated in activities in his neighborhood when they were proposed by CRECE,* without taking the initiative on their own, and the same number of people, 14.29% responded that *Now they were more involved in the activities of his neighborhood without the support of CRECE*, activating on its own initiative. This suggested that, although the program had managed to involve them in community dynamics, more change was found in their own motivation than in concrete actions.

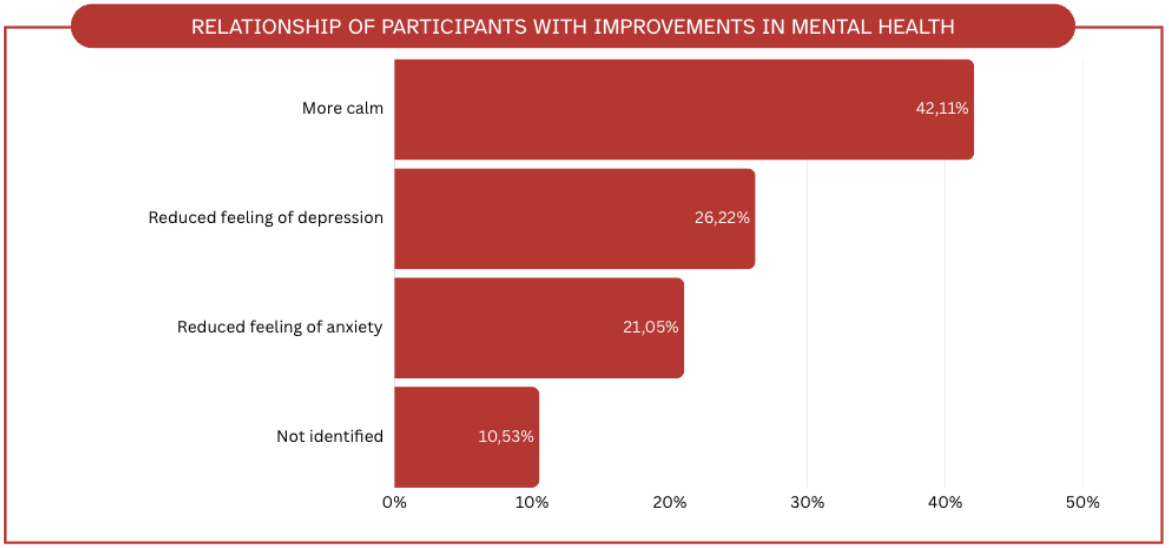
Finally, the group's reflections were studied in relation to their improvement in mental health, which also obtained a high score in the assessment of how much it had changed in the *Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression*[163].

The analysis of the responses, which are detailed in the Figure 94 below on the improvement in the mental health of the 19 people surveyed, out of a total of 20 (95%), showed a positive impact in reducing the feeling of anxiety and depression, as well as an increase in the perception of tranquility. Most participants indicated that although they had

[163] *This report highlights that the expressions used, such as "tranquility", "anxiety" and "depression", correspond to the subjective perception of the participants and not to a medical diagnosis. Including these terms in the report uniquely reflects how people describe their own experience and emotional well-being.*

not previously experienced anxiety or depression, they now felt *generally calmer.* A slightly smaller number of people reported that *I used to feel anxiety and it had disappeared*.

Figure 94. Proportion of people and improvements in mental health



Source: own elaboration.

A considerable number of people pointed out that *they used to have the feeling of being depressed but no longer experience it.* Among them, they mention some symptoms of feeling depressed that are less intense as a result of their participation in CRECE. These were: *Lack of hope about the future* (80%[164]) *Difficulty concentrating on your life or other people* (60%)[165], and *Feeling of marked tiredness or lack of energy* (40%)[166].

However, this study highlights that the number of people in relation to the total population and especially taking into account that the sample is not statistically representative[167], does not fully reveal the impact on people who may have experienced this improvement in their feelings of depression, since data could not be collected from a representative sample. There was also no available medical evidence in relation to the situation described as depression by the people surveyed.

[164] *Of the 5 people who indicated that the feeling of depression had been reduced, 4 indicated this option.*
[165] *Of the 5 people who indicated that the feeling of depression had been reduced, 3 indicated this option.*
[166] *Of the 5 people who indicated that the feeling of depression had been reduced, 2 indicated this option.*
[167] *Margin of sampling error of 35.60%.*

Conclusion: Analysis of the depth of changes in people with mental health difficulties reveals a homogeneous and significant transformation, with the majority of changes showing a depth greater than 7 points. The coherence in the intensity of the changes linked to both the relational sphere (support network 7.3 out of 10; sense of belonging 7.21/10) and emotional well-being (tranquility 7.2/10; reduction in loneliness 7.1/10) is notable, suggesting a considerable depth of well-being changes. Only the change related to appreciation for life shows a slightly lower intensity (6.7/10), although remaining at somewhat lower levels of depth.

As for the *improvement of the support network*, the analysis highlighted that 95% of the people surveyed (a total of 20 people) strengthened their existing relationships, with a particular emphasis on acquaintances and neighbors. In addition to this, an increase in ties with community entities, such as the Red Cross and other local organizations, was observed, which suggests a positive impact on the perception of social support. Likewise, 25% of the participants established new friendships and 20% improved their relationships within the neighborhood, evidencing a significant change in their social environment.

Finally, the data reflected substantial improvements in the mental health of the people surveyed. The majority reported feeling calmer, and a smaller proportion indicated that the feeling of anxiety or depression had disappeared. Among the symptoms of depression that improved, the most notable were an increase in *hope about the future*, *improvements in concentration* and *reducing tiredness or lack of energy*. However, the study points out that, due to the sample size and lack of medical evidence, these results should be interpreted with caution in relation to the total impact on the population, since they are based on a subjective description.

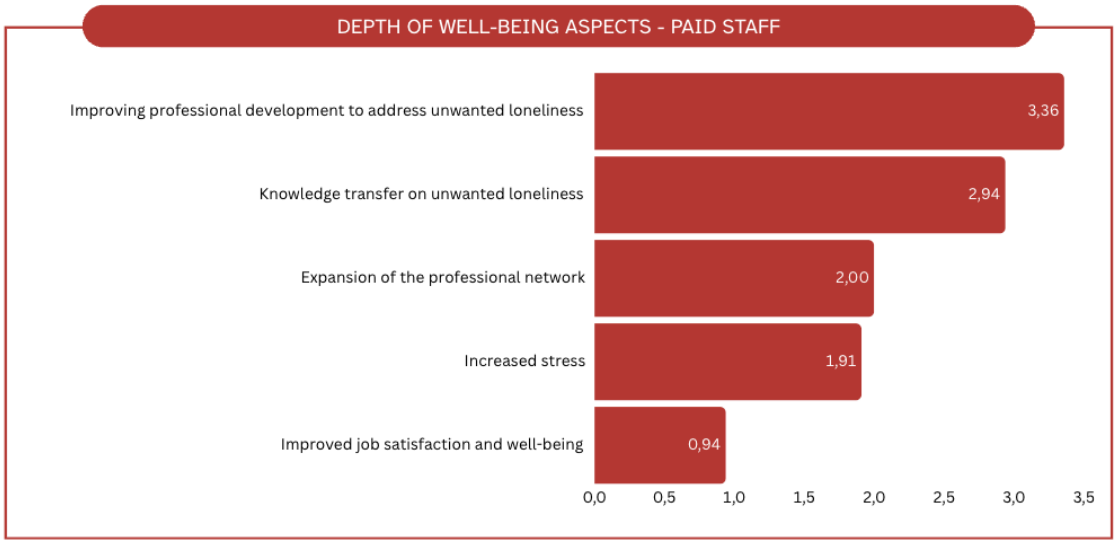
7.1.2.7 Personal paid

Unlike what was done with the participants, in the case of CRECE's paid staff, a specific methodology was applied that measured different aspects of well-being using a scale from 1 to 10. Both measurements were carried out at the end of the intervention, asking

retrospectively about the previous situation (PRE) and comparing it with the subsequent situation (POST).

62 of the 70 people in the stakeholder group participated in the data collection (88.57%). However, in relation to the depth of the change, everyone's voice is represented by 36 people, which is equivalent to 51.53% of the total population studied. and offers acceptable reliability. The changes evaluated, and the depth relationship between them, are presented in Figure 95

Figure 95. Depth of well-being aspects



Source: Own elaboration.

The detailed analysis revealed that the depth of the changes presents a significant variation, with depth means that ranged between 0.94 and 3.36 points on the scale of the 5 highly relevant changes in well-being, identified by this group. Although all the changes recorded were considered relevant to the professional lives of the individuals, it was highlighted that the depth of these changes was not uniform. Some changes, although important, did not show extensive depth in staff perception.

Among the most notable and pronounced changes identified, two directly related to professional development stood out: the *Improvement in professional development for tackling unwanted loneliness through community intervention* with a change of 3.36/10, and

the *Transfer of knowledge about unwanted loneliness to the personal and community sphere* with 2.94/10. An increase of almost 3 points or more represents a significant change, since it is equivalent to 30% of the possible total[168]. The other somewhat less significant changes but still showing that a notable change has been generated, included the *Expansion of the professional network* (2.0/10) and, in negative terms, the *Increased stress* experienced by the group (1.91/10). Finally, the change that they perceived to be relevant but that they did not perceive to have changed much was the *Improvement in job satisfaction and well-being* (0.94/10).

These findings underscore the depth, variety and significance of the changes experienced by CRECE paid staff, providing robust information for resource planning of future interventions.

Conclusion: The results of the analysis of the data collected in relation to the paid staff showed notable direct effects of their work with the intervention on their professional and personal well-being, despite not being the target group of the project. The changes that they considered most relevant also presented a pronounced depth, which reveals that they are not only considered relevant, but that they are also significant changes in their private and professional lives. Within this degree of significant effect, which ranged between a mean of 0.94 and 3.36 points on a scale of 10, the most profound changes were observed in *professional development* and the *transfer of knowledge about unwanted loneliness,* while others, such as the improvement in job satisfaction, were less marked.

It should be noted that, although the change *in increased stress* did not report the high depth of all the changes analyzed, it was the only negative change that left a negative impact on the well-being of paid staff, which underlines its relevance in decision-making.

7.1.2.8 Volunteers

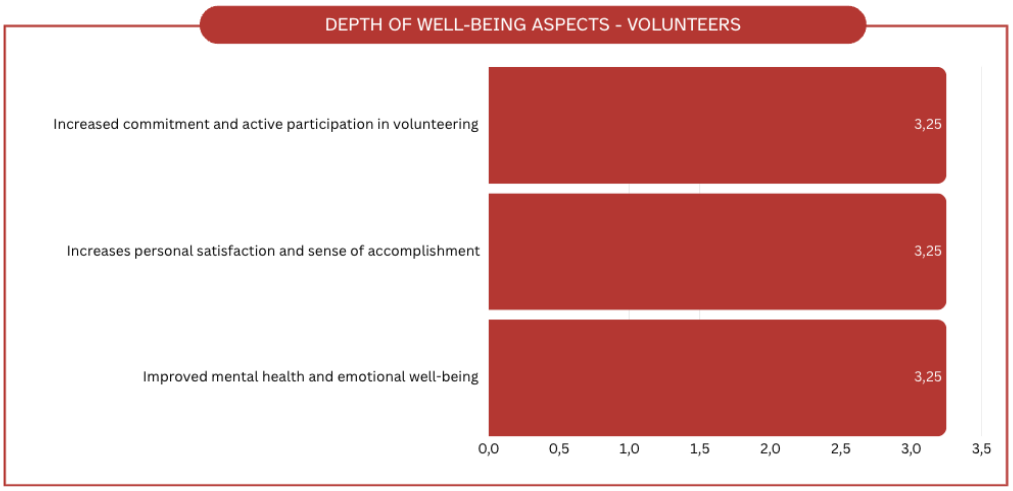
Unlike what was done with the participants, and like the paid staff, in the case of CRECE volunteering a specific methodology was applied that measured different aspects of

[168] *Methodological reference: A change of 3 points or quality-of-life ed a great depth based on quality of life studies (WHOQOL-BREF, WHO), psychological change models (Prochaska & DiClemente, 1983), social impact methodologies (SROI, Social Value International, 2020) and satisfaction surveys (Reichheld, 2003).*

well-being using a scale from 1 to 10. Both measurements were carried out at the end of the intervention, retrospectively asking about the previous situation (PRE) and comparing it with the subsequent situation (POST).

78 of the 124 people in the stakeholder group participated in the data collection (62.90%). However, regarding the depth of change, everyone's voice is represented by only 4 people, which is equivalent to 3.22% of the total population studied. Due to this low representativeness, the results should be taken with caution, as they do not necessarily reflect the experience of the entire group. However, they provide initial guidance on the possible depth of the changes analyzed. The changes evaluated, and the depth relationship between them, are presented in Figure 96

Figure 96. Depth of well-being aspects



Source: own elaboration.

The changes evaluated were *Increased commitment and active participation in volunteering* (3.25/10), *Increases personal satisfaction and feeling of accomplishment* (3.25/10), *and Improvement in mental health and emotional well-being* (3.25/10), Despite the low percentage of people who contributed to this data, the average was used for analysis. In this case, the average reported for the three changes evaluated was 3.25, which indicates that a significant depth is evident.[169]. It should be noted that, even if the median had been used

[169] *Methodological reference: A change of 3 points or quality-of-life ed a great depth based on quality of life studies (WHOQOL-BREF, WHO), psychological change models (Prochaska & DiClemente, 1983), social impact methodologies (SROI, Social Value International, 2020) and satisfaction surveys (Reichheld, 2003).*

instead of the average, the results would have been the same, since the data did not have enough dispersion to alter the final interpretation.

Regarding the initial and final values of the well-being aspects evaluated, the results showed that the initial values were mostly between 3.0 and 4.25 on a scale of 10, which indicates relatively low levels of well-being. After the intervention, the final values were between 7.0 and 8.0, evidencing an improvement in the perception of well-being.

The difference between these values suggests that the depth of change is significant[170], since the average increase was 3.25 points on a scale of 10. This value corresponds to the average of the three changes in well-being considered relevant for this group of interest, which reflects a homogeneous assessment of the changes experienced, without one standing out about others.

Conclusion: The analysis of the depth of the changes in the volunteers shows a homogeneous transformation. This uniformity in the depth of change is observed both in aspects related to personal well-being (mental health and emotional well-being), as well as in those linked to commitment to voluntary activity (active participation) and personal satisfaction. Starting from an initial moderate-low level (4.24), all aspects evaluated reached a significantly higher level (7.50), with an average depth of 3.25 on a scale of 10), evidencing a consistent and substantial transformation in all the dimensions analyzed.

7.1.2.9 Alliances - Third Party Entities sector

Just as we worked with the analysis of the groups “Paid staff” and “Volunteers” and “Alliances - Public Administration”, a specific methodology was applied with this group that measured different aspects of well-being on a scale from 1 to 10 before (PRE) and after (POST) the intervention. This makes it comparable with data from these same groups. 12 of the 321 organizations participated in the data collection. of the stakeholder group, which is equivalent to 1% of the total population studied. Due to this low representativeness, the results should be taken with caution, as they do not necessarily reflect the experience of all

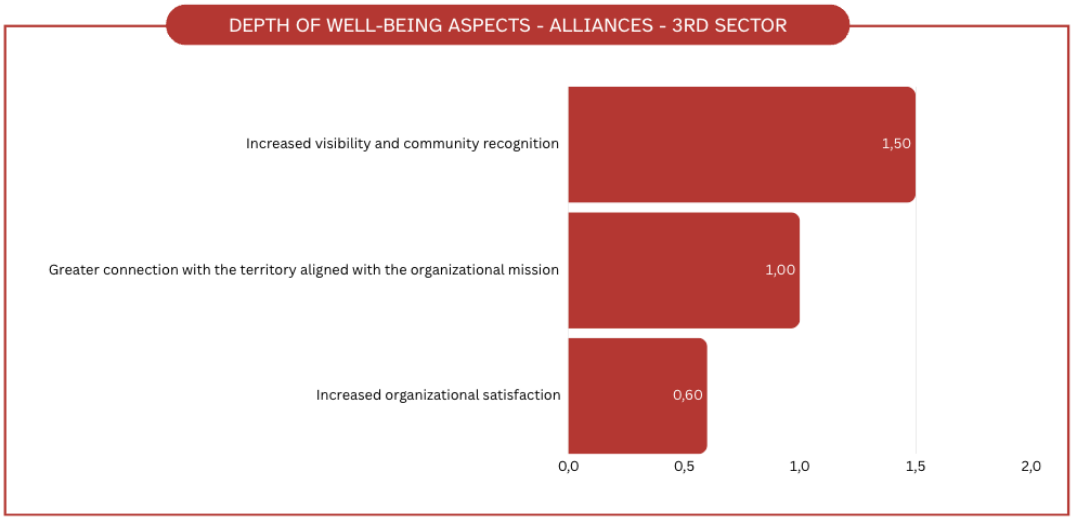
[170] *Methodological reference: A change of 3 points or quality-of-life ed a great depth based on quality of life studies (WHOQOL-BREF, WHO), psychological change models (Prochaska & DiClemente, 1983), social impact methodologies (SROI, Social Value International, 2020) and satisfaction surveys (Reichheld, 2003).*

these organizations. However, they provide initial guidance on the possible depth of the changes analyzed.

The organizational changes evaluated were *Increased organizational satisfaction* (0.6/10)*, Greater connection with the territory aligned with the organizational mission* (1.0/10), *and Increased visibility and community recognition (citizens and other entities)* (1.5/10).

The initial values of the organizational improvements are mainly in the middle range of the scale of 10 (between 5.75 and 8.25), while the final values were located in the upper part (between 7.0 and 9.25). This indicates that although there was an improvement, the magnitude of the change was moderate. According to the average of the group of interest, the depth of change in these aspects shows transformations of low magnitude, with increases that range between 0.58 and 1.50 points on a scale of 10.

Figure 97. Depth of well-being aspects



Source: Own elaboration.

Conclusion: The changes show a low depth, with starting levels that were already medium-high and variations that range between 0.58 and 1.50 points on a scale of 10. The *greater visibility of the work of the public administration towards the community* (+1.50) and

the *greater connection with the territory aligned with the organizational mission* (+1.00) show the largest increases, while the *increased organizational satisfaction* presents a minor variation (+0.58). A hypothesis is detailed as to why community entities have not experienced profound changes, considering structural and contextual factors that may have limited the impact of the intervention. This analysis is developed in Chapter 10. Future values, where possible strategies are explored to strengthen organizational transformation in future initiatives.

7.1.2.10 Alliances - Administration Public

Just as we worked with the analysis of the groups “Paid staff” and “Volunteers” and “Alliances - Third Sector”, a specific methodology was applied with this group that measured different aspects of well-being on a scale from 1 to 10 before (PRE) and after (POST) the intervention. This makes it comparable with data from these same groups.

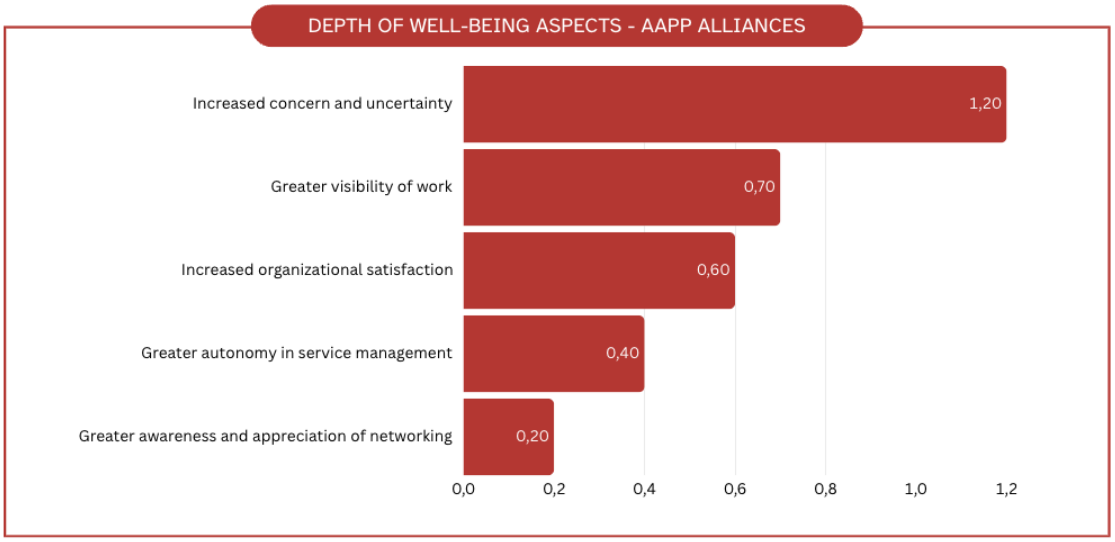
Participated in the data collection of 10 organizations of the 321 organizations, which is equivalent to 10% of the total population studied, since all the alliance organizations were evaluated jointly (in total between Public Administration and the 3rd sector i.e. NGOs there were 321). However, as the definition between the 3rd sector organizations and those involved in this group is not clearly defined, the results should be taken with caution, since they do not necessarily reflect the experience of all the organizations belonging to this group. However, they provide initial guidance on the possible depth of the changes analyzed.

The organizational changes evaluated were *Greater awareness and appreciation of networking* (0.2/10), *Increased organizational satisfaction* (0.6/10), *Greater visibility of the work of the public administration towards the community* (0.7/10), *Increased concern and uncertainty about project continuity* (1.2/10), *and Greater autonomy in the management of services focused on addressing Unwanted Loneliness (Undesired Loneliness (UL)* (0.4/10).

The initial values of the organizational aspects are mainly in the medium-high range of the scale of 10 (between 5.1 and 7.5), while the final values are in a similar range, reaching up to 7.6. According to the average of the group of interest, the depth of change in these

aspects shows transformations of low magnitude, with variations that range between 0.20 and 1.20 points on a scale of 10, with the majority of changes being less than 1 point.

Figure 98. Depth of well-being aspects



Source: own elaboration.

Conclusion: Although the changes show a low depth, with variations between 0.20 and 1.20 points on a scale of 10, it is important to interpret these results considering that the starting levels were already medium-high. The most profound change is observed in *increasing concern and uncertainty about the continuity of the project* (1.20), a negative aspect that requires attention. Although it reflects a positive impact in terms of interest and commitment to CRECE, it also represents a negative burden for the organization. It follows *increasing the visibility of public work* (0.70).

It is relevant to point out the appearance of a negative change, *the increase in organizational dissatisfaction* (0.60), although with a relatively low depth. On the other hand, *networking awareness* presents the smallest depth of change (0.20).

A hypothesis is proposed as to why community entities have not experienced profound changes, considering structural and contextual factors that may have limited the impact of

the intervention. This analysis is developed in Chapter 10. Future values, where possible strategies are explored to strengthen organizational transformation in future initiatives.

7.1.3 The duration of the changes

This section answers the question:

How long will they last[171] the changes for different stakeholders?

The results in table 51 summarize the results of all the analysis carried out from the sources mentioned in Section 7.1.2.1. The average figures from the study results, detailed in the last column of this table, were used to complete the SROI Value Map (See Appendix IX).

7.1.3.1 Identification of duration indicators

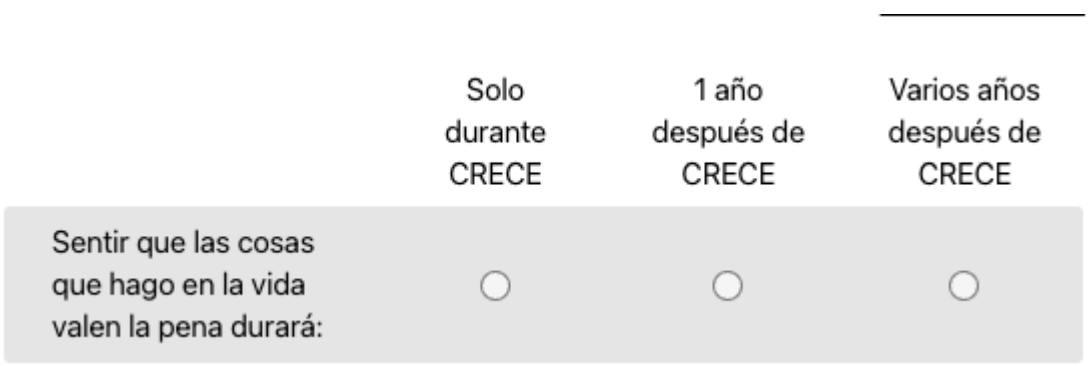
The indicator selected to measure the expected duration of the change was *years*, since the temporality evaluated corresponds to a program with a budget assigned per year. This measure made it possible to adequately capture the expectation of durability (sustainability) of the changes generated based 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", since it was assumed that it would not be possible to validate an impact in the very distant future. In the groups where there were difficulties in understanding the question, it was decided to simplify it using a three-option scale: "*It will last only during the CRECE*

[171] *Since this report presents evaluative data, the estimation of the duration of the changes is based on the prognostic perspective of the people consulted.*

project", "*It will last up to one year after the CRECE project*" and "*It will last several years after the CRECE project*".

Figure 99. Example of a question on adapted duration



Source: Own elaboration.

Table 51 presents, in each column, the average number of years obtained from the individual results of the people involved, rounded to whole years to facilitate the annual calculation of the estimated value in the value map (see Appendix IX). The mean was used instead of the median or other statistical measures, as it was considered the most appropriate option for this analysis.

The stakeholder engagement process is detailed in Table 14, while the questions used in data collection are found in Appendices III, IV and V.

The sample analyzed includes various stakeholders with different levels of participation. The group of elderly people contributed 292 responses, which represents 20.04% of a total of 1.457 people. In the case of women in situations of social difficulty, 190 responses out of 2,256 were recorded, equivalent to 8.42%. For their part, young people in a situation of ex-custody and/or social difficulty responded by 10.36%, with 67 responses out of a total of 647.

Likewise, 104 responses were obtained from people experiencing homelessness, representing 11.26% of a population of 924. As for people with mental health difficulties, their

participation was lower, with 20 responses out of 712, which is equivalent to 2.80%. Within the group of paid personnel, 33 responses out of 70 were counted, reaching 47.14% participation.

In the case of volunteers, only 4 responses were recorded out of a total of 124, which represents 3.23%. Finally, alliances from the third sector and the public Administration participated together, representing 1.67% of the total organizations included in the analysis.

Regarding the degree of statistical representativeness, the data obtained in the groups of elderly people and paid personnel are the most robust. For the group of women in situations of social difficulty, representativeness is acceptable, although with a margin of error of 11.87%. Therefore, the results of the other groups should be interpreted with caution. However, these data offer a well-founded view from the perspective of each stakeholder group, providing useful information for decision-making.

Table 51. Duration of changes by stakeholder group

stakeholder group	Change	Media[172] of years	Justification
Participants - Elderly people	**Strengthened sense of belonging to the local community**	2	See note 1 at the end of the table.
	Expansion of the support network	2	See note 1 at the end of the table.
	Feeling that the things one does in life are worth it	2	See note 1 at the end of the table.
	Increased concern and uncertainty about the continuity of the project (-)	2	See note 1 at the end of the table.
	Take better care of mental health	2	See note 1 at the end of the table.

[172] In the Value Map, the averages are rounded to full years to align with the timing of the project and ensure consistency with the calculation presented in the Value Map of the project. Appendix IX.

	Reduced feeling of loneliness	3	See note 1 at the end of the table.
Participants - Women in situations of social difficulty	**Reduced feeling of loneliness**	2	See note 1 at the end of the table.
	Increased economic satisfaction	1	See note 1 at the end of the table.
	Increased housing satisfaction	3	See note 1 at the end of the table.
	Expansion of the support network	4	See note 1 at the end of the table.
	Strengthened sense of belonging to the local community	2	See note 1 at the end of the table.
	Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression	2	See note 1 at the end of the table.
Participants - Young people in situations of ex-tutelage and/or social difficulty	**Reduced feeling of loneliness**	3	See note 1 at the end of the table.
	Strengthened sense of belonging to the local community	4	See note 1 at the end of the table.
	I new studies (more motivated)	1	See note 1 at the end of the table.
	Expansion of the support network	5	See note 1 at the end of the table.
	Increased economic satisfaction	3	See note 1 at the end of the table.
	Increased housing satisfaction	3	See note 1 at the end of the table.
	Reduced feeling of loneliness	4	See note 1 at the end of the table.
	Increased economic	1	See note 1 at the end of the table.

Participants - people experiencing homelessness	**satisfaction**		
	Increased housing satisfaction	3	See note 1 at the end of the table.
	Improvement of physical and/or mental health	4	See note 1 at the end of the table.
	Expansion of the support network	4	See note 1 at the end of the table.
	Initiated new studies (more motivated)	3	See note 1 at the end of the table.
	Strengthened sense of belonging to the local community	4	See note 1 at the end of the table.
Participants - People with mental health difficulties	**Reduced feeling of loneliness**	2	See note 1 at the end of the table.
	Expansion of the support network	2	See note 1 at the end of the table.
	Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression	2	See note 1 at the end of the table.
	Strengthened sense of belonging to the local community	2	See note 1 at the end of the table.
	Increase in appreciation for life	2	See note 1 at the end of the table.
Paid staff	**Expansion of the professional network**	2	This data was reported directly by the group of interest and adjusted based on data from other reports. This change shows a significant duration beyond the project based on responses from paid staff.
	Improvement in professional	2	This data was reported directly by the group of interest and adjusted based on

	development for tackling unwanted loneliness through community intervention		data from other reports. This change shows a significant duration beyond the project based on responses from paid staff.
	Greater transfer of knowledge about unwanted loneliness to the personal and community level	2	This data was reported directly by the group of interest and adjusted based on data from other reports. This change shows a duration beyond the project, indicating that the knowledge acquired about unwanted loneliness is lastingly incorporated into one's perspective and the way one interacts with the community.
	Improvement in job satisfaction and well-being	1	This data was reported directly by the group of interest and adjusted based on data from other reports. This change shows a limited duration to the project.
	Increased stress (-)	1	This data was reported directly by the group of interest and adjusted based on data from other reports. This change shows a relatively short duration after the project, suggesting that the stress generated by the execution and implementation of the CRECE project is reduced once it ends.
Volunteers	**Improvement in mental health and emotional well-being**	1	This data was reported directly by the group of interest and adjusted based on data from other reports. The duration of this change coincides with the project period since the volunteers indicate that, at the end of CRECE, they would seek to maintain this well-being through new solidarity activities. This suggests that the specific change generated by CRECE lasts as long as the project, as it would be replaced by new experiences of volunteers.
	Increased commitment and active participation in volunteering	1	This data was reported directly by the group of interest and adjusted based on data from other reports. The duration is limited to the project because the volunteers state that they would look for

			other forms of volunteering or social action to maintain this feeling, indicating that the specific change of CRECE would be replaced by new experiences.
	Increases personal satisfaction and feeling of accomplishment	1	This data was reported directly by the group of interest and adjusted based on data from other reports. The change lasts as long as the project because the volunteers express that, at the end, they would look for other ways to help (from other volunteers to small daily actions) to maintain this satisfaction, which indicates that the specific CRECE change would be replaced.
Alliances - Third sector entities	**Increased organizational satisfaction**	2	This data was reported directly by the stakeholder group. Organizational satisfaction, which derives mainly from the higher quality of interventions achieved through collaboration in CRECE, is expected to have a moderate duration beyond the completion of the project, highlighting its dependence on the collaborative experience developed.
	Greater connection with the territory aligned with the organizational mission	1	This data was reported directly by the stakeholder group. The link with the territory, which derives mainly from the higher quality of the interventions achieved through collaboration in CRECE, shows a limited duration beyond the project, suggesting that it requires new collaborative initiatives to remain active.
	Increased visibility and community recognition (citizens and other entities)	2	This data was reported directly by the stakeholder group. The visibility of the work carried out, which derives mainly from the increase in complementarity and community focus in the interventions developed in CRECE, shows a significant duration beyond the project, reflecting the sustained impact of the new forms of community work implemented.
Alliances - Public	**Greater awareness and appreciation of**	2	This data was reported directly by the stakeholder group. The assessment of

Administration	**networking**		networking, which arises from the collaborative experience in CRECE, shows a moderate duration beyond the project, reflecting how the established cooperation dynamics influence the organizational culture.
	Increased organizational satisfaction	2	This data was reported directly by the stakeholder group. Organizational satisfaction, which derives mainly from the improvement in the quality of the services offered through collaboration with CRECE, maintains a moderate duration after the project, evidencing the durability of the improvements implemented in the provision of services.
	Greater visibility of the work of the public administration towards the community	2	This data was reported directly by the stakeholder group. The visibility of administrative work, based on the community approach and new forms of CRECE intervention, shows a significant duration, suggesting the consolidation of an image closer to the community.
	Increased concern and uncertainty about the continuity of the project (-)	2	This data was reported directly by the stakeholder group. The concern about continuity, generated by the perceived value of CRECE, shows a significant duration beyond the project, reflecting the interest in maintaining the methodologies and positive effects developed.
	Greater autonomy in the management of services focused on addressing Unwanted Loneliness (UL)	2	This data was reported directly by the stakeholder group. Autonomy in management, developed through the methodologies implemented in CRECE, maintains a moderate duration after the project, indicating the sustained incorporation of new competencies in addressing loneliness.

Source: Own elaboration.

Justification Note 1: 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. This data was reported directly by the stakeholder group and adjusted with information provided by the paid personnel consulted. This change is generated throughout the project.

Analysis of the duration of the changes of participating people.

The average duration of changes in SROI analyzes varies depending on the type of intervention and the stakeholder group involved. However, in general, many studies establish a maximum duration of 5 years for changes, since from that point on it is more likely that other external factors will affect the impact.

In some specific reports:

- Changes lasting 2 to 4 years have been identified for improvements in personal skills, self-confidence, and life satisfaction.
- In other cases, financial changes or changes in access to resources have been considered to last 2 years, while organizational transformations or image improvements have been estimated at 4 years

8. MATERIALITY ANALYSIS - IDENTIFYING SIGNIFICANT CHANGES



In this chapter, linked to Principle 4: "Include only the material"[173], 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 will center for truly significant changes only, two key tests, described below, were implemented to identify material changes that will be used in decision-making 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?

8.1 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 4.6, 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 to identify 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 Appendix IX), which calculates the monetized social value characteristic of the SROI methodology, as detailed in Chapter 10.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.

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

Figure 100. Example of significance test

Cambios/criterios de análisis	Cambio 1	Cambio 2	Cambio 3	Cambio 4	Cambio 5
Número de personas (percepción de persona impactada)	9	9	7	8	8
Duración (1-10 años)	2	1	1	1	1
Cuánto cambió (grado de profunidad, 1-10)	0,2	0,6	0,7	1,2	0,4
Valor no monetizado (ponderado)	7,10	6,90	6,60	7,50	7,00
Cuánto hubiera pasado, peso muerto (1-100%)	44%	53%	49%	47%	42%
Index de valor/año	14,31	17,51	16,49	38,16	12,99
	EXCULIDO - POR FALTA DE SIGNIFICANCIA	INCLUIDO - SIGNIFICANTE	INCLUIDO - SIGNIFICANTE	INCLUIDO - SIGNIFICANTE	EXCULIDO - POR FALTA DE SIGNIFICANCIA

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 101. 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. Threshold variation it depended of the level of rigor of the data used in the test: if the data did not have adequate rigor[174], a broader threshold was applied; Otherwise, it kept the 70% threshold. This ensured that only changes that were truly significant to the decision making for which this report was developed were included.

In addition to the criteria already mentioned, the importance of including each change in the decision-making process was evaluated. In situations where the change did not reach the established threshold, but could influence decision-making, it was included due to the potential negative impact of its omission or the possibility that its exclusion would limit the optimization of the positive impact, even if it was low. This last assessment, carried out by the evaluation team and based on its extensive experience with the project and the study of the intended impacts, as well as taking into account that the project was an innovative project, was applied as a final measure.

Consequently, changes that have not exceeded the threshold established for the first criteria can be seen included in the figures. This analysis is based on reflection on the relevance of information for decision-making: "if the person who has to make the decisions does not know what is generating this, could it be a risk?" or "If the decision maker knew this was happening, would they perhaps make different decisions?" The purpose is to make these decisions more transparent and based on the experiences and values of those who are affected.

[174] Given that the participants had language difficulties, a broader threshold was assessed to ensure that they did not lose sight of the value that was highly important to them. Since the data could not be quantified in all cases, the estimate offered less rigor. That is why a more permissive threshold was applied.

This approach is framed by principle 4 "Only include what is material"[175], and is supported by the definition of materiality from the Social Value International glossary[176]: "*Information is material if its omission has the potential to affect the decisions of the audience, that is, the decision makers.*".

In this way, it is guaranteed that the results clearly and quantifiably reflect the most relevant and significant changes for the people impacted and, at the same time, better support decision-making.

Readers should refer to Table 36 for a comprehensive overview of every well-defined outcome. In that list, it is clear which changes were carried forward into the SROI calculation (see Chapter 11) because they were deemed both relevant and significant, thus material for decision making, and which were excluded—either by the relevance test for lack of relevance (see details in Chapter 6. Materiality analysis) or by the materiality analysis for lack of significance (see Chapter 8. Materiality Analysis).

8.1.1 Participants

Figure 102. Significance test - Elderly people

Cambios/criterios de análisis	Más integrado en la comunidad	Incrementa la red de apoyo	Sentir que las cosas que hace en la vida valen la pena	Aumento de la preocupación e incertidumbre sobre la continuidad del proyecto (-)	Cuida más de su salud mental	Se reduce el sentimiento de soledad	Incremento en la autonomía personal
le personas (percepción de persona impactada)	*236*	*283*	*210*	*215*	*201*	278	96
Duración (1-10 años)	2,6	2,3	2,3	2,2	2,2	2,5	2,1
Cuánto cambió (grado de profunidad, 1-10)	4,26	4,74	7,41	7,95	7,59	5	6,8
Valor no monetizado (ponderado)	7,90	8,08	8,10	8,20	8,40	8,27	8,00
Cuánto hubiera pasado, peso muerto (1-100%)	20%	20%	20%	20%	20%	20%	20%
Index de valor/año	16.520,08	19.943,16	23.192,11	24.667,90	22.554,32	22.990,60	8.773,63
A base de calculo	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	EXCULIDO - POR FALTA DE SIGNIFICANCIA

Source: Own elaboration.

Threshold: 50% (index 12,334). This threshold was applied because the value assigned to the deadweight was not absolutely accurate, since it was asked in general terms "what they would have done in the same way", without specifying the deadweight of each change or

[175] Social Value International. "Principle 4: Only Include What is Material." www.socialvalueint.org/principle4-only-include-what-is-material.
[176] Social Value International. *SVI Glossary 2.0.* Published October 2023. Available under Creative Commons Attribution-ShareAlike 4.0 International license. https://www.socialvalueint.org.

requesting a specific percentage, due to the difficulty of the question. Likewise, to determine "how much it changes," different techniques were used to identify the degree of change and translate it to a scale from 1 to 10, in order to make them comparable. To avoid excluding relevant and significant changes for this group, it was decided to apply a more permissive threshold than the 70% applied in other cases by default.

Excluded changes: The change *Increase in personal autonomy* was excluded as it was 28% below the threshold, indicating a considerably lower degree of insignificance compared to the other relevant changes. This result suggests that it is the change with the least significance reported by the participants. Their exclusion would not affect decision making, as the program was not intended to address this aspect, nor would their exclusion modify decisions related to the program.

Conclusion: It is evident that most of the changes relevant to this stakeholder group are also significant for decision-making, so the following changes in well-being were included in SROI calculation (Chapter 10.Future Values): more *integrated into the community, increases the support network, feels that the things you do in life are worthwhile, increases concern for the future without the support of the project (-), takes better care of your mental health,* and *reduced feeling of loneliness.*

Figure 103. Significance test - Women in situations of social difficulty

Cambios/criterios de análisis	Se reduce el sentimiento de soledad	Mayor satisfacción económica	Mayor satisfacción de vivienda	Aumenta la red de apoyo	Se fortalece el sentido de pertenencia a la comunidad local	Incremento la sensación de tranquilidad y/o reducción de la sensación de ansiedad y/o depresión	Depender menos de otras personas
Número de personas (percepción de persona impactada)	*119*	77	36	168	160	155	*68*
Duración (1-10 años)	2,3	1	3	4	2	2	2,4
Cuánto cambió (grado de profunidad, 1-10)	7,4	3,72	7,16	7,27	7,1	3,97	6,6
Valor no monetizado (ponderado)	8,50	8,48	8,79	8,28	7,10	8,51	8,10
Cuánto hubiera pasado, peso muerto (1-100%)	18%	18%	18%	18%	18%	18%	18%
Index de valor/año	2668,60	1991,79	619,29	2073,14	3306,90	4602,30	1524,34
Para value map	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	EXCLUIDO - POR FALTA DE SIGNIFICANCIA

Source: Own elaboration.

Threshold: 50% (index 2,301). This threshold was applied because the value assigned to the deadweight was not absolutely accurate, since it was asked in general terms "what they would have done in the same way", without specifying the deadweight of each change or requesting a specific percentage, due to the difficulty of the question. Furthermore, to determine "how much it changes", different techniques were used to identify the degree of

change and translate it to a scale from 1 to 10, in order to make them comparable. To avoid excluding relevant and significant changes for this group, it was decided to apply a more permissive threshold than the 70% applied in other cases by default.

The depth of the change *greater satisfaction with housing* It was estimated at 1.54 on a scale of 10. This estimate comes from a calculation based on the combination of two sources. Initially, at the time of the analysis, it had been reported that 32 women in a situation of housing vulnerability, out of a base of 537 women, were satisfied with their new housing situation. However, at the time of publication of this study, that number had increased to 4.80% of the total number of women served, which at the date of presentation of this report amounted to 2,256 participants (which would mean a depth of 1.43 on the scale, out of 10).

The same analysis was carried out for the change *greater satisfaction with the economy*, in which, at the end of the project, a compliance of 20.7% was reported. As a result, the depth calculated with preliminary data went from 3.72, reported at the time of data collection, to 2.86.

It is important to highlight that these data are not exact, since not all participating people were in need of housing or to improve their housing situation. Due to the lack of detail in the available information, an attempt has been made to approximate the data in the best possible way using existing data. For this reason, a sensitivity analysis was carried out (see Chapter 12.Sensitivity Analysis) which indicated that these variations do not significantly impact the results or affect the decision to include or exclude this change. However, it was considered relevant to record this information.

Excluded changes: The change *Increased personal autonomy* It was excluded as it was 34% below the threshold, indicating a notably lower degree of insignificance compared to the other relevant changes. This result suggests that it is the change with the least significance reported by the participants.

Conclusion: It is evident that most of the changes relevant to this stakeholder group are also significant for decision making, so the following changes in well-being were included in

the SROI calculation (Chapter 10.Future Valunes): *Reduced feeling of loneliness, increased economic satisfaction, increased housing satisfaction, expansion of the support network, strengthened sense of belonging to the local community,* and *increase in the feeling of calm and/or reduction in the feeling of anxiety and/or depression*[177].

Figure 104. Significance test - Young people in situation of social difficulty

Cambios/criterios de análisis	Aumenta la red de apoyo	Inicia nuevos estudios (más motivado/a)	Se fortalece el sentido de pertenencia a la comunidad local	Se reduce el sentimiento de soledad	Depender menos de otras personas	Mayor satisfacción económica	Mayor satisfacción de vivienda	Aumentar la apreciación por la vida
Número de personas (percepción de persona impactada)	*64*	*43*	*38*	*31*	*24*	*26*	*26*	*28*
Duración (1-10 años)	4,51	1	3,8	3,42	4,48	3,3	3,3	4,18
Cuánto cambió (grado de profunidad, 1-10)	7,11	4,8	7,21	7	6,9	5,22	6,21	7,2
Valor no monetizado (ponderado)	8,03	4,80	7,64	7,60	8,10	7,88	7,67	8,37
Cuánto hubiera pasado, peso muerto (1-100%)	24%	24%	24%	24%	24%	24%	24%	24%
Index de valor/año	616	753	414	366	228	246	285	307
Para value map	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	EXCULIDO - POR FALTA DE SIGNIFICANCIA	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	EXCULIDO - POR FALTA DE SIGNIFICANCIA

Source: Own elaboration.

Threshold: 50% (index 376). This threshold was applied because the value assigned to the deadweight was not absolutely accurate, since it was asked in general terms "what they would have done in the same way", without specifying the deadweight of each change or requesting a specific percentage, due to the difficulty of the question. Likewise, to determine "how much it changes," different techniques were used to identify the degree of change and translate it to a scale from 1 to 10, in order to make them comparable. To avoid excluding relevant and significant changes for this group, it was decided to apply a more permissive threshold than the 70% applied in other cases by default.

The depth of the change *greater satisfaction with housing* It was estimated at 6.21 on a scale of 10. This estimate comes from a calculation based on the combination of two sources. However, at the time of publication of this study, that number had increased to 11% of the total number of young people served, which would mean a depth of 1.99 on the scale, out of 10) on the total reported at the end of the project.

The same analysis was carried out for the change of *greater satisfaction with the economy*, in which, at the end of the project, a compliance of 46.60% was reported. As a result, the

[177] *This report highlights that the expressions used, such as "tranquility", "anxiety" and "depression", correspond to the subjective perception of the participants and not to a medical diagnosis. Including these terms in the report uniquely reflects how people describe their own experience and emotional well-being.*

depth calculated with preliminary data went from 5.22, reported at the time of data collection, to 5.19.

It is important to highlight that these data are not exact, since not all participating people were in need of housing or to improve their housing situation, in addition to the fact that it was difficult to separate between the "women" and "youth" groups when calculating the absolute number for each sub-group. Due to the lack of detail in the available information, an attempt has been made to approximate the data in the best possible way using existing data. For this reason, a sensitivity analysis was carried out (see Chapter 12 Sensitivity Analysis) which indicated that these variations do not significantly impact the results or affect the decision to include or exclude this change. However, it was considered relevant to record this information.

Excluded changes: The change *Rely less on other people* and *Increase in appreciation for life* excluded as 38% and 18% were below the threshold, indicating a significantly lower degree of insignificance compared to the other relevant changes. This result suggests that it is the change with the least significance reported by the participants.

Inclusion of significant change that does not exceed established threshold: It was decided to include the changes *Increased economic satisfaction* and *Increased housing satisfaction* due to its high degree of relevance in decision-making, to prevent its exclusion from causing decisions that could worsen the degree of significance or generate negative impacts.

Conclusion: It is evident that most of the changes relevant to this stakeholder group are also significant for decision-making, so the following changes in well-being were included in the SROI calculation (Chapter 10. Future Values): *Increases the support network, initiates new studies (more motivated), strengthens the sense of belonging to the local community, reduces the feeling of loneliness, increased economic satisfaction, and increased housing satisfaction.*

Figure 105. Significance test - Per. with mental health difficulties

Cambios/criterios de análisis	Se reduce el sentimiento de soledad	Aumenta la red de apoyo	Aumento de la sensación de tranquilidad y/o una reducción de la sensación de ansiedad y depresión	Se fortalece el sentido de pertenencia a la comunidad local	Aumentar la apreciación por la vida
Número de personas (percepción de persona impactada)	*12*	*19*	*19*	*16*	*15*
Duración (1-10 años)	1,83	2	*2*	*2*	2,06
Cuánto cambió (grado de profunidad, 1-10)	7,1	7,3	*7,2*	*7,21*	6,7
Valor no monetizado (ponderado)	8,3	8,9	*7,6*	*7,28*	7,78
Cuánto hubiera pasado, peso muerto (1-100%)	17%	17%	17%	17%	17%
Index de valor/año	321	512	431	349	315
Para value map	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL

Source: Own elaboration.

Threshold: 70% (index 359).

Excluded changes: For this group, no change is excluded since the value of all changes is relatively similar and exceeds the established threshold.

Conclusion: The following changes in well-being were included in the SROI calculation (Chapter 10. Future values: *Reduced feeling of loneliness, expansion of the support network, an increase in the feeling of tranquility and/or a reduction in the feeling of anxiety and depression, strengthened sense of belonging to the local community, the appreciation for life increases.*

Figure 106. Significance test - People experiencing homelessness

Cambios/criterios de análisis	Mayor satisfacción económica	Mayor satisfacción de vivienda	Mejorada la salud física y/o mental	Aumenta la red de apoyo	Se reduce el sentimiento de soledad	Sentir malestar por pensar que se acabará el Proyecto CRECE (-)	Vuelve a estudiar y tiene más motivación para formarse	Se fortalece el sentido de pertenencia a la comunidad local	Estar más satisfecho/a con la vida	Sentirme más feliz
Número de personas (percepción de persona impactada)	40	38	75	92	94	38	89	*88*	*39*	*48*
Duración (1-10 años)	1	3	3,91	4	3,53	3,19	3,24	4	2,4	2,4
Cuánto cambió (grado de profunidad, 1-10)	3,2	1,6	6,74	6,46	6,77	5,84	5,36	6,46	6,5	6,7
Valor no monetizado (ponderado)	7,62	8,06	8,26	8,00	7,50	6,70	6,10	6,58	7,60	
Cuánto hubiera pasado, peso muerto (1-100%)	23%	23%	23%	23%	23%	23%	23%	23%	23%	23%
Index de valor/año	751	126	822	915	1041	359	692	720	618	0
Para value map	INCLIDO - BIEN DEFINIDO	INCLIDO - CAMBIO MATERIAL	INCLIDO - CAMBIO MATERIAL	INCLIDO - BIEN DEFINIDO	INCLIDO - BIEN DEFINIDO	EXCLUIDO - POR FALTA DE SIGNIFICANCIA	INCLIDO - CAMBIO MATERIAL	INCLIDO - BIEN DEFINIDO	EXCLUIDO - DEMASIADO GENERAL	EXCLUIDO - DEMASIADO GENERAL

Source: Own elaboration.

Threshold: 70% (index 576).

Excluded changes: The change *Increased concern and uncertainty about the continuity of the project (-)* It was excluded when it was 37% below the established threshold.

Inclusion of significant change that does not exceed established threshold: It was decided to include the change *increased housing satisfaction* due to its high degree of relevance in decision-making, given that it is a situation of circumstances that was expected from the project, both for women in situations of social difficulty and for young people who

could suffer from mental health difficulties. Because its exclusion could generate misleading decisions or that would negatively impact this stakeholder group, it has been included despite its lower degree of significance.

Conclusion: The following changes in well-being were included in the SROI calculation (Chapter 10. Future values): *Increased economic satisfaction, increased housing satisfaction, improved physical and/or mental health, expansion of the support network, reduced feeling of loneliness, initiated new studies (more motivated), and strengthened sense of belonging to the local community.*

8.1.2 Paid staff

Figure 107. Significance test - Paid staff

Cambios/criterios de análisis	Expansión de la red profesional	Mejora del desarrollo profesional para el abordaje de la soledad no deseada desde la intervención comunitaria	Transferencia de conocimientos sobre soledad no deseada al ámbito personal y comunitario	Mejora en la satisfacción y bienestar laboral	Incremento del estrés (-)
Número de personas (percepción de persona impactada)	*61*	*57*	*33*	*48*	*50*
Duración (1-10 años)	2	2	2	1	1
Cuánto cambió (grado de profunidad, 1-10)	2	3,36	2,94	0,94	1,91
Valor no monetizado (ponderado)	8,40	8,60	8,30	8,80	9,10
Cuánto hubiera pasado, peso muerto (1-100%)	47%	37%	44%	39%	41%
Index de valor/año	1.086,29	2.075,31	901,90	242,20	512,74
	INCLUIDO - SIGNIFICANTE	INCLUIDO - SIGNIFICANTE	EXCULIDO - POR FALTA DE SIGNIFICANCIA	EXCULIDO - POR FALTA DE SIGNIFICANCIA	INCLUIDO - SIGNIFICANTE

Source: Own elaboration.

Threshold: 70% (index 1453).

Excluded changes: It was decided to exclude the change related to *the transfer of knowledge about unwanted loneliness to the personal and community level*, as well as the *improvement in job satisfaction and well-being*. Both changes were excluded after detecting that, in the case of the first, they were 83% below the established threshold, and in the second, 38% below the threshold, so, given such a difference, and in relation to the other changes, they were not considered significant.

Inclusion of significant change that does not exceed established threshold: Despite being below the inclusion threshold, it was decided to include the change related to the *increased stress (negative)* due to its high relevance in decision making, since it was

assessed that its exclusion could generate decisions that will impact negatively on the staff of future editions. This staff discomfort directly influences innovation projects, as well as the intervention and well-being of the participants. Although this change shows a lower degree of significance compared to other changes, it is notable that 89.29% of the people surveyed[178] experienced this negative impact condition during the project. Although its duration was short and not solely due to the intervention (deadweight 41%), it was considered crucial to visualize its value (negative) so that it is taken into account for future editions in order to avoid it.

Conclusion: The following changes in well-being were included in the SROI calculation (Chapter 10. Future values): *Expansion of the professional network, improvement of professional development to address unwanted loneliness through community intervention, and increased stress (-).*

8.1.3 Volunteers

Figure 108. Significance test - Volunteers

Cambios/criterios de análisis	Aumento del compromiso y participación activa en el voluntariado	Aumenta la satisfacción personal y sentimiento de realización	Mejora en la salud mental y bienestar emocional
Número de personas (percepción de persona impactada)	*66*	*74*	*67*
Duración (1-10 años)	1	1	1
Cuánto cambió (grado de profundidad, 1-10)	3,25	3,25	3,25
Valor no monetizado (ponderado)	8,30	8,70	8,90
Cuánto hubiera pasado, peso muerto (1-100%)	63%	63%	63%
Index de valor/año	**658,73**	**774,17**	**717,05**
	INCLUIDO - SIGNIFICANTE	INCLUIDO - SIGNIFICANTE	INCLUIDO - SIGNIFICANTE

Source: Own elaboration.

Threshold: 70% (index 542).

Excluded changes: All relevant changes were included, since all three exceeded the established significance threshold.

Conclusion: The following changes in well-being were included in the SROI calculation (Chapter 10. Future values): *increased commitment and active participation in volunteers,*

[178] *50 people out of 56 who participated in the evaluation of the "professionals" group.*

increases personal satisfaction and feeling of accomplishment, and improvement in mental health and emotional well-being.

8.1.4 Alliances - (Public Administration)

Figure 109. Significance test - Public Administration Alliances

Cambios/criterios de análisis	Mayor conciencia y valoración del trabajo en red	Aumento de la satisfacción organizacional	Mayor visibilidad del trabajo de la administración pública de cara a la comunidad	Aumento de la preocupación e incertidumbre sobre la continuidad del proyecto (-)	Mayor autonomía en la gestión de servicios enfocados al abordaje de la Soledad No Deseada (Soledad No Deseada (SND)
Número de personas (percepción de persona impactada)	9	9	7	8	8
Duración (1-10 años)	2	1	1	1	1
Cuánto cambió (grado de profunidad, 1-10)	0,2	0,6	0,7	1,2	0,4
Valor no monetizado (ponderado)	7,10	6,90	6,60	7,50	7,00
Cuánto hubiera pasado, peso muerto (1-100%)	44%	53%	49%	47%	42%
Index de valor/año	14,31	17,51	16,49	38,16	12,99
	INCLUIDO - SIGNIFICANTE	EXCULIDO - POR FALTA DE SIGNIFICANCIA	EXCULIDO - POR FALTA DE SIGNIFICANCIA	INCLUIDO - SIGNIFICANTE	INCLUIDO - SIGNIFICANTE

Source: Own elaboration.

Threshold: 70% (index 26).

Excluded changes: The change *increased organizational satisfaction* and *greater visibility of the work of the public administration towards the community* were excluded after detecting that the first was 35% below the established threshold and the second was 38% below. Due to these significant differences and in comparison with other changes, they were not considered significant.

Inclusion of significant change that does not exceed established threshold: Despite being below the inclusion threshold, it was decided to include the change related to the *greater awareness and appreciation of networking* and *greater autonomy in the management of services focused on addressing Unwanted Loneliness (UL)*. This is due to its high relevance in decision-making, since it was part of the objectives of the innovative project to generate changes in the community related to the aforementioned topics. In order to ensure that adjustments can be made in future editions to increase the degree of depth that these changes have in society, they have been included in the social value study with the objective of informing operational or strategic decisions.

Conclusion: The following changes in well-being were included in the SROI calculation (Chapter 10. Future values): *greater awareness and appreciation of networking, increased*

concern and uncertainty about the continuity of the project (-), and greater autonomy in the management of services focused on addressing Unwanted Loneliness (UL).

8.1.5 Alliances - Third sector

Figure 110. Significance test - Alliances (Third sector)

Cambios/criterios de análisis	Aumento de la satisfacción organizacional	Mayor vinculación con el territorio alineada con la misión organizacional	Aumento de la visibilidad y reconocimiento comunitario (ciutadania y otras entidades)
Número de personas (percepción de persona impactada)	*10*	*11*	*11*
Duración (1-10 años)	2	1	2
Cuánto cambió (grado de profunidad, 1-10)	0,6	1	1,5
Valor no monetizado (ponderado)	8,10	7,80	7,60
Cuánto hubiera pasado, peso muerto (1-100%)	49%	54%	55%
Index de valor/año	**49,57**	**39,47**	**112,86**
	EXCULIDO - POR FALTA DE SIGNIFICANCIA	INCLUIDO - SIGNIFICANTE	INCLUIDO - SIGNIFICANTE

Source: Own elaboration.

Threshold: 70% (index 79).

Excluded changes: The change *increased organizational satisfaction* It was excluded after detecting that the first was 37% below the established threshold. Due to this significant difference and compared to other changes, it was not considered significant.

Conclusion: The following changes in well-being were included in the SROI calculation (Chapter 10. Future values): *Greater connection with the territory aligned with the organizational mission, and increased visibility and community recognition (citizens and other entities).*

9. DETERMINE THE IMPACT



In the SROI methodology, causalities are the factors that allow us 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 the impact.
- ☑ **Displacement:** ***To what extent has the change experienced 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.

Readers should refer to Table 36 for a comprehensive overview of every well-defined outcome. In that list, it is clear which changes were carried forward into the SROI calculation (see Chapter 10. Future values) because they were deemed both relevant and significant, thus material for decision making, and which were excluded—either by the relevance test for lack of relevance (see details in Chapter 6. Materiality Analysis) or by the materiality analysis for lack of significance (see Chapter 8. Materiality Analysis).

The following table summarizes the different causalities that are discounted of the value assigned to significant changes that were both relevant and significant (it does not take into account changes that were not material, that is, those that passed both the relevance test and the significance test (see Section 8.1) and, consequently, were considered in the impact calculation (SROI) detailed in the value map (see Appendix IX).

These percentages represented in table reflect different factors that have influenced the changes listed, including: the value that would have been generated anyway without the intervention (deadweight), the negative effects on other groups (displacement), the contribution of other people or organizations in generating the change (attribution), and the decrease in value over time based on the estimated duration of the change.

The percentage indicated in the table represents the proportion of the monetized value of the change, expressed as a percentage of the total (100%), that is deducted from the value.

The information collected was triangulated with data from similar reports and subjected to a sensitivity analysis described in Chapter 12. Sensitivity Analysis to ensure that the value contributed is not overclaimed, according to principle 5 "*Avoid overclaiming*[179]". Although the figures are estimates, they primarily reflect the voice of the people impacted and their context, ensuring a grounded representation of the program's impact.

Figure 111. Proportion of causalities discounted from the assigned value

Stakeholders	Change	Deadweight	Displacement	Attribution	Drop
Participants - Elderly people	**Reduced feeling of loneliness**	20%	0%	27%	33%
	Strengthened sense of belonging to the local community	20%	0%	27%	50%
	Expansion of the support network	20%	0%	27%	50%
	Feeling that the things one does in life are worth it	20%	0%	27%	50%

[179] Social Value International. (n.d.). *Principle 5: Do not overclaim*. www.socialvalueint.org/principle-5-do-not-overclaim

Stakeholders	Change	Deadweight	Displacement	Attribution	Drop
	Increased concern and uncertainty about the continuity of the project (-)	20%	-5%	27%	50%
	Take better care of mental health	20%	0%	27%	50%
Participants - Women in situations of social difficulty	Reduced feeling of loneliness	18%	2%	40%	50%
	Strengthened sense of belonging to the local community	18%	2%	40%	50%
	Expansion of the support network	18%	2%	40%	25%
	Increased economic satisfaction	18%	2%	40%	100%
	Increased housing satisfaction	18%	2%	40%	33%
	Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression	18%	2%	40%	50%
Participants -Young people in situations of ex-tutelage and/or social difficulty	Reduced feeling of loneliness	24%	2%	31%	33%
	Strengthened sense of belonging to the local community	24%	2%	31%	25%
	Expansion of the support network	24%	2%	31%	25%
	Increased economic satisfaction	24%	2%	31%	25%
	Increased housing satisfaction	24%	2%	31%	25%
	Initiated new studies (more motivated)	24%	2%	31%	100%
Participants - People experiencing homelessness	Reduced feeling of loneliness	23%	0%	60%	25%
	Strengthened sense of	23%	0%	60%	25%

Stakeholders	Change	Deadweight	Displacement	Attribution	Drop
	belonging to the local community				
	Expansion of the support network	23%	0%	60%	25%
	Increased economic satisfaction	23%	0%	60%	100%
	Increased housing satisfaction	23%	0%	60%	33%
	Improved physical and/or mental health	23%	0%	60%	33%
	Initiate new studies (more motivated)	23%	0%	60%	33%
Participants - People with mental health difficulties	Reduced feeling of loneliness	17%	2%	33%	50%
	Strengthened sense of belonging to the local community	17%	2%	33%	50%
	Expansion of the support network	17%	2%	33%	50%
	Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression	17%	2%	33%	50%
	Increase in appreciation for life	17%	0%	60%	25%
Paid staff	Increased stress (-)	41%	50%	28%	50%
	Expansion of the professional network	47%	17%	28%	100%
	Improvement in professional development for tackling unwanted loneliness through community intervention	37%	25%	21%	50%
Alliances-Third and Public Administration	Greater awareness and appreciation of networking	44%	66%	34%	50%

Stakeholders	Change	Deadweight	Displacement	Attribution	Drop
	Increased concern and uncertainty about the continuity of the project (-)	47%	74%	26%	100%
	Greater visibility of the work of the public administration towards the community	49%	69%	31%	50%
	Greater visibility of the organization's work in the community	55%	46%	32%	50%
	Greater connection with the territory aligned with the organizational mission	54%	39%	25%	100%
Volunteers	**Improvement in mental health and emotional well-being**	63%	55%	0%	100%
	Increased commitment and active participation in volunteering	63%	55%	0%	100%
	Increases personal satisfaction and feeling of accomplishment	63%	55%	0%	100%

Note on the drop off data reflected in the last column of the table: To understand concepts such as deadweight, attribution and displacement, all stakeholders were involved. However, for the identification of the impact decay rate, it was decided not to involve them due to the difficulty that these groups faced in understanding the concept of impact decay. It was decided to apply a different technique exclusively to determine this drop. The significant changes identified by the different stakeholders were assigned a decline rate, but anticipating the complexity that it would imply for the participants to estimate the gradual loss of impact, the evaluation team limited the consultation process exclusively to the expected duration of the changes.

In the absence of specific data on the rate of decline, a linear approximation method was employed. This percentage, used to reflect the gradual decrease in impact following the

CRECE project intervention, was calculated as the inverse of the number of years of estimated duration of the impact (e.g., 33% for three-year impacts, 25% for four years, etc.). Applied uniformly to all stakeholders, this approach was subsequently subjected to a sensitivity analysis to evaluate different decline scenarios and validate the robustness of the results.

This approach, applied uniformly to all stakeholders, was subsequently subjected to a sensitivity analysis (see Chapter 12. Sensitivity Analysis) to evaluate different crash scenarios and validate the robustness of the results.

9.1 REASONING FOR THE ASSIGNMENT OF CAUSALITY

The following section presents the main findings on the causalities identified in each stakeholder group.

9.1.1 Participants

In the data collection process to identify the causalities of the changes observed in the participants, generic questions were used instead of individual questions for each change, due to the difficulty this posed for them. In some cases, language barriers or the complexity of the questions made understanding difficult.

The generic questions used were the following:

- For deadweight causality (*Deadweight*), this was asked: ***If you had not participated in CRECE activities this year, do you think you would have carried out other activities that produced the same changes?***
- For attribution (*Attribution*), was formulated: ***Throughout this questionnaire, you have identified changes that you attribute to your participation in CRECE. During this time, do you think any other person, organization, or activity of yours has also contributed to those same changes?***
- For movement (*Displacement*), the question was: ***Do you think that the changes in well-being/discomfort that have been generated in you as a consequence of***

your participation in CRECE may have generated discomfort or some negative effect on other people?

The use of scales was avoided in all questions, since in previous exercises it had been identified that the participants had difficulties in assigning a percentage of causality to be discounted from the value of the change. To facilitate their contribution in an equitable manner, it was decided to formulate the questions in an open format, allowing the answers to be written freely.

This approach presented two key advantages: on the one hand, it allowed us to understand the reasoning behind each deadweight, attribution and displacement response, providing greater qualitative context; On the other hand, it made possible the quantification of qualitative data through a model that assigned differential weight to each type of response. In this way, the responses were weighted with more or less points, allowing an average of attribution to be calculated that was subsequently applied as a value discount in the final analysis.

To ensure greater rigor in the analysis and recognizing that it was not feasible to obtain an exact indication, an analytical model was developed designed to accurately incorporate the detailed information provided by participants regarding attribution. This approach allowed us to adjust the value assigned to the attribution discount, considering the subjective responses that identified the actors that contributed to the observed changes. Through this model, we sought to systematically and transparently integrate the perception of the participants, thus ensuring a more balanced and representative analysis.

The analytical model was based on the total number of mentions that the participants made about possible contributors to the change (or deadweight or displacement). From this base, the relative percentage of times that the same group of taxpayers was mentioned was calculated (for example, friends, family, who were not part of CRECE, themselves or others). This approach allowed us to identify patterns in the repetition of specific contributors.

This analysis offered a clear perspective on the degree of attribution towards certain groups or situations, allowing us to determine in which changes there was greater attributable

participation and to whom specifically. This resulted in a valuable input for decision making, since it allowed the initially calculated percentages to be adjusted with a higher level of precision.

Finally, to obtain more solid and representative data of the responses, the median was used as a statistical tool to adjust the values. This allowed us to achieve a more balanced and consistent result with the reported perceptions, ensuring a more robust analysis.

The information collected was triangulated with data from similar reports and subjected to a sensitivity analysis described in Chapter 12. Sensitivity Analysis to ensure that the value contributed is not overclaimed, according to principle 5 "*Do not overclaim*". 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.

9.1.1.1 Deadweight

Among the **young people and situation of ex-custody and/or social difficulty**, the deadweight is assigned in **24%**, which, compared to other groups, represents the highest deadweight, although in itself it is moderately low, which indicates that a significant part of them considers that they would not have carried out other activities that generated the same changes without CRECE. Some mention that the only activities in which they participated consistently were those offered by CRECE, while others highlight that, without the program, they would probably not be doing anything, which would have affected their mental health or perpetuated their same behavioral patterns.

Some young people indicate that they would have looked for alternatives, such as going out with friends, meeting new people or attending Spanish classes, while others indicate that they would have tried to seek psychological help due to the feeling of loneliness they experienced before participating in the program. However, several highlight that, even if they had carried out other activities, no other space would have provided them with the same level of connection and support.

"I don't think I would have met such wonderful people anywhere else.
that influenced my life in such a positive way."

Person young people in situations of ex-custody and/or social difficulty

Between **people experiencing homelessness**, the deadweight is similar to the group mentioned (**23%**), which indicates that the majority considers that they would not have carried out other activities that generated the same changes without CRECE or to a lesser degree. Several people express that they did not have access to other opportunities due to lack of economic resources, mentioning that without CRECE their lives would have remained the same, with few social interactions or participation in meaningful activities. Some highlight that, before the program, they only went from work to bed, without interacting with anyone, and that the CRECE intervention has given them support and opportunities that they would not have had otherwise.

However, some people consider that they would have looked for alternatives, mentioning options such as sports, cultural activities, computer courses, equality centers or support from organizations such as Cáritas or social services.

"I think so, like taking a computer course and going to equality centers."

Homeless person

However, several clarify that, although these options existed, they would have faced barriers to accessing them, either due to lack of information, integration difficulties or previous experiences of marginalization and segregation. As one participant points out, "*Yes, but it would have been more difficult to do so or to be allowed to join similar activities without having gone through the stress of being marginalized or segregated due to our status as migrants.*"

Between **the elderly,** deadweight is assigned in **20%** since many indicate that they would not have carried out any other activity without CRECE, considering it fundamental for their well-being. Some were unaware of options in their environment or could not find similar alternatives in their municipality. Additionally, several people mention that they would not

have participated in activities without the influence of friends or family who motivated them to join the program.

Among those who consider that they could have done other activities, the options mentioned include attending gymnastics, participating in reading clubs, doing crafts or going to cultural and pensioner centers. However, many of these alternatives were not accessible to them due to economic costs, mobility barriers or lack of information. Some people highlight that, without CRECE, they would have led a more sedentary life or with less social contact, which underlines the impact of the program on their well-being and in creating opportunities that they would not have otherwise considered.

"I would have sought psychological help because I felt very alone."

Elderly person

On the other hand, there are those who consider that, although they could have found other options, these would not have had the same impact, either because the available activities were paid, because they did not offer the same level of support and trust or because they were not previously motivated to seek them.

The group that reports the least deadweight is the **woman in situations of social difficulty (18%)**, which indicates that the majority considers that they would not have carried out other activities that generated the same changes without CRECE. Many women indicate that they were not aware of similar alternatives nor would they have had the initiative or resources to access them. Before CRECE, many felt lost or unmotivated, and only with the support of the team were they able to get involved in activities that generated positive changes. Several affirm that, without the program, their lives would have continued the same, without resuming studies or leaving home.

Expressions like "*If I could have, I would have participated in something else; courses, workshops*..." and "*I would have had therapy with a psychologist*." reflect that a certain degree of deadweight is present, as some women identify alternatives that they could have sought in the absence of CRECE. They also mention self-help groups, activities organized by local associations or Tai Chi and Reiki classes. However, many of these options were not

easily accessible due to economic barriers, lack of information or lack of personal motivation, which reinforces the differential impact of the program on their participation and well-being, and several people clarify that these options would not have been sufficient to generate the same impact and that they only managed to get involved in activities thanks to the support and accompaniment of CRECE.

Between **people with mental health problems,** as for the women's group, the deadweight is moderately low (**17%**). Most[180] indicates that they do not believe that they would have experienced similar changes without CRECE, since they did not know of alternatives or were not motivated to look for them. Some people mention that they could have found other options, such as ceramics and agriculture workshops, going to other organizations or participating in activities in specialized centers.

"If CRECE wasn't there I would go to another aid organization"

People with mental health difficulties

Additionally, some indicate that they were already in treatment with a team of mental health professionals, although they highlight that the experience at CRECE has given them a sense of integration and community that they had not found in other spaces.

9.1.1.2 Displacement

In general, the displacement derived from participation in CRECE is practically non-existent or of very low impact in all the groups analyzed (from 0 to 5% in specific changes). In the few cases in which a possible negative effect is mentioned, it seems to be more related to pre-existing personal dynamics than to a direct impact of the program.

The analysis of the responses of the people participating in CRECE shows that the vast majority do not perceive that they have generated discomfort or negative effects on other people due to the changes experienced in their well-being. In all groups analyzed—young people, women, homeless people, people with mental health difficulties and elderly people—the responses reflect that the changes have been positive both at the individual

[180] *It is noted that these data are based on the responses of a small group of 20 people.*

level and in their immediate environment. In the few cases in which a possible negative effect is mentioned, it is considered mild and associated with pre-existing personal dynamics rather than a direct impact of the program.

Among the **young people**, practically none consider having generated discomfort in their environment. The **women** present a similar tendency, although in some cases they declare that their personal changes have affected pre-existing relationships. Cases of couples or landladies who perceived their transformations negatively are mentioned, as well as a reference to possible envy on the part of third parties. The **people experiencing homelessness** They also mostly indicate that they have not generated any negative effects on other people. In the case of the **people with mental health difficulties**, the majority indicate that their participation in CRECE has been transformative and positive, without a negative impact on their environment. However, one person mentions that his improvement has generated discomfort in other people, suggesting that, in certain contexts, personal advances can provoke negative reactions in those around him due to factors of envy or resistance to change.

"Yes, there are people who see me well and it annoys them."

People with mental health difficulties

Lastly, the **elderly people** Most of them consider that their participation in CRECE has not negatively affected anyone, even expressing that those around them are happy with their evolution. In isolated cases, they mention that certain changes could have generated discomfort in couples or in people with toxic attitudes, as well as that some people could have felt selfish about the benefits obtained in the program.

In conclusion, the displacement generated by participation in CRECE is minimal or non-existent in all the groups analyzed. Only one change stands out *(Increased concern and uncertainty about the continuity of the project)* which has been assigned 5% due to the effect it may have had on family members mentioned by the participants. Still, it is a very low displacement discount.

9.1.1.3 Attribution

The analysis of the responses obtained from 478 participants (71.25% of the study population) regarding the attribution of other organizations or people to the changes mentioned in this report shows that, although the majority of participants recognize CRECE as a key factor in their transformation, the degree of attribution varies between 27% and 60% depending on the group.

Below, we detail which people or organizations have been mentioned within the attribution, as well as the reasons why greater weight is given to CRECE in each group. The degree of attribution to the change (contribution from others outside the project) is greater in **people experiencing homelessness** and **women in social difficulty**. The analysis of the responses shows that several organizations, institutions and support networks external to CRECE have been mentioned as key contributors to the change process of the participants.

The **people experiencing homelessness** (60% attribution) attribute part of their changes to shelters and social support organizations, while **women in situations of social difficulty highlight** the role of social services, women's delegations and the church in its transformation (40% attribution). For their part, the **people with mental health difficulties recognize** the influence of community networks and recreational activities as key elements in their well-being (33% attribution).

Likewise, the **young people in situations of ex-custody and/or social difficulty point** out the impact of youth programs, associations and sports practices on their personal development (31% attribution). Finally, the **elderly people**, with the lowest degree of external attribution (27%), link part of their changes to cultural and municipal spaces, such as libraries and community centers.

In detail, **people experiencing homelessness** attributed part of its changes identified to various organizations that work with people in situations of exclusion. One of the most mentioned spaces is the Red Cross Day Center, especially because of the lifestyle habits acquired through its activities. Third sector organizations and shelters also stand out, offering shelter and assistance to some of the participating people. It is important to note that

some people mentioned that the support of religious spaces has been key in their improvement process.

The collective of **women in situations of social difficulty** attributed their well-being to various external institutions and services. The Social Services and the School of their sons and daughters were mentioned as part of the process of support received. The Women's Delegation and women's associations also stand out, which have accompanied them in their empowerment and well-being processes. Additionally, some people mention the support of third sector organizations and religious communities, pointing out that these spaces have been fundamental in their improvement process.

"Social services and my children's school have also supported me."

Person in a situation of social difficulty

Unlike the groups mentioned above, the **people with mental health difficulties identified** various sources of support in their transformation process. In particular, they mention the importance of organizations that offer assistance in mental health issues and social support. They also highlight the role of their neighbors and community networks, which contributed to their well-being. Another key factor in their improvement process was participation in sports and recreational activities, such as sports clubs or cultural spaces such as choirs, which they recognized as having been fundamental in their recovery and emotional stability.

"Sports have helped me a lot to get out of my previous state."

Person with mental health difficulties

Like the previously mentioned group, the **young people in situations of ex-custody and/or social difficulty** They identified their participation in other youth programs and sports activities as part of their transformation. Several people mentioned Public Administration programs for taxpayer youth support. Youth associations also stood out, where they have found support and opportunities for growth. On the other hand, practicing sports, such as being part of basketball teams, has been a factor that some people attributed to your well-being.

"The association to which I belong has also produced some change in me."

Young people in situations of ex-tutelage and/or social difficulty

Finally, elderly people, a group for which the lowest attribution of all the groups is assigned, mentioned various local institutions and community activities as part of their change process. Among the most notable are the Town Hall and the Municipal Library, which provide spaces and resources for personal development. They also indicated the importance of cultural centers, which offered activities that favored, according to them, the well-being of this group. In addition, some people attributed their improvement to their participation in reading clubs and cultural associations, where they found spaces for interaction and learning.

"The city council and the municipal library have contributed."

Elderly person

This analysis shows that, although CRECE has been a key element in the transformation process, many participating people have found additional support from other external sources, contributing to the consolidation of their well-being.

9.1.2 Paid staff

In the report, paid staff provided subjective responses on deadweight, attribution, and displacement on a scale of 0 al 10 where 0 means that all the change was attributed to CRECE or that there was no deadweight to discount or displacement. The data used in the analysis is based on these responses, collected from a total of 33 professional people (47.14% of a total of 70 people, including technicians, facilitators and headquarters staff). This approach allowed the individual perceptions of paid staff to be captured, providing a basis for quantifying and analyzing causalities individually for each change in the study context.

To the question about **deadweight**, participants were not asked to specify details, so the data collected did not offer rich information beyond the average deadweight value associated with each change within this group. However, in the case of displacement, negative effects related to the change were identified *as increased stress*, where paid staff

pointed out collateral impacts on their work and personal environment, reflecting how the stress experienced generated effects on people around them.

On the one hand, overwork caused a **displacement** of workload and tensions within the team, which led to colleagues assuming additional responsibilities, thus affecting the coordination of resources and efficiency in the management of daily work. Furthermore, stress impacted communication and team dynamics, giving rise to situations in which exhaustion led to delayed responses, reduced ability to concentrate, and, in some cases, unkind responses within the work environment.

The impact of the stress experienced by the group of paid staff was not limited to the professional sphere but also had an impact on the personal and family well-being of the affected people. It was mentioned that stress affected close networks, reflected in lower emotional availability and difficulties disconnecting from the work environment.

As for the **attribution** of changes to other organizations and people, paid staff identified various external contributors that influenced their professional development and well-being. Among them, other Red Cross programs stood out (especially the senior citizen program), the internal organizational structure, individual complementary training, pre-existing work networks and previous work experience. These factors contributed, to a greater or lesser extent, to the changes identified, complementing the impact of the project and strengthening the team's competencies.

The analysis of qualitative attributions showed that the professional development and well-being of CRECE's paid staff have been influenced by multiple external factors, including public institutions, third sector organizations, professional networks and previous social intervention programs. These influences complemented the impact of the program, providing new tools, strategies and growth opportunities to the participants.

Some key categories within external attribution stood out:

- ☑ **Other third sector entities and social support networks:** Several social organizations contributed to the development of the skills of paid staff, allowing the creation of new synergies and strengthening community intervention networks with

which they were already in contact.

- ☑ **Previous social intervention projects:** The experience acquired in other intervention programs was key for many participants. Other Red Cross projects, especially those linked to social intervention and care for groups in vulnerable situations, were mentioned as sources of learning and professional growth, which were worked on in parallel with CRECE.
- ☑ **Networks of contacts of professional people and interpersonal relationships**: Professional development and improvement in workplace well-being were also attributed to networks of professional and personal contacts that facilitated collaboration and learning during the period studied. The interaction with colleagues from other teams, as well as the support of institutional leadership, was essential in strengthening professional performance.
- ☑ **External factors that have influenced the increase in work stress**: Some participants mentioned that certain external factors contributed to increased stress within the project. Among these factors were the workload on other parallel projects, bureaucratic rigidity and the lack of human resources in certain areas.

The analysis showed that, although CRECE was a central element in the professional evolution of paid staff and in the changes identified as a consequence of working with CRECE, its impact was complemented by a network of external support that facilitated specialization, continuous learning and the consolidation of new social intervention strategies.

The role of public institutions, third sector organizations, professional contact networks and previous experiences in other projects allowed the participants to expand their knowledge and strengthen their performance in the community environment that they identified in relation to their work in CRECE. However, the accumulated workload and administrative bureaucracy were identified as external factors that also contributed to generating stress and affecting work balance.

9.1.3 Volunteers

Specifically for this stakeholder group, due to the difficulty of access at the time, it was not possible to involve all the volunteers. Instead, the causalities were validated with a small group of four people who met the characteristics of the other people in this group.[181]. These individuals provided subjective responses regarding deadweight, attribution, and displacement, using a scale of 0 to 10, with 0 indicating that all change was attributed to CRECE or that there was no deadweight or displacement to discount.

It is highlighted that, in the assessment of the **deadweight** of the three changes analyzed, the average obtained was 6.3, which indicates that 63% of the changes would have occurred anyway. The responses reflected a wide dispersion, ranging between 0% and 100%.

However, the qualitative comments collected during the focus group reinforced this high deadweight, as the majority of volunteers indicated that they probably would have looked for other volunteer opportunities that would have generated these changes for them in the same way, attributing the transformation more to their personal disposition than to the specific program. This percentage was consistently applied to the three changes identified, as the volunteers perceived them as interrelated aspects of their experience.

Additionally, we evaluated the **displacement** in relation to the changes. Consensus was unanimous, with all participants indicating that their experience of change would not prevent others from experiencing it or generate negative effects. Qualitative comments reinforced this conclusion, pointing out that other areas of life had not been neglected and that free time management had been appropriate. This result was applied consistently to the three changes identified, given their interrelated nature and the consistency in the volunteers' responses.

This same group of volunteers evaluated the **attribution** to the changes. The qualitative results identified the main external contributors: psychological therapy, other experiences of

[181] *The volunteers who participated in the validation met the following requirements: having been part of the Red Cross before CRECE, being in CRECE since the beginning of the project in 2023, having participated since the beginning of CRECE or having joined since September 2023.*

volunteers (both in the Red Cross and in other organizations), the family and social environment, and the global sociopolitical context. This percentage has been applied consistently to the three changes identified, since the volunteers perceived them as interrelated aspects of their experience at CRECE.

9.1.4 Alliances - Organizations of the Third Sector

The report compiled subjective assessments from representatives of 12 organizations on deadweight, attribution and displacement, using a scale of 0 to 10, where 0 meant that all change was attributed to CRECE, without the need to apply discounts. The analysis was based on these responses, reflecting the organizations' perception of how much of the organizational change would have occurred anyway without their participation in the project, whether displacement could have been generated, or whether other organizations or people would have attributed to the organizational changes, apart from the impact of CRECE.

To the question about **deadweight**, participants were not asked to specify details, so the data collected did not offer rich information beyond the average deadweight value associated with each change within this group. However, in the case of displacement, the representatives emphasized that collaboration with CRECE has generated positive effects on community work without preventing other organizations from experiencing similar benefits. Although the quantitative assessments show low, but not zero, values, reflecting a cautious approach in the numerical evaluation, the comments agree that strengthening networks and coordination between entities benefits the entire social ecosystem.

The **attribution** was evaluated through a form answered by the representatives who identified as main external contributors to other programs, participation in community tables and platforms of pre-existing entities, the structure and value of each organization, and independent networking of the CRECE project. In particular, some organizations indicated that they already had a significant track record in the territory and established inter-institutional coordination mechanisms.

9.1.5 Alliances - Public Administration

The report gathered subjective ratings from representatives of 10 organizations on deadweight, attribution and displacement, using a scale of 0 to 10, with 0 indicating that all change was attributed to CRECE, without discounts. The analysis was based on these responses, reflecting the organizations' perception of how much of the organizational change would have occurred without their participation in the project, whether there was any displacement or whether other entities or people also contributed to the organizational changes, beyond the direct impact of CRECE.

To the question about **deadweight**, participants were not asked to specify details, so the data collected did not offer rich information beyond the average deadweight value associated with each change within this group. However, in the case of **displacement**, although the data reflects a cautious approach in the numerical evaluation, the organizations' comments consistently indicated that the changes experienced did not generate negative effects on other organizations. The responses emphasized that collaboration and coordination allowed different entities and projects to work simultaneously in the territory, strengthening the community approach in a complementary way.

The attribution evaluation was carried out through a form completed by representatives of the organizations, who identified as the main external contributors other entities and projects in the territory, the pre-existing lines of work in the field of elderly people, the internal municipal organization, and independent networking. Some organizations specifically noted that their achievements are the result of multiple actions and that community work was part of their regular obligations, beyond specific projects.



Note: Awareness activity about unwanted loneliness. Source: Red Cross archive photo.

10. FUTURE VALUES

In this section, hypotheses are proposed about values that will materialize in the future that, due to the lack of evidence, have not been incorporated in the calculation of the social value of this report. However, given their potential impact on decision-making, they are presented here as elements to consider.

10.1 NON-CAPITALIZED SECURITIES OF JOB INSERTION

One of the main objectives of the CRECE project was *OG.2: Contribute to the development of public policies on deinstitutionalization and/or prevention of institutionalization.* To this end, specific goals were established such as:

- **OE3:** Improve the job insertion and independent life of young people who have left care and in other situations of social difficulty.
- **OE4:** Improve the labor insertion and independent life of women victims of gender violence and in other situations of social difficulty.
- **and others** related.

Addressing job placement as part of the strategies to prevent unwanted loneliness among young people in a situation of ex-tutelage and/or social difficulty is essential, as supported by the recent study of *Research on the experience and perception of unwanted loneliness. Responses at the community level*[182]. According to this study, the employment situation is a determining factor in the experience of loneliness, since unemployment increases the risk of feeling lonely by almost five points.

Likewise, the study indicates that the women in situations of social difficulty with migratory backgrounds face particular challenges in their work integration, which can intensify their feelings of loneliness. This reinforces the idea that there is a direct relationship between the work situation and the risk of suffering unwanted loneliness, and therefore an area of prevention.

[182] Foundation ISEAK. (2024). *Research on the experience and perception of unwanted loneliness. Responses at the community level*. Foundation ISEAK.

Therefore, as indicated in the study and the established objectives, improving working conditions and promoting insertion into formal employment can be an effective strategy that contributes to the reduction of unwanted loneliness. In this sense, strengthening access to work represents a key strategy for the development of public policies on deinstitutionalization and prevention of institutionalization, since it intervenes on one of the factors that increase social vulnerability and the risk of isolation.

Consequently, according to the program's own measurement of results, and these objectives (EO3 and EO4) were met to a certain degree since the results reflected that 46%[183] of young people who were ex-tutored and in other situations of social difficulty assisted by CRECE, accessed formal employment, while, in the case of women victims of gender violence and in other situations of social difficulty, the percentage achieved was 16.40%.[184].

The SROI analysis showed that, within the sample evaluated, only 5.88% of the 68 young people surveyed reported an improvement in their economic situation as a result of the employment obtained, while in the case of women, the percentage rose to 18.18% (14 of 77 respondents), data that is not entirely representative since the sample is small in relation to the entire population studied. Likewise, the combination of these two indicators suggests that, to a certain extent, the objective of facilitating access to formal employment for people in vulnerable situations was met.

Impact measurement seeks to understand the impact that said change of circumstance has on people's lives, the impact on their mental, relational, and material well-being, since this result in itself does not automatically imply an improvement in their quality of life. To determine whether job placement has generated a positive impact on the well-being of the beneficiaries, it would be necessary to analyze how this new condition has influenced their stability and economic and social satisfaction.

In this study, due to the temporal nature of the evaluation, it was not possible to determine whether the support provided in the workplace, according to the established objectives, had

[183] *The total number of people inserted has been 168 (H:35/M:133), the total of young people who have participated in activities with this intention: 353 (H:218/M:135) therefore the % of people inserted is 47.60%*
[184] *Of the total number of people inserted, 133 were women. The total number of people who have participated in related activities: 813 (M:813) therefore the % of people inserted is 16.40%.*

a positive or negative impact on the lives of the participants. The lack of a longer observation period made it impossible to evaluate whether job placement had generated sustainable improvements in the economic well-being and autonomy of the affected people.

It should be noted that, although *reducing the degree of dependence on other people* was mentioned as a relevant change, it was not considered a significant change, since only a small number of people identified with this improvement. It was observed that its duration was short and, in relation to the total number of participants, it did not represent a majority change within the evaluated group.

As a result, a clear correlation could not be established between the improvement in autonomy and work integration, preventing this reduction in dependency from being identified as an impact derived directly from the change in the work situation of the participants. For this same reason, this study cannot show a clear impact between the specific objective, job placement and independent living, with the main objective *contributing to the development of public policies on deinstitutionalization and/or prevention of institutionalization* with evidenced data of said relationship.

However, the results suggest that there could be a positive impact that could be quantifiable in future SROI evaluations, since access to employment and a housing alternative are processes whose effects on well-being and quality-of-life can manifest in the medium and long term. In this report, this possible impact has not been accounted for due to the methodology used and the absence of a longitudinal evaluation, which would allow the evolution of the participants to be analyzed beyond the immediate intervention. It has limited itself to valuing “having an economic improvement” with the evidence of the short-term impact, thus assuming that there is a medium and long-term value that has not been possible to account for.

Therefore, it cannot be demonstrated what the real impact of employment has been on the quality-of-life of the beneficiaries, since the duration of the evaluation has limited the analysis of the real impact of job placement and its contribution to the improvement in the autonomy of the participating people, whose value is found in the future. This highlights the importance of future long-term evaluations, which allow for a more precise measurement of the effects of

the intervention on the job and housing stability and material well-being of the participants with the aim of capturing future values.

10.2 VALUES NOT CAPITALIZED FROM IMPACT ON THE COMMUNITY

The main objective of the project, *contribute to the reduction of vulnerability factors that can accelerate the institutionalization of participating people*[185], depends largely on the capacity of communities and organizations to make the work begun sustainable once the CRECE intervention is completed.

Through the inclusion of the community approach, the project promoted the creation of collaboration networks at the local level, establishing links with entities and administrations in the participating localities. These networks allowed the implementation of coordinated responses to address the specific vulnerability factors of each participating person. In total, the project activated 53 municipalities in 8 Autonomous Communities[186], consolidating a territorial cooperation structure.

The project strategy focused on the activation, training and coordination of resources in community settings, with the aim of strengthening local structures capable of addressing unwanted loneliness in all its dimensions. This included everything from identification and prevention to the management and monitoring of cases in each territory, guaranteeing a coordinated and autonomous intervention that could be sustained beyond the duration of the program. This approach is supported by the findings of the study *Research on the experience and perception of unwanted loneliness. Responses at the community level*[187] in which it stands out the need to understand social connections as an object of public policies and the importance of building frameworks of co-responsibility and co-production to address loneliness, from the community.

To achieve this objective, it was established as a result *Increase coordinated responses among actors in the environment to respond to vulnerability factors that can accelerate*

[185] *Data collected from the logical framework of the CRECE - Red Cross project. "OE1. The people participating in the project will have perceived a reduction in unwanted loneliness" (internal document).*
[186] "Executive Summary" - Data analysis process on addressing unwanted loneliness (December 2024) an internal document.
[187] ISEAK Foundation. (2024). *Research on the experience and perception of unwanted loneliness. Responses at the community level*. ISEAK Foundation.

institutionalization[188]. Its compliance was measured through an indicator based on the accounting of common internal and external responses, evidencing that a high level of coordination was achieved, with 4867 collaboration records (of which 2002 corresponded to external meetings and 2865 to internal meetings).[189]), or as other internal documentation indicates, the execution of more than 31,000[190] activities during the period of the intervention.

However, the quantitative and qualitative impact data collected in this report, in which 12 Public Administration organizations and 10 third sector organizations were involved, do not allow us to demonstrate the impact that these quantitative results (outputs) could have on the community once the project is completed, since the evaluation carried out is limited to the CRECE intervention period. This means that, although the records show an increase in cooperation between actors during the project period, it could not be determined, with robust and reliable data, if these dynamics would be sustained over time, how they would materialize, nor if the community would maintain these community actions and dynamics autonomously.

The analysis of the short-term impacts, detailed in this report (see Sections 4.6.10 and 7.1.2.9) showed progress in the *organizational satisfaction*, the *connection with the territory and community recognition*, as well as in the *awareness about the value of networking and the visibility of the work of public administration*. Also identified was an *increase in the autonomy of the public administration in the management of services focused on unwanted loneliness*. However, these changes correspond mainly to transformations in the perception and level of consciousness of the participating organizations, without guaranteeing that the actions developed during CRECE materialize in sustainable impacts over time.

Although the implementation of CRECE has generated significant progress in the co-creation of community actions and coordination strategies, the transformation into community change, commonly known under the name of “social impact” or “community impact”, of these achievements could only be seen if it were evaluated in the medium- and

[188] *Data collected from the logical framework of the CRECE - Red Cross project. “OE2. Increase coordinated responses among actors in the environment to respond to vulnerability factors that can accelerate institutionalization” (internal document).*
[189] *Data collected from the monitoring log of the CRECE project logic (internal document).*
[190] “Executive Summary” - Data analysis process on addressing unwanted loneliness (December 2024). Internal document.

long-term future. The absence of a longitudinal evaluation prevents measuring the sustainability of the improvements in these organizations and effects on the community, and the permanence of the established collaborative dynamics. Consequently, this report does not show a significant value, in fact, it is minimal, corresponding to 0.09% of the total value, since it only takes into account the short-term value evidenced during the period studied.

Although the current analysis does not show an immediate high-value social impact, this report emphasizes the possibility that this value will materialize in the future. The short-term impacts identified lay the foundations for generating a long-term impact, which could contribute to the reduction of vulnerability factors that accelerate the institutionalization of the participating people. The "real" value could be found in a future that could not be included in this report, because it has not been possible to demonstrate that it would have materialized during the evaluated period.

For this reason, this report highlights the need for subsequent monitoring, which allows us to evaluate how work networks and the response capacity of the communities evolve once CRECE stops operating. Only through a longer-term evaluation will it be possible to determine whether the progress made is consolidated and maintained over time, transforming into a truly sustainable social impact.

10.3 UNCAPITALIZED SECURITIES OF THE IMPACT OF TECHNOLOGY

One of the expected results of the project was the *Incorporation of technological tools in coping with unwanted loneliness*[191]. Among them was the incorporation of customized skills through "Alexa" to prevent unwanted loneliness, the use of virtual glasses, and training for the use of communication media through mobile phones (such as WhatsApp), to strengthen the communication and social connection of the participants. Although this activity was tested in some territories, it was not possible to carry out a comprehensive impact measurement that would allow identifying the effects generated by the use of technology in reducing unwanted loneliness of users.

[191] *Data collected from the logical framework of the CRECE - Red Cross project. "R2 Technological tools incorporated in coping with unwanted loneliness" (internal document).*

In the impact measurement, it was identified that 119 people, which represents 17.68% of the total number of people surveyed, had begun to use WhatsApp and mobile phones more for their communication. However, the specific impact of the technology developed within the project could not be analyzed, in particular the use of skills for virtual assistants, designed to support interaction with the community and strengthen the support network.

Given that the project approach incorporated an innovative component based on data analysis, a longitudinal study would allow evaluating the real impact of these tools on the communication and social integration of the participating people. An analysis of this type would also help to identify what factors determine the success of this innovative methodology, differentiating it from other traditional methodologies used to address the problem. Therefore, this report highlights the importance of future measurements that allow measuring the extent and sustainability of the use of technological tools in reducing unwanted loneliness.

10.4 NON-CAPITALIZED VALUES OF THE IMPACT ON THE HEALTH SYSTEM

This study has not been able to demonstrate that the effects of the CRECE project have a direct and significant impact on the operational burden of public administrations linked to the problem of unwanted loneliness. in the studio "*The cost of unwanted loneliness in Spain* "[192], the cost that this problem represents for the public administration is estimated; However, the data analyzed in this report do not show a substantial reduction in the use of public services attributable to the CRECE intervention.

The SROI methodology used in this analysis focuses on the social value of people's well-being and does not usually integrate economic values that can be generated for a specific stakeholder group, such as public administration, since the focus of this methodology, unlike others such as cost-benefit, is to understand the value implied by the well-being that is generated in people. However, due to the nature of the study, a specific analysis of the responses of the participants was carried out with the aim of identifying whether the use of some social services had been reduced. This analysis sought to

[192] Casal Rodriguez, B., B. Rivera Castiñeira, and E. Rodriguez-Miguez. 2023. *The cost of unwanted loneliness in Spain* . State Observatory of Unwanted Loneliness (SoledadES).

demonstrate a possible decrease in attendance or need for these services, which could have had an impact on the operational burden of the public administration.

During the stakeholder mapping phase, social service organizations were initially considered as a potential impacted group. However, they were later discarded when it was anticipated that the impact would not be significant. The data collected in all stakeholders validates that, although some participants mentioned a specific reduction in medical visits, this decrease was not relevant enough to affirm that CRECE would have generated a positive or negative impact on the public health system.

Likewise, no evidence was found in the data indicating that the program has had a significant impact on administrative areas of public administration related to employment, housing, citizen registration or other services. Although specific mentions were identified in these areas, they were not sufficient in scale or consistency to be considered significant.

For this reason, this study rules out the possibility that CRECE has generated a positive or negative impact on public administration in the short term. However, this does not imply that said impact cannot manifest itself in the medium or long term, since the evaluation is limited to the period stipulated for the project. Consequently, public administration is not considered an impacted stakeholder in this analysis, and no value has been assigned to this hypothetical impact within the SROI assessment.

10.5 INFLATION

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.[193].

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

[193] Nicholls, J., Lawlor, E., Neitzert, E., & Goodspeed, T. (2012). *Guide to Social Return on Investment (SROI): Translation and adaptation into Spanish of "A Guide to Social Return on Investment"*. Published by The Cabinet Office and translated by Grupo Civis (page 67).

several of the indicators and proxies used in the valuations were based on the "revealed preference" valuation technique.[194].

[194] Valencia Plaza. (2024). *The final CPI data in Spain for 2023: 3.1%*. Recovered from https://valenciaplaza.com/dato-definitivo-ipc-espana-2023

11. CALCULATION OF SOCIAL RETURN (SROI)

Calculating the Social Return on Investment (SROI)[195] carried out for the intervention of the CRECE project shows a notable impact on the generation of social value that produces at least 3 times more value, in a conservative scenario, up to almost 7 times more value in a less conservative scenario that assumes some risk, since data belonging to a group that does not comply with the representative sample is included in the calculation. The result of this report highlights the importance of CRECE's intervention not only for its ability to mobilize financial resources towards the creation of value, but also for its significant contribution to the social impact it generates for the affected people.

For each
1€
invested, social value is generated between
3,00€ and 7,77€

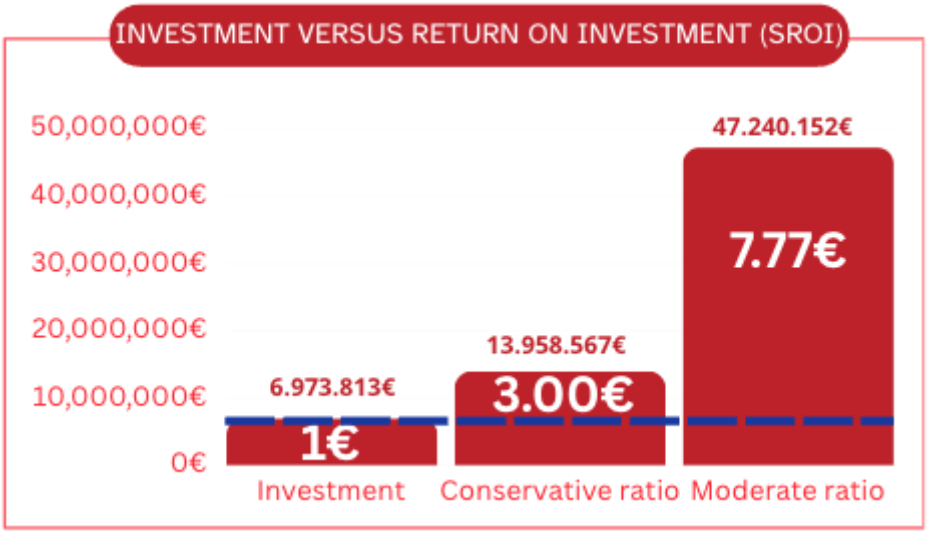
The social return ratios are presented as a range that reflects different levels of reliability and coverage, allowing decisions to be adjusted to the degree of risk assumed. This range includes a **conservative ratio (3,00€)**, based only on data reported by participants and extrapolated from groups with proven statistical representativeness[196] (see Table 10).

Also presented as optional data, an **inclusive ratio with moderate risk (7,77€)**, which incorporates a large group: *Women in situations of social difficulty*, which, as it does not comply with the statistically verified sample, is taken into account in this ratio since the margin of error is low (6.81%)[197] Therefore, it can be admitted that the sample could be representative assuming that there is a certain margin of error, and consequently a certain

[195] 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
[196] *The conservative ratio includes data extrapolated only from the groups with a confirmed representative sample: older participants, Staff and "volunteers". For the other groups (young people, women, people with mental health difficulties and people experiencing homelessness), only the data reported by those who participated in the evaluation were considered.*
[197] *The margin of error was calculated for a population of 2,256 women with a confidence level of 95%, which ensures that the results reasonably reflect the population studied. With a real sample of 190 women compared to the expected sample of 329, the margin of error resulted in 6.81%, indicating a low level of error and adequate representativeness. This margin reflects the error inherent to random sampling and is key to evaluating the precision of the results obtained.*

degree of risk (although low) that the voice of the group of *Women in situations of social difficulty* is not entirely representative for that group. Accepting the moderate risk that the sample was not representative for the entire group of women, the value of the moderate risk ratio is extrapolated taking into account this group of interest, in this ratio to support decisions that consider a moderate level of risk.

Figure 112. Investment vs value ratio



Own elaboration.

Conservative ratio (3,00)*:* This calculation is based exclusively on data extrapolated from groups that exceed the minimum threshold of statistical representativeness[198]. It represents the voice of 1.839 people (31% of the total population studied). Ensures that the values used to calculate the SROI come from reliable data, minimizing the risk of overestimating the impact. The value generated, represented by the Net Present Value, discounting the investment, amounts to **13.958.568€**. This means that, for every 1€ invested, more than **3 times its value** in social impact.

Inclusive ratio with moderate risk (7,77)*:* Includes *women in situations of social difficulty* (in addition to the groups included in the conservative ratio). This group did not reach the level

[198] *The extrapolated data belong to the groups: older participants, professionals and volunteers, who exceeded the threshold of a statistically representative sample.*

of representativeness (6,81% error rate)[199] Therefore, when basing decisions on the data included in this ratio, a risk is assumed, although very low, that the decisions do not take into account with certainty the voice of all the people in this group, since it presents a degree of error in the statistical sample. In total it represents the voice of 3.903 people (65% of the total population studied). The value generated, represented by the Net Present Value, discounting the investment, amounts to **47.240.152€**. This means that, for every 1€ invested, more than **7 times more social value than the resources invested (6.973.813€).**

Both ratios are suitable for decision making, with a risk margin ranging between 0% and 6,81%. The latter represents an acceptable level in social research studies.[200]. While the conservative ratio (3,00) prioritizes the accuracy and reliability of the data, the inclusive ratio (7,77) seeks to more broadly capture the potential impact, assuming the risks inherent in extrapolation to less represented groups.

High risk ratio (10,94)*:* In a hypothetical scenario in which the data from this evaluation could have been extrapolated to cover the entire population studied, the ratio would have reached the **10,94€**, indicating that **for every 1€ invested, a social value of 10,94€ would be generated**. However, this report does not consider this ratio, since it does not accurately reflect the voice of all stakeholders due to the lack of a representative sample in the groups of people young people in situations of ex-tutelage and/or social difficulty, people with mental health difficulties and people experiencing homelessness[201].

The use of this ratio in decision making could entail significant risks: it could underestimate unidentified negative impacts or leave out positive impacts that would have increased social value. Therefore, this ratio is not considered adequate or reliable for its application, but it

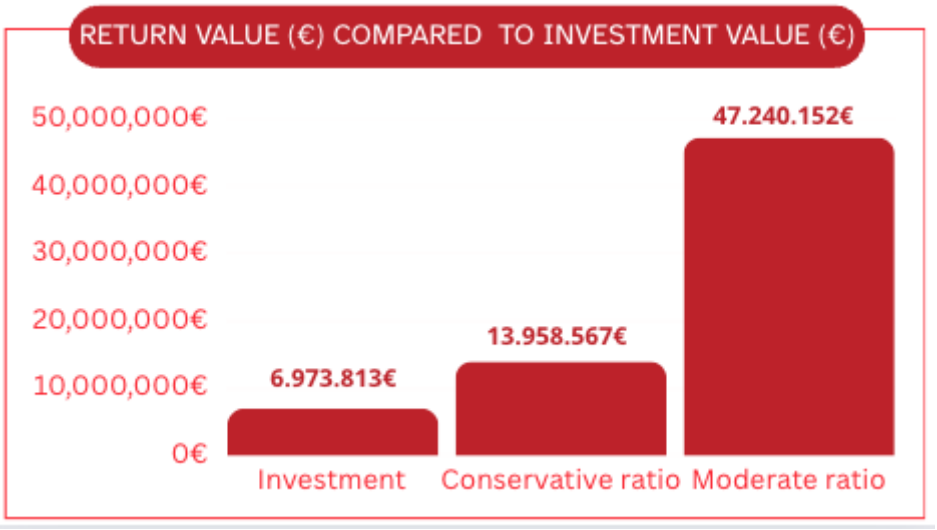
[199] *The margin of error was calculated for a population of 2,256 women with a confidence level of 95%, which ensures that the results reasonably reflect the population studied. With a real sample of 190 women compared to the expected sample of 329, the margin of error resulted in 6.81%, indicating a low level of error and adequate representativeness. This margin reflects the error inherent to random sampling and is key to evaluating the precision of the results obtained.*

[200] *In social research, it is common to work with margins of error that range between 5% and 10%. For example, establishing a margin of error of 10% implies accepting that, for every 100 cases studied, the results may vary by 10% above or below the estimated value. Management Training. (s.f.). Market research process: sampling calculation, error and affinity. Retrieved on [access date], from https://blog.formaciongerencial.com/proceso-de-investigacion-de-mercados-calculo-muestral-error-y-afinidad/*

[201] *There is a statistical sample error rate of 11.25% in young people in a situation of ex-custody and/or social difficulty, 21.62% in people with mental health difficulties and 9.04% in people in a situation of homelessness. These values exceed the acceptable range for data extrapolation, which is usually recommended below 7%.*

serves as a guide to motivate more complete data collection in subsequent editions of the program.

Figure 113. Relationship between the investment and the NPV generated



Own elaboration.

11.1 VALUE OF CHANGES BY STAKEHOLDER GROUP

When delving deeper into the distribution of this impact, it is observed that the stakeholders that receive the greatest benefit are those directly intervened by CRECE activities. In particular, the **99.46%**[202] of the total social value generated is concentrated in the participating people. This data highlights the relevance of the program to optimize future editions of CRECE.

The following table presents the proportion of social value generated, distributed among the different stakeholders, ordered from highest to lowest value. Likewise, the total number of people from each stakeholder group for whom said social value has been generated is indicated. Both data correspond to the extrapolation of the sample, under the assumption

[202] *As mentioned in the ratio ranges, not all groups reached the representativeness threshold. Therefore, the estimated proportion is presented here, assuming that all individuals were impacted uniformly, to represent the relationship between the stakeholder groups.*

that all people had responded in a similar way to those who provided the data, in order to be able to appreciate the relationship of value generated between the groups.

Table 52. Relationship between investment and value generated

Stakeholder groups	# of people in the group	Proportion[203] of the value generated (%)
Participants - Women in situations of social difficulty	**2.256**	37.42%
Participants - Elderly people	**1.457**	20.89%
Participants- People experiencing homelessness	**924**	16.95%
Participants - Young people in situations of ex-tutelage and/or social difficulty	**647**	12.19%
Participants- People with mental health difficulties	**712**	11.99%
Alliances (Public Administration /ONG)	**131**	0.34%
Paid staff	**70**	0.09%
Volunteers	**124**	0.09%
TOTAL Value	***6321***	*100%*

Source: *Own elaboration.*

The following figure illustrates the proportion of social value generated per individual in each of the groups studied, in which the group of participating people is subdivided into subgroups given the different characteristics.

11.2 THE VALUE RELATIONSHIP BETWEEN THE DIFFERENT CHANGES

The following table shows the proportion of social value generated by each change for the people impacted (participants, volunteers, and paid staff), ranked from highest to lowest value. The values have been grouped together considering all stakeholders who reported experiencing the same change, with the aim of illustrating the social

[203] *In this calculation, the number of persons members of the stakeholder groups has been extrapolated for all groups, based on the number of people and organizations indicated. It is important to note that, as mentioned in the ratio span, not all groups reached the representativeness threshold. Therefore, the estimated proportion is presented here in the event that all individuals had been impacted uniformly, in order to illustrate the relationship in % between the different groups.*

value generated if that change were experienced uniformly by all participants in each group.

Table 53. Value generated by change type

Change	Proportion[204] of the value generated (%)
Expansion of the support network	34,18%
Improved physical and/or mental health	23,47%
Reduced feeling of loneliness	22,38%
Strengthened sense of belonging to the local community	19,85%
Increased concern and uncertainty about the continuity of the project (-)	-6,78%
Initiated new studies (more motivated) and personal development	3,05%
Increased economic satisfaction	2,22%
Increased housing satisfaction	1,64%
TOTAL Value	*100%*

Own elaboration.

The impact of the *expansion of the support network*, experienced by all the groups that represent the participating people, constitutes the change in well-being that encompasses the greatest value, representing 34.18% of the total value, that is, more than a third of the value generated. It is followed by the changes related to mental and spiritual well-being: "*Improvements in mental health*", which covers 23.47% of the total, "*Reduced feeling of loneliness*" also valued by all groups of participating people (22.38%, and, finally, *"Strengthened sense of belonging to the local community*", with 19.85%. This shows that more than 96% of the value generated is related to the interaction between the person and their community.

[204] *In this calculation, the number of persons members of the stakeholder groups has been extrapolated for all groups, based on the number of people and organizations indicated. It is important to note that, as mentioned in the ratio span, not all groups reached the representativeness threshold. Therefore, the estimated proportion is presented here in the event that all individuals had been impacted uniformly, in order to illustrate the relationship in % between the different groups.*

11.2.1 Value of reducing the feeling of loneliness

This report highlights the significant value that participants place on reducing the feeling of loneliness. Based on data collected and extrapolated to representative groups[205], the estimated social value of this change amounts to **6.812.591€**. This amount, based on data reports evidenced by **1.839 people**, is equivalent to an average generated value of **3.705€** per participant.

On average for all groups (conservative scenario):
"Reducing unwanted loneliness" generates value of 3.705 €/person on average

If these results are extrapolated to all participating stakeholders, assuming that they would have answered in the same way and accepting a risk of possible error in the data given that the sample was not statistically representative for all subgroups of participating people[206], the social value generated by CRECE in the *Reduction of feelings of loneliness* could reach **16.848.482€**. This amount reflects the perception of the **5.556** potential participants, if they have responded identically to those who took part in the evaluation.

"Reducing unwanted loneliness" 16.848.482€

Compared to resources (inputs)[207] assigned to the intervention during the evaluated period (**6.973.813€**), the social value generated solely by the *reduced feeling of loneliness*, in its

[205] *These data consider the responses of the people who have participated in the evaluation (1873), in addition to the extrapolated data from the groups of "Participants - Seniors", "Professionals" and "Volunteers", since these groups met the representative sample threshold.*
[206] *In social studies, a margin of error of 5-7% is considered acceptable to ensure adequate representativeness of results. In this study, the margins of error obtained are as follows: for elderly participants, volunteers and paid staff, the margin of error is zero or within acceptable parameters. On the other hand, for people experiencing homelessness it is 8.88%; for young people in a situation of ex-custody and/or social difficulty, 9.66%; and for women in situations of social difficulty, 11.87%, a value slightly higher than the recommended margin. On the other hand, the margin of error for people with mental health difficulties reaches 35.60%, a significantly high value. These data suggest that, although some groups have moderate margins of error, in others the level of uncertainty is high, which requires cautious interpretation of the results.*
[207] *By "inputs" it refers to the resources assigned to the intervention, both monetary (project budget) and non-monetary (volunteer time, infrastructure, services provided at no cost, among others). That is, it represents the total value of the resources invested in the project, beyond the direct financial budget. See table 26.*

monetized version: ***6.812.591€***, based on representative data according to the conservative social return ratio (3.00) detailed in Chapter 10. Future Values, is very close to the total value of the resources invested.

This result indicates that, even if only the social value generated by this single improvement were considered, CRECE would already generate a return equivalent to the investment, which makes it profitable from the point of view of social value generated. Furthermore, since the project also produces other improvements that increase the total social return, its impact goes beyond the intended change. This shows that CRECE, just by fulfilling its main objective, is already sustainable in terms of social profitability and that, by generating other unintentional improvements, both positive and negative, it adds even more value (see Chapter 10. Future values for more details).

In order to understand whether the reduction of unwanted loneliness is valued equivalently by all participants, the values were analyzed by group. The results show that the young people in situations of ex-custody and/or social difficulty assign the highest value to this improvement, with an average of **5.183€ per person**. Followed by elderly people (**4.189€/p**), the people experiencing homelessness (**3.861€/p**), the women in situations of social difficulty (**3.624€/p**) and, finally, the people with mental health difficulties (**3.930€/p**).

Table 54. Value of the reduction of unwanted loneliness

Social value generated in reducing unwanted loneliness				
Elderly people	Women in situations of social difficulty	Young people in situations of ex-tutelage and/or social difficulty	People experiencing homelessness	People with mental health difficulties
				
4.189€/p	***3.624€/p***	***5.183€/p***	***3.861€/p***	***3.930€/p***

Source: Own elaboration.

11.2.2 Value of improved sense of belonging to the local community

According to the study *Research on the experience and perception of unwanted loneliness. Responses at the community level*[208], which examines the importance of strengthening community ties to address the problem of loneliness, suggests that responding to loneliness requires building relationships within community and social environments.

The study details that the degree of social connection and participation directly influences the perception of loneliness, establishing an inverse relationship between both factors: the less participation in activities with other people, the greater the prevalence of loneliness. Something similar happens with social connection, since people who interact less than they would like with their close environment experience a greater sense of loneliness. However, the quality of relationships has an even greater impact than their quantity[209].

The data analyzed in this report reflect the high importance that participants assign to improving their relationship with the community as an effect of their participation in CRECE, significantly strengthening their sense of belonging to the local community.

In a conservative scenario, which considers only the value assigned to this change by the groups whose data are statistically significant, the estimated social value of this improvement amounts to **3.910.675€**. This amount is based on data reported by **1.480 people participating**. However, this figure only shows the data of the groups with a statistically representative sample.[210].

If we assume that all participating people had responded in the same way, the estimated social value would amount to **15.414.262€**, representing a total of **5.996 people participating**, which would imply an average of social value generated from **2.570€ per person**. Compared with the economic investment per person of 1.080€, it is clearly observed that **the value generated by this change in reported well-being doubles the investment,** evidencing a significant return in terms of social impact.

[208] Foundation ISEAK. *Research on the experience and perception of unwanted loneliness. Responses at the community level*. Foundation ISEAK, 2024.
[209] Pinquart M. y Sorensen S. (2001).; Influences on loneliness in Older Adults 245-266, Basic and Applied Social Psychology
[210] *The data correspond to older people (extrapolated because they are statistically representative) and to the sample of the other participating groups, not extrapolated because they do not reach statistical representativeness.*

To understand whether the improvement in the perception of *strengthening the sense of belonging to the local community* is valued equivalently by all participants, the values were analyzed by subgroups, observing significant differences. Young people in situations of ex-tutorship and/or social difficulty assign the greatest value to this improvement (**6.896€/p**), followed by people with mental health difficulties (**3.510€/p**), women in situations of social difficulty (**3.624€/p**), people experiencing homelessness (**3.232€/p**) and, finally, elderly people (**2.414 €/p**).

Table 55. Value of the sense of community belonging

Social value generated by strengthening the sense of community belonging				
Elderly people	**Women in situations of social difficulty**	**Young people in situations of ex-tutelage and/or social difficulty**	**People experiencing homelessness**	**People with mental health difficulties**
				
2.414€/p	***2.904€/p***	***6.896€/p***	***3.232€/p***	***3.510€/p***

Own elaboration.

11.2.3 Value of expansion of the support network

The study *Research on the experience and perception of unwanted loneliness. Responses at the community level*[211], highlights the importance of having a support network that offers security and confidence in times of need. Furthermore, it analyzes the relationship between the degree of loneliness and the perception of having a support network, pointing out that this support is not only based on receiving effective help, but also on the certainty that it will be available if required. In other words, knowing that you can count on someone already constitutes a form of social support. This support can be classified into different types

[211] Foundation ISEAK. *Research on the experience and perception of unwanted loneliness. Responses at the community level*. Foundation ISEAK, 2024.

according to its function, including material, informational, emotional and instrumental support.

The data analyzed in this report reflect the high value (importance) that participants assign to *increasing the support network* as the impact of their participation in CRECE. In a conservative scenario, considering only the groups with statistically significant data, the estimated social value of this improvement amounts to **5.296.973€**, based on reports from **1.555 people participating**. However, this figure only represents the groups with a statistically representative sample.[212].

If we assume that all participating people had responded in the same way, the estimated social value would amount to **26.546.066€**, representing a total of **5.317 people participating**, which would imply an average of **3.406€/person** in assigned value. Compared with the economic investment per person of 1.080€, it is observed that the value generated by this improvement in well-being **tripled the investment**, evidencing a significant return in terms of social impact.

To understand whether the improvement in the perception of *expansion of the support network* is valued equivalently by all participants, the values were analyzed by subgroups, observing significant differences. Young people in situations of ex-tutorship and/or social difficulty assign the greatest value to this improvement (**7.147€/p**), followed by women in situations of social difficulty (**6.348€/p**), people with mental health difficulties (**4.333€/p**), people experiencing homelessness (**3.925€/p**) and, finally, elderly people (**2.745€/p**).

Table 56. Value of the increase in support network

Social value generated by increasing the support network				
Elderly people	**Women in situations of social difficulty**	**Young people in situations of ex-tutelage and/or social difficulty**	**People experiencing homelessness**	**People with mental health difficulties**

[212] *The data correspond to older people (extrapolated because they are statistically representative) and to the sample of the other participating groups, not extrapolated because they do not reach statistical representativeness.*

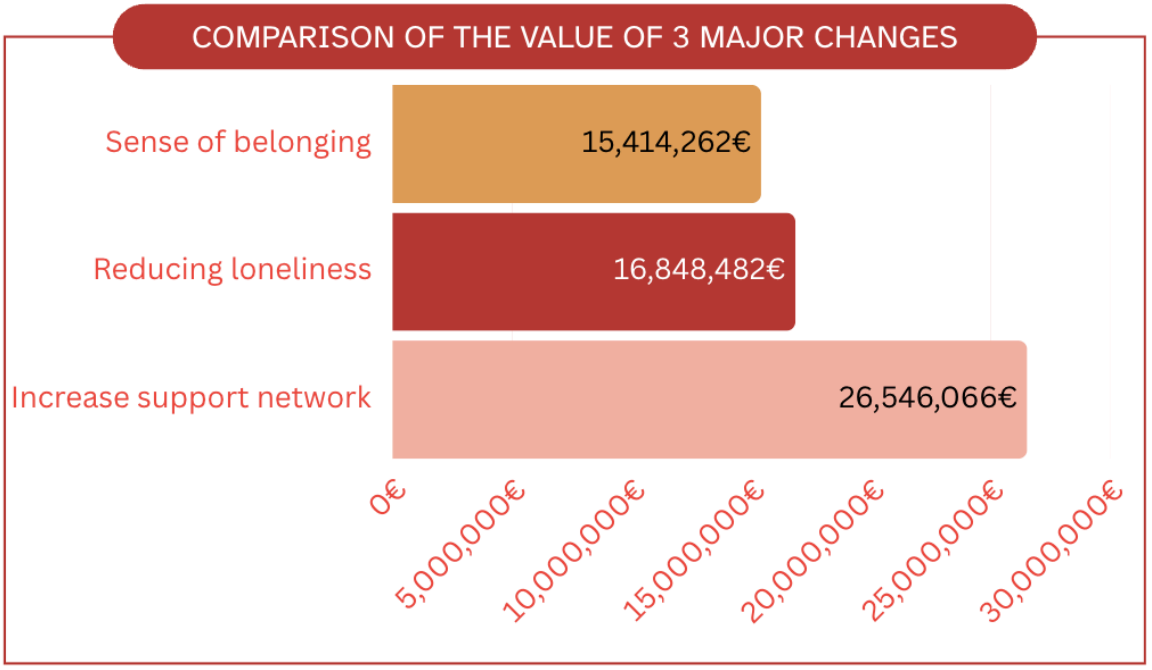
				
2.745€/p	***6.348€/p***	***7.142€/p***	***3.925€/p***	***4.333€/p***

Own elaboration.

11.2.4 Comparison between three changes related to high-value loneliness

The following figure shows the relationship between the average value assigned to the three changes analyzed in Section 7.1.2.1. It is evident that the *expansion of the support network* generated by CRECE is the change most valued by the participants as a whole, surpassing the *reduction in feeling of loneliness* and in 41.93% at *strengthening the sense of belonging to the local community* experienced thanks to CRECE.

Figure 114. Value comparison of three main changes



Own elaboration.

11.3 SOCIAL VALUE BY WELL-BEING DOMAIN AND CATEGORIES OF CHANGE

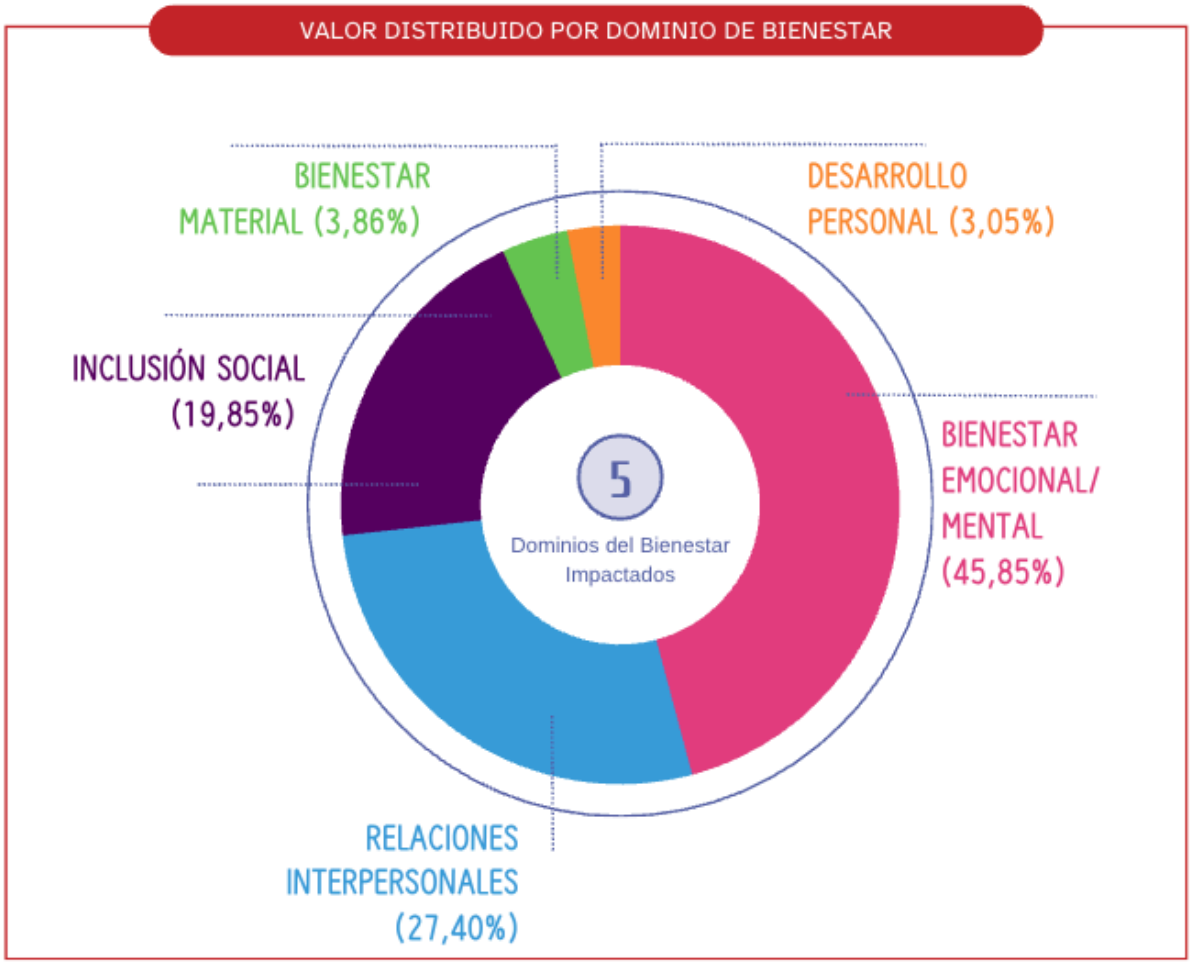
In the analysis[213] Of the areas of well-being in which changes are generated through the intervention, it is observed that CRECE mainly impacts the well-being domains "Emotional/mental well-being" (**45.85%** of the total reported value), and "Interpersonal relationships" (**27.40%**), as well as "Social Inclusion" (**19.85%**) of the Sherlock-Executioner model[214], three areas closely related to the relationship between people and the community.

On the contrary, the domains of "material well-being", "rights" and "personal development" do not present a significant impact, although, according to the analysis of the preconditions for these changes that are detailed in the different chains of events of the different groups, both

[213] *This assumes that all people in all stakeholders would have reported the data in the same way as the sample considered.*
[214] 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

for the participants and for staff and volunteers, they are found within these domains, so indirectly these domains also contribute value.

Figure 115. Value relationship between well-being domains



Own elaboration.

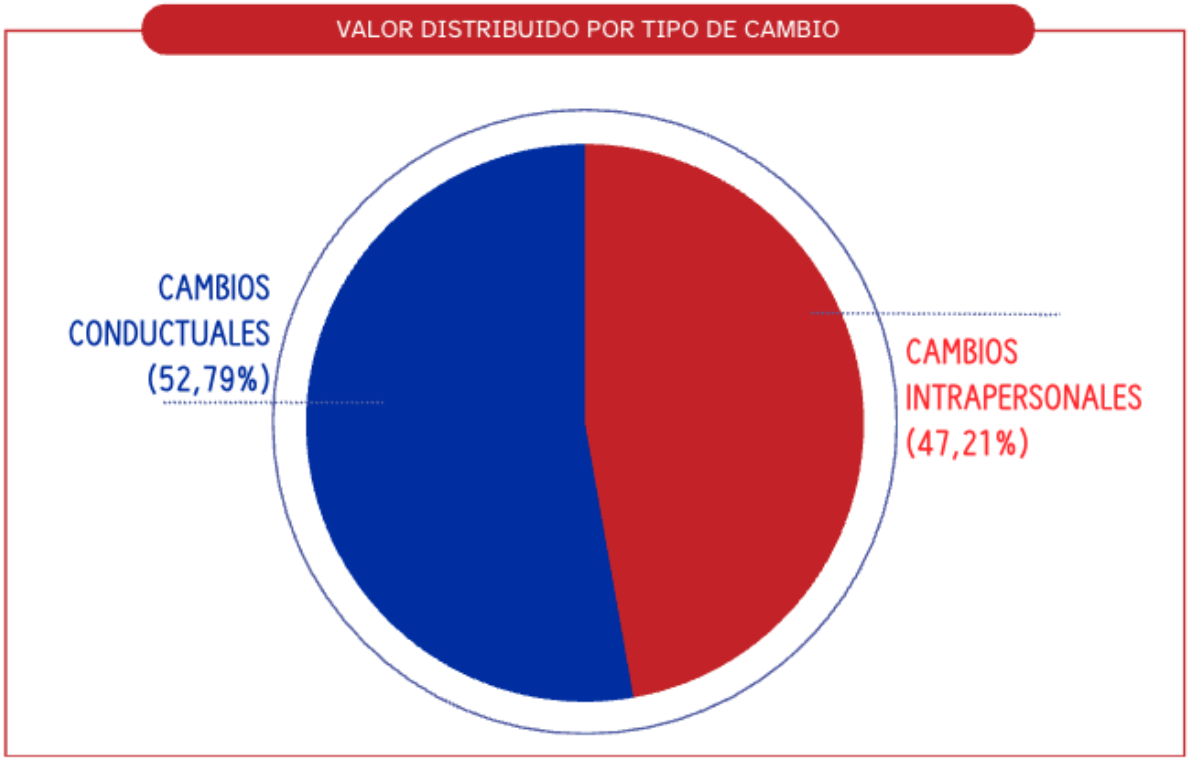
The analysis[215] of the value of the types of changes generated, the effect of the intervention, reveals an almost homogeneous distribution between these two categories. The **intrapersonal changes** represent **47.21%** of the total social value generated, evidencing its importance in the personal and emotional transformation of the participating people. On the

[215] *This assumes that all people in all stakeholders would have reported the data in the same way as the sample considered.*

other hand, the **behavioral changes cover 52.79%** of social value, highlighting its relevance in creating practical and tangible improvements in people's life circumstances.

This division underlines that both internal transformations and external actions are essential to understand and maximize the social impact of CRECE.

Figure 116. Value relationship between different types of changes



Own elaboration.

11.4 NEGATIVE IMPACTS AND THEIR EFFECT ON THE SOCIAL RETURN

The analysis carried out confirms that the negative impacts associated with CRECE are reduced compared to the total identified. Of the **41 impacts reported by stakeholders, only 3 of the changes (7,18% of the total number of changes) were classified as "negative impacts"**, which shows that in general terms, the intervention generates well-being for people.

Of the 3 impacts identified, the main negative impact generated by CRECE comes from *uncertainty about the continuity of the project* among elderly people, representing the **99,11% (5.267.705€) of the total negative impact value**. To a lesser extent, paid staff have reported an *increase in stress levels* **(0.83%, -44.277€)**, while community alliances have expressed *concern about the non-continuity of the project* **(0.06%, -2.822€)**. Although these impacts are limited in number, the economic value of the first highlights the importance of managing them.

The economic value attributed to these impacts amounts to **-5.314.803€**, which impacts in a negative way on the social return of the program. In the absence of these impacts, the social return would have increased to **3,75€**, compared to the **3,00€** reported. Thus, although CRECE presents a positive balance in terms of impact, addressing these negative aspects would optimize the results and its long-term sustainability.

Detailed analysis of these impacts reveals that *the uncertainty and concern of the participants* are directly related to the project completion date. This concern arises mainly from the fear of not being able to maintain on their own the positive changes achieved during their participation, by not having the continuous support of the Red Cross (or not knowing if they will be able to count on them). For many people, the well-being generated through the program has had a significant impact on their lives, intensifying the fear of losing these gains and returning to their previous situation.

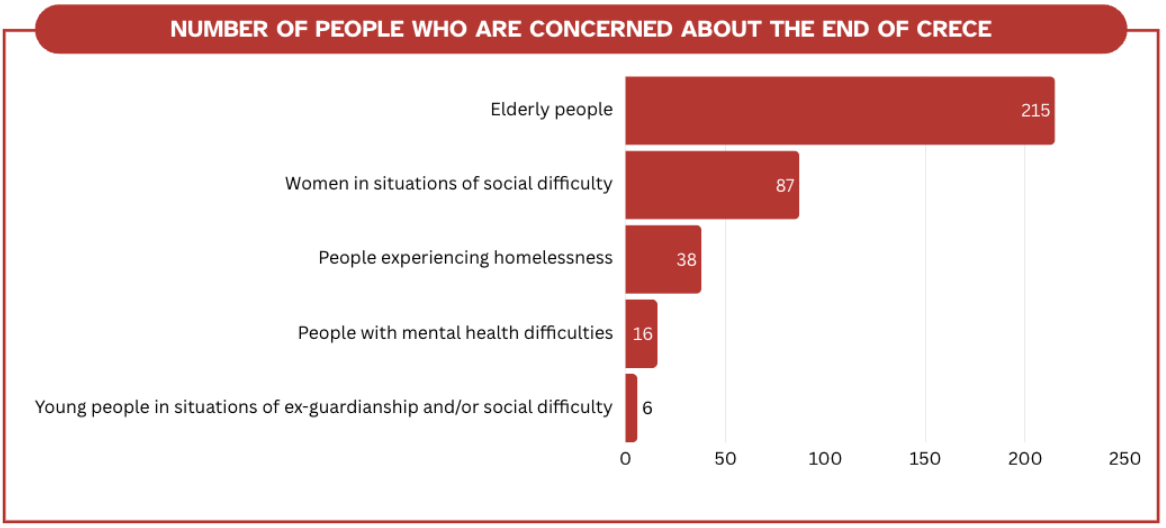
From the perspective of the project, this concern can be interpreted as evidence of the high value that the participants attribute to the activities carried out, which demonstrates their effectiveness and relevance. However, at the same time, it generates a considerable level of discomfort and affects the feeling of stability that they had acquired with the program. **Avoiding this discomfort has been highly valued**, with an average score of **6.76 out of 10** in all population groups in social difficulty.

However, there are differences between the different groups. As detailed in Figure 117, the groups that assigned the greatest value to mitigating this negative impact were *elderly people* and *women in situations of social difficulty*.

In total, of the people surveyed, **382 people of the 673 surveyed (53.70%)** expressed this concern, standing out in the following groups:

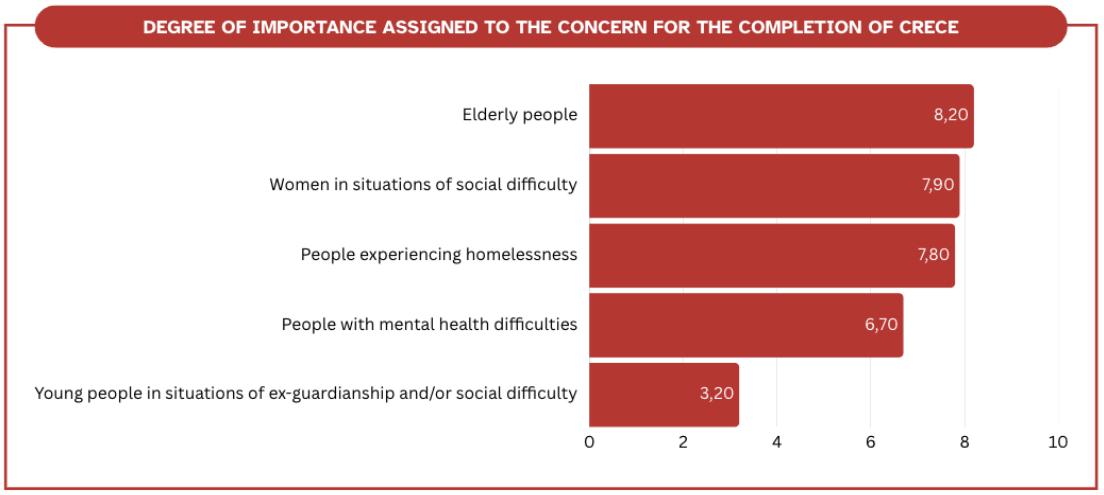
- **Elderly people:** 73.63% identified with this impact.
- **People with mental health difficulties:** 80% identified themselves, although with an average rating of 6.76.
- **Women in situations of social difficulty:** 45.79% identified themselves, assigning a high score of 7.9.
- **Young people in situations of guardianship and social difficulty:** Only 8.96% expressed this impact, although they assigned it a medium-high value of 7.8.

Figure 117. Total people concerned about the completion of CRECE



Absolute data of people who indicated that they identified with the change.
The data is not extrapolated. Own elaboration.

Figure 118. Average importance of concern



Own elaboration.

Furthermore, the participants anticipated that this concern would not only manifest itself during the development of the project but would also persist during **the year following its completion**. Therefore, this negative impact not only affects the immediate experience of the participants, but also has a future projection, adding a negative estimated value for the next period that affects the total value of the project.

Conclusion: 99.11% of the total negative economic value (5.314.803€), that affects the social return of the program, comes from the uncertainty expressed by *elderly people.* This high impact is due to the fact that the majority of this group identifies with this concern and assigns it a significant value, in addition to the fact that this impact is extrapolated to all elderly people participating in CRECE, as described for the conservative ratio of 3.00.

Given that the representative sample has been extrapolated to the total number of elderly beneficiaries of the program (**1.457 people**), the magnitude of the negative value has increased exponentially. It should be noted that this same extrapolation methodology has been applied to all the **positive changes** identified in this group. Therefore, the total value of the impact on elderly people is made up of the sum of the benefits obtained, discounting the negative impact associated with the uncertainty about the continuity of the program.

12. SENSITIVITY ANALYSIS

Sensitivity analysis constitutes a fundamental tool in the SROI methodology that allows evaluating the way in which fluctuations in key variables can affect the final result of the calculation of the social return on investment. This methodological process allows us to identify those data and assumptions that exert a greater influence on the results, facilitating a more detailed understanding of the consistency and reliability of the analysis carried out.

In line with Principle 5 of "*Do not overestimate or underestimate values*"[216], this analysis contributes to the validation of the projections made, the prioritization of critical elements, ensuring quality in strategic decision making. In addition, it facilitates the detection of risks by simulating alternative scenarios and measuring their effect on the estimated social value. The following table shows the elements analyzed, along with an assessment of their degree of sensitivity within the model, using a conservative ratio as a basis.

[216] Social Value International. (n.d.). Principle 5: Do not overclaim www.socialvalueint.org/principle-5-do-not-overclaim.

Table 57. Sensitivity analysis

stakeholder group	What is analyzed	SROI conservative	New calculation	Variation	Sensitivity degree
All stakeholders	Se extrapolates the data, both at the level of changes and inputs, assuming that the responses obtained are representative of the total population in each group of interest, regardless of the degree of compliance with the planned sample. That is, the results are projected as if all groups of interest had achieved a response rate of 100%, applying the average values observed in the responses collected to the total population of each group.	3,0	10,77	+7,77	Sensitivity degree: **HIGH** The data indicates that the program could have more value if the data from all stakeholders in the sample are extrapolated to the total universe. The high sensitivity suggests that the total impact of the program could be significantly greater than that measured with directly collected data. The small difference with the previous scenario (-0.22 points) indicates that the main factor of variation is in the extrapolation of the participating people, with the effect of extrapolating the rest of the groups being relatively minor.
All stakeholders	The deadweight, attribution and displacement discount values of all stakeholders are increased by 25%	3,0	0,96	-2,04	Sensitivity degree: **HIGH** Increasing all discounts by an additional 25% simultaneously produces a significant change in SROI. This scenario is extremely unlikely as it would require all discounts to be significantly understated, despite being reported by multiple sources (participants, paid staff, and experts).
All stakeholders	The number of people who reported experiencing each change in all stakeholders of the CRECE project was reduced by 20%. as a measure	3,0	2,40	-0,60	Sensitivity degree: **MEDIUM** Although there is an impact by reducing the number of people reporting changes, the effect is limited. The moderate variation suggests that possible errors or biases in

	conservative to counteract possible cases in which the questionnaire had not been adequately understood.				understanding the questionnaire would not fundamentally alter the conclusions of the SROI analysis, although they would affect its magnitude.
All stakeholders	The value of deadweight discounts is increased by 25% over the current value for all stakeholders.	3,0	2,05	-0,95	Sensitivity degree: **MEDIUM** Despite applying a substantial 25% increase in deadweight for all swings, the variation in SROI is moderate (-32%). This average sensitivity demonstrates that, even in the face of such a demanding scenario in deadweight discounts, the SROI maintains a positive social return with a contained variation.
All stakeholders	The value of attribution discounts is increased by 25% over the current value for all stakeholders.	3,0	1,95	-1,05	Sensitivity degree: **MEDIUM** The 25% increase in attribution for all changes produces a moderate change in SROI, representing a -37% decrease. This average sensitivity demonstrates that, even in such a demanding scenario in attribution discounts, the SROI maintains a positive social return with a contained variation.
All stakeholders	The value of displacement is increased by 25% over the current value for all stakeholders.	3,0	2,22	-0,78	Sensitivity degree: **MEDIUM** The 25% increase in offset for all changes produces a moderate change in SROI, representing a -26% decrease. This average sensitivity demonstrates that, even in the face of such a demanding scenario in displacement, the SROI maintains a positive social return with a contained variation.
All participating stakeholders	To assess the impacts of the stakeholder group of participants, an anchoring proxy is used based on the SoledadES	3,0	2,04	-0,96	Sensitivity degree: **MEDIUM** The use of the anchoring proxy based on the SoledadES

	study (Rodríguez-Gómez et al., 2023)[217], which estimates the value of 3.086€ per person per year, calculated from the loss of QALYs associated with unwanted loneliness.				study (3.086€ per person/year) produces a moderate variation, representing a decrease of -31%. This average sensitivity demonstrates that, even using a more conservative valuation, the program maintains a substantial social return.
All participating stakeholders	To assess the impacts of the stakeholder group of participants, an anchoring proxy is used based on the study by Kupcewicz et al. (2022)[218], which estimates the value of 5.944€ per person per year, calculated from the impact of loneliness on life satisfaction in Spain.	3,0	3,95	+0,95	Sensitivity degree: **MEDIUM** The use of the anchoring proxy based on Kupcewicz's study (5.944€ per person/year) produces a moderate variation, representing an increase of +31%. This average sensitivity and similar magnitude but in the opposite direction to the previous scenario, validates the robustness of the proxy used in the base scenario, since it is located at an intermediate point between both academic references.
All stakeholders	To mitigate the potential risk of bias arising from the fact that, in some cases, staff were responsible for collecting and recording data in the tool, a 1-point reduction is applied to the depth reported by all stakeholders.	3,0	2,97	-0,03	Sensitivity degree: **LOW** Reducing one point in the depth reported by all stakeholders produces minimal variation in SROI. This low sensitivity suggests that potential bias resulting from staff being involved in data collection has not affected the results.
Women in situations of social difficulty, Young people in	The depth of some changes is modified, reflecting the adjustment in the number of people reporting the change. Specifically:	3,0	2,97	-0,03	Sensitivity degree: **LOW** Changing the depth of the indicated changes produces minimal variation in SROI. This low sensitivity indicates that the adjustments made, reflecting the adjustment in the

[217] Rodríguez et al. *SoledadES: Study on the costs associated with loneliness in Spain*. (Year unknown). Report quality-of-life , productivity losses and quality of life (QALY) derived from loneliness in the Spanish population.
[218] Kupcewicz, E., et al. (2022). *Study of nurses in Spain during Covid-19: Impact of general sense of loneliness on life satisfaction (LS)*.

situations of ex-custody and/or social difficulty	Women - change *Increased housing satisfaction*: from 1.54 to 1.43 Women - change *Economic improvement*: from 3.72 to 2.86 Young people- change *Increased economic satisfaction*: from 5.22 to 5.19 Young people- change *Increased housing satisfaction*: from 6.21 to 1.99				number of people reporting the change, have a limited impact on the overall result.
Volunteers	The input provided by the volunteers is modified, considering only the monetary value of the hours dedicated (97.579,63€) and excluding the direct monetary expenses reported (15.309,74€), thus reducing the total value of the input from 112.889,37€ to 97.579,63€.	3,0	2,99	+0,01	Sensitivity degree: **LOW** The modification of the input provided by the volunteers, considering only the monetary value of the hours dedicated and excluding the direct monetary expenses reported, produces a minimal variation in the SROI. This low sensitivity indicates that the way of valuing the economic contribution of volunteers does not significantly affect the overall result.
Alliances, staff, volunteers	Only the financing of the Ministry of Social Rights and Agenda 2030 and the Red Cross organization is considered as input, excluding the input in time and/or other monetary expenses of alliances, staff and volunteers.	3,0	3,14	+0,14	Sensitivity degree: **LOW** This low sensitivity suggests that the time costs and other monetary expenses of these groups have a limited weight in the overall calculation of social return, with primary financing being the most determining factor in the inputs.
All groups except elderly people and volunteers	Excluded from the calculation are those changes that, although they were included in the value map at the discretion of the consulting team, had not reached the threshold established in the significance test.	3,0	2,78	-0,22	Sensitivity degree: **LOW** This low sensitivity indicates that the changes included in the conservative scenario because they are considered material for decision making, although they did not reach the statistical threshold of significance, have not distorted the

					calculated social return.
All participating stakeholders	To assess the impacts on the stakeholder group of participants, the depth of change "unwanted loneliness is reduced" could have been considered using the results of the ESTE II scale, whose data were collected by the organization itself. This would have allowed impact to be analyzed using the mean depth of change derived from that validated scale, rather than the depth of change identified using the 1 to 10 scale on the SROI forms.	3,0	2,92	-0,08	Sensitivity degree: **LOW** The data show minimal variations in some groups, such as elderly people, while in others, especially those with a small sample, the differences are more pronounced. Despite these variations, it does not significantly impact the ratio and therefore would not impact decision making either.
Increase value for input provided by alliances (Public Administration and NGOs	The originally estimated value was increased by 30%.	3,0	2,98	-0,02	Sensitivity degree: **LOW** The data shows minimal variations in the total return. Despite this minimal variation, it does not significantly impact the ratio, and therefore would not impact decision making either.

Note: The following classification has been used to determine the degree of sensitivity: Low (variation < 0.5 points or < 15%), Medium (variation between 0.5-1.5 points or 15-50%) and High (variation > 1.5 points or > 50%), where the points represent the absolute difference with respect to the conservative SROI value (3.00). Source*: Own elaboration.*

Conclusion

It is concluded that there is a low degree of probability of having significantly underestimated or overestimated the SROI value, given the low level of sensitivity (medium and low) of most of the tests applied.

The sensitivity analysis shows that the most significant variations occur in the results extrapolation scenarios, both when extrapolating only to participating people and when doing so to all stakeholders, which suggests that the base scenario could be being especially conservative in measuring the total impact of the program.

Scenarios related to discounts show medium sensitivity when deadweight, attribution and displacement are analyzed individually. When combined, a high sensitivity is observed, although it represents an extremely unlikely scenario. The alternative valuation scenarios using different financial proxies show an average and symmetrical sensitivity, which validates the robustness of the proxy used in the base scenario.

Finally, scenarios that involve modifications in specific inputs, depth of changes, or adjustments in data collection show low sensitivity, indicating that the model is robust to minor methodological variations.

These conclusions suggest that the calculated SROI is conservative in its estimate of the total impact, but robust against most methodological adjustments, maintaining a positive social return in practically all the scenarios analyzed.

Below are the three scenarios that present a higher degree of sensitivity and that should be taken into account when making decisions.

12.1 THE 3 MOST SENSITIVE DATA

For decision making, the following conclusions from the sensitivity analysis must be taken into account:

Selective extrapolation to project participants

In the base scenario, an extrapolation has been carried out only in those groups where a statistically representative sample was reached (elderly people, paid staff and volunteers). The sensitivity analysis shows that, if the results are extrapolated from the total number of participants in all groups, the SROI would increase significantly, suggesting that the total impact of the program could be greater than that calculated in the current conservative scenario.

Extrapolation to all stakeholders

Extrapolation to all stakeholders, regardless of their statistical representativeness, also shows a significant increase in SROI. The limited difference with the previous scenario suggests that the most determining factor is the extrapolation of the participating people not included in the base scenario.

Combined increase in discounts

The scenario that simultaneously increases all discounts by an additional 25% shows high sensitivity. However, this scenario is extremely unlikely as it would require all discounts to be significantly understated, despite being reported by multiple sources (participants, paid staff, and experts).

13. VERIFY THE RESULT



The SROI methodology establishes in its Standard 7[219] the need to implement a verification process that actively involves the different stakeholders. 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 conclusions obtained based on this verification, and reference is made to Section 4.1.3, which details the process followed to achieve these results. The following section presents the results obtained from this verification, and makes reference to Table 14, which details the process followed to achieve these results.

13.1 THE INVOLVEMENT OF GROUPS IN VALIDATION

All stakeholders included in this study were actively involved in reviewing and verifying the chains of events, the theory of change, and the relative importance of changes through data collection materials adapted to the characteristics of each stakeholder group. This involvement process is described in Table 14 for each step of the process. Below is the data set that was used to confirm the validity of the data and conclude the degree of validity.

13.1.1 Validation by different stakeholders

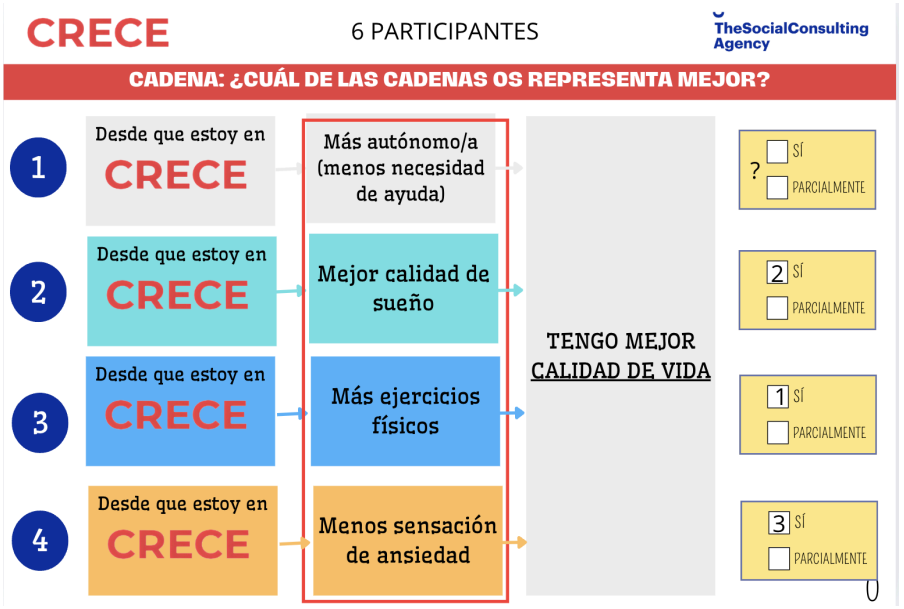
The four components that together complete the validation are the following:

Validation of the chain of events: A sample of the stakeholders was asked to validate the chains of events identified during the qualitative data collection (see Figure 119 as an example of materials used). To guarantee adequate representativeness of the group, focus group sessions were held, ensuring the diversity of profiles among the participants, paid staff and volunteers.

[219] Social Value International. (n.d.). Principle 7: Verify the Result. Social Value international. www.socialvalueint.org/principle-7-verify-the-result

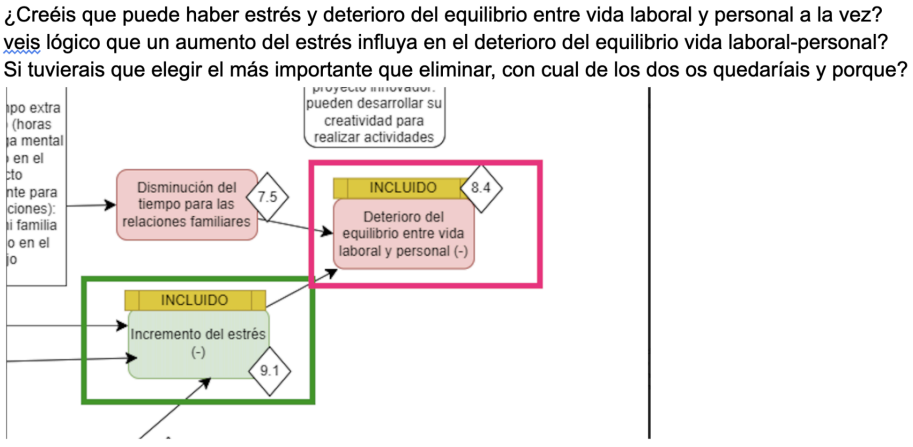
In these focus groups, various alternative chains of events were presented, especially those that had not been completely clear in the qualitative data collection, as well as the final chain, so that the participants could give their opinion. This process allowed us to collect representative data from the entire stakeholder group, through a sample, and carry out a participatory validation of the chains, ensuring that they truly reflected their experience and perspective.

Figure 119. Visual material used for string validation



Source: Own elaboration.

Figure 120. String Validation Chart Example



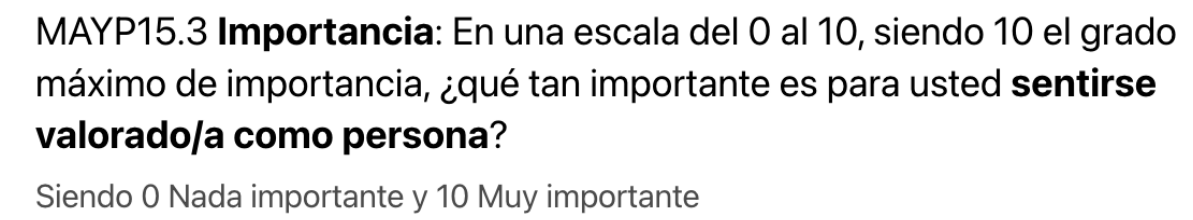
Source: Own elaboration.

Validation of the value of each change identified with non-monetary methodology: All people involved in the evaluation process were asked to respond to the following question: ***How important are the following changes experienced as a result of your participation in CRECE to you? (scale from 1 to 10 or 1 to 5, adapted to the group of interest).***

This question answers principle 1 *"Involve stakeholders"*, which suggests involving groups in identifying the value they assign to each change. In this phase, the consultation was carried out with non-monetary valuation methodology, in line with SROI Principle 4: "*Value what matters*" (see Figure 121), to understand the relative importance between the changes. The changes presented for evaluation were those identified in the previous phase, corresponding to Principle 2 of SROI: **"***Understand what changes***"**.

Validation of the value of each change identified with monetization methodology: Although the involvement of the stakeholder group in identifying monetary values for the changes is not a mandatory requirement of the SROI methodology, it was decided to conduct focus groups with all stakeholders, to give more rigor to the validation. In cases where it was not possible to organize these sessions, forms were used. Through these methods, value indicators were identified with revealed preference methodology, in line with SROI Principle 4: "*Value what matters*" and possible proxies were explored to monetize the changes validated in the previous phase.

Figure 121. Visual material to validate non-monetized value



Source: Own elaboration.

Final validation: After collecting all the data from the previous validations, a final validation phase was carried out, as a final step, and gratitude for the data provided, through an accessible and educational format. Explanatory materials were developed that detailed:

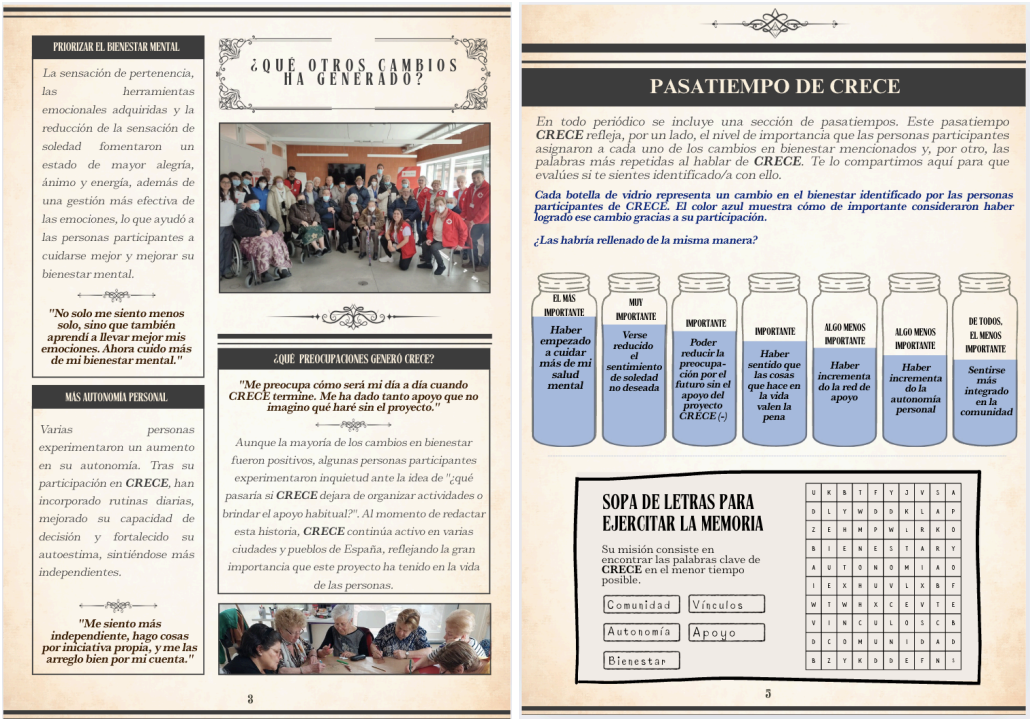
- The changes identified
- The associated chains of events
- The relative importance of each change

Since the monetization of the changes turned out to be a complex concept for some participants, it was decided to represent the relative importance between the changes using a scale from 1 to 10 (see Figures 122, 123, and 124 as examples).

To ensure a higher level of understanding and involvement, additional effort was made in the development of teaching materials adapted to each stakeholder group. Even to facilitate access for people with hearing difficulties or language barriers, a video was recorded in which the content of said materials was read:

☑ **Interactive newspaper for participants:** A fictitious newspaper was created that narrated, in accessible language, how a chain of changes had been generated, which were relevant and, in a fictitious way, would impact the citizens of an imaginary town that CRECE would reach the following year. This material included recreational elements, such as a game of "Pasapalabras", which allowed the relative importance of each change to be visualized in an entertaining way and validated.

Figure 122. Visual material to validate data with participants



Source: *Own elaboration.*

☑ **Cartel For volunteers:** An illustrated advertisement was created depicting chains of events, well-defined changes, and their relative importance. The announcement mentioned what would change for future volunteers if they participated in CRECE.

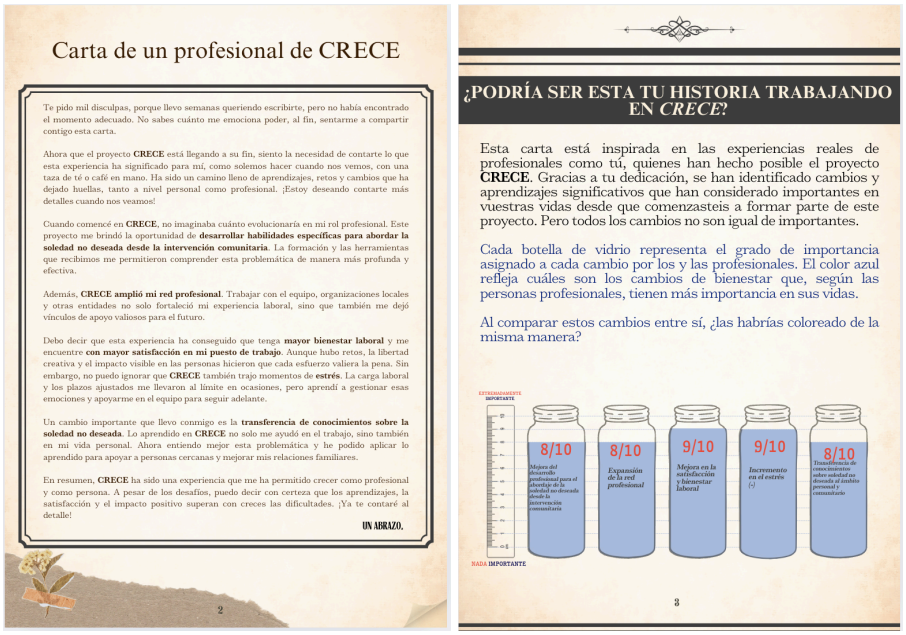
Figure 123. Visual material to validate data with volunteers



Source: Own elaboration.

☑ **For paid staff:** A letter was designed, written from the perspective of a person active in CRECE, addressed to a colleague in another location. This letter explained the changes identified, their importance and the associated chains of events.

Figure 124. Visual material to validate data with paid personnel



Source: Own elaboration.

In all these materials, participants were offered the possibility of validating the information through WhatsApp, forms or directly with the intervention team, using a response scale: "Totally agree", "Partially agree" and "Not at all agree".

It should be noted that in this final validation process no specific material was developed with community organizations, given that in previous phases their contributions had already been collected through round tables and project closing sessions. In these spaces, the results obtained were widely discussed, so it was considered unnecessary to repeat this procedure with them.

13.1.1.1. Validation data affected by force majeure

In the validation process, four sources of information were considered with the aim of guaranteeing maximum rigor in the analysis. (see Chapter 13. Verify the result). However, the final validation with materiality is didactic There was no response from the participants or volunteers, being only the paid staff that were able to respond to this latest data collection. Said lifting of this last source was seriously affected by several factors that coincided in time,

including DANA[220], the early closing of the program, the coincidence with holidays and the need to progressively cease interventions due to the end date of the project on December 31 (during the same period).io when this data collection was carried out).

Given the anticipation that these events would affect the data from this source of information, the materials were developed and sent to the contacts responsible for their immediate distribution. Even so, it was not possible to obtain responses, not due to lack of receipt of the material, but due to the absence of an adequate means at that time to collect the material.to scheduled validation. This aspect is detailed in Table 2, since it is considered a planning error (with a coincidence of force majeure), since this data collection was planned to reinforce the validation. Despite the impact on this last and fourth source of validation, conceived as a final step, the global validation of the data was carried out from multiple sources (see Chapter 13. Verify the result), also guaranteeing its solidity.

13.2 CONCLUSIONS OF THE VALIDATION PROCESS

The verification process carried out with the stakeholders has confirmed that the information presented in this report reflects the perceptions and experiences of the majority of people in the groups. implicated, for most of the changes identified. Especially robust is the source that validates the relative importance of the changes (detailed in Chapter 4. Understanding what changes), in which a clear saturation (high value) can be seen in the most relevant changes for these groups.

Furthermore, in the final analysis, the data from the three sources described above were combined, along with the repeated observation of the participants, who expressed to the evaluation team that they had already confirmed these changes on multiple occasions. This perception arose due to the various ways in which they were asked to validate the information, reaffirming that their voice was reflected in the process.

Therefore, it is concluded that the results offer a solid basis to guarantee that the theory of change, the changes identified and the degree of importance attributed correctly reflect the

[220] Europe Press. (2024, October 29). *Torrential rains through DANA, live: latest news on the rains in Valencia and Andalusia*. Recovered from

expectations and assessments of the impacted stakeholders. These findings reinforce the reliability of this report as a tool for strategic decision making and continuous improvement.

13.3 REPORT ACCREDITATION (ASSURANCE)

This report has been assured by Social Value UK[221] 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:

13.4 PROBABILITY OF USING SROI DATA

It is highly likely that the Red Cross, as the organization responsible for the planning and execution of the CRECE project, will use the data in this report for future strategic and operational decisions. CRECE has actively contributed to the creation of a new strategic line and the definition of the entity's community intervention model. This strategy, based on the findings of the project and the results of this and other reports and research developed within its framework, seeks to promote community actions in a comprehensive and transversal manner. This ensures that the lessons learned are incorporated into future interventions, reinforcing the Red Cross' commitment to addressing unwanted loneliness from a community approach.

In this context, CRECE, designed to strengthen capabilities, competencies and the empowerment of people in order to prevent institutionalization and promote deinstitutionalization, was born as an experimental initiative to generate evidence on the relevance of unwanted loneliness in a community care model. With this, it has supported and enriched a strategy that the Red Cross had already been developing.

[221] Social Value International. "Report Assurance." https://www.socialvalueint.org/report-assurance.

Evidence: The results of this report were presented at the project transfer events between November and December (2024), both at the 15 provincial Red Cross events and at the state closing event on November 5, 2024.[222].

On the other hand, at a strategic level, there are indications that the financing organization, the Ministry of Social Rights, Consumption and Agenda 2030, intends to use the data from this report in future communications on social innovation, with an impact on strategic and operational decision-making. This hypothesis is supported by the fact that the impact measurement model developed for CRECE, which incorporated SROI as a methodology, was presented as one of the impact innovations within its innovation portfolio.

Evidence: The Ministry of Social Rights, Consumption and Agenda 2030 foresees by 2025 the activation of a digital innovation portfolio aimed at the dissemination of findings and innovation models developed with the support of the Next Generation funds of the European Union. This portal will include, among other content, data from this report, in order to make visible the impacts generated by the project and its key findings.

[222] Red Cross - *"Executive Summary" - Data analysis process on addressing unwanted loneliness (December 2024)* (internal document).

14. CONCLUSIONS

The use of the SROI (Social Return on Investment) methodology in measuring CRECE's impact provides a key strategic advantage since it allows the social value generated to be rigorously evaluated and demonstrated. **quantifying intangible changes in economic terms** generated by the intervention in all impacted stakeholders. The data answers the questions "*what changes in the well-being of the impacted people*, *who does it impact? What value does it have for them?* and *¿what is the social return of CRECE*?

Beyond traditional impact measurement, the data generated by this report facilitates evidence-based decision making, optimizing the allocation of resources to the problems it seeks to address. In the case of CRECE, this translates into its **contribution to the reduction of vulnerability factors** that could avoid or slow down the institutionalization of the people participating in the project, and in strengthening the **accountability** before key stakeholders.

Likewise, by monetizing the social value generated, the Red Cross can **communicate** more clearly **the social return of your actions**, which can contribute to improving their competitiveness, access to financing and contribution to the development of public policies on deinstitutionalization and prevention of institutionalization.

Implementing this approach to obtain high-value data drives the transparency, continuous improvement and sustainability of CRECE. However, this report aims to highlight that the most important value of this methodology is to **incorporate into decision-making "the voice" of all impacted people, a voice that rarely appears at the table where decisions that affect their lives are made**.

Therefore, the data revealed in this report and summarized in these conclusions provide **a look focused on the participants and other stakeholders**, applying a vision that starts from the ***value*** that the intervention generates, beyond the savings that the reduction of unwanted loneliness or the fulfillment of the objectives of different organizations may mean for the State.

Economic savings in social services have already been rigorously studied through research "*The cost of unwanted loneliness in Spain "*[223], and the fulfillment of objectives[224] It was evaluated through the ESTE II scale[225], which measures the degree of unwanted loneliness. However, the data obtained through the SROI complement the information generated by these other investigations, ensuring that the **social value generated for the people truly impacted**, and thus be able to optimize future interventions taking into account "the voice" of the impacted people.

14.1 BALANCE SHEET OF CRECE'S SOCIAL VALUE

For each
1€
invested, social value is generated between
3,00€ and 7,77€

C1: CRECE generates a high social return for each euro invested. A return of **3,00€**[226] **for every euro**, with a possible extension up to **7,77€**[227] in a scenario that assumes a moderate degree of risk.

These findings, obtained through the SROI methodology[228]**, suggest that CRECE generates a significant social impact in relation to the investment made, since it triples the value of each euro invested.**

The social return ratio in the SROI methodology is usually presented as a range, ranging

[223] Casal Rodriguez, B., B. Rivera Castiñeira, and E. Rodriguez-Miguez. 2023. *El coste de la soledad no deseada en España*. State Observatory of Unwanted Loneliness (SoledadES).
[224] Red Cross - *Logical framework of the CRECE - Red Cross project. "OE1. "The people participating in the project will have perceived a reduction in unwanted loneliness"* (internal document). OG.1. Contribution to the reduction of vulnerability factors that could accelerate the institutionalization of the people participating in the project.
[225] Pinel Zafra, M., Rubio Rubio, L., & Rubio Herrera, R. (2009). An instrument for measuring social loneliness: ESTE II Scale. University of Granada.
[226] *This ratio includes the extrapolated social value only of the groups that have been represented with a statistically correct sample (participating older people, paid staff and volunteer staff),*
[227] *This ratio includes, in addition to the groups whose data have been extrapolated without margin of sampling error, the group of female participants in situations of social difficulty, which has a margin of error of 11.87%.*
[228] Social Value International. n.d. *Standards* https://www.socialvalueint.org/standards-and-guidance

from a minimum risk ratio—calculated with a statistically representative sample extrapolated to all groups that meet the criteria—to a ratio that, when extrapolated, includes impacts from stakeholders with a moderately acceptable margin of sampling error. The last ratio of 7,77€ return for each euro invested implies a certain risk that the identified impacts do not fully represent the reality of all people within each stakeholder group.[229]. However, it is still a valid approach to decision making and understanding the value generated. Depending on the purpose for which this data is used, both approaches may be equally applicable.

C2. CRECE has generated a high net social value estimated at 13.958.568€, which represents a positive impact on the well-being of the impacted people, **tripling the value of the resources invested**, which amount to **6.973.813€**[230]. These results suggest that the investment in CRECE causes a significant social return, contributing to the improvement of the well-being of the impacted people.

C3: The results of the analysis show that CRECES **not only generates social value three times greater than the resources invested**, but even **considering only the impact of reducing the feeling of loneliness,** the monetized value of this change is very close to the resources allocated to the intervention.[231]. That is, even if the social value generated in other stakeholders or by other impacts within the same group were not taken into account, CRECE would continue to be socially **profitable,** given that **the social value generated practically equals the investment made.** This confirms that not only is it an intervention with social return as a whole, but it is so even if its only effect was the reduction of unwanted loneliness, fully aligning with its main objective.[232].

C4: The data show that, although most of the resources allocated to CRECE's intervention come from its financing (**92.86%**, equivalent to **6.475.946€**), there are other non-monetized

[229] *This ratio includes, in addition to the groups whose data have been extrapolated without margin of sampling error (elderly participants, paid staff and volunteer staff), the group of female participants in situations of social difficulty, which has a margin of error of 11.87%.*
[230] *The sum of the resources corresponds to the imputed value, which includes both financial resources and the time dedicated to the intervention. Therefore, this figure does not coincide with the financing of the project since depending on the methodology used, non-financial values are incorporated.*
[231] *The social value generated solely by the reduction of the feeling of loneliness, in its monetized version (6.812.591€), is close to the total resources allocated to the intervention during the evaluated period (6.973.813€). This calculation is based on representative data and a conservative chapter ratio (2.98), as detailed in chapter 10.*
[232] *Data collected from the logical framework of the CRECE - Red Cross project. "OE1. The people participating in the project will have perceived a reduction in unwanted loneliness" (internal document).*

contributions that, although to a lesser extent, are essential for its execution. The contribution of volunteers, the extra time dedicated by paid personnel outside their working hours and the coordination hours contributed by allied organizations represent a **7.14%** of the total (**497.867€**). Despite not being monetized, these resources are fundamental for the implementation of CRECE and should be considered in the development of future editions of CRECE or similar projects when estimating resources and retention activities for staff and volunteers.

C5. Based on the analysis carried out on the **data rigor level,** It is concluded that the data presented in this report constitute a **solid and reliable tool** for strategic decision making. They provide quantifiable information that allows financiers and managers to evaluate future investments with greater precision. In addition, they facilitate the Red Cross to optimize similar programs and the efficient allocation of resources, considering the social value generated for each group and the global impact of the program.

C6. The data in this report show that CRECE has had a positive and significant impact on some vulnerability risk factors linked to social capital.[233] in the lives of the participating people. These changes could contribute to reducing the risk of accelerated institutionalization in this population, understanding social capital as the set of norms, networks and trust present in the interpersonal and intersectoral relationships of a society.

Consequently, these results validate the fulfillment of the main objective of the project[234], by demonstrating its contribution to reducing these vulnerabilities, thus strengthening the social resilience and well-being of the participating people.

The study "*Research on the experience and perception of unwanted loneliness. Responses at the community level*[235] highlights that significant improvements in certain risk factors linked

[233] Putnam, R. D. (2000). *Bowling alone: The collapse and revival of the American community*. Simon & Schuster. *Social capital is defined as the set of norms, networks and trust present in the interpersonal and intersectoral relationships of a society. At the individual level, it includes a structural dimension (social participation, networks and contacts) and a subjective one (feeling of belonging, social support and trust in others). An environment with high community trust strengthens security, a sense of belonging and reduces the risk of loneliness.*

[234] Red Cross - *Logical framework of the CRECE - Red Cross project. "OG.1. Contribution to the reduction of vulnerability factors that could accelerate the institutionalization of the people participating in the project" and "OE1. "The people participating in the project will have perceived a reduction in unwanted loneliness."* (Research on the Experience and Perception of Unwanted Loneliness: Community-Based Responses)

[235] ISEAK Foundation. 2024. *Research on the Experience and Perception of Unwanted Loneliness: Responses at the community level*. ISEAK Foundation.

to social capital play a key role in reducing vulnerability that can lead to a situation of unwanted loneliness with negative effects for both the person and society. Clarify that no It necessarily implies that a person will experience loneliness if they do not have established social capital, but rather that they increase the risk of suffering from it, if they did not have it.

In view of this, given that the data from this study and **show that the risk factors associated with a negative impact on social capital have decreased** (indicating improvements), and the research cited supports the hypothesis that strengthening social capital contributes to reducing the risk of unwanted loneliness (a factor that can contribute to institutionalization), it can be concluded that, although specific data is not available on the reduction in the number of people who have avoided institutionalization thanks to CRECE, it is **There is a direct relationship between these improvements and the probability of preventing, mitigating or reducing this scenario.**

C7. Due to the limited temporality evaluated[236] for this study, as of the date of the report **It was not possible to precisely determine the impact of CRECE in reducing the percentage of people who avoid institutionalization or are deinstitutionalized**, as a result of the intervention within the CRECE framework, nor its effect on the population of Spain at risk of facing this situation.

To confirm this impact with greater certainty, a long-term effectiveness study would be necessary, with follow-up of a control group and a group intervened by a program such as CRECE. This approach would allow a more precise assessment of the extent to which programs of this nature contribute to reducing the number of people who ultimately face a situation of institutionalization.

14.2 ABOUT THE SOCIAL VALUE GENERATED FOR THE PARTICIPANTS

C8. The analysis carried out shows that CRECE, as a whole, **does not generate negative impacts on the well-being of the participants**. Of the 41 impacts identified by the stakeholders, only 3 of them (**7,18% of total impacts**) were classified as **"negative**

[236] *This report is limited to the time stipulated for the intervention, which began in January 2023 with progressive additions throughout the year. The participants have not had the same duration or number of hours of intervention, and their plans have been individualized, with diverse activities according to their needs. On average, regular participation is estimated to last between six months and one year.*

impacts". The methodology used, based on open questions and questionnaires, confirms that the number of negative changes is small. However, the value associated with these three impacts amounts to -**5.314.803€**[237], which affects the social return to a certain extent. In the absence of these impacts, the social return would have increased to **3,75€** of the **3,00€** reported. For this reason, the report indicates that, although the program demonstrates a mostly positive balance, there are negative aspects of high social value that, if eliminated for future editions, would improve the global impact of CRECE.

C9: The actions carried out within the CRECE framework have achieved **a significant increase in the life satisfaction of the participants.** Participation in CRECE has generated a significant improvement in the life satisfaction of the people surveyed, with an average increase of **2.25 points** on a scale of 10, obtaining on average among all population groups in social difficulty a scale score of 7.43.
This result exceeds the national average in Spain (7.2 points) measured by the INE[238] in degree of satisfaction with the life of the population, and in the European Union (7.3 points), reinforcing the positive impact of the program.

Although the improvement was generalized, the effect varied between groups. *The elderly* they achieved the greatest final satisfaction (**8.08** points, +2.3 increase), while the *people with mental health difficulties* recorded the largest increase (**+2.95** points, from 5.05 to 8.00). In contrast, the *young people in situations of ex-custody and/or social difficulty* showed the least variation (**+1.61** points, from 4.88 to 6.49), remaining below the national average for their age group (7.7 points).

Another indicator that reinforces the relevance of the well-being value comes from an international reference: in the United Kingdom, 1 WELLBY[239] (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

[237] *The main negative impact comes from the uncertainty about the continuity of the project among older people (99%, 5.267.704€). To a lesser extent, Spanish Red Cross staff have reported additional stress (0.28%, €14,758) and community alliances have expressed concern about the sustainability of the project (0.05%, 2.822€). Although these impacts are limited in number, their economic value highlights the importance of addressing them.*
[238] National Institute of Statistics (INE). (2023). *Satisfaction with life*. of https://www.ine.es/ss/Satellite?L=es_ES&c=INESeccion_C&cid=1259944627813&p=1254735110672&pagename=ProductosYServicios%2FPYSLayout&param1=PYSDetalleFichaIndicador&param3=1259947308577
[239] HM Treasury. (2022). *The Green Book: Central Government Guidance on Appraisal and Evaluation*. UK Government. https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent

average of GBP 13,000. This reflects that an increase of 1 point in well-being is a significant change.

These results show the positive impact of CRECE on the perception of well-being of its participants, with differences between population groups in social difficulty that can guide future interventions and improvement strategies.

C10: The analysis of the data reveals that the greatest social value generated by CRECE is perceived by the participating people from the different groups, in comparison with other impacted groups, representing the **99.49%**[240] of the total value reported in this report. Within this group, the impact is mainly distributed between *women in a situation of social difficulty* (**36.41%**), *elderly people* (**20.40%**), *people experiencing homelessness* (**16.47%**), *people with mental health difficulties* (**13.19%**) and *youths in a situation of ex-tutelage and/or social difficulty* (**13.13%**).

Although to a lesser extent, positive and negative impacts were also identified on other stakeholders, such as *paid staff* from CRECE (**0.09%**), *volunteers* (**0.09%**) and alliances (Public Administration /NGO) (**0.33%**).

C11: The results of the study show that participation in CRECE has generated a series of **positive impacts on the well-being of the participants**, influencing multiple dimensions of their lives. Among the main effects reported, the *expansion of the support network, strengthening the sense of belonging to the local community, and reducing the feeling of loneliness*. These results were identified consistently in all the groups evaluated, which suggests that they reflect "the essence" of the impact that CRECE has on the population groups in social difficulty addressed.

These three impacts, related to emotional well-being, social integration and interpersonal relationships, were identified by all groups and stand out for three factors:

- ☑ **The high number of people who experienced the three changes**, with an incidence that varies between **70.90%** and **92.86%** depending on the group.

[240] *In order to calculate this relationship, the data has been extrapolated to all groups under the hypothesis that all people would answer in the same way, and applying an adjustment for the sampling error ratio.*

- ☑ **The high degree of depth of the three impacts**, located between **6.45** and **6.65** points on a scale of 1 to 10.
- ☑ **The high social value assigned to the three changes**, which ranges between **7.30** and **8.27** points depending on the group.
- ☐ **The duration of the 3 changes,** which ranges between 3 and 4 years, depending on the group.

However, the *expansion of the support network* It stands out among the three in all aspects. It is the change that most people identify as significant, the one that is perceived most deeply, it is the one that has the greatest social value and the one that they consider will last longer over time, once finished CRECE. In fact, in all groups, strengthening the support network is valued above both the reduction in the feeling of loneliness and the improvement in the sense of belonging, also reflected in the number of people who identify with this change.

This shows that, although the project focuses its intervention on impacting unwanted loneliness, the greatest value generated by CRECE is not concentrated exclusively on this dimension but on the creation and consolidation of social and community ties, aspects that the participants identified as most decisive for their well-being.

Although the *strengthening the sense of belonging to the community* was widely recognized in the majority of the groups, with between 80% and 85% of the participants identifying this effect, in the group of young people in a situation of ex-tutorship and/or social difficulty only the **56.72%** reported having experienced it.

However, **95.57%** of young people did experience an increase in their support network, an impact that was highly valued and transformative for their lives, with a score of **8.33** on a scale of 1 to 10.

Of all the groups, the *women in situations of social difficulty* and the *people with mental health difficulties* experienced the highest levels of transformation (depth), reflected in a substantial improvement in their *support network* and in his *sense of belonging to the community*.

However, as mentioned, regarding the *reducing unwanted loneliness*, impact that responds to the central objective of the project[241] and, therefore, an intentional change, a significant effect was evident in the lives of the participants, although it was not the one that most valued them. contributed in all population groups in social difficulty, compared to other changes. They were the *elderly people* and *people experiencing homelessness* those who most identified this improvement, with a **90-95%** of the people surveyed who reported having experienced a reduction in their feeling of loneliness and assigning a high social value to the fact of having experienced improvement in this aspect.

However, even though the *elderly people* consider the reduction of the feeling of loneliness to be of high importance, the depth of the change experienced was moderate. The correlation of said data suggests that, although the impact has not been very profound, it is still a significant, transformative, and valuable change to have experienced thanks to CRECE.

As for the *young people in situations of ex-custody and/or social difficulty* and its relationship with *unwanted loneliness*, the report "*Research on the experience and perception of unwanted loneliness. Responses at the community level*"[242], points out that younger people are the ones who experience unwanted loneliness to a greater extent. The impact measurement of this report confirms that this group assigns a relatively high degree of importance to having experienced this change (**7.6** on a scale of 1 to 10), although it is not considered the most relevant among the changes generated, since they value the *satisfaction with housing* and the fact of *depend less on other people*. On the other hand, the increase in the support network is perceived as the most significant change for them. However, the depth of the change experienced in the reduction of unwanted loneliness is very similar to that of the increase in the support network, suggesting that this impact has not only been moderately profound, but has also generated significant social value in their lives.

[241] Red Cross - *Logical framework of the CRECE - Red Cross project. "OG.1. Contribution to the reduction of vulnerability factors that could accelerate the institutionalization of the people participating in the project" and "OE1. "The people participating in the project will have perceived a reduction in unwanted loneliness."* (Research on the Experience and Perception of Unwanted Loneliness: Community-Based Responses)

[242] Foundation ISEAK. 2024. *Research on the Experience and Perception of Unwanted Loneliness: Responses at the community level*. SEAK Foundation.

Likewise, although to a lesser extent, *improvements in personal autonomy*, reflected in a decrease in the degree of dependence on third parties, especially in *elderly people* and *people experiencing homelessness*, who reported a greater sense of self-sufficiency in their daily lives. They also identified *advances in economic satisfaction (related to entering the labor market)* and *housing improvement*, with a more relevant impact on *young people in a situation of ex-tutelage and/or social difficulty* and *women in situations of social difficulty*, two groups in which economic and housing stability directly influences their well-being. These aspects were identified as triggers (in case of unemployment or unsatisfactory housing situation) of unwanted loneliness, in which "*Research on the experience and perception of unwanted loneliness. Responses at the community level*"[243].

In the area of personal development, some participants, although to a lesser extent, *initiated new studies*, driven by greater motivation and confidence in their professional and educational future. This change was mainly observed in *young people in a situation of ex-tutelage and/or social difficulty* and *women in situations of social difficulty*, who highlighted training as a way to improve their social and labor integration.

The impact on mental and emotional health was also significant, with an *increased feeling of calm and a reduction in anxiety and/or depression*, especially between *elderly people* and *people with mental health difficulties*, who expressed greater emotional stability after participating in the program. In addition, improvements were evident in physical and mental health, with a greater incidence in *people experiencing homelessness* and *women in situations of social difficulty*, as well as greater mental health care, which underlines the importance of the program in promoting comprehensive well-being.

C12: The effective intervention time within the CRECE framework **was not enough to comprehensively evaluate its impact**, since changes in circumstances and habits require prolonged periods of consolidation[244], especially in vulnerable environments where various factors influence their sustainability.

[243] ISEAK Foundation. 2024. *Research on the Experience and Perception of Unwanted Loneliness: Responses at the community level*. ISEAK Foundation.
[244] World Health Organization (WHO). (*Strengthening health systems: better strategies to improve equity and efficiency*, 2008).

Furthermore, data collection began one year after the end of the project, which, added to the late staggered incorporation of the participants, prevented it from being clearly established whether there were differences related to the number of hours of intervention and the type of change or its depth. Due to the variable sample size, it was not possible to determine whether more or less exposure to CRECE over an extended period would lead to significant variations in the results.

Therefore, **there is a high probability that the total value, both positive and negative, has not been fully captured**, since, once the project ended, some participating people could have returned to their previous situation, while others may have continued linked to Red Cross activities, but outside the specific framework of this program. Considering these factors, a methodological planning that ensured a homogeneous intervention in terms of temporality would have allowed a more precise evaluation of the effects of the program in the entire sample.

C13: Although the program has generated positive changes in the well-being of the participating people, with evident short-term effects and is highly valued by stakeholders, **its sustainability is limited. Most of these changes are estimated to last up to two years,** with some exceptions that could extend up to three or four years, depending on the intensity and nature of the change.

The most persistent impact, according to the participants, is related to the reduction of the feeling of unwanted loneliness, since they consider that they have acquired tools and social capital that will allow them to sustain this change over time, as well as the changes linked to the *expansion of the support network* are the ones who present **greater stability,** assigning them a duration of up to four years, given that the personal ties generated during the program are less likely to disappear after its completion.

On the contrary, changes related to attitudes and feelings, such as *Increased appreciation for life*, *Increased feeling of tranquility and reduction of anxiety and/or depression* and *Greater mental health care*, are perceived as more volatile, since they depend on multiple external factors. It is estimated that these changes may last between two and three years,

but their sustainability **is affected by the lack of continuity of the actions worked on in CRECE**.

Despite these findings, **neither the groups of participating people nor the staff** involved perceive that the changes are **completely sustainable in the long term without continuous support.** Likewise, the group of volunteers and alliances estimates that the duration of the reported changes ranges between one and two years, which shows low sustainability in the absence of monitoring and reinforcement strategies.

C14: The study **has not**, with the reported data, **demonstrated that CRECE has generated a significant impact** in the operational burden of public administration linked to unwanted loneliness. Although a possible reduction in the use of social services was explored, insufficient evidence was found to consider a relevant impact on the health system or in areas such as employment, housing or citizen registration.

Since the SROI methodology focuses on social well-being, unlike studies such as "*The cost of unwanted loneliness in Spain* "[245], which calculates the economic impact on the health system, Public Administration entities linked to health support were discarded as a group of interest in this analysis. Although the impact could manifest itself in the long term, the current evaluation does not allow it to be confirmed, so a value has not been assigned within the study.

C15: The changes in the well-being of the participating people cannot be attributed exclusively to CRECE, since other entities and people have also influenced the same intervention period. It is estimated that between 27% and 60% of the value of the changes was attributed (**attribution**) to other organizations or people. *People experiencing homelessness* They attribute a large part of their changes to the support of shelters, and various day centers managed by other third sector organizations, as well as religious spaces. *Women in situations of social difficulty* they perceive support through **services such as Social Services**, **school centers**, **women's delegations and women's associations** that have promoted their empowerment and well-being. Meanwhile, the *people with mental health difficulties* recognize the **influence of community networks** and recreational

[245] ONCE Foundation. (2023). *The cost of unwanted loneliness in Spain.* ONCE Foundation.

activities as elements that significantly promote their well-being and *young people in a situation of ex-tutelage* highlight the impact of **youth programs, associations and sports practices** in their personal development. Finally, the *elderly people* register a lower degree of attribution of others to their changes, relating this to the **contribution of cultural and municipal spaces, such as libraries** and **community centers**.

This study suggests that, far from being interpreted as a negative aspect, the degree of external attribution observed in the different population groups in social difficulty proposes an alternative reading: **Participants have established or have begun to establish significant connections with community resources, which constitutes a positive indicator of social integration.** This reality presents a strategic opportunity to strengthen and expand these links through collaborative alliances with various community entities, thus maximizing the positive impact of the interventions and enhancing the support networks already existing in the social environment of the people served.

C16: Just under a quarter of the changes in the well-being of the participants would have occurred without CRECE's contribution. The degree of **deadweight** varies according to the group, ranging between **18%** and **24%**. The *young people in situations of ex-custody and/or social difficulty* have the highest deadweight (24%), while the *women in situations of social difficulty* register the lowest (18%), which indicates that this last group attributes their changes to a greater extent to CRECE.

In general terms, more than 75% of the changes experienced can be considered a direct result of CRECE, both in its positive and negative effects. Furthermore, the group that perceives the greatest benefit from the program is women in situations of social difficulty, who show the lowest proportion of changes that would have occurred in the same way without their participation in CRECE.

C17: The CRECE program has a minimal impact in terms of negative displacement towards other stakeholders, with an impact of between 0% and 5% in other groups due to the positive changes experienced by the participating people. This indicates that the benefits generated in the participants do not cause significant adverse effects in other groups, which

confirms that CRECE is a program that does not displace discomfort and whose positive impacts do not translate into harm to third parties.

14.3 ABOUT THE SOCIAL VALUE GENERATED FOR OTHER STAKEHOLDERS

C18: The impact of the CRECE program is not limited only to the participants, **but also reaches other stakeholders**, such as paid staff, volunteers and allied community organizations, including public administration and the third sector.

C19: The experience of **paid staff** who worked at CRECE reflects a dual dynamic, with both positive and negative impacts on their well-being, which **It not only affects their lives.**, but it could also **influence the quality of the intervention.** A social value corresponding to **0.13% of the total social value of the entire project**[246]**.**

On the one hand, there were evident *significant improvements in professional development*, especially in the ability to address unwanted loneliness through community intervention and in the transfer of knowledge to the personal and community sphere. These advances represent important progress in the training and application of strategies to confront this phenomenon, high-value resources for subsequent implementations of CRECE or similar strategies.

Likewise, it was observed an *expansion of the professional network*, or that it favored the exchange of knowledge and collaboration between different actors, and that could impact future Red Cross collaborations if it is strengthened. However, the program also generated an *increase in stress levels* of staff, which may have affected the development or schedule of the project, in addition to the well-being of the staff.

C20: Volunteers are an extremely valuable resource for the sustainability and quality of the project, as evidenced by the data in this report and the incorporation of 729 volunteers[247],

[246] *In this calculation, the members of the stakeholder groups were extrapolated for all interest groups, based on the number of people and organizations indicated. It is important to note that, as mentioned in the ratio span, not all groups reached the representativeness threshold. Therefore, the estimated proportion in the event that all individuals had been impacted uniformly is presented here, in order to illustrate the relationship between the different groups.*

[247] *Information reported in the Red Cross internal IMAP registration system. From 10/04/2022 to 07/31/2024, a total of 729 volunteers have been registered (229 men and 500 women), who have carried out 8,395 activities, adding a total of 17,309.50 hours of volunteering. This represents an average of 2.06 hours per shift performed. The 729 people include all those who have participated in volunteering, regardless of the number of hours dedicated. However, in this analysis only people who have volunteered more than 20 hours have been considered."*

of which 124 participated significantly in the intervention, supporting with more than 20 hours of volunteering. Since their commitment depends largely on the perceived value of their experience, their continuity is not guaranteed if the project does not provide a positive impact on their lives.

The social value generated for this group corresponds to **0.34%** of the total value, which indicates that, although its impact within the project has not been highly significant, it is relevant at an individual level. If volunteers do not perceive value in their participation, there is a risk that they will choose not to continue, which is why it is suggested that it could directly affect the execution of the intervention, apart from what it provides them at an individual level. Therefore, it is essential to understand what elements generate value to strengthen their commitment and guarantee their permanence in future projects.

The results evaluated show that volunteers experienced an increase in their commitment and active participation, an *increase in personal satisfaction* and the *feeling of accomplishment*, as well as *improvements in their mental health and emotional well-being.* These findings reinforce the importance of understanding and valuing the impact of volunteering within the organization in projects with characteristics such as those of CRECE, since the participants assigned a high value to the activities supported by the volunteers.

Likewise, although with unquantified data, it was evident that through the involvement of the beneficiaries, their children, partners or family members assumed the role of volunteers within the project, which made it possible to strengthen the availability of resources from the activity itself. Guaranteeing that their involvement generates both personal and collective benefits is key to ensuring its continuity and, consequently, maintaining the quality of the project.

C21: As reported by the Red Cross, the CRECE project has contributed significantly to the creation of community networks and the strengthening of coordination between local actors[248].

[248] Red Cross - *"Executive Summary" - Data analysis process on addressing unwanted loneliness (December 2024)* (internal document). *The activation of 53 municipalities in 8 Autonomous Communities and the execution of more than 31,000 activities reflect a high level of cooperation and institutional commitment during the intervention period.*

However, due to the limited duration of the study (approximately 1 year)[249], the data in this report **They do not allow us to demonstrate whether these collaboration dynamics add value to community entities (community)** or what impact they would have on the population, whether they will be sustained over time or how they will materialize in the community once the project is completed (whether they will be maintained or stop working). As a result, in the report, the organizations involved in the evaluation belonging to the third sector or the Public Administration, assign **a low value** to the changes experienced by themselves during the evaluated period that corresponds to the **0.09%** of the total value.

Although there have been identified *advances in organizational satisfaction*, *territorial linkage* and the *awareness about the importance of networking*, these changes correspond mainly to the perception of the participating organizations, without guaranteeing their long-term continuity. The absence of a longitudinal evaluation makes it difficult to measure the real social impact and the sustainability of the improvements achieved. The value measured in this report, which represents only **0.09%** of the total value, **reflects only short-term effects**.

[249] *This report is limited to the time stipulated for the intervention, which began in January 2023 with progressive additions throughout the year. The participants have not had the same duration or number of hours of intervention, and their plans have been individualized, with diverse activities according to their needs. On average, regular participation is estimated to last between six months and one year.*

15. RECOMMENDATIONS

After the exhaustive analysis of the data collected, fundamental recommendations have been identified for the decision-making process and the planned improvements for the scalability of CRECE and to use the learnings from it in future strategies. These recommendations are intended to be a framework for achieving the desired learning challenges and optimizing the decision-making process at the operational level, as well as supporting strategic decisions within the framework of the organization's community intervention.

R1: Use of ratios in communication and decision making

Regarding the use of ratios to communicate and make decisions, it is recommended to adopt a conservative approach in communicating the social return of the project, using the ratio of 3,00€ for every 1€ invested. This ratio more accurately reflects the social value generated when based on a representative sample and guarantees that a value that is not fully evidenced is not overclaimed.

Additionally, this approach ensures that the Red Cross does not have to account for a value not supported by demonstrable data, strengthening the transparency and credibility of the organization in the communication of its impacts.

However, for making operational decisions related to the different groups of participating people, it is suggested to use the moderate ratio. Although the sample is more or less representative for all population groups in social difficulty, the risk of using this ratio in decision-making is low because its impact is mainly positive and allows us to understand in general terms the impact on the different groups of participating people. In this way, prudence in communication is balanced with greater sensitivity to the diversity of the program's effects on its different audiences.

Regarding data regarding community alliances, it is recommended to consider the qualitative information reported in this report to optimize operations and improve the social value generated for this group. However, since the sample represents a very low percentage of the

total alliances, it is not recommended to use the monetized value, as it could underestimate or overestimate the real impact. In this case, qualitative analysis is key to identifying strategic improvements without compromising the accuracy of the data.

R2: Include SROI in the mix of effect and impact measurement methodologies

It is recommended that future evaluations of similar programs incorporate Social Return on Investment (SROI) within the set of methodologies for measuring effects and impact. This methodology allows the intangible changes generated to be quantified in economic terms, facilitating evidence-based decision making and optimizing the allocation of resources. Likewise, it is suggested that organizations adopt SROI as part of their evaluation and monitoring strategy, complementing it with other methodologies for a more comprehensive view of the impact.

R3: Reduce negative impacts to improve social returns

Although the negative impacts identified were only three, their value affects the social return. However, this represents a clear opportunity to improve social return in future editions of CRECE or similar interventions. By simply designing specific actions to avoid these negative impacts, the SROI ratio would automatically increase by eliminating these effects.

It is recommended to analyze these impacts in detail and develop strategies to minimize them in future interventions, thus optimizing the overall impact of the program and guaranteeing greater social value generated.

R4: Expand impact measurement to other stakeholders

While participants receive the majority of the social value generated, the program also impacts other groups such as paid staff, volunteers, and community alliances. It is recommended that future evaluations incorporate more detailed analysis on these groups and others that have not been taken into account such as family members, Social Services or others to better understand the value that is contributed or destroyed in each one and thus expand the accounting of social value of the community intervention.

R5: Extend implementation and evaluation time

The data show the importance of proposing long-term interventions, since this would not

only make it possible to establish more lasting changes in the medium and long term, but also to better understand the impacts generated. A longer duration of the interventions would guarantee that the investment made has sustainable effects over time, maximizing its impact.

The tight timing of the project and the period assigned for measurement have limited the possibility of evaluating these effects in a comprehensive manner. Therefore, it is suggested to extend the duration of future interventions or implement long-term monitoring strategies, allowing the loss of social value, both generated and destroyed, to be avoided. This would ensure a more complete and accurate accounting of social value, more faithfully reflecting the real impact of the actions implemented.

R6: Design differentiated strategies to improve well-being according to the group

The results show that the impact on life satisfaction varies between groups, with young people in situations of ex-custody and/or social difficulty being those who report the least improvement. It is recommended that, as is already being done in CRECE, the intervention continues to focus on the needs of the participants, but not only on meeting these needs, but also on the value that the changes bring to them when they are satisfied.

Furthermore, it is suggested to include in the strategy the understanding of the value generated by the actions in a transversal manner, ensuring a continuous evaluation throughout the process and not only at the end of the project. This will allow interventions to be adjusted and reinforced in real time, maximizing the impact on the lives of the participants.

R7: Strengthening social capital in future interventions

It is suggested to consider strengthening resources and activities aimed at promoting social capital.[250] of people participating in future editions of CRECE or in similar interventions. This is based on the high value, depth and duration that people attributed to the changes related to strengthening the support network and increasing the feeling of connection with the

[250] Putnam, R. D. (2000). *Bowling alone: The collapse and revival of the American community*. Simon & Schuster. *Social capital is defined as the set of norms, networks and trust present in the interpersonal and intersectoral relationships of a society. At the individual level, it includes a structural dimension (social participation, networks and contacts) and a subjective one (feeling of belonging, social support and trust in others). An environment with high community trust strengthens security, a sense of belonging and reduces the risk of loneliness.*

community. In addition to their relevance to prevent the feeling of unwanted loneliness, as has been pointed out in other reports cited above, these aspects have been especially valued by the different impacted population groups in social difficulty. Therefore, strengthening these areas could contribute to a sustained positive impact of the program.

R8: Post-project impact monitoring and sample expansion

It is recommended to continue measuring the impact on people who have participated in CRECE over the next one or two years, with the aim of evaluating the medium-term effects of the intervention. This tracking would allow analyzing the evolution of the changes generated, verify if the estimated duration of the impacts is sustained over time and demonstrate more precisely their permanence.

Furthermore, this post-project evaluation would allow the sample to be completed, incorporating the necessary data that was missing in the current measurement to be able to extrapolate the results to all stakeholders. This would ensure that the social return calculation includes more representative and reliable information, considering the total impact of the program on all stakeholders involved. Implementing this monitoring would strengthen the validity of the data and allow better optimization of future editions of the program.

R9: Implement strategies to mitigate the stress of paid staff

Positive impacts were identified on the professional development and expansion of networks of paid staff, but also an increase in stress levels, which may have affected the quality of the project as well as having an impact on the lives of those hired. In future editions, it is recommended to design strategies that reduce the emotional and operational burden of staff, ensuring that the positive impact on their well-being translates into greater satisfaction with their work, identifying objectives in relation to this stakeholder group for compliance by the project.

R10: Optimize the role of volunteers and improve their experience

Volunteering is a fundamental resource for the sustainability of the program, but its continuity depends on the value perceived in their participation. It is recommended to analyze in depth the factors that generate value for volunteers, ensuring that their experience is enriching

both on a personal level and in their contribution to the project. Likewise, designing specific actions to ensure that the maximum positive impact is generated for them, identifying objectives in relation to this stakeholder group for compliance by the project. Besides, Strengthening the involvement of family members and close people of the participants as volunteers could expand the impact and sustainability of the program.

R11: Strengthen community networks and evaluate their sustainability

Although CRECE has contributed significantly to the creation of community networks and coordination between local actors, it has not been possible to demonstrate whether these dynamics will be sustained over time. It is recommended to implement strategies that ensure the continuity of said collaborations to maintain community alliances beyond the project period, guaranteeing their continuity and reinforcing their long-term impact, and continuing the impact evaluation to measure the increase in the social value generated.

R12: Evaluate in greater depth the impact on public administration

It has not been possible to demonstrate that CRECE generates a significant impact on the operational burden of the public administration. However, given that this impact could manifest itself in the medium or long term, it is recommended to carry out complementary studies to evaluate the possible reduction in the use of public services derived from CRECE.

R13: Take advantage of external attribution as a strategic opportunity

Although part of the impact on the participants is attributable to other community entities and resources, this suggests that CRECE has strengthened its integration with pre-existing support networks. It is recommended to formalize and strengthen these strategic alliances to maximize the positive impact of the interventions and guarantee greater support over time. For example, incorporating family members in the interventions or collaborating with participants who identify collaborations that they attribute to their change, to expand the community network and work together.

R14: Optimize intervention in groups with greater deadweight

It was identified that approximately a quarter of the value of the changes in the well-being of the participants would have occurred without the contribution of CRECE. It is recommended to take into account those external factors that influence these population groups in social

difficulty and adjust intervention strategies to maximize the impact on those with the greatest room for improvement.

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APPENDIX

Below are the information sections that complete the summary data of the referenced report.

I. Glossary of terms

Participants: Person who obtains benefit or benefit from a certain thing. In this report, the participants are all the people who intervene in the program being evaluated.

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 standards. 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 stakeholders due to the Model. They can be positive or negative.

stakeholder groups (*stakeholders*): Sometimes reference is made to the term *"stakeholder"* in English, since it is the term officially approved by the SROI methodology standards. 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 has been generated by the intervention (which is measured) in the different stakeholders. 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.

Resources (*inputs*): Reference is made to the term "*inputs*" in English, as it is the term officially approved by the SROI methodology standards. 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.

Productos (outputs): Reference is made to the term *"outputs"* in English, since it is the term officially approved by the SROI methodology standards. For this reason, the English translation appears in parentheses on several occasions. The *"outputs"* They are the quantitative summary of the program. An example would be the number of people participating, the number of audits completed, etc. He *"output"* 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",* the 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. Others

"I feel less self-conscious and more accompanied." (Elderly people)

"Now I feel like leaving the house and doing activities, I didn't before." (People with mental health difficulties)

"I feel more valued and independent thanks to a job and knowing more people in town." (Women in situations of social difficulty)

"I am achieving my goals and forming my home and family." (People experiencing homelessness)

"My life is happier and more fun." (Elderly people)

"Now I talk to immigrant people, before I was afraid or rejected them." (People with mental health difficulties)

"I have more people to talk to, I feel less alone." (Young people in a situation of ex-tutorship and/or social difficulty)

"Now that I feel more valued, I do more things and also communicate more than before." (Women in situations of social difficulty)

"I feel happier and have more desire to go out and do things." (People with mental health difficulties)

"Before I didn't leave the house if I didn't have something to do and now I go out to have fun with my friends." (Elderly people)

"I have managed to leave the house more frequently and enjoy meeting days more." (Young people in a situation of ex-tutorship and/or social difficulty)

"I can communicate with other people, they call me to ask how I am and to meet for a walk." (People experiencing homelessness)

"Now I have friends with whom I can go out and do activities, I didn't have them before." (People with mental health difficulties)

"It has helped me value the people who are close to me, to grow and strengthen myself as a woman." (Women in situations of social difficulty)

"I feel safer and more confident in making decisions." (Young people in a situation of ex-tutorship and/or social difficulty)

"I have a new home, a job, a residence permit for 4 more years, I am very happy and grateful." (People with mental health difficulties)

"Now I have more confidence in talking to other people and I feel more open." (People experiencing homelessness)

"I feel more accompanied, I have someone to talk to when I need it." (People experiencing homelessness)

"Before I didn't interact with almost anyone, now I participate in activities and meet more people." (People with mental health difficulties)

"I feel happier knowing that I can count on friends." (Young people in a situation of ex-tutorship and/or social difficulty)

"They've told me that now I smile more and I'm more cheerful, they don't see me as sad anymore." (Elderly people)

"Before I was afraid of being around people, now I enjoy meeting new people and listening to them." (People with mental health difficulties)

III. Form questions - Participants

To avoid repetitions, a summary of the questions asked has been prepared, indicating in the second column whether the question was asked in relation to each specific change or in general terms.

Questions	Frequency
Satisfaction with life: In general, on a scale of 1 to 10, where 10 is the highest level of overall satisfaction with life, how satisfied are you/feeling NOW? / AFTER having participated in CRECE? **Scale type:** Likert scale from 1 to 10	**Generic, 1 time**
Happiness: In general, on a scale of 1 to 10, where 10 is the highest level of happiness, how happy do you feel NOW? / AFTER having participated in CRECE? **Scale type:** Likert scale from 1 to 10	**Generic, 1 time**
ID: Would you say that what is said here in the sentences has happened to you? In relation to identified changes. **Scale type:** But	**It is repeated for each change**
Importance (non-monetized valuation): How important is it for you to have experienced these changes as a consequence of your/your participation in CRECE? **Scale type:** Likert scale from 1 to 10	**It is repeated for each change**
Economic value (monetized valuation): To determine the potential economic value of these changes, how much would you be willing to pay for the activities that generated them/for the changes in their entirety? Alternatively, what would be the cost in the market of products and services that could have produced these same changes?" **Scale type:** Open question.	**It is repeated for each change**
Depth: How much would you say has changed from this change? **Scale type:** Likert scale from 1 to 10	**It is repeated for each change**
Duration: Do you think these changes in your life will stay for a long time or do you think they will end very quickly? **Scale type:** 1 year (during CRECE), 2 years, 3 years, 4 years 5 years, 6 years	**It is repeated for each change**
Deadweight: If you had not participated in CRECE activities this year, do you think you would	**Generic, 1 time**

have carried out other activities that produced the same changes? What would they be? **Scale type:** Open question.	
Displacement: Do you think that the changes in well-being/discomfort that have been generated in you as a consequence of your participation in CRECE may have generated discomfort or some negative effect on other people? If so, is the negative effect very serious or minor? **Scale type:** Open question.	**Generic, 1 time**
Attribution: Throughout this questionnaire, you have identified changes that you attribute to your participation in CRECE. During this time, do you think any other person, organization, or activity of yours has also contributed to those same changes? **Scale type:** Open question.	**Generic, 1 time**
Drop: A question related to value drop off was not included in the form, as it was considered that if participants did not they would understand the question appropriately. Therefore, it was discarded and it was decided to use other sources to obtain that information.	**Generic, 1 time**
Other changes: Do you want to add more changes? **Scale type:** Open question.	**Generic, 1 time**
Negative changes: Were all the changes positive or would you say that some negative changes have been generated? **Scale type:** Open question.	**Generic, 1 time**
1.6 Inputs: Apart from your time and dedication, would you say that you have contributed anything else in order to participate? **Scale type:** Open question.	**Generic, 1 time**
1.6 Other people: Who or what else has been affected by the aforementioned change? **Scale type:** Open question.	**Generic, 1 time**
Additionally, detailed information about each change was requested to understand its causes and consequences. These questions are not detailed here, as they were designed specifically for each stakeholder group and each change identified with the objective of enriching the data analysis, beyond what is strictly necessary for the SROI.	

IV. Form questions to paid staff and volunteers

Questions	Frequency
Satisfaction with life: In general, on a scale of 1 to 10, where 10 is the highest level of overall satisfaction with life, how satisfied are you/feeling NOW? / AFTER having participated in CRECE? **Scale type:** Likert scale from 1 to 10	**Generic, 1 time**
Happiness: In general, on a scale of 1 to 10, where 10 is the highest level of happiness, how happy do you feel NOW? / AFTER having participated in CRECE? **Scale type:** Likert scale from 1 to 10	**Generic, 1 time**
ID: Would you say that what is said here in the sentences has happened to you? In relation to identified changes. **Scale type:** But	**It is repeated for each change**
Importance (non-monetized valuation): How important is it for you to have experienced these changes as a consequence of your/your participation in CRECE? **Scale type:** Likert scale from 1 to 10	**It is repeated for each change**
Economic value (monetized valuation): To determine the potential economic value of these changes, how much would you be willing to pay for the activities that generated them/for the changes in their entirety? Alternatively, what would be the cost in the market of products and services that could have produced these same changes?" **Scale type:** Open question.	**It is repeated for each change**
Depth: How much would you say has changed from this change? **Scale type:** Likert scale from 1 to 10	**It is repeated for each change**
Duration: Do you think these changes in your life will stay for a long time or do you think they will end very quickly? **Scale type:** 1 year (during CRECE), 2 years, 3 years, 4 years 5 years, 6 years	**It is repeated for each change**
Deadweight: If you had not participated in CRECE activities this year, do you think you would have carried out other activities that produced the same changes? **Scale type:** Likert scale from 1 to 10	**It is repeated for each change**
Displacement: Do you think that the changes in well-being/discomfort that have been generated in you as a consequence of your participation in CRECE may have generated	**It is repeated for each change**

discomfort or some negative effect on other people? **Scale type:** Likert scale from 1 to 10	
Attribution: Throughout this questionnaire, you have identified changes that you attribute to your participation in CRECE. During this time, do you think any other person, organization, or activity of yours has also contributed to those same changes? **Scale type:** Likert scale from 1 to 10	**It is repeated for each change**
Drop: A question related to value drop off was not included in the form as it was felt that participants would not adequately understand the question. Therefore, it was discarded and it was decided to use other sources to obtain that information.	**It is repeated for each change**
Other changes: Do you want to add more changes? **Scale type:** Open question.	**Generic, 1 time**
Negative changes: Were all the changes positive or would you say that some negative changes have been generated? **Scale type:** Open question.	**Generic, 1 time**
1.6 Inputs: Apart from your time and dedication, would you say that you have contributed anything else in order to participate? **Scale type:** Open question.	**Generic, 1 time**
1.6 Other people: Who or what else has been affected by the aforementioned change? **Scale type:** Open question.	**Generic, 1 time**
Additionally, detailed information about each change was requested to understand its causes and consequences. These questions are not detailed here, as they were designed specifically for each stakeholder group and each change identified with the objective of enriching the data analysis, beyond what is strictly necessary for the SROI.	

V. Form questions Alliances - Third Sector/Public Administration

Questions	Frequency
ID: Would you say that what is said here in the sentences has happened to you? In relation to changes identified for the organization. **Scale type:** But	**It is repeated for each change**
Importance (non-monetized valuation): How important is it for you to have experienced these changes as a consequence of the organization's participation in the CRECE project? **Scale type:** Likert scale from 1 to 10	**It is repeated for each change**
Economic value (monetized valuation): To determine the potential economic value of these changes, how much would you be willing to pay for the activities that generated them/for the changes in their entirety? Alternatively, what would be the cost in the market of products and services that could have produced these same changes?" **Scale type:** Open question.	**It is repeated for each change**
Depth: How much would you say has changed from this organizational change? **Scale type:** Likert scale from 1 to 10	**It is repeated for each change**
Duration: Do you think these changes will last a long time in the organization or do you think they will end very quickly? **Scale type:** 1 year (during CRECE), 2 years, 3 years, 4 years 5 years, 6 years	**It is repeated for each change**
Deadweight: If you had not participated in CRECE activities this year, do you think you would have carried out other activities that produced the same changes for the organization? **Scale type:** Likert scale from 1 to 10	**It is repeated for each change**
Displacement: Do you think that the changes in well-being/discomfort that have been generated in the organization as a consequence of your participation in CRECE may have generated discomfort or some negative effect on other people or organizations? **Scale type:** Likert scale from 1 to 10	**It is repeated for each change**
Attribution: Throughout this questionnaire, you have identified changes that you attribute to the organization's participation in CRECE. During this time, do you think any other person, organization, or activity of yours has also contributed to those same changes? **Scale type:** Likert scale from 1 to 10	**It is repeated for each change**

Drop: A question related to value drop off was not included in the form as it was felt that participants would not adequately understand the question. Therefore, it was discarded and it was decided to use other sources to obtain that information.	**It is repeated for each change**
Other changes: Do you want to add more organizational changes? **Scale type:** Open question.	**Generic, 1 time**
Negative changes: Were all the changes positive or would you say that some negative changes have been generated for the organization? **Scale type:** Open question.	**Generic, 1 time**
1.6 Inputs: Apart from your time and dedication, would you say that the organization has contributed anything else in order to be able to participate? **Scale type:** Open question.	**Generic, 1 time**
1.6 Other people: Who or what else has been affected by the aforementioned change? **Scale type:** Open question.	**Generic, 1 time**
Additionally, detailed information about each change was requested to understand its causes and consequences. These questions are not detailed here, as they were designed specifically for each stakeholder group and each change identified with the objective of enriching the data analysis, beyond what is strictly necessary for the SROI.	

VI. The scale is ESTE II

Ask	ALWAYS (0)	SOMETIMES (1)	NEVER (2)
1. Do you have someone with whom you can talk about your daily problems?	0	1	2
2. Do you think there are people who care about you?	0	1	2
3. Do you have friends or family when you need them?	0	1	2
4. Do you feel that they ignore you?	2	1	0

5. Do you feel sad?	2	1	0
6. Do you feel alone?	2	1	0
7. And at night, do you feel alone?	2	1	0
8. Do you feel loved?	0	1	2

Factor 2: Use of New Technologies

Ask	ALWAYS (0)	SOMETIMES (1)	NEVER (2)
9. Do you use a mobile phone?	0	1	2
10. Do you use the computer (console, memory games)?	0	1	2
11. Do you use the Internet?	0	1	2

Factor 3: Subjective Social Participation Index

Ask	ALWAYS (0)	SOMETIMES (1)	NEVER (2)
12. During the week and on weekends, do other people call you to go out?	0	1	2
13. Do you find it easy to make friends?	0	1	2
14. Do you go to a park, association, or pensioner's home where you interact with other seniors?	0	1	2
15. Do you like to participate in leisure activities organized in your neighborhood/town?	0	1	2

VII. Risk analysis

The risk analysis carried out, and detailed in the following section, determined, prior to data collection, that the data collected required a degree **MEDIUM-HIGH** of **RIGOR**[251] both in dimension **completeness** ("completeness") as in the dimension **precision** ("accuracy"), since they would be used to take **operational decisions** in the implementation of the CRECE model in other territories in Spain. A low grade would have increased the risk of ignoring the voices of different stakeholders or not understanding with sufficient accuracy the changes in their lives, while a high grade would have implied an unnecessary use of resources in data collection, without significantly improving decision-making based on this report.

In summary, the data would be used to improve CRECE, 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.

Criterion: Decision typology	
Process	***Analysis and conclusion***
The evaluation team, composed of 3 members: a) Analyzed the different types of decisions according to Principle 8[252]. b) Sought to understand when the data would be used for decision-making starting in 2025.	Among the decision typologies (strategic, tactical, operational) the decision is of ar **operational, since it is** "make improvements to existing activities[253]". Decisions will focus on how to adapt and improve the activities of the existing set of activities and model, to optimize the impacts on the

[251] Rigor, according to Social Value International. (n.d.). *Principle 8: Be responsive*. https://www.socialvalueint.org/principle-8-be-responsive
[252]Social Value International. (n.d.). *Principle 8: Be responsive*. https://www.socialvalueint.org/principle-8-be-responsive
[253]Description of operational decision, according to principle 8" of Social Value International.

c) Validated the risk analysis defined in the 2023 forecast. d) Verified the scope of the report, exposing the data to the validation of 2 people from the project. e) Identified the corresponding type of decision.	well-being of the impacted people based on the impact data and feedback from the different stakeholders that have experienced the intervention. It is also reviewed regularly (quarterly or semi-annually). **Conclusion:** Consequently, it was considered sufficient that the data in the report had a **RIGOR** degree **MEDIUM-HIGH**.
Criterion: Level of Reversibility	
The evaluation team, composed of 3 members: a) Conducted a discussion on the following topic: how quickly a decision regarding the intervention model could be reversed if the data in the report were to generate negative impact or little positive impact. b) Analyzed the impacts anticipated in the program's Prognostic Social Value report, evaluating the degree of reversibility of the changes, both positive and negative, on a scale of 1 to 5. A 1 indicated a low degree of reversibility for possible "harm" caused by incorrect decisions based on the data, and a 5 indicated a high degree of reversibility of possible "harm." b) Combined the distribution of changes on the scale with the qualitative content and determined the corresponding degree of reversibility.	Since all the changes generated by the project 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. **Conclusion:** Therefore, it was concluded that the possible damages that could be generated would be **easily reversible.**
***Criterion:* Precision Level (accuracy)** **It refers to the level of accuracy with which the results and impacts have been quantified.**	

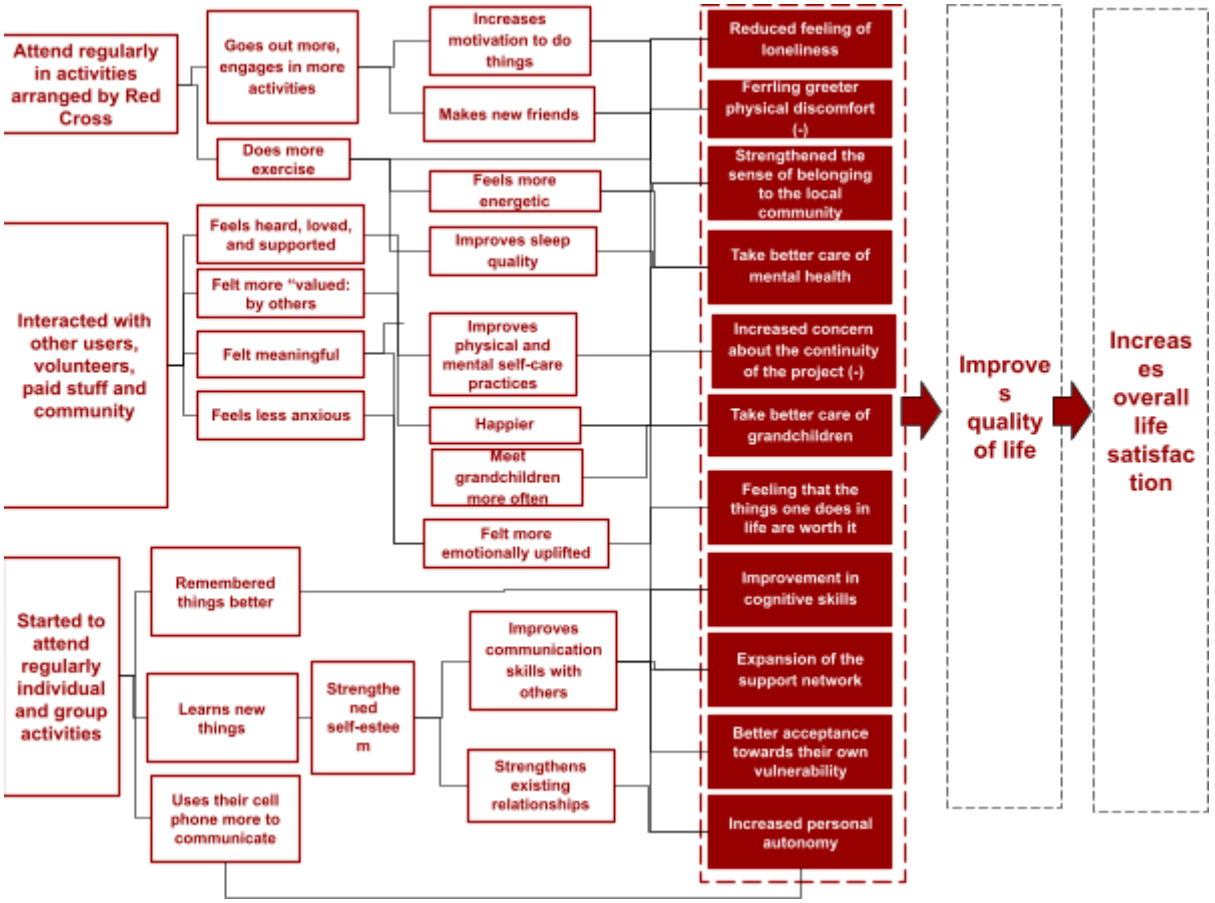
The evaluation team, composed of 3 members: a) Developed a scale from 1 to 5 to evaluate accuracy, based on the concept of objective data and subjective data assuming that objective data would offer a greater degree of precision. The more objective data were assigned higher values on the scale and the subjective data were assigned lower values. 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 precision. The tool also included sources such as "research," "other SROI studies," and "other stakeholders" to weight intermediate levels. b) The team evaluated the type of decision (operational decision making) and the type of data necessary for said decision, identifying the appropriate level on the scale. Finally, the degree of accuracy required for the analysis was defined.	A report is most accurate when indicators accurately reflect 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 activities within the scope of the analysis is clearly evident. Given that 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 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. **Conclusion:** A grade was assigned **medium-high** of precision, using a combination of tools that allowed us to capture both the general vision of the change and the depth of the critical changes for the different stakeholders. 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 information to support the operational decisions for which the data in this report would be used.
***Criterion:* Completeness Level**	

It refers to the degree to which the report includes all the material impacts experienced by all the different stakeholders. Material impacts are those changes in well-being that are relevant and significant.	
The evaluation team, composed of 3 members: a) Developed a scale from 1 to 5 to analyze completeness, based on two criteria: - **Representativeness**: A 1 indicated 1% representativeness (sample versus target population), while a 5 represented 100% of the people involved in the project. - **Subjectivity**: A 1 reflected the use of tools of low subjective rigor (such as consulting other stakeholders about changes in the group analyzed), a medium level involved the use of forms with the group itself, and a high level meant interviewing individually. 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. c) Finally, the degree of completeness required for the analysis was defined.	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. 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. **Conclusion:** Was assigned a **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.

VIII. Complete chains of events

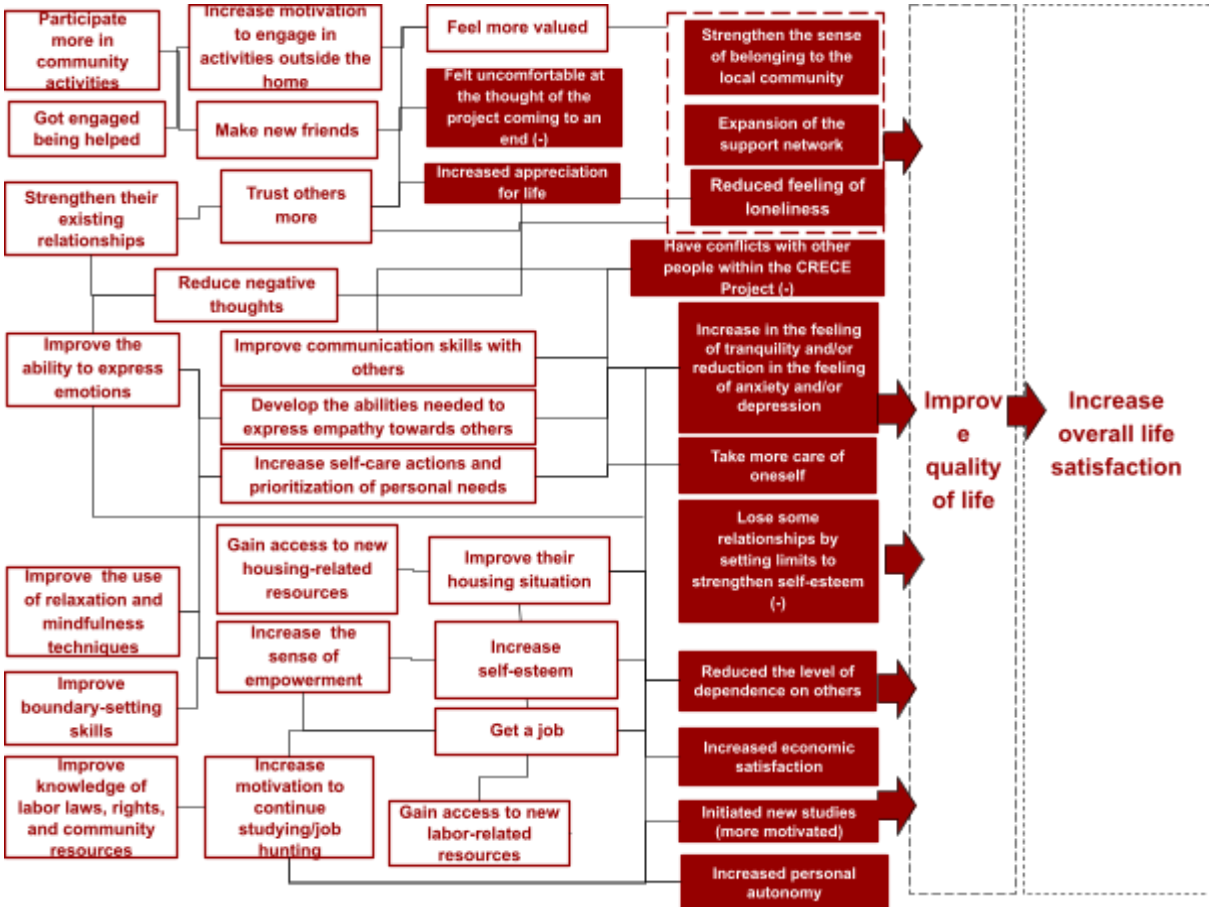
The complete chains of events are included here since they have had to be simplified in the report.

Chain of events - Elderly participants



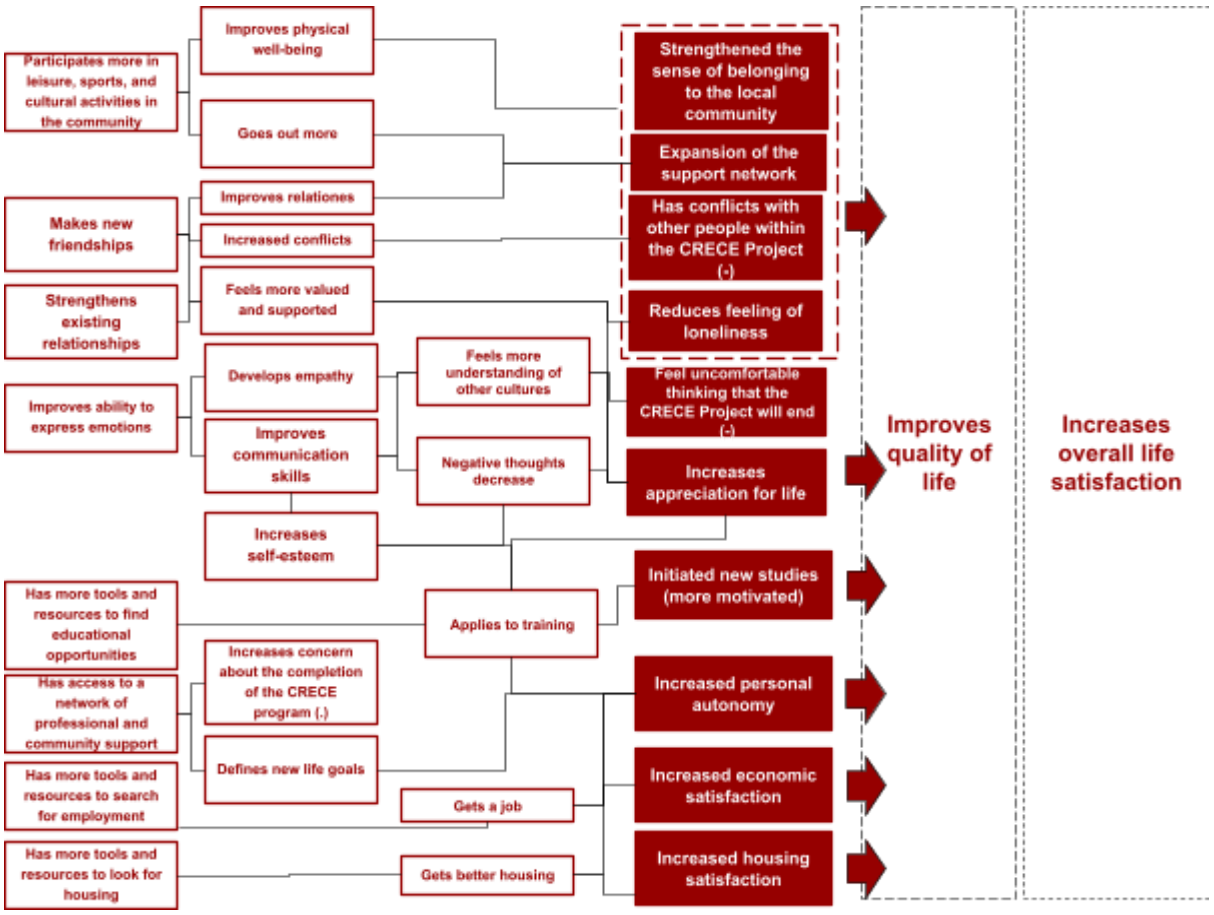
Source: Own elaboration.

Chain of events - Women in situation of social difficulty



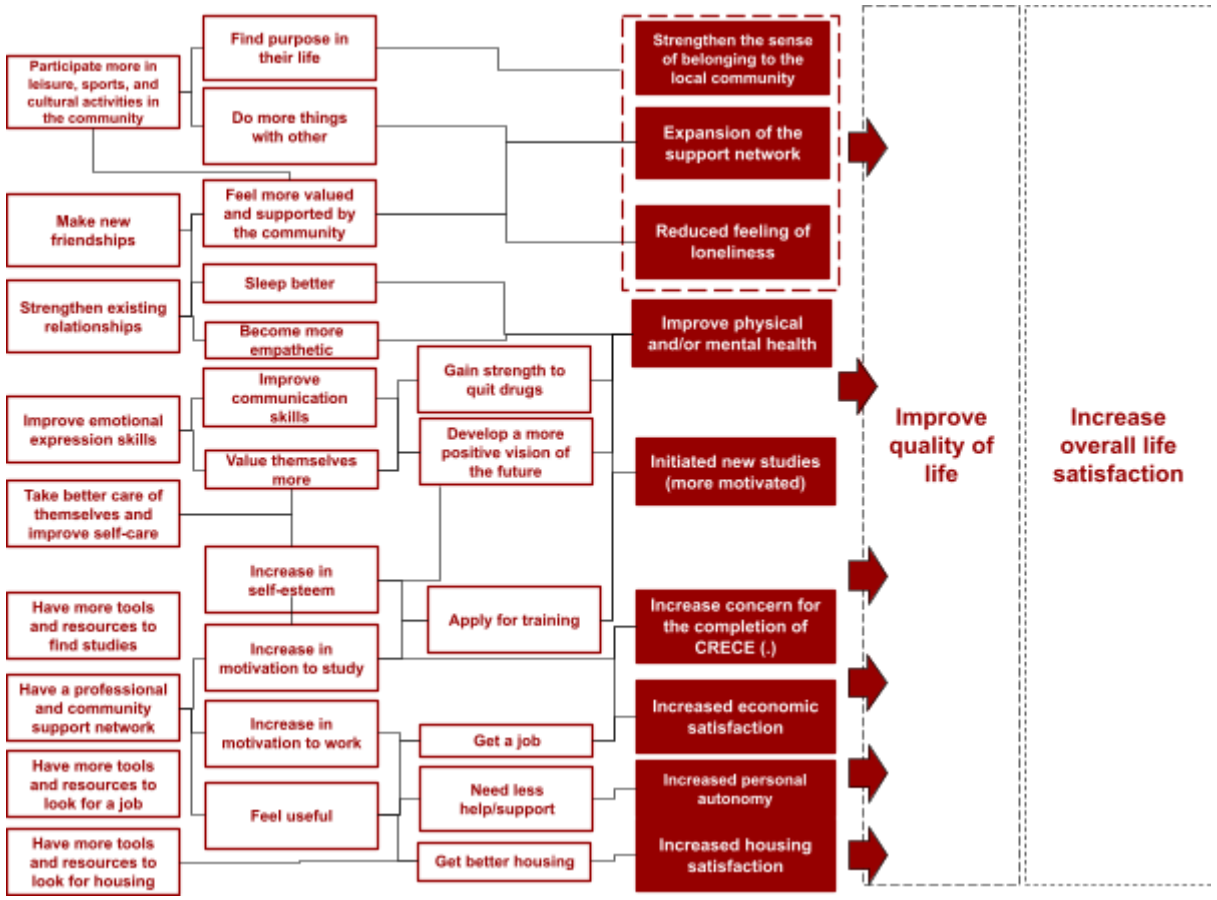
Source: Own elaboration.

Chain of events -Young persons in a situation of social difficulty



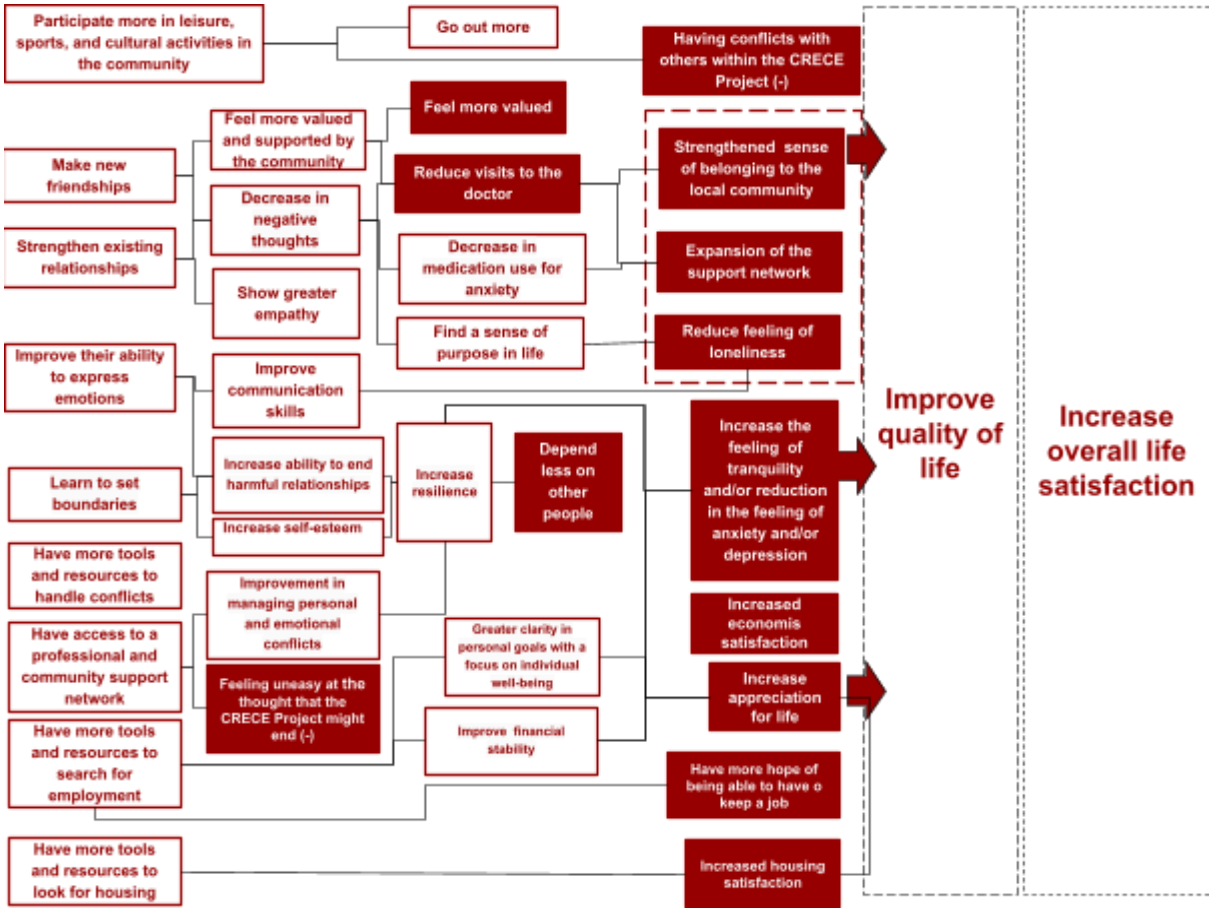
Source: Own elaboration.

Chain of events -People experiencing homelessness



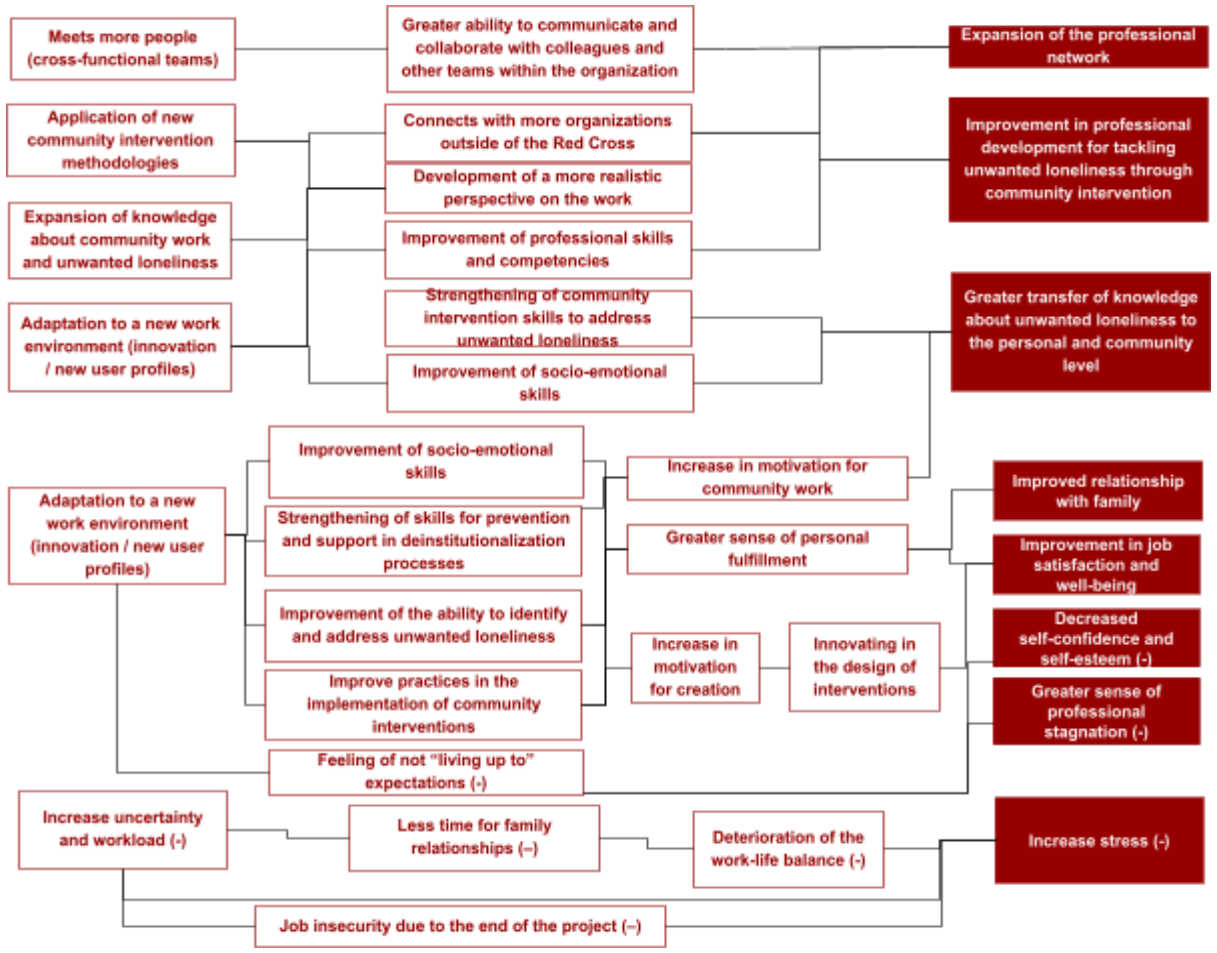
Source: Own elaboration.

Chain of events -Personas with mental health difficulties



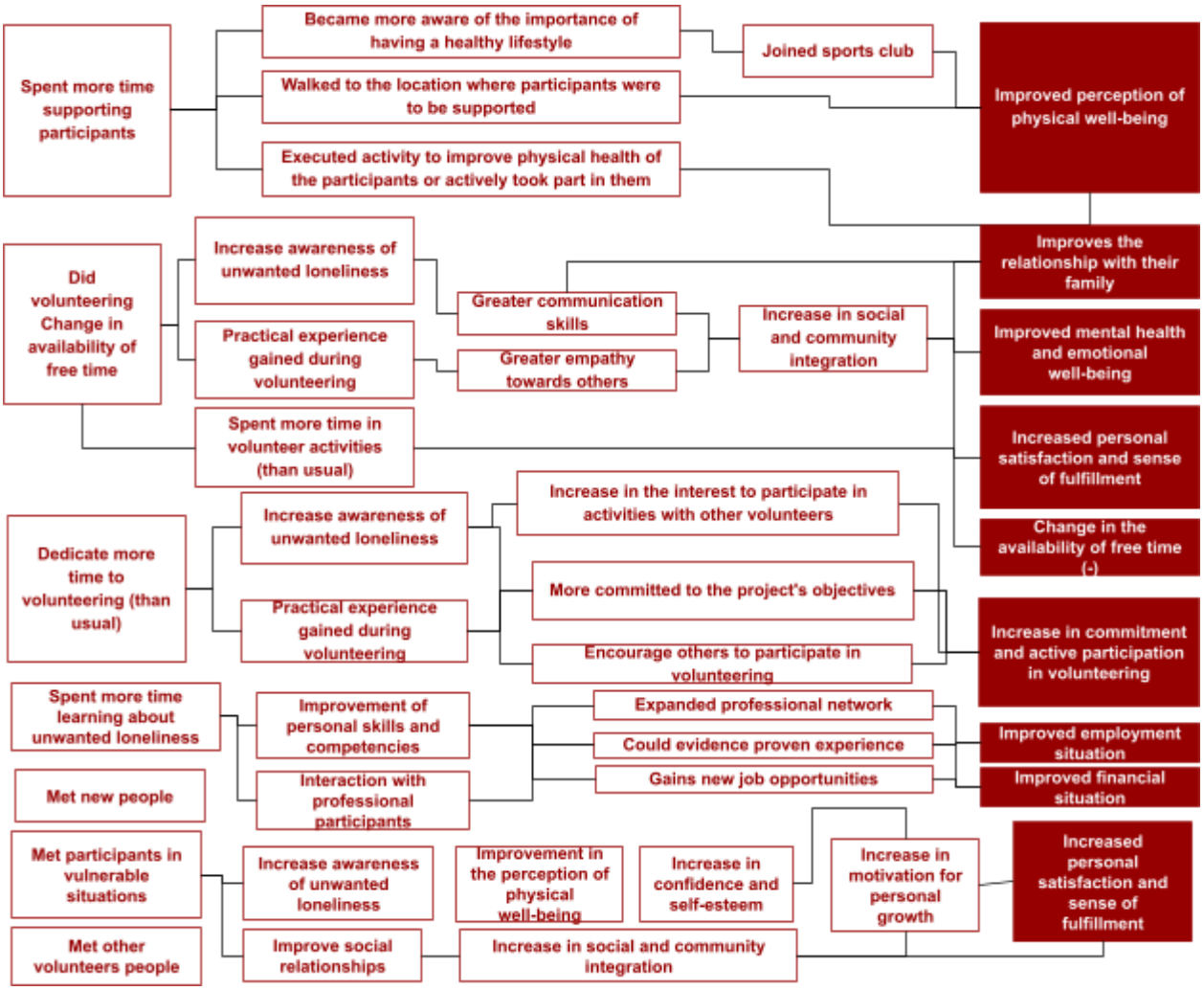
Source: Own elaboration.

Chain of events of relevant changes in paid personnel



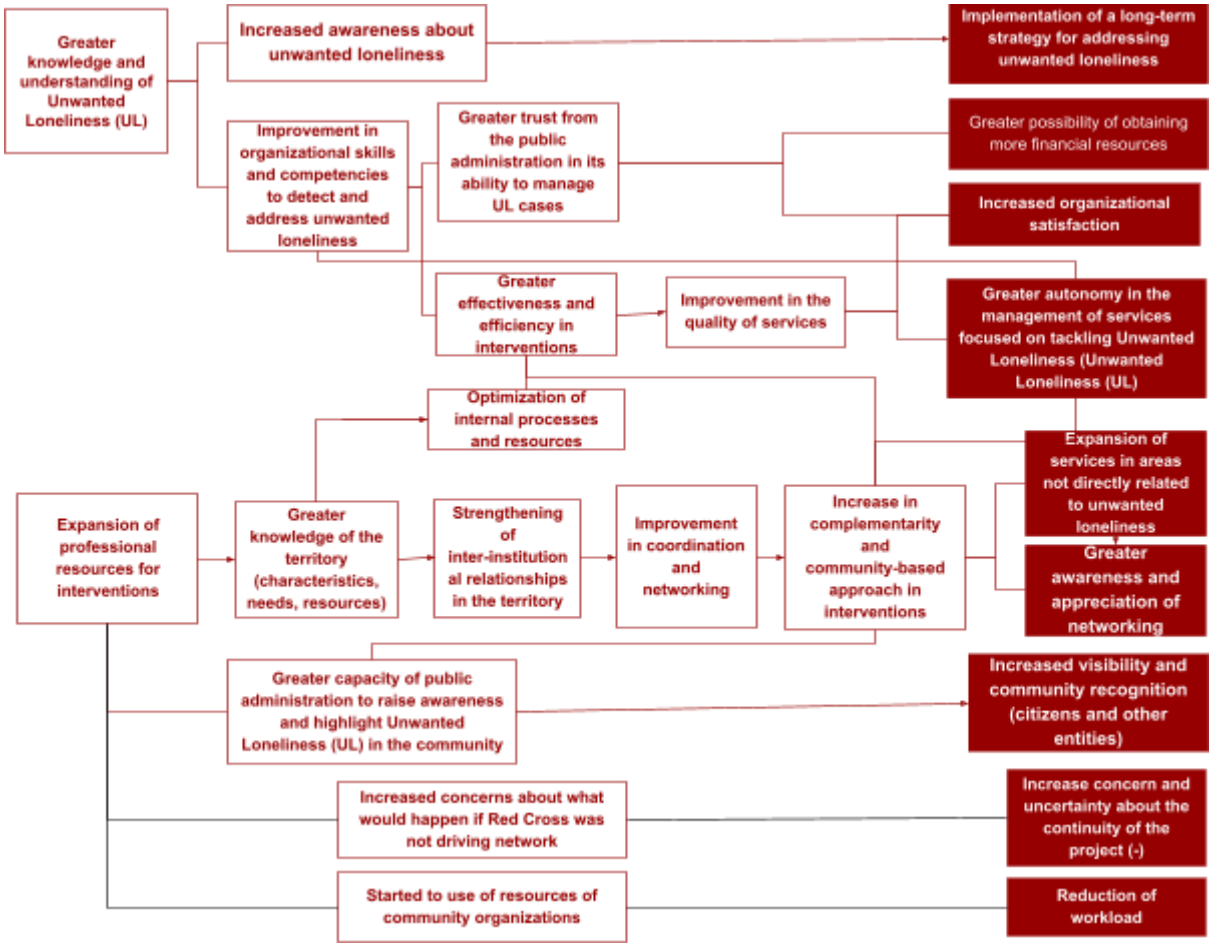
Source: Own elaboration.

Chain of events of relevant changes in volunteers



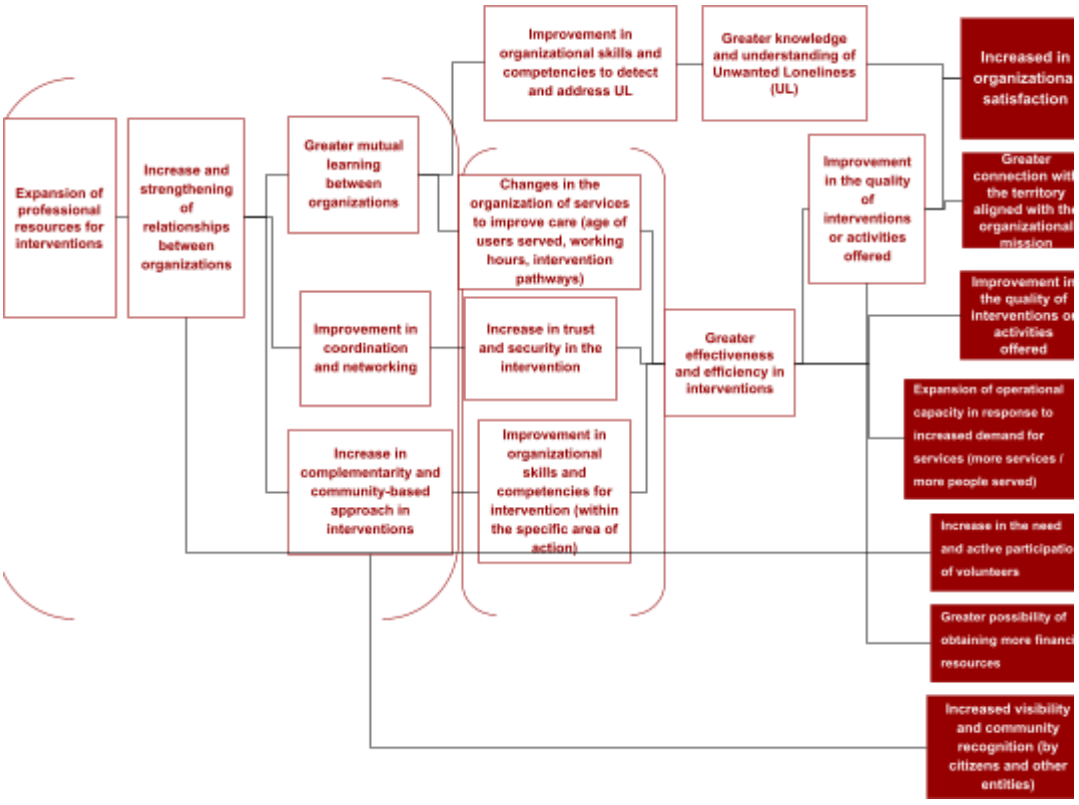
Source: Own elaboration.

Chain of events of relevant changes in Alliances - Public Administration



Source: Own elaboration.

Chain of events of relevant changes in Alliances - NGO



Source: Own elaboration.

IX. Value map (value map)

The complete value map can be downloaded here (pdf)

Inputs:

Who and how many?		At what cost?	
Stakeholders		Inputs	
Who do we have an effect on? / Who has an effect on us?	How many in group?	What will/did they invest and how much (money, time)?	Financial value (for the total population for the accounting period)
Participants - Elderly people	**1457**	A total of 54,439 responses were reported from all the participants. The time invested, according to the methodology criteria, is not counted in monetary terms, as you are a beneficiary.	**0€**
Participants - Women in situations of social difficulty	**2256**		**0€**
Participants - Young people in situations of being taken into care and/or social difficulty	**647**		**0€**
Participants - People experiencing homelessness	**924**		**0€**
Participants - People with mental health difficulties	**712**		**0€**

Who and how many?		At what cost?	
Stakeholders		**Inputs**	
Who do we have an effect on? / Who has an effect on us?	How many in group?	What will/did they invest and how much (money, time)?	Financial value (for the total population for the accounting period)
Paid staff (Head Office Team, Facilitators, Technicians)	**70**	Type: time A total of 54,439 responses were reported from all the participants. The time invested, according to the methodology criteria, is not counted in monetary terms, as you are a beneficiary. The costs associated with the regular work of the Red Cross staff are covered by funding from the Ministry of Social Rights and Agenda 2030. In this input, only the additional uncompensated time specifically dedicated to the CRECE project is accounted for. Headquarters team: A total of 1,015.2 hours, valued at a net rate of €6.89/hour, calculated from the budget allocated to personnel and considering the company's Social Security contribution (32.5%) and the deductions corresponding to the worker (income tax by brackets and worker Social	**27,866€**
Community alliances (third sector and public administration)	**331**	Type: time Monetary valuation of the time dedicated by 331 organizations to the CRECE project during January 2023 - June 2024, calculated on the basis of 2 hours per month per organization (excluding August 2023) and using as a reference the cost/hour according to the Social Intervention Agreement (€13.83/hour in 2023 and €14.27/hour in 2024). Monetary valuation of the time dedicated by 331 organizations to the Monetary valuation of the time dedicated by 331 organizations to the CRECE project during January 2023 - June 2024, calculated on the basis of 2 hours per month per organization (excluding August 2023) and using as a reference the cost/hour according to the Social Intervention Agreement (€13.83/hour in 2023 and €14.27/hour in 2024).	**155,907€**

Who and how many?		At what cost?	
Stakeholders		**Inputs**	
Who do we have an effect on? Who has an effect on us?	How many in group?	What will/did they invest and how much (money, time)?	Financial value (for the total population for the accounting period)
Volunteers	**124**	Type: time From October 4, 2022, to July 31, 2024, there were a total of 729 volunteers (229 women and 500 men), who carried out 8,395 activities for a total of 17,309.50 hours, representing an average of 2.06 hours per shift. The total value of the inputs provided amounts to €172,826.19, comprising the monetary value of the hours worked (17,309.50 hours × $9.10/hour net = $157,516.45) and the direct monetary expenses reported by the volunteers ($15,309.74). The hourly value represents the net amount that a person on the payroll would receive for this work.	**112,889€**
Red Cross	**1**	The Spanish Red Cross Central Entity has supplemented the intervention with its own funds amounting to €201,204.46.	**201,204€**
Main funder - Ministry of Social Rights, Consumer Affairs and Agenda 2030	**1**	Type: monetary (€) Financial: budget executed for the CRECE project, covering 18 months of intervention, including coordinator, personnel in the territories, room rental, material for beneficiaries, travel, subsistence, accommodation, meals, trips to public bodies, computers and licenses, IT developments including IMAP, mobile terminals, voice assistants, skills, CREDEI, EN RED platform with robotics and WiFi connection.	**6,475,946€**
		Total Inputs	**6,973,813€**

Outputs/outcomes:

Who and how many?	Outputs	What changes?
Stakeholders		Outcomes
		Outcome description
Who do we have an effect on?	Summary of activity in numbers.	What is the change experienced by stakeholders?
Who has an effect on us?		
Participants - Elderly people	-5,996 people attended to - 41.09% of participants reduce their vulnerability factors -26,857 activities carried out 900 people -47.60% of young people in a situation of being taken into care and/or social difficulty gain access to a job in the formal economy -16.40% of women in a situation of social difficulty gain access to a job in the formal economy -11% Young people in a situation of being released from care and/or social difficulty obtained an alternative form of accommodation -2.6% Women in a situation of social difficulty obtained an alternative form of accommodation	Reduced feeling of loneliness Strengthened sense of belonging to the local community Expansion of the support network Feeling that the things one does in life are worth it Increased concern and uncertainty about the continuity of the Take better care of mental health
Participants - Women in situations of social difficulty		Reduced feeling of loneliness Increased economic satisfaction Increased housing satisfaction Expansion of the support network Strengthened sense of belonging to the local community Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression
Participants - Young people in situations of being taken into care and/or social difficulty		Reduced feeling of loneliness Strengthened sense of belonging to the local community Initiated new studies (more motivated) Expansion of the support network Increased economic satisfaction Increased housing satisfaction
Participants - People experiencing homelessness		Reduced feeling of loneliness Increased economic satisfaction Increased housing satisfaction Improved physical and/or mental health Expansion of the support network Initiated new studies (more motivated) Strengthened sense of belonging to the local community
Participants - People with mental health difficulties		Reduced feeling of loneliness Expansion of the support network Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression Strengthened sense of belonging to the local community Increase in appreciation for life

Who and how many?	Outputs	What changes?
Stakeholders		Outcomes
		Outcome description
Who do we have an effect on?	Summary of activity in numbers.	What is the change experienced by stakeholders?
Who has an effect on us?		
Paid staff (Head Office Team, Facilitators, Technicians)	-243,000 hours of experience in the innovative intervention -70 CVs of professionals with improved skills in community intervention and in addressing vulnerability factors (in relation	**Increase stress (-)**
		Expansion of the professional network
		Improvement in professional development for tackling unwanted loneliness through community intervention
Community alliances (third sector and public administration)	-52 territorial mappings -47 community programs -118 community coordination tables -Experience by 331 local entities with active involvement -173 co-created activities around unwanted loneliness	**Greater awareness and appreciation of networking**
		Increased concern and uncertainty about the continuity of the project (-)
		Greater autonomy in the management of services focused on tackling Unwanted Loneliness (Unwanted Loneliness (SND)
		Increased visibility and community recognition (citizens and other entities)
		Greater connection with the territory aligned with the organizational mission
Volunteers	-17,309.50 hours of volunteer experience Most of the volunteers are trained in community intervention and in addressing vulnerability factors (in relation to unwanted loneliness)	**Increased personal satisfaction and sense of fulfillment**
		Increased commitment and active participation in volunteering
		Improved mental health and emotional well-being

Who and how many?	Outputs	What changes?
Stakeholders		Outcomes
		Outcome description
Who do we have an effect on? / Who has an effect on us?	Summary of activity in numbers.	What is the change experienced by stakeholders?
Red Cross	-1 innovative intervention proposal tested in 16 territories including 53 localities -70 professionals trained in the CRECE intervention model -300+ volunteers with experience in the CRECE intervention proposal -50 collaborations with companies (labor insertion of women and young people) -1 data analytics model for the identification of unwanted loneliness and the best responses. -1 mapping of resources per locality in which the project has been carried out -1 technological tool for community intervention -1 network with 331 entities to collaborate on actions addressing unwanted loneliness -Capacity-building program for community intervention. -New training actions on unwanted loneliness and intervention with diverse population groups. -1 Mentoring tool: "Building achievements for a good life in community". -1 kit of specific technological solutions on unwanted loneliness	Not applicable. No changes are generated. This stakeholder only provides inputs and gets outputs.
Main funder - Ministry of Social Rights, Consumer Affairs and Agenda 2030	1 pilot of best practices for reducing unwanted soledd tested and evaluated.	Not applicable. No changes are generated. This stakeholder only provides inputs and gets outputs.

Indicators/Duration:

What changes?	How much?					How long?	
Outcomes							
Outcome description	Indicator and source	Quantity (scale)			Amount of change per stakeholder (depth)	Duration of outcomes	Outcomes start
What is the change experienced by stakeholders?	Describe how you will measure the described outcome (including any sources used)	Sample	Number of people experiencing described outcome	Pro-rate	Describe the average amount of change experienced (or to be experienced) per stakeholder	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?
Reduced feeling of loneliness	The degree of change was measured using a 1–10 subjective scale (Forms III–V), which was developed for the indicator specifically for the project, and triangulated with the validated ESTE II Scale (Appendix VI).	**292** ***(The number was extrapolated as it statistically represents the entire stakeholder universe) Formula:*** **(Number of "yes" responses in the sample ÷ Total number of survey respondents) × Total size of the universe**	**278**	**1387**	**5**	**3**	**Period of activity**
Strengthened sense of belonging to the local community	The degree to which the sense of belonging to the local community was strengthened was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'increase in sense of belonging to the local community'.		**236**	**1178**	**4.26**	**2**	**Period of activity**
Expansion of the support network	The degree to which the support network was strengthened was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'increase of the support network'.		**283**	**1212**	**4.74**	**2**	**Period of activity**
Feeling that the things one does in life are worth it	The degree to which participants felt that what they do in life is worthwhile was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'feeling that what one does in life is worthwhile'.		**210**	**1048**	**7.41**	**2**	**Period of activity**
Increased concern and uncertainty about the continuity of the project (-)	"The degree to which participants experienced concern and uncertainty about the continuity of the project was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'increased concern and uncertainty about the continuity of the project'		**215**	**1073**	**7.95**	**2**	**Period of activity**
Take better care of mental health	The degree to which participants reported taking better care of their mental health was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'taking better care of mental health'.		**201**	**1003**	**7.59**	**2**	**Period of activity**

What changes?	How much?					How long?	
Outcomes							
Outcome description	Indicator and source	Quantity (scale)			Amount of change per stakeholder (depth)	Duration of outcomes	Outcomes start
What is the change experienced by stakeholders?	Describe how you will measure the described outcome (including any sources used)	Sample	Number of people experiencing described outcome	Pro-rate	Describe the average amount of change experienced (or to be experienced) per stakeholder.	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?
Reduced feeling of loneliness	The degree of change was measured using a 1–10 subjective scale (Forms III–V), which was developed for the indicator specifically for the project, and triangulated with the validated ESTE II Scale (Appendix VI).	**190 *(The number was NOT extrapolated as it statistically didn't represents the entire stakeholder universe. The only value accounted for is for those that identified.* sampling error margin of 11.87%.)**	**119**	**119**	**7.4**	**2**	**Period of activity**
Increased economic satisfaction	The degree to which participants experienced greater economic satisfaction was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'greater economic satisfaction'.		**77**	**77**	**3.72**	**1**	**Period of activity**
Increased housing satisfaction	The degree to which participants experienced greater housing satisfaction was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'greater housing satisfaction'		**36**	**36**	**1.54**	**3**	**Period of activity**
Expansion of the support network	The extent to which participants' support network expanded was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'increase in the support network'		**168**	**168**	**7.3**	**4**	**Period of activity**
Strengthened sense of belonging to the local community	The degree to which the sense of belonging to the local community was strengthened was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'strengthened sense of belonging to the local community'		**160**	**160**	**7.1**	**2**	**Period of activity**
Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression	The degree to which participants experienced an increased sense of tranquillity and/or a reduced sense of anxiety and/or depression was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'increased sense of tranquillity and/or reduced sense of anxiety and/or depression'.		**155**	**155**	**3.97**	**2**	**Period of activity**

What changes?	How much?					How long?	
Outcomes Outcome description	Indicator and source	Quantity (scale)			Amount of change per stakeholder (depth)	Duration of outcomes	Outcomes start
What is the change experienced by stakeholders?	Describe how you will measure the described outcome (including any sources used)	Sample	Number of people experiencing described outcome	Pro-rate	Describe the average amount of change experienced (or to be experienced) per stakeholder	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?
Reduced feeling of loneliness	The degree of change was measured using a 1–10 subjective scale (Forms III–V), which was developed for the indicator specifically for the project, and triangulated with the validated ESTE II Scale (Appendix VI).	**67 *(The number was NOT extrapolated as it statistically didn't represents the entire stakeholder universe. The only value accounted for is for those that identified. Margin error of 9.66%.)***	**31**	**31**	**7.03**	**3**	**Period of activity**
Strengthened sense of belonging to the local community	The extent to which participants felt a stronger sense of belonging to the local community was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'strengthened sense of belonging to the local community'		**38**	**38**	**7.21**	**4**	**Period of activity**
Initiated new studies (more motivated)	The degree to which participants reported having started new studies, as a sign of increased motivation, was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'started new studies (more motivated)'.		**43**	**43**	**4.8**	**1**	**Period of activity**
Expansion of the support network	The extent to which participants' support network expanded was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'expansion of the support network'		**64**	**64**	**7.11**	**4**	**Period of activity**
Increased economic satisfaction	The degree to which participants experienced greater economic satisfaction was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'greater economic satisfaction'.		**26**	**26**	**5.22**	**3**	**Period of activity**
Increased housing satisfaction	The degree to which participants experienced greater housing satisfaction was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'greater housing satisfaction'		**26**	**26**	**6.21**	**3**	**Period of activity**

What changes?	How much?					How long?	
Outcomes Outcome description	Indicator and source	Quantity (scale)			Amount of change per stakeholder (depth)	Duration of outcomes	Outcomes start
What is the change experienced by stakeholders?	Describe how you will measure the described outcome (including any sources used)	Sample	Number of people experiencing described outcome	Pro-rate	Describe the average amount of change experienced (or to be experienced) per stakeholder	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?
Reduced feeling of loneliness	The degree of change was measured using a 1–10 subjective scale (Forms III–V), which was developed for the indicator specifically for the project, and triangulated with the validated ESTE II Scale (Appendix VI).	**104 *(The number was NOT extrapolated as it statistically didn't represents the entire stakeholder universe. The only value accounted for is for those that identified.* sampling error margin of 8.88%.)**	**94**	**94**	**6.77**	**4**	**Period of activity**
Increased economic satisfaction	The degree to which participants experienced greater economic satisfaction was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'greater economic satisfaction'.		**40**	**40**	**3.2**	**1**	**Period of activity**
Increased housing satisfaction	The degree to which participants experienced greater housing satisfaction was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'greater housing satisfaction'		**38**	**38**	**1.6**	**3**	**Period of activity**
Improved physical and/or mental health	The degree to which participants experienced improved physical and/or mental health was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'improved physical and/or mental health'.		**75**	**75**	**7.52**	**3**	**Period of activity**
Expansion of the support network	The extent to which participants' support network expanded was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'expansion of the support network'		**92**	**92**	**6.46**	**4**	**Period of activity**
Initiated new studies (more motivated)	The degree to which participants reported having started new studies, as a sign of increased motivation, was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'started new studies (more motivated)'.		**89**	**89**	**5.36**	**3**	**Period of activity**
Strengthened sense of belonging to the local community	The extent to which participants felt a stronger sense of belonging to the local community was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'strengthened sense of belonging to the local community'		**88**	**88**	**6.46**	**4**	**Period of activity**

What changes?	How much?					How long?	
Outcomes Outcome description	Indicator and source	Quantity (scale)			Amount of change per stakeholder (depth)	Duration of outcomes	Outcomes start
What is the change experienced by stakeholders?	Describe how you will measure the described outcome (including any sources used)	Sample	Number of people experiencing described outcome	Pro-rate	Describe the average amount of change experienced (or to be experienced) per stakeholder	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?
Reduced feeling of loneliness	The degree of change was measured using a 1–10 subjective scale (Forms III–V), which was developed for the indicator specifically for the project, and triangulated with the validated ESTE II Scale (Appendix VI).	**20 *(The number was NOT extrapolated as it statistically didn't represents the entire stakeholder universe. The only value accounted for is for those that identified.* sampling error margin of 35.60%.**	**12**	**12**	**7.1**	**2**	**Period of activity**
Expansion of the support network	The extent to which participants' support network expanded was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'expansion of the support network'		**19**	**19**	**7.3**	**2**	**Period of activity**
Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression	The extent to which participants reported greater calmness and/or lower levels of anxiety and depression was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'increased sense of calm and/or reduced sense of anxiety and depression'		**19**	**19**	**7.2**	**2**	**Period of activity**
Strengthened sense of belonging to the local community	The degree to which the sense of belonging to the local community was strengthened was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'strengthened sense of belonging to the local community'		**16**	**16**	**7.21**	**2**	**Period of activity**
Increase in appreciation for life	The degree to which participants experienced an increased appreciation for life was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'increase in appreciation for life'		**15**	**15**	**6.7**	**2**	**Period of activity**
Increase stress (-)	The degree to which participants experienced an increase in stress was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'increase in stress	**56 *(The number was extrapolated as it statistically represents the entire stakeholder universe).* (Number of "yes" responses in the sample ÷ Total number of survey respondents) × Total size of the universe**	**50**	**56**	**1.91**	**1**	**Period of activity**
Expansion of the professional network	The degree to which participants expanded their professional network was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'expansion of the professional network'.		**61**	**69**	**2**	**2**	**Period of activity**
Improvement in professional development for tackling unwanted loneliness through community intervention	The degree to which participants improved their professional development for addressing unwanted loneliness through community intervention was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'improvement in professional development for tackling unwanted loneliness through community intervention'		**57**	**64**	**3.36**	**2**	**Period of activity**

What changes?	How much?					How long?	
Outcomes Outcome description	Indicator and source	Quantity (scale)			Amount of change per stakeholder (depth)	Duration of outcomes	Outcomes start
What is the change experienced by stakeholders?	Describe how you will measure the described outcome (including any sources used)	Sample	Number of people experiencing described outcome	Pro-rate	Describe the average amount of change experienced (or to be experienced) per stakeholder.	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?
Greater awareness and appreciation of networking	The degree to which organizations developed greater awareness and appreciation of networking was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'greater awareness and appreciation of networking	**22** ***(The number was NOT extrapolated as it statistically didn't represents the entire stakeholder universe. The only value accounted for is for those that identified.*** **sampling error margin of 20.22%.**	**9**	**9**	**0.2**	**2**	**Period of activity**
Increased concern and uncertainty about the continuity of the project (-)	The degree to which the organization experienced increased concern and uncertainty about the continuity of the project was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'increase in concern and uncertainty about the continuity of the project'		**8**	**8**	**1.2**	**1**	**Period of activity**
Greater autonomy in the management of services focused on tackling Unwanted Loneliness (Unwanted Loneliness (SND)	The degree to which the organization gained greater autonomy in the management of services focused on tackling Unwanted Loneliness (SND) was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'greater autonomy in the management of services focused on tackling Unwanted Loneliness (UL)		**8**	**8**	**0.4**	**1**	**Period of activity**
Increased visibility and community recognition (citizens and other entities)	The degree to which the organization experienced increased visibility and community recognition—both from citizens and other entities—was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'increased visibility and community recognition (citizens and other entities)'		**11**	**11**	**1.5**	**2**	**Period of activity**
Greater connection with the territory aligned with the organizational mission	Organizational connection with the territory, aligned with its mission, was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'greater connection with the territory		**11**	**11**	**1**	**1**	**Period of activity**

What changes?	How much?					How long?	
Outcomes Outcome description	Indicator and source	Quantity (scale)			Amount of change per stakeholder (depth)	Duration of outcomes	Outcomes start
What is the change experienced by stakeholders?	Describe how you will measure the described outcome (including any sources used)	Sample	Number of people experiencing described outcome	Pro-rate	Describe the average amount of change experienced (or to be experienced) per stakeholder	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?
Increased personal satisfaction and sense of fulfillment	The degree to which volunteers experienced increased personal satisfaction and a sense of fulfillment was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'increased personal satisfaction and sense of fulfillment'	**95** ***(The number was extrapolated as it statistically represents the entire stakeholder universe).*** **(Number of "yes" responses in the sample ÷ Total number of survey respondents) × Total size of the universe**	**74**	**118**	**3.25**	**1**	**Period of activity**
Increased commitment and active participation in volunteering	The degree to which volunteers demonstrated increased commitment and active participation in volunteering was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'increased commitment and active participation in volunteering		**66**	**105**	**3.25**	**1**	**Period of activity**
Improved mental health and emotional well-being	The degree to which volunteers experienced improved mental health and emotional well-being was measured using a 1–10 subjective scale (Forms III–V), developed specifically for the indicator 'improved mental health and emotional well-being		**67**	**107**	**3.25**	**1**	**Period of activity**
Not applicable. No changes are generated. This stakeholder only provides inputs and gets outputs.	Not applicable. No changes are generated.	Not applicable. No changes are generated.	Not applicable. No changes are generated.	Not applicable. No changes are generated.	Not applicable. No changes are generated.	Not applicable. No changes are generated.	Not applicable. No changes are generated.
Not applicable. No changes are generated. This stakeholder only provides inputs and gets outputs.	Not applicable. No changes are generated.	Not applicable. No changes are generated.	Not applicable. No changes are generated.	Not applicable. No changes are generated.	Not applicable. No changes are generated.	Not applicable. No changes are generated.	Not applicable. No changes are generated.

Importance/value (proxy):

Who and how many?	What changes?	How valuable?			
Stakeholders	Outcomes	Express the relative importance (value) of the outcome			
	Outcome description	Explained valuation approach (anchoring)	Monetary valuation		
Who do we have an effect on? / Who has an effect on us?	What is the change experienced by stakeholders?	Describe the monetary valuation approach used to express the relative importance (value) of each outcome.	Anchor proxy used to Anchor all values for the stakeholder group	How important is the outcome to stakeholders (expressed in monetary terms) Unadjusted to amount	How important is the outcome to stakeholders (expressed in monitary terms. Adjusted to the depth of the change).
Participants - Elderly people	**Reduced feeling of loneliness**	The anchoring method was used to assign monetary values. The ***reduction of loneliness*** was selected as the anchor value, with a monetary equivalent of **€6,771**, and served as the reference point for valuing the other changes experienced by this stakeholder group. Initially, the anchor proxy was set at €4,514, derived from Wellbeing Valuation and Spanish studies. Since the evaluation spans an 18-month period, the original annual proxy was divided by 12 to obtain a monthly value, which was then multiplied by 18 to reflect the total value over the evaluation period. This anchor represents a relative importance rating of **8.27** (see column P) on a 1–10 scale. The monetary values of other changes were calculated	**6,771€**	**6,771€**	**3,386€**
	Strengthened sense of belonging to the local community			**6,468€**	**2,755€**
	Expansion of the support network			**6,615€**	**3,136€**

	Feeling that the things one does in life are worth it	proportionally, using the following formula: *Anchor Proxy (Column S10) ÷ 8.3 (relative importance of the anchor value) × Relative importance of the new value.* These values can be found in column R. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded in column K. ***These adjusted monetary values are reflected in column S***, ensuring that the monetary estimation remains balanced and proportionate to the change experienced. **The value used to calculate the SROI is the adjusted monetary value in column S.**		**6,632€**	**4,914€**
	Increased concern and uncertainty about the continuity of the project (-)			**-6,714€**	**-5,337€**
	Take better care of mental health			**6,877€**	**5,220€**
Participants - Women in situations of social difficulty	**Reduced feeling of loneliness**	The anchoring method was used to assign monetary values. The ***reduction of loneliness*** was selected as the anchor value, with a monetary equivalent of **€6,771**, and served as the reference point for valuing the other changes experienced by this stakeholder group. Initially, the anchor proxy was set at €4,514, derived from Wellbeing Valuation and Spanish studies. Since the evaluation spans an 18-month period, the original annual proxy was divided by 12 to obtain a monthly value, which was then multiplied by 18 to reflect the total value over the evaluation period. This anchor represents a relative importance rating of **8.27** (see column P) on a 1–10 scale. The monetary values of other changes were calculated	**6,771€**	**6,771€**	**5,011€**
	Increased economic satisfaction			**6,755€**	**2,513€**
	Increased housing satisfaction			**7,002€**	**1,078€**

	Expansion of the support network	proportionally, using the following formula: *Anchor Proxy (Column S10) ÷ 8.3 (relative importance of the anchor value) × Relative importance of the new value.* These values can be found in column R. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded in column K. ***These adjusted monetary values are reflected in column S***, ensuring that the monetary estimation remains balanced and proportionate to the change experienced. **The value used to calculate the SROI is the adjusted monetary value in column S.**		**6,596€**	**4,815€**
	Strengthened sense of belonging to the local community			**5,656€**	**4,016€**
	Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression			**6,771€**	**2,688€**
Participants - Young people in situations of being	**Reduced feeling of loneliness**	The anchoring method was used to assign monetary values. The ***reduction of loneliness*** was selected as the anchor value, with a monetary equivalent of **€6,771**, and served as the reference point for valuing the other changes experienced by this stakeholder group. Initially, the anchor proxy was set at €4,514, derived from Wellbeing Valuation and Spanish studies. Since the evaluation spans an 18-month period, the original annual proxy was divided by 12 to obtain a monthly value, which was then multiplied by 18 to reflect the total value over the evaluation period. This anchor represents a relative importance rating of **7.6** (see column P) on a 1-10 scale. The monetary values of other	**6,771€**	**6,771€**	**4,760€**
	Strengthened sense of belonging to the local community			**6,807€**	**4,908€**
	Initiated new studies (more motivated)			**7,127€**	**3,421€**

taken into care and/or social difficulty	**Expansion of the support network**	changes were calculated proportionally, using the following formula: *Anchor Proxy (Column S10) ÷ 8.3 (relative importance of the anchor value) × Relative importance of the new value.* These values can be found in column R. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded in column K. ***These adjusted monetary values are reflected in column S***, ensuring that the monetary estimation remains balanced and proportionate to the change experienced. **The value used to calculate the SROI is the adjusted monetary value in column S.**		**7,154€**	**5,087€**
	Increased economic satisfaction			**2,940€**	**1,535€**
	Increased housing satisfaction			**2,940€**	**1,826€**
Participants - People experiencing homelessness	**Reduced feeling of loneliness**	The anchoring method was used to assign monetary values. The ***reduction of loneliness*** was selected as the anchor value, with a monetary equivalent of **€6,771**, and served as the reference point for valuing the other changes experienced by this stakeholder group. Initially, the anchor proxy was set at €4,514, derived from Wellbeing Valuation and Spanish studies. Since the evaluation spans an 18-month period, the original annual proxy was divided by 12 to obtain a monthly value, which was then multiplied by 18 to reflect the total value over the evaluation period. This anchor represents a relative importance rating of **7.50** (see column P) on a 1–10 scale. The monetary values of other changes were calculated proportionally, using the following formula:	**6,771€**	**6,771€**	**4,584€**
	Increased economic satisfaction			**6,879€**	**2,201€**
	Increased housing satisfaction			**7,277€**	**1,164€**
	Improved physical and/or mental health			**7,475€**	**5,621€**

	Expansion of the support network	*Anchor Proxy (Column S10) ÷ 8.3 (relative importance of the anchor value) × Relative importance of the new value.* These values can be found in column R. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded in column K. ***These adjusted monetary values are reflected in column S***, ensuring that the monetary estimation remains balanced and proportionate to the change experienced. **The value used to calculate the SROI is the adjusted monetary value in column S.**		**7,222€**	**4,666€**
	Initiated new studies (more motivated)			**5,507€**	**2,952€**
	Strengthened sense of belonging to the local community			**5,940€**	**3,838€**
Participants - People with mental health difficulties	**Reduced feeling of loneliness**	The anchoring method was used to assign monetary values. The ***reduction of loneliness*** was selected as the anchor value, with a monetary equivalent of **€6,771,** and served as the reference point for valuing the other changes experienced by this stakeholder group. Initially, the anchor proxy was set at €4,514, derived from Wellbeing Valuation and Spanish studies. Since the evaluation spans an 18-month period, the original annual proxy was divided by 12 to obtain a monthly value, which was then multiplied by 18 to reflect the total value over the evaluation period. This anchor represents a relative importance rating of **8.30** (see column P) on a 1–10 scale. The monetary values of other changes were calculated proportionally, using the following formula: *Anchor Proxy (Column S10) ÷ 8.3 (relative importance of the anchor value) × Relative importance of the new value.* These values	**6,771€**	**6,771€**	**4,807€**
	Expansion of the support network			**7,260€**	**5,300€**
	Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression			**6,200€**	**4,464€**

	Strengthened sense of belonging to the local community	can be found in column R. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded in column K. ***These adjusted monetary values are reflected in column S***, ensuring that the monetary estimation remains balanced and proportionate to the change experienced. **The value used to calculate the SROI is the adjusted monetary value in column S.**		5,955€	4,294€
	Increase in appreciation for life			6,347€	4,252€
Paid staff (Head Office Team, Facilitators, Technicians)	Increase stress (-)	The anchoring method was used to assign monetary values. The ***reduction of stress*** was selected as the anchor value, with a monetary equivalent of **€6,497**, and served as the reference point for valuing the other changes experienced by this stakeholder group. Initially, the anchor proxy was set at €4,331, derived from Wellbeing Valuation and Spanish studies. Since the evaluation spans an 18-month period, the original annual proxy was divided by 12 to obtain a monthly value, which was then multiplied by 18 to reflect the total value over the evaluation period. This anchor represents a relative importance rating of **9.10** (see column P) on a 1–10 scale. The monetary values of other changes were calculated proportionally, using the following formula: Anchor Proxy (Column S10) ÷ 9.10 (relative importance of the anchor value) × Relative importance of the new value. These values can be found in column R. Once the anchor value was established, adjustments were made based on the actual degree of	-6,497€	-6,497€	-1,241€
	Expansion of the professional network			5,997€	1,199€

	Improvement in professional development for tackling unwanted loneliness through community intervention	change for each outcome, as recorded in column K. These adjusted monetary values are reflected in column S, ensuring that the monetary estimation remains balanced and proportionate to the change experienced. ***The value used to calculate the SROI is the adjusted monetary value in column S.***		**6,140€**	**2,063€**
Community alliances (third sector and public administration)	**Greater awareness and appreciation of networking**	The anchoring method was used to assign monetary values. The ***increase in visibility and community recognition*** was selected as the anchor value, with a monetary equivalent of **€14,900**/u, and served as the reference point for valuing the other changes experienced by this stakeholder group. This anchor represents a relative importance rating of **6.60** (see column P) on a 1–10 scale. The monetary values of other changes were calculated proportionally, using the following formula: Anchor Proxy (Column S10) ÷ 6.60 (relative importance of the anchor value) × Relative importance of the new value. These values can be found in column R. Once the anchor value was established, adjustments were made based on the actual degree of change for each outcome, as recorded in column K. These adjusted monetary values are reflected in column S, ensuring that the monetary estimation remains balanced and proportionate to the change experienced. ***The value used to calculate the SROI is the adjusted monetary value in column S.***		**16,029€**	**321€**
	Increased concern and uncertainty about the continuity of the project (-)			**-16,932€**	**-2,032€**
	Greater autonomy in the management of services focused on tackling Unwanted Loneliness (Unwanted Loneliness (SND)			**15,803€**	**632€**
	Increased visibility and community recognition (citizens and other entities)		**14,900€**	**14,900€**	**2,235€**
	Greater connection with the territory aligned with the organizational mission			**17,609€**	**1,761€**

Volunteers	**Increased personal satisfaction and sense of fulfillment**	The anchoring method was used for monetary valuation. The increase in personal satisfaction and sense of fulfillment was established as an anchor value at €6,204 per person/year, calculated using Wellbeing Valuation and Spanish studies, as it is related to the value of having purpose in life. The monetary values of the other results will be calculated proportionally according to their relative weightings using the formula: Monetary value = (Relative importance of the result / Relative importance of the anchor) × €6,204.	**6,204€**	**6,204€**	**2,016€**
	Increased commitment and active participation in volunteering			**5,919€**	**1,924€**
	Improved mental health and emotional well-being			**6,347€**	**2,063€**
Red Cross	Not applicable. No changes are generated. This stakeholder only provides inputs and gets outputs.	Not applicable. No changes are generated.		Not applicable. No changes are generated.	Not applicable. No changes are generated.
Main funder - Ministry of Social Rights, Consumer Affairs and Agenda 2030	Not applicable. No changes are generated. This stakeholder only provides inputs and gets outputs.	Not applicable. No changes are generated.		Not applicable. No changes are generated.	Not applicable. No changes are generated.

Causality:

Who and how many?	What changes?	¿Cuánto ha causado la actividad?				¿Sigue siendo material?
Stakeholders	Outcomes Outcome description	Peso muerto (Deadweight) %	Desplazamiento (Desplazamiento) %	Atribución (Attribution) %	Caída (Drop off) %	Cálculo de impacto
Who do we have an effect on? Who has an effect on us?	What is the change experienced by stakeholders?	What will happen/what would have happened without the activity?	What activity would/did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people (quantity) times value, less deadweight, displacement and attribution
Participants - Elderly people	Reduced feeling of loneliness	20%	0%	27%	33%	€2,742,282.08
	Strengthened sense of belonging to the local community	20%	0%	27%	50%	€1,895,580.06
	Expansion of the support network	20%	0%	27%	50%	€2,219,486.33
	Feeling that the things one does in life are worth it	20%	0%	27%	50%	€3,007,631.75
	Increased concern and uncertainty about the continuity of the project (-)	20%	-5%	27%	50%	-€3,511,803.06
	Take better care of mental health	20%	0%	27%	50%	€3,057,610.40

Who and how many?	What changes?	¿Cuánto ha causado la actividad?				¿Sigue siendo material?
Stakeholders	Outcomes	Peso muerto (Deadweight) %	Desplazamiento (Desplazamiento) %	Atribución (Attribution) %	Caída (Drop off) %	Cálculo de impacto
	Outcome description					
Who do we have an effect on? / Who has an effect on us?	What is the change experienced by stakeholders?	What will happen/what would have happened without the activity?	What activity would/did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people (quantity) times value, less deadweight, displacement and attribution
Participants - Women in situations of social difficulty	**Reduced feeling of loneliness**	**18%**	**2%**	**40%**	**50%**	**€287,489.95**
	Increased economic satisfaction	**18%**	**2%**	**40%**	**100%**	**€93,294.19**
	Increased housing satisfaction	**18%**	**2%**	**40%**	**33%**	**€18,717.04**
	Expansion of the support network	**18%**	**2%**	**40%**	**25%**	**€390,020.60**
	Strengthened sense of belonging to the local community	**18%**	**2%**	**40%**	**50%**	**€309,785.97**
	Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression	**18%**	**2%**	**40%**	**50%**	**€200,893.64**

Who and how many?	What changes?	¿Cuánto ha causado la actividad?				¿Sigue siendo material?
Stakeholders	Outcomes Outcome description	Peso muerto (Deadweight) %	Desplazamiento (Desplazamiento) %	Atribución (Attribution) %	Caída (Drop off) %	Cálculo de impacto
Who do we have an effect on? Who has an effect on us?	What is the change experienced by stakeholders?	What will happen/what would have happened without the activity?	What activity would/did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people (quantity) times value, less deadweight, displacement and attribution
Participants - Young people in situations of being taken into care and/or social difficulty	Reduced feeling of loneliness	24%	2%	31%	33%	€75,833.06
	Strengthened sense of belonging to the local community	24%	2%	31%	25%	€95,838.54
	Initiated new studies (more motivated)	24%	2%	31%	100%	€75,601.02
	Expansion of the support network	24%	2%	31%	25%	€167,298.91
	Increased economic satisfaction	24%	2%	31%	25%	€20,506.23
	Increased housing satisfaction	24%	2%	31%	25%	€24,395.34
Participants - People experiencing homelessness	Reduced feeling of loneliness	23%	0%	60%	25%	€132,715.01
	Increased economic satisfaction	23%	0%	60%	100%	€27,121.09
	Increased housing satisfaction	23%	0%	60%	33%	€13,626.39
	Improved physical and/or mental health	23%	0%	60%	33%	€129,852.92
	Expansion of the support network	23%	0%	60%	25%	€132,206.44
	Initiated new studies (more motivated)	23%	0%	60%	33%	€80,914.60
	Strengthened sense of belonging to the local community	23%	0%	60%	25%	€104,011.98

Who and how many?	What changes?	¿Cuánto ha causado la actividad?				¿Sigue siendo material?
Stakeholders	Outcomes	Peso muerto (Deadweight) %	Desplazamiento (Desplazamiento) %	Atribución (Attribution) %	Caída (Drop off) %	Cálculo de impacto
	Outcome description					
Who do we have an effect on? / Who has an effect on us?	What is the change experienced by stakeholders?	What will happen/what would have happened without the activity?	What activity would/did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people (quantity) times value, less deadweight, displacement and attribution
Participants - People with mental health difficulties	Reduced feeling of loneliness	17%	2%	33%	50%	€31,439.19
	Expansion of the support network	17%	2%	33%	50%	€54,880.77
	Increase in the feeling of tranquility and/or reduction in the feeling of anxiety and/or depression	17%	2%	33%	50%	€46,222.49
	Strengthened sense of belonging to the local community	17%	2%	33%	50%	€37,439.65
	Increase in appreciation for life	17%	2%	60%	25%	€20,753.17
Paid staff (Head Office Team, Facilitators, Technicians)	Increase stress (-)	41%	50%	28%	100%	-€14,758.95
	Expansion of the professional network	47%	17%	28%	50%	€26,212.97
	Improvement in professional development for tackling unwanted loneliness through community intervention	37%	25%	21%	50%	€49,285.38

Who and how many?	What changes?	¿Cuánto ha causado la actividad?				¿Sigue siendo material?
Stakeholders	Outcomes	Peso muerto (Deadweight) %	Desplazamiento (Desplazamiento) %	Atribución (Attribution) %	Caída (Drop off) %	Cálculo de impacto
	Outcome description					
Who do we have an effect on? / Who has an effect on us?	What is the change experienced by stakeholders?	What will happen/what would have happened without the activity?	What activity would/did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people (quantity) times value, less deadweight, displacement and attribution
Community alliances (third sector and public administration)	Greater awareness and appreciation of networking	44%	34%	66%	50%	€362.56
	Increased concern and uncertainty about the continuity of the project (-)	47%	-26%	74%	100%	-€2,822.24
	Greater autonomy in the management of services focused on tackling Unwanted Loneliness (Unwanted Loneliness (SND)	42%	24%	76%	100%	€534.99
	Increased visibility and community recognition (citizens and other entities)	55%	32%	46%	50%	€4,062.43
	Greater connection with the territory aligned with the organizational mission	54%	25%	39%	100%	€4,076.42

Who and how many?	What changes?	¿Cuánto ha causado la actividad?				¿Sigue siendo material?
Stakeholders	Outcomes Outcome description	Peso muerto (Deadweight) %	Desplazamiento (Desplazamiento) %	Atribución (Attribution) %	Caída (Drop off) %	Cálculo de impacto
Who do we have an effect on? Who has an effect on us?	What is the change experienced by stakeholders?	What will happen/what would have happened without the activity?	What activity would/did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people (quantity) times value, less deadweight, displacement and attribution
Volunteers	Increased personal satisfaction and sense of fulfillment	63%	0%	55%	100%	€39,614.25
	Increased commitment and active participation in volunteering	63%	0%	55%	100%	€33,629.28
	Improved mental health and emotional well-being	63%	0%	55%	100%	€36,747.17
Red Cross	Not applicable. No changes are generated. This stakeholder only provides inputs and gets outputs.	Not applicable. No changes are generated.	Not applicable. No changes are generated.	Not applicable. No changes are generated.	Not applicable. No changes are generated.	Not applicable. No changes are generated.
Main funder - Ministry of Social Rights, Consumer Affairs and Agenda 2030	Not applicable. No changes are generated. This stakeholder only provides inputs and gets outputs.	Not applicable. No changes are generated.	Not applicable. No changes are generated.	Not applicable. No changes are generated.	Not applicable. No changes are generated.	Not applicable. No changes are generated.
					TOTAL	€12,158,590.00

SROI

At what cost?		How much has the activity caused?	Is it still material?			Calculating Social Return				
Inputs		Drop off %	Impact calculation			Discount rate	3.10%			
What will/did they invest and how much (money, time)?	Financial value (for the total population for the accounting period)	Does the outcome drop off in future years?	Number of people (quantity) times value, less deadweight, displacement and attribution	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
Total Inputs	6,973,813€								
		TOTAL	€12,158,590.00	€12,158,590.00	€6,725,121.39	€1,974,367.98	€431,194.84	€0.00	€0.00
		Present Value per Year		€12,158,590.00	€6,522,911.14	€1,857,422.78	€393,457.26	€0.00	€0.00
		Total Present Value (PV)		58.09%	31.16%	8.87%	1.88%	0.00%	€20,932,381.19
		Net Present Value (NPV, after subtracting the investment)							€13,958,567.93
		Social Return (Value per Amount Invested)		Inflation	€202,210.25	€116,945.20	€37,737.58		€3.00