

UBI SPAIN

One of the differences noted in this pilot is the drafting of an evaluation design. They used both qualitative and quantitative methodologies, making use and analysis of administrative records; three surveys (before the start, in the middle and at the end of the project) were used, together with ethnographic monitoring of some of the participating groups and households, and of agents involved in the implementation of the project itself. The results of the evaluations carried out can be grouped into three dimensions of change:

1) changes at the individual level;

The evaluations carried out during the program confirm that the B-MINCOME project has contributed significantly to the reduction of severe material deprivation, food insecurity and housing insecurity among participants. By improving the financial situation of families, the project has contributed to reducing the burden of rent and mortgages among households, and the need to borrow from family and friends. The impact of B-MINCOME on people's subjective well-being has also been very positive. The program reduced the feeling of financial uncertainty and the stress associated with this situation, increased satisfaction with one's personal financial situation, and led to a significant increase in the degree of life satisfaction expressed one year after the start of the program. The impact evaluation of the project as a whole does not confirm significant improvements in the health dimension, at least in terms of improved physical health during the course of the programme. Furthermore, no effect on the likelihood of developing a mental health problem is detected either. The positive impacts detected in relation to health were: a) improved quality of hours slept, which could be associated with reduced levels of stress due to financial worries; b) a change in life style potentially oriented towards a healthier life; and c) enhanced access to medical attention which could bring about positive results in the medium term both for participants and for the health system itself. Both the analysis on the health impact and, above all, on the job market, require evaluations with a much longer time-scale than that established by the project.

2) changes at the community level;

The B-MINCOME project has generated significant, positive results in community involvement among program participants. The evaluation carried out point to the fact that participation in the program has increased the probability of participating in a group, organization or community initiative. The specific evaluation carried out for the community participation policy confirms that participation in this policy has helped to improve the view participants have of their neighborhoods, stimulating a greater sense of belonging to the neighborhood and a greater predisposition towards getting involved in cooperative activities to improve the neighborhood. The number of people who state that they will keep participating in community activities or will keep links to neighborhood entities has increased. The key results of the community

participation, which to a certain extent were not initially foreseen, have been the activation of non-organized people, the creation of new community groups and the strengthening of the role of local facilities as core spaces within the neighborhood.

3) Changes at institutional level.

Within the institutional sphere, the program has obviously impacted the relationship between the social fabric and public administration. The evaluation of the community participation policy, for example, highlighted the importance of the bonds created between the participants and social workers in the program. These are bonds based on more horizontal and less assistance-based relationships than those which usually occur in the scope of social services. These new ways seem to have contributed to improving the perception of the public administration, opinions regarding its presence and closeness to neighborhoods and awareness of public services in the area.