

Activation, Non-Take-Up, and the Sense of Entitlement: A Swiss Case Study of Disability Policy Reforms

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Abstract: Based on the case of the Swiss disability insurance (DI), the article questions the impact of activation on the (non-)take-up of social policies. It investigates the aim and content of activation policies (as found in official texts and discourses) and their subjective perception among recipients. Inspired by Kerr's model and Hobson's notion of "sense of entitlement", analysis reveals the paradoxical outcomes of DI reforms. It underlines the importance of the subjective dimension of entitlements in the sociological understanding of non-take-up.

Keywords: Activation, Non-take-up, Disability, Social policies, Sense of entitlement

Activation, non-recours et sentiment d'éligibilité : une étude de cas des réformes de l'assurance-invalidité en Suisse

Résumé: Basé sur le cas de l'assurance-invalidité (AI), cet article questionne l'impact de l'activation sur le (non-)recours aux prestations sociales. Il considère les dimensions objectives et normatives des politiques actives et les confronte à la perception subjective qu'en ont les assurés. Fondées sur le modèle de Kerr et la notion de « sentiment d'éligibilité » d'Hobson, l'analyse révèle les effets paradoxaux des réformes de l'AI et souligne l'importance de la dimension subjective de l'éligibilité pour une compréhension sociologique du non-recours.

Mots-clés: Activation, Non-recours, Handicap, Politiques sociales, Sentiment d'éligibilité

Aktivierung, Nicht-Bezug und Anspruchsdenken: Eine Fallstudie der Reformen der Invalidenversicherung in der Schweiz

Zusammenfassung: Auf Basis der Invalidenversicherung (IV) hinterfragt dieser Artikel die Wirkung der Aktivierung auf die Nicht-Inanspruchnahme von Sozialleistungen. Er betrachtet die objektiven und normativen Dimensionen der Aktivierungspolitik und vergleicht sie mit dem subjektiven Empfinden der Versicherten. Basierend auf Kerrs Modell und Hobsons Begriff des «Anspruchsdenkens», offenbart die Analyse die paradoxen Wirkungen der IV Reformen und die Wichtigkeit der subjektiven Dimension der Anspruchsberechtigung und wie diese zum soziologischen Verständnis der Nichtinanspruchnahme beiträgt.

Schlüsselwörter: Aktivierung, Nichtinanspruchnahme, Behinderung, Sozialpolitik, Anspruchsdenken

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1 Introduction

The active turn in social policies is by now well documented. As summarised by Bonoli (2013), activation encompasses many different attempts to contain the growth of social spending, from Blair's and Giddens' Third Way to the more recent Social investment strategy. Its main characteristic is to promote labour market participation as a "win-win" solution (Bonoli 2013) to balance public budgets while reinforcing the social inclusion of welfare recipients. As such, the very aim of social policies moved from income maintenance (or decommodification in Esping-Andersen's terms, 1990) to the support of employment (or recommodification), generally via supply-side policies inspired by the Human capital theory (e.g. training, job placement, etc.) with a view to reinforce people's employability. However, the literature also addresses important critics to this "win-win" interpretation, considering activation as a shift from solidarity towards selectivity (van Oorschot 1998) – or from social welfare to individual responsibility (Goodin 1998) – where economic orthodoxy prevails over individuals' interests and needs. We have shown elsewhere (Rosenstein 2018) that selectivity is twofold: first, it results from restrictive eligibility criteria, implemented and interpreted by street-level bureaucrats who select what they perceive as legitimate beneficiaries (Rosenstein and Bonvin 2020); second, activation may also produce selectivity via self-selection and non-take-up (NTU). The aim of this paper is to further develop the second side of activation, by putting into light the underlying mechanisms of self-selection.

The link between activation and the (non-)take-up of social policies has been largely ignored by the literature (for a synthesis, see Warin and Lucas 2020). It often refers to activation as a major change in the delivery of social benefits, but without empirically demonstrating the way it actually impacts the take-up of social benefits. In particular, the trend towards contractualism that characterises activation policies – transforming the access to social benefits, from the so-called unconditional social rights to individual contracts (Ervik et al. 2016) – appears as a potential factor of NTU. It results in the adoption of stricter conditions to access, but also to maintaining entitlement to social benefits. These conditions generally take the form of behavioural requirements, like motivation, diligence in job search or training, and compliance with institutional rules more broadly. In this sense, activation not only transformed formal eligibility criteria, but also contributed to reshaping the normative boundaries of deservingness (Buß et al. 2017). Both the objective and normative dimensions of activation potentially exacerbate the risk of NTU, especially among vulnerable groups (Warin 2006).

We here aim to fill this gap and explore the link between activation and NTU, based on empirical data. More precisely, we focus on the impact of active reforms on individuals' perception regarding social policies (Garthwaite 2014), thus assessing the effectiveness of activation in light of *authentic* and *lived experiences*

(Wright 2016). This paper draws on a mixed-methods research design, applied to the Swiss Disability insurance (DI). A few studies have already focused on the NTU of disability benefits and services (for example Craig and Greenslade 1998 in the UK; Maudinet 2003 at the European level; Berrat et al. 2011 on France; or Grees 2019 in Sweden) pointing out the many obstacles to the realisation of disability social rights (Revillard 2018). So far, the literature has shown that disabled people are particularly exposed to the risk of NTU. Our analysis combines two theoretical contributions: first, we revisited Kerr's threshold model (1982; 1983); second, we refer to the notion of "sense of entitlement" developed by Hobson (2014). Inspired by the Capability approach, she showed that the way entitlements are designed (their content, but also the values associated with them) result from social and organisational contexts that shape people's sense of entitlement. We thus build on her analysis that revealed that the weaker the sense of entitlement, the higher the risk of NTU. The paper is structured as follows: section 2 contextualises DI and its recent active reforms; section 3 presents our data and methods as well as our use of Kerr's model; sections 4 to 6 present the main results about the impacts of active reforms on the way people take-up or not DI benefits; section 7 summarises our main findings and concludes by stressing the importance of the subjective dimension of entitlements in the analysis of social policies and its contribution to the sociological understanding of NTU.

2 A Case Study on the Swiss Disability Insurance and its Active Turn

DI has two main missions: first, to prevent, reduce, or eliminate disability, mainly through vocational rehabilitation and placement programmes; second, to compensate citizens' loss of income resulting from disability by granting them with pensions, generally on a long-term basis. These two missions are mutually exclusive. Since the creation of DI in 1960, its motto has always been "Rehabilitation before pension," i. e., pensions should be considered as a last resort solution for those who cannot be rehabilitated. However, over the years, the number of pension recipients has steadily increased (OFAS 2018), especially between the early nineties and the mid-2000s (+89% between 1990 and 2005), confronting DI to major financial difficulties. To face this situation, a series of legal reforms were initiated in order to reduce the number of pensions, considered as "passive" benefits. Following OECD recommendations towards activation, the Federal Law on DI was amended three times in a row between 2004 and 2012 in order to increase the outflow. This resulted in a major decrease in the number of pensions delivered by DI, far beyond official objectives (Rosenstein and Bonvin 2020).

The so-called "5th revision", implemented in 2008, is the cornerstone of the active turn in DI. Its aim was to reduce by 20% the number of new pensions granted

by the DI per year. To reach this goal, the premise was to invest in and develop vocational rehabilitation programmes for better access and increased efficiency. This implied a twofold activation strategy. First, it consisted in the introduction of early detection and intervention programmes (OECD 2006) in order to preserve beneficiaries' working capacity and maximise their chance to return to (or remain on) the labour market. As an example, since 2008, people can apply for DI benefits after a 30-day medical leave, rather than one year previously. To favour the access to early intervention, this amendment gave a set of actors (including family members, employers, doctors, private insurances, and other welfare services) the possibility to initiate early detection and report people to DI (even without their consent). This process required an important acceleration of DI procedures and functioning, which profoundly transformed the work of DI professional at the local level. To this end, about 300 additional case managers were hired to implement these new measures and provide DI beneficiaries with closer and individualised support.

Second, the objectives of the DI 5th revision were pursued via stricter eligibility criteria that emphasise individual responsibility, namely recipients' "duty to collaborate" which includes their commitment to participate actively in rehabilitation measures. The rise of individual responsibility – common in activation strategies (Goodin 1998; van Berkel and Valkenburg 2007) – combined with the adoption of a stricter sanction regime, profoundly shaped political discourses and local practices. Referring to Baumberg Geiger's typology, DI can be considered – like in Denmark or the Netherlands – as a "demanding system", which provides "intensive assessment and rehabilitation to disabled benefit claimants, which they are then obliged to take up" (2017, 112). Besides, DI active reforms brought along new tools to fight against fraud. Just like in other countries (see for example Dubois and Lieutaud 2020 on France), welfare fraud gained increasing attention in Switzerland since the mid-nineties and became centre stage in the political debates and media during the DI 5th revision (Rosenstein 2012). Since then, yearly statistics of DI fraud are published on the Swiss Confederation official website.

These amendments make DI an interesting case study to assess the impact of activation on the phenomenon of NTU. Even if NTU is not explicitly mentioned in the framework of DI active reforms, the turn towards early detection and intervention made NTU, or more precisely delayed applications for DI, a major social issue. At the same time, the status and meaning of applying for DI changed. It is not only a right, but also a duty, or even an "injunction" according to the Swiss Federal Council:

If the early detection service concludes the necessity to apply for DI, it orders the insured person to do so. The person thus knows that DI considers measures should be taken to reduce the duration and extent of their incapacity to work and prevent disability from occurring. On this date, at the latest, the insured person must be aware of their responsibilities and take all the

reasonably required rehabilitation measures, or at least, apply for DI benefits. If they don't do so, the person should be aware that the refusal to comply with the injunction to apply may, in some cases, lead to a reduction, or even the disallowance of benefits. (Swiss Federal Council 2005, 4271 – author's translation)

As such, the investment in early detection and intervention, including a new set of incentives and duties, can be seen as an attempt to encourage applications, thus reducing the risk of NTU.

3 Data and Methods

This article draws on a mixed-methods research project, carried out between 2013 and 2017, which includes the following methods: 1. A documentary analysis (based on legal documents, public reports, and statistics); 2. Sequence analysis, applied to a sample of people (N = 1500) who claimed DI benefits; 3. Semi-structured interviews with DI local actors (managers, case managers, doctors, psychologists, N = 22); and 4. In-depth biographical interviews with people who claimed DI benefits (N = 23) and which are central to the analysis developed here. The narratives emanate from people who were either granted with long-term activation measures (vocational rehabilitation), short-term activation measures (early intervention or job placement), so-called “passive” measures (pensions), or from people who did not receive any form of DI benefit. Participants in the study had diverse sociodemographic profiles (in terms of age, gender, education, citizenship, impairment, etc.).

Biographical interviews were deliberately very broad and loose in their structure to let interviewees identify the most important points and critical moments of their life course. Quickly, it appeared that the way they got in touch with DI, the moment and reasons of their application, and the overall claiming process more broadly were of the utmost importance in their narrative. More specifically, we noticed that all of them included forms of self-justification of their claim for DI support, as if they felt the necessity to prove they had “good reasons” to apply for DI benefits (which indirectly implies that one can have “bad reasons” to apply for DI benefits, or no reason at all to do so). Moreover, many respondents insisted they did not want to apply, that it was not their will, or that they had no choice, but to apply. Part of them even explained that initially, they refused to apply or they postponed their application (from a few months to some years), but were constrained or convinced to do so in the end.

Despite the diverse profiles and individual trajectories, the collection of their narratives made the issue of welfare claimants' legitimacy a central and widespread topic in our research. Referring to Hobson's notion of sense of entitlement is therefore more than relevant to conceptualise the feeling of (il)legitimacy, in relation to

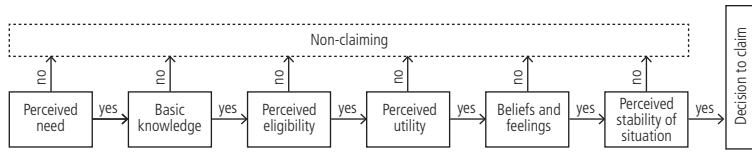
the formal definition and normative content of DI entitlements. More precisely, we investigated the relation (exposed by some interviewees explicitly) between DI active reforms and self-selection mechanisms resulting in the non-take-up of DI benefits. It is important to remind that our research design includes people who all claimed DI benefits. As such, the point of view of full non-takers is not represented here. However, just like Hamel and Warin (2010), we consider NTU as a “mosaic” or a “puzzle” which requires methodological creativity and critical analysis. Thus, we consider that approaching NTU through the lens of those who succeeded in passing all the stages of the take-up process is a valuable way to shed light on the obstacles that hinder the take-up of social benefits or services, and to ultimately question the role of active reforms in this process.

In order to organise the diverse narratives of self-justification and push forward the relation between the sense of entitlement and the risk of NTU, we relied on the so-called *threshold model* developed by Scott Kerr (1982; 1983). The model highlights the cognitive factors of the claiming process (see Figure 1). Despite the one-sided linearity and its client-centred approach, making it too static and individualistic (van Oorschot 1995; Warin 2016), Kerr’s model has profoundly influenced research on NTU. Considering these critics, we used it in two specific ways. First, our research question specifically addresses the impact of active reforms on each of the cognitive factors identified by Kerr. As such, our analysis focuses on how the design and implementation of active social policies influence individuals’ sense of entitlement, thus bridging micro and macro levels. Second, we match in pairs the six dimensions of the claiming process, regardless of their chronology as it is suggested in Kerr’s model. We did so because our empirical findings showed that for each pair, the two dimensions proved to be strongly interrelated in the narratives we collected and have specific meanings and consequences for people who experience disability. The next three analytical sections present the impact of DI active reforms on each of these pairs, namely: 1. Perceived need + Perceived stability of the situation; 2. Basic knowledge + Perceived utility; and 3. Beliefs and feelings + Perceived eligibility.

4 Time Gaps and Autonomy Gaps: A First Set of Paradoxical Outcomes of Active Reforms

This first analysis considers both the first and last dimension of Kerr’s model; respectively the “perceived need” and the “perceived stability of the situation”. Both are common reasons for NTU among disabled people (Berrat et al. 2011). This is partly explained by the fact that people may not perceive themselves as disabled. Indeed, as discussed in the literature since Goffman’s seminal work on asylums and stigma, considering oneself as disabled or handicapped is not something obvious or automatic. It rather results from a labelling process, which can be more or less

Figure 1 Kerr's Threshold Model



Kerr identified six general cognitive factors, which constitute the successive and necessary thresholds to claim for social benefits.

Perceived need: According to Kerr, perceiving a need is the first condition for considering claiming a benefit. The absence of this condition is therefore the primary cause of NTU. **Basic knowledge:** Knowledge about social benefits. Knowing their existence and their purpose is the second condition for considering a claim. **Perceived eligibility:** It relates to the perception of one's own eligibility. It does not necessarily correspond to actual eligibility criteria, but rather results from their interpretation. **Perceived utility:** Designates the extent to which a person considers that social benefits are able to meet his or her needs. **Beliefs and feelings:** These include social representations and perceptions one may have regarding the claiming process and its potential consequences. **Perceived stable situation:** For Kerr, stability, i. e. when a situation is not likely to change, is a condition to claim for benefits. On the contrary, perceiving its own situation as unstable or temporary is a factor of NTU.

Source: Reproduced and adapted from Kerr 1982.

long, marked by the experience of disability and social exclusion. This has two major consequences for the (non-)take-up of disability benefits.

First, a person may encounter health problems without perceiving themselves as disabled or understanding their difficulties as disability-related needs. The non-perception of disability-related needs is particularly important for people with invisible disabilities, among which people suffering psychological impairment. Second, the strong social stigma attached to disability makes disability a negative social category that people prefer avoiding being associated with. As such, despite their actual impairment, many people are reluctant to being labelled as “disabled” and develop avoidance strategies. For example, they identify themselves as ill rather than disabled (Berrat 2014). As a consequence, disabled people are particularly inclined to forms of denial of their own disability-related needs and are thus exposed to the risk of NTU, as illustrated by next quote:

The doctor told me: “It is necessary to apply for DI”. It was difficult for me, but I had to accept it and stop burying my head in the sand. It was difficult because I had to accept that I am sick (...). I am fragile. But if you don't do so, you stay in denial. (A11, Women, 1983, got a DI pension)

This example shows that acknowledging one's own needs may be a difficult task, but still necessary to overcome the first threshold of Kerr's model. The same applies to the “Perceived stability of the situation” as a prerequisite to the take-up of

disability benefits. In many cases, people don't know how long their health issues will last and if they correspond to a long- or short-term form of disability, or even to no disability at all. This is especially the case for the one suffering from chronic illnesses, since one of the characteristics is to be time-varying and difficult to anticipate. Here again, people may prefer to consider themselves as temporarily ill rather than disabled, as disability is generally perceived as a long-term and definitive status. As a consequence, disabled people may not perceive their situation and needs as stable, which in turn may lead to situations of NTU. The next quote exemplifies this phenomenon:

After three months (since the beginning of her medical leave) I got this letter from the DI saying "You have to apply, you have to do this, and do that, and that (...)", and I was saying to myself: "What's this thing? I am not handicapped! I will go back to work when things will be better. As long as I am on medical leave, I am on medical leave and that is it". So I took the paper and I threw it away. (A03, Women, 1967, got a DI pension)

Our empirical work thus shows that both ends of Kerr's model – the perceived need and perceived stability of the situation – which may appear at first as obvious and logical steps of the claiming process, are on the contrary critical thresholds for disabled people. As a consequence, the role of relatives, social network, and especially healthcare is crucial for the take-up of disability benefits. While it may be difficult, if not impossible at times, for people facing disability to have a clear perception of their own situation and needs, the influence of their close circle, or the support of their doctors are of utmost importance. As a matter of fact, medical diagnoses have a major impact on the perception of disability-related needs. This is illustrated by the insistence of respondents in stressing the role of their doctors in their own claiming process to DI. But this role is Janus-faced, especially for people suffering from invisible disabilities. On the one hand, doctors may embody the face of support, helping disabled people identify their needs and entering the claiming process, as illustrated by quote A11 above. In this perspective, doctors and medical diagnoses act as *triggers* (van Oorschot 1991), facilitating the take-up of disability benefits. On the other hand, the role of doctors may be an obstacle in the claiming process. Medical expertise may be limited, making diagnoses impossible or even wrong. In this sense, medical opinion may also ignore people's disability-related needs and prevent the take-up of disability benefits. Thus, respondents explained how difficult it was for them to go on in spite of the absence of medical explanations, as this quote illustrates:

The doctors did not find my problem right away, (...) I did X-rays, I had many different appointments, I did everything. They said to me, "But your knee is fine. There is nothing". (...) It was more than a yearlong "struggle". I spent hours in hospitals, doing scans, MRIs... After a while, I was confused,

the doctors couldn't find anything and I didn't know what to do anymore. A doctor even told me: "The pain is in your head". (A20, Man, 1986, got a vocational rehabilitation measure)

This man's experience, like other collected narratives, underlines the importance of having a medical expertise in the understanding of their own needs. It also shows that finding the right medical explanation to their own condition can be a long process, especially when doctors doubt their patients' word. In terms of access to disability benefits, this coincides with significantly long periods of NTU.

Considering our research question, i. e. the influence of activation on the risk of NTU – and even if the design and implementation of social policies have no direct influence on the perception of needs or the stability of the situation – our analyses reveal indirect effects of DI active reforms. These effects result from the acceleration of DI procedures. Indeed, DI time frames were considerably speeded up in order to implement early detection and intervention programmes. However, the acceleration also results in two paradoxical outcomes for the take-up of disability benefits.

The first paradox is the *time gap*. It results from the discrepancies between the individual experience and timing of disability, and the institutional time frame of social policies. Time gaps may impede the take-up of social benefits as well as recipients' capacity to engage in activation programmes (Béal et al. 2014). Empirically, it appears that DI active reforms increase these time gaps. Indeed, active reforms rely on the assumption that people are able to quickly apply for DI benefits. Yet as we notice, perceiving one's own needs and situation may be a difficult and long-term process, and not equally accessible to all disabled people. The risk is to exclude them from early take-up schemes and benefits and, thus, to reinforce inequalities.

The second paradoxical outcome derives from the first. Time gaps also impact the take-up of social benefits and services, beyond the claiming process. They may induce *autonomy gaps* (Anderson 2009), symptomatic of active social policies, that presume individuals have competences and abilities that their recipients may not actually have. Indeed, people may apply or be reported to DI early, but prove in the end to be unable to participate and benefit from early intervention programmes. The consequence for them is twofold: on the one hand, their access to early intervention programmes can be suspended if their case manager deems the autonomy gap to be too important to be overcome – this would correspond to situations of non-proposal (Warin 2016); on the other hand, local actors may grant claimants' early activation programme anyway, thus exposing them to the risk of failure and withdrawal. In this perspective, autonomy gaps may favour partial take-up yet push welfare recipients to give up their rights, especially when the objectives and expectations in terms of activation seem out of reach.

To summarise, the narratives underline the importance of the perceived needs and stability of the situation as necessary conditions for the claiming process, especially for disabled people. However, our analysis reveals paradoxical outcomes

of active reforms in the take-up of DI benefits. The acceleration of procedures promoted by activation reinforces the risk of time gaps and autonomy gaps, which may prevent disabled people from either accessing benefits and services, or from making the best out of them.

5 The Ambivalences of Activation in Tackling the Lack of Basic Knowledge and Perceived Utility

The second dimension of the claiming process includes “basic knowledge”, which corresponds to one of the most common causes of NTU, i. e. the lack of information regarding the existing offer of social benefits and services. Again, the literature shows that disabled people are particularly exposed to the risk of NTU due to the absence of basic knowledge about their entitlements. In his report for the Council of Europe, Maudinet (2003) showed that the three main obstacles in the access to social rights for people with disabilities are: 1. the structure of the existing benefits systems and their fragmentation; 2. the opacity and the lack of transparency of disability-related legislation and regulations; and 3. the complexity of procedures for the effective implementation of disability rights. All three obstacles prevent disabled people from having an encompassing knowledge of their rights, aligning with our empirical observations.

Indeed, the vast majority of respondents declared not knowing much about DI before being confronted with it. They consequently know neither about its functioning, its missions and tools, nor about its public and the conditions for eligibility. In particular, the understanding of DI eligibility criteria proved to be a major issue, as illustrated by many narratives:

They (DI) won't give me anything I thought, I didn't know. (...) When the DI contacted me, I did not even know I was entitled to. So, I filled out the questionnaire that was sent to me and in the end, they admitted me. When the DI asked me to fill out the questionnaire, I thought I was blind. I called DI to ask: "Are you sure I am eligible?" (...) Even my husband said to me: "But you have no rights, you don't work". (A07, Woman, 1964, got a pension)

The difficulty to understand eligibility criteria – expressed by both people granted with DI benefits or service, and people whose application was rejected – is well-known in the field of disability. It is due to the fact that the assessment of applications requires multiple and complex expertise (van Oorschot and Hvinden 2001). In the framework of DI, these different expertise, be they medical, vocational, or legal, are necessary to grant benefits. The assessment of case files thus requires professional skills generally not accessible to claimants. This translates into *information* and *administrative costs* that hinder the take-up of social benefits (Hernanz et al. 2004).

Moreover, it also implies claimants apply for benefits without being able to predict the outcome. The unpredictability of disability rights is also known to be a cause of NTU (Halpern and Hausman 1986).

Besides, our analyses show that the difficulties in acquiring basic knowledge have a direct and negative impact on another dimension of Kerr's model, namely the "perceived utility" of benefits. In the case of DI and based on our data, the lack of basic knowledge concerns mainly vocational rehabilitation programmes. As many respondents explained, their main concern was about their employment and how to keep their job or find a new one that suits their condition. However, interviews show that respondents' basic knowledge on DI benefits is generally restricted to the allocation of pensions. As a consequence, they didn't perceive the utility of applying for DI. This is precisely what this interviewee describes:

They told me I had to apply for DI benefits, but at that time, I was 23 years-old, and I said to myself: "Me? On DI? What am I going to do on DI?" I didn't know all that DI can do, I only knew that it provides pensions and I absolutely didn't want that. Later, a DI counsellor told me: "No, now we have what we call vocational rehabilitation programmes and from this moment on, I agreed (to apply). But it took me 3 years! (A09, Women, 1984, got a vocational rehabilitation measure)

The case of this woman clearly shows how the combination of a lack or approximative knowledge about DI and the absence of perceived utility of disability benefits may lead to long-term periods of NTU.

In light of our research question, our analyses show ambivalent effects of DI active reforms on the risk of NTU related to basic knowledge and the perceived utility of benefits. First, despite the political ambition to promote early access to DI application, it appears that people's right to DI benefits remains very obscure and unknown. In other words, the informational and administrative costs associated to the take-up of DI benefits are still high. Likewise, the usefulness of DI, mainly in the provision of vocational rehabilitation programmes, is largely ignored by potential claimants. Investments made in the rehabilitation sector, political discourse towards activation, as well as legal amendments, all recasting rehabilitation as the very mission of DI, proved to be inefficient in improving the perception of DI usefulness. In this sense, the fact that citizens don't know their rights to DI and don't turn to it when confronted with disability appears as a failure of DI active reforms, especially in the perspective of early detection and intervention.

Second, the early detection strategy can be interpreted as an attempt to circumvent issues related to basic knowledge and perceived utility of benefits by both, turning application into a duty, and by allowing third parties (like employers, doctors, family, public or private insurers, etc.) to report potential cases to DI. In such a context, having some knowledge about DI or perceiving the usefulness

of its benefits is not of primary importance anymore. However, announcements to DI by third parties can be made without the consent of the claimant, which makes this measure highly ambivalent. On the one hand, the intervention of other actors can facilitate the claiming process, alleviating its many costs. For example the informational costs, but also the social or psychological ones could be reduced. Yet considered a duty, applying for DI benefits appears not so much as an individual claim (in line with Kerr's perspective), but rather as a form of loyalty and compliance with institutional rules. This perspective may help overcome forms of shame or guilt that prevent individuals from claiming social benefits (Maudinet 2003). In some of the narratives collected, this argument is invoked to justify application to DI:

In Switzerland, if you spend too much time on medical leave, you automatically have to fill out DI papers. This is how I got to DI, by the system. I didn't choose to, it's the system. (...) I knew nothing at all about DI. I followed the system. If DI would have provided me with a pension, I would have taken it, but I didn't chase after that, I didn't know. (A08, Man, 1953, got an early intervention and job placement measure)

This example reveals how the introduction of early detection facilitates the claiming process by removing material boundaries (the lack of information and the absence of perceived utility), but also symbolic ones (next section develops this point further). On the other hand, being labelled a welfare recipient may be oppressive and induce what Honneth calls denials of recognition (1995 – also see Berrat 2014 in the specific case of disabled people). Several recipients told us that they had been pushed towards DI by their insurance companies or by their employer against their will. This woman describes:

After that (a workplace accident), they used me for five years at the office in Lausanne, and then, one day, I was called to the office, they handed me the DI papers. I was devastated. I told them: “ – But am I not the one to make the decision? – No, it is not you.” (...) Finally, I filled out the forms, I did a few more months at (company name), and afterwards, I received my dismissal. I remember it because when I received the letter of dismissal, I still did not have the response from the DI, whether they would cover me or not. (A16, Woman, 1971, got a vocational rehabilitation measure)

In this perspective, opening the application process to third parties, or turning entitlements and social rights into individual duties may result in the denial of recipients' freedom to choose. This represents a major cost in terms of social justice (for example in the perspective of the Capability approach, see Sen 1999). In other words, promoting the realisation of rights with an instrumental view (making people claim for benefits faster) may be conflicting with the logic of social rights and entitlements as a central component of social citizenship (Marshall 1950). To

summarise, active reforms prove to be inefficient in making basic knowledge about DI and the utility of its benefits more accessible. Rather, they bypass the problem, but with ambivalent effects.

6 Activation and the Sense of Entitlement: Two Additional Paradoxical Outcomes

The last set of analyses refers to the “beliefs and feelings” about the application procedure and the “perceived eligibility”, i. e. individuals’ perception of their likelihood to be eligible for social benefits. Kerr defines beliefs and feelings as “the sum of all negative and positive forces exerted by an individual’s beliefs about the application procedure and how he or she feels about these beliefs” (1982, 507). This includes the social representations and attitudes towards social policies, their local actors, as well as their recipients. Among these, “welfare stigma” is known for being a very important dimension of the claiming process and a cause of non-take-up (see Moffitt 1983; Spicker 1984; more recently Baumberg 2016). As mentioned above, disability exposes one to a plurality of social stigma and discrimination. This is confirmed by the narratives we collected that reveal a pervasive twofold stigma. First, people insist on their fear of being seen or discriminated as disabled. Second, they also fear being labelled as DI recipients, as this status is seen to be degrading. For instance, let us recall that in the Swiss official languages, DI original title is *Invalidenversicherung*, *Assurance-invalidité* or *Assicurazione per l’invalidità*, where the term “invalid” is particularly stigmatising and somehow anachronistic regarding Switzerland’s commitment to fight discrimination against disabled people.

This twofold stigma makes beliefs and feelings about claiming DI benefits negative, thus contributing to the risk of NTU. Indeed, people are reluctant to appear as DI recipients, and many of them considered this category to be reserved for others, with worse conditions than themselves. This distinction mechanism is common among recipients. Hence accepting being affiliated to DI may be a costly process on both psychological and social levels. That is what this respondent expresses:

When I got this notification, I said to myself: “Well, that’s it, here I am”, because it was quite degrading to me being on DI. And when I walked into Mr. (name of DI case manager)’s office, I said: “Look, Mr. (name of DI case manager), just to be clear, I knew the DI was there for the hard cases. I knew that maybe one day I would need it, but now that I am here, entering this building, I have to tell you that it is quite difficult, that it is not insignificant to me, to come to your office and say: ‘That’s it, I am on DI’”. Because it was something quite pejorative, in the 70s, the 80s, when I grew up. The people who were on DI were really limited in their functioning, be it physically, psychologically, or other, people with big troubles (...). I don’t

want to say that they were marginalised from society (...), but they were no longer part of the social world in which we live. (A21, Man, 1970, got a vocational rehabilitation measure)

Besides, interviews also show that DI in itself is often seen negatively and associated with important administrative costs and bureaucratic constraints. This perception refrains people from claiming benefits, or at least makes applying for DI a very anxiety-provoking process (see also Lucas et al. 2019). As such, the second dimension – perceived eligibility – is also poor. Coming back to our research question, our analyses reveal negative impacts of DI active reforms on both beliefs and feelings associated to DI and its recipients and on the perceived eligibility of respondents. Two major factors explain these findings. First, the political discourse about the necessity to reduce DI expenditure is understood by many respondents as a restriction of the right to DI. It is interesting to notice that, contrary to the effective eligibility criteria – that appear to be largely technical and inaccessible to claimants – the political will to reduce access to DI pensions is very well known and widespread among respondents. Many of them used the same analogy, saying that if they would have applied for DI ten years ago, they would surely have been granted with a pension. It is what this respondent describes:

DI is no longer what it was. Now, it is difficult with DI. You really have to be disabled to access DI, on a wheelchair, or something (...) mentally ill (...) you have to be crazy! Otherwise, if you are like me (...). I am not seriously disabled (...) so it is like that. (A13, Man, 1959, got early intervention and job placement measures)

As such, recipients perceived eligibility – which is originally frail in the case of DI – appears even weaker in the context of active reforms. Their narrative illustrates this with many different examples of negative attitudes about DI decision-making process, characterised by a frequent anticipation of refusal. Indeed, several respondents thought their application would be rejected, that they would have to insist, to fight and appeal against DI decisions. In the same vein, some stressed their surprise and feeling of relief to be granted with DI benefits after all:

At the beginning, I was a bit sceptical when I sent my application. (...) Maybe people are too negative about DI, it's true, I was too. (...) At the beginning, I was afraid, I was saying to myself: "They will throw me out", but then the contrary happened! I was scared because of all that I have read in the newspaper, saying that the number of pensions is reduced and that many people have no right to DI anymore. (A20, Man, 1986, got a vocational rehabilitation measure)

This underlines recipients' pessimistic a priori about their perceived eligibility as well as their negative beliefs and feelings associated to DI. These may in turn contribute

to situations of NTU, especially for people who would consider that it is useless or much too costly to ask for benefits.

Second, the reinforcement of the DI's ambition to fight against fraud also proved to have negative impacts. Indeed, during the DI active reforms, political debates about fraud and so-called "false-invalids" (*Scheininvaliden* in German) got much attention in the Swiss media. As a result, the issue of fraud is almost unavoidable in respondents' discourse. For example, many interviews reveal forms of endorsement of the necessity to fight against fraud, thus sharing the idea that it is a major issue because too many people try to take undue advantage of DI benefits. In the narratives we collected, this posture is characterised by recurrent claims for distinguishing between real disabled people and the so-called false or undeserving ones (see Chase and Walker 2012). However, in some cases, respondents deplored the fact that DI functioning and procedures reflect this general suspicion towards every claimant, thus making applying for DI a constraining experience. As this respondent explains:

Whenever you enter DI, you are immediately given a label, even if people tell you it is not the case (...) at least, I felt it that way. And you are scrutinised, you are scrutinised to know if you tell the truth or if you lie. And it is precisely why you have to go through all these tests and expert assessments. (...) I even had the impression that I was blamed for asking for DI benefits. (...) You have to go through a corridor you are forced to take, because now, there are restrictions. (A09, Women, 1984, got a vocational rehabilitation measure)

This quote underlines how the suspicion of fraud may be detrimental to the claiming process and the perceived eligibility more specifically. Considering that this respondent also declared that she refused to claim for DI benefits for two years, our analyses suggest that the issue of fraud, not only eclipses the risk of NTU (ODENORE 2012), but may also provoke it. The insistence of activation on the issue of fraud – which implies that a substantial number of people try to take advantage of DI – tends to erode people's sense of entitlement and their legitimacy as welfare claimants. In return, this may increase the risk of NTU, especially resulting from non-demand (Warin 2018). This, of course, calls for further investigations.

To conclude, these findings reveal two additional paradoxical outcomes of DI active reforms. First, they intend to promote early and systematic application to DI, thus broadening – to some extent – people's objective entitlements. At the same time, their aim is to reduce social expenditures. In the end, our analysis shows that the latter objective is interpreted by potential recipients as a disincentive, thus favouring NTU. This observation clearly goes against the former ambition of active reforms and brings to light an inconsistency in DI active reforms.

Second, the dissonance, brought or exacerbated by DI successive amendments, confronts claimants with a quasi-permanent exercise of self-justification. The aim

of the exercise is to reduce social stigma, especially by marking clear distance with people perceived as undeserving. In so doing, the ultimate argument given by many respondents is that they did not apply for DI on their own or did not choose to do so. In other words, non-demand appears as to most valuable moral argument to prove the legitimacy of recipients' entitlement. Both these paradoxical outcomes highlight the potential corrosive effect of activation on people's sense of entitlement.

7 Conclusion

To conclude, our analysis of the DI highlights the impact of active reforms on the (non-)take-up of social benefits and services, its many ambivalences and paradoxical outcomes. The main findings of our case study are the following:

- › The acceleration of procedures and the introduction of early detection and intervention programmes facilitated access to DI benefits, but at the same time increased the risk of *time gap* and *autonomy gap* (when people apply for benefits, but are not ready or able to activate themselves). By extension, claiming benefits too early may produce exclusionary effect and NTU (either in the form of non-proposal or withdrawal of application).
- › Making application a duty and allowing third parties to report cases on DI formally improved access to benefits, bypassing material and symbolic obstacles of the claiming process. But it also exacerbates power asymmetries and results in forms of denial of recipients' freedom to choose, which tends to weaken the very sense of social rights and entitlements, and increases the risk of NTU.
- › Activation made the access to pensions more restrictive with the explicit aim of reducing social expenditures, introducing stronger conditionalities and new tools to fight against fraud. It reinforced negative beliefs and feelings about DI and its recipients, which makes them reluctant to claim for DI benefits and increases the risk of NTU or delayed take-up. This observation is contrary to DI mission towards early detection and intervention.
- › The reinforcement of conditionalities to access or maintaining DI benefits, as well as the focus on the issue of fraud result in an intensified exercise of self-justification for claimants. Recipients' narratives reveal paradoxically that non-demand is often perceived as the ultimate argument to prove the legitimacy of their application to DI. This translates a corrosive effect of activation on people's sense of entitlement.

To summarise, this article shows that the impact of activation on the (non-)take-up of disability benefits is critical. Our analysis reveals inconsistencies of DI active reforms, especially between the mission towards early detection and intervention (promoting early take-up of DI benefits and services), and the objective to reduce the caseload and DI expenditures, interpreted as a disincentive and producing potential

NTU. These inconsistencies result from a disjunction between the objective and subjective dimensions of entitlements. The case of DI reveals how improvements in objective entitlements may at the same time weaken the perceived eligibility of recipients, and thus produce mixed effects in terms of self-selection and NTU. A greater integration of these two dimensions (objective and subjective) appears to be rewarding for both policy making and political effectiveness, as well as for the sociological analysis of social policy. In our view, the notion of *sense of entitlement* allows to take a step in that direction.

It invites us to pay due attention to the reception of social policy and especially the perception of their normative content. In this sense, our study reveals that some core objectives and values of DI active reforms (like reducing social expenditures or fighting against fraud) refrain part of potential claimants from applying for DI. Moreover, questioning the impact of social policies through the lens of people's sense of entitlement highlights the procedural aspects of the realisation of rights (Revillard 2018), especially when combined with qualitative methods. It allows to avoid a certain naivety that consists in tackling NTU as solely an instrumental issue or a pure mechanical mismatch between supply and demand of social benefits and services. As Spicker reiterated recently, (non-)take-up has "to be understood in terms of a complex set of personal interactions in the relationships between services and their potential users", and this may be particularly important for "activation schemes (which) are highly dependent on interactions with individuals" (2017, 18–19).

Of course, this contribution has some limits, which are partly related to the limits of our research design (and especially the absence of situations of full NTU). As such, it doesn't allow to account for all the different forms of NTU. However, it highlights underlying dynamics of self-selection, thus providing us with a detailed understanding of activation policies, their effectiveness and paradoxes in the (non-)take-up of social benefits and services. This analytical framework could be a first step towards a sociological model for investigating the impact of activation on NTU. By combining the objective and subjective dimensions of entitlements, this framework offers an extensive account of social policies and their transformation. It reveals not only the causes and consequences of the (non-)take-up of social policies, but also its meaning, which is by far not limited to a single administrative act.

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