



Getting Sick and Disabled People off Temporary Benefit Receipt: Strategies and Dilemmas in the Welfare State's Frontline

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ABSTRACT

This article explores responses by frontline workers in the Norwegian Labour and Welfare Service (NAV) to activation policy measures. Frontline workers in NAV are required to write work capability assessments for long-term sick and disabled benefit recipients within a reformed organizational structure with holistic agencies ('one-stop shops'). These policy mechanisms are intended to empower the frontline workers and make them emphasize work and activation in their evaluation of the employability of the beneficiaries. However, a large number of long-term sick and disabled people remain in receipt of temporary benefits. Key findings emerging from this study's fieldwork suggest that frontline workers often perceive the task of clarifying the employability status of long-term sick and disabled people to be demanding. Their assessments hinge on criteria set by actors outside the frontline office—and these criteria are hard to obtain. Consequently, the limited range of exit options restricts the discretion of the frontline workers, which results in locking claimants with complex problems into temporary benefit. Their attention tends to be drawn to concerns that are likely to be unintended, which are to keep claimants' income safe and to secure a smooth workflow within the office as well as to smooth benefit transactions. The context of a generous welfare state with a strongly rights-based benefit scheme is regarded as a likely contributor to these concerns.

KEY WORDS

Activation policies / Disability / Discretion / Employability / Frontline work / Norway / One-stop shop / Street-level bureaucracy / Welfare state / Work capability assessment

DOI

10.19154/njwls.v6i1.4889

Introduction

In Norway, nearly 14% of the working-age population receives incapacity benefits because of health impairments (Statistics Norway 2014). By comparison, the country's unemployment rate is 3% (Norwegian Labour and Welfare Service (NAV) 2015). Sick and disabled people thus constitute an important target group for activation policies, which seek to move more beneficiaries into the workforce by making benefits conditional upon participation in active measures such as work training. The Work Capability Assessment (WCA) was introduced in 2008 to support this aim. Further, the major public sector reform of 2006 (NAV reform) has reorganized the local agencies by

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merging them into holistic ‘one-stop shops’ for enhancing activation and establishing ‘back offices’ that should make decisions on benefit entitlement. The WCA and altered organizational structures would make frontline workers emphasize work and activation rather than sickness and health barriers in their evaluation of the employability of long-term sick and disabled people.

Despite these efforts, recent research has suggested that a large number of long-term sick and disabled people remain in receipt of temporary benefits (Fevang et al. 2014; Kalstø and Sørbo 2014). Getting this group off benefits and into work is not a matter of traditional employment services, but rather about scrutinizing individuals’ residual working capacity as well as making efforts toward finding entries into the labor market. Thus, frontline workers are expected to make their claimants independent of the welfare system, but also make sure that people’s need and right to income security are complied with. It can therefore be argued that activation work presents frontline workers with new and challenging tasks.

This paper concentrates on the NAV staff as intermediating actors of activation policies and their clients. While activation policies are most often viewed as measures directed toward benefit recipients, these policies also target the frontline organization and its frontline staff (Brodkin and Marston 2013). Consequently, activation policies are about a ‘triple activation’ (van Berkel 2013).

Previous studies concerning street-level bureaucracy in the era of activation policies have been concerned with the rise of New Public Management and governance reforms, and in particular how performance management, organizational targets, and standardized working methods represent a threat to occupational standards and autonomy (Caswell et al. 2010; Garsten and Jacobsson 2013; Møller and Stone 2013; Soss et al. 2011). Studies suggest that frontline workers tend to adapt to activation policies, and that this is often done in a ‘positive’ way in the sense that they develop their own interpretations and reasoning according to the new activation norms (Møller and Stone 2013; van der Aa and van Berkel 2015). Within the Norwegian context, the WCA and one-stop shops are presented by policymakers as a way of *increasing* staff autonomy (Gjersøe 2016; Ministry of Labour and Social Inclusion 2006). For instance, the WCA is less standardized and more open to the discretion of street-level bureaucrats compared with similar assessment instruments in other countries (Baumberg et al. 2015; Gjersøe 2016).

It has been argued that governance reforms are not without consequences for the content of social services (Bredgaard and Larsen 2008). Frontline work constitutes an important policy arena (Brodkin and Marston 2013; Djuve and Kavli 2015). However, efforts to enhance activation in the Norwegian frontline service have not succeeded in getting sick and disabled people off the benefit system. Frontline work practice is the so-called black box of policy implementation, and, in order to ascertain its central mechanisms, it is necessary to employ an in-depth study on a micro level. Consequently, the aim of this article is to explore how the practice of frontline workers may shed light on the lack of results. What are their responses to the working conditions that seek to activate them?

The structure of the article is as follows. The next section outlines the theoretical concept of street-level bureaucrats and street-level organizations. As the behavior of frontline workers is shaped by policy and the organizational environment in which it unfolds, a governance approach to street-level bureaucracy is included in the theoretical

perspective, which is important for understanding frontline activation work. Then, the Norwegian context is presented, followed by methods used for the study. Finally, the findings are presented, discussed, and concluded upon.

Street-level bureaucracy

Frontline workers in welfare agencies can be considered as street-level bureaucrats (Lipsky 2010). Their need for discretion when working with individual cases has a significant influence on public service delivery. This was a core argument in Michael Lipsky's (2010) influential work on 'street-level bureaucracy.' Frontline workers are often confronted by 'wicked problems' (Rittel and Webber 1973), that is, individual problems that are difficult to define, hard to trace the causes of, and complicated to treat, with no easy-fix solutions. In particular, this is often the case with claimants with health impairments. Thus, not only must the street-level bureaucrats achieve policy objectives, they need also to remain responsive to individual needs featuring a high degree of uncertainty. In addition, their working environment is characterized by an unremitting resource strain.

In the era of activation policies and new governing regimes, an organizational approach to street-level bureaucracy has emerged, which emphasizes the role of the street-level organization (Brodkin and Marston 2013). For instance, the establishment of one-stop shops and specialized units—that redefine who does what—is an example of governance reform (Larsen 2013). Internationally, the coordination of welfare and employment agencies has become more important in the era of activation policies for ensuring that all relevant agencies administer benefits and services in a way that enhances activation (van Berkel and Borghi 2008; Øverbye et al. 2010). Such coordination strategies are a way of governing the street-level organizations in which the street-level bureaucrats work (Brodkin 2013). One-stop shops have been introduced by authorities across all Nordic welfare states during recent years, as well as in other European states, for improving efficiency and activation (Minas 2014). They represent a top-down coordination strategy (Øverbye et al. 2010), and a 'single point for delivery in order to increase the employment chances of the unemployed' (Minas 2014, p. 41). Thus, this reorganizing is a way of activating the frontline organization. Activation policies, and more specifically the question of who deserves to be excused from work and activation and who does not, are a contested, political subject. Hence, street-level organizations are mediators of not only policies, but also political dilemmas. Structural changes that seek to enhance activation work thus alter the conditions for street-level work by placing the dilemmas on the street-level bureaucrats (Brodkin and Larsen 2013).

As argued by Lipsky, when faced with dilemmas, street-level bureaucrats tend to develop their own strategies for coping, including simplifying claimant cases and the environment (Lipsky 2010). Coping strategies occur in order to 'reduce the strain between capabilities and goals, thereby making their jobs psychologically easier to manage' (Lipsky 2010, p. 141). The goals and objectives of public institutions are usually contradictory. In order to rationalize ambiguities, street-level bureaucrats develop their own conceptions of the public service (Lipsky 2010, p. 144). Thus, as Lipsky argues, the practice of street-level bureaucrats is largely shaped by their working conditions. Two opposite coping strategies concern the use of discretion. First, street-level bureaucrats may impose limitations to their discretionary powers in order to reduce the gap



between expectations and perceived capabilities. By following rules strictly and neglecting their discretionary space, which may allow for alternative solutions, they protect themselves ‘from confronting their own shortcomings as participants in public service work’ (Lipsky 2010, p. 149). The second, opposite coping strategy is the ‘defense against bureaucracy’ (Lipsky 2010, p. 150). According to this strategy, street-level bureaucrats resist efforts to limit their discretion. They ‘redefine their jobs by taking into account the informal but likely consequences of their actions’ (ibid.).

This article aims to show the street-level bureaucrats’ responses when faced with structural changes in the street-level organization. Thus, we now turn to the activation policy measures in Norway.

The Norwegian context

The Norwegian welfare state is characterized by a generous and strongly rights-based social security scheme. The relatively large proportion of sick and disabled people outside of the labor market, and in receipt of benefits, has long been of concern to the national government. Recent reform of the NAV has included significant changes to the organization and to the provision of long-term sickness and disability benefits. Through these changes, Norway’s state and municipal welfare agencies seek to increase levels of work participation among this group of benefit claimants.

The NAV reform is one of the largest public sector reforms in Norway. It was introduced in response to what was considered a fragmented benefit system that had negative consequences for multiservice claimants with complex problems (Christensen et al. 2014). These claimants were typically struggling with their health or with social deprivation, and had been excluded from the labor market for a long time. The political response to the issue was to create a decentralized and coordinated labor and welfare agency. The two national social security agencies were merged into one and localized together with the municipal social assistance service into NAV offices, with one-stop shops situated in every municipality across the country (Askim et al. 2011). Compared with one-stop shops in other European countries, the NAV office is thus characterized by a holistic approach, both in breadth and in depth (Minas 2014). This means that the responsibility reaches all the way from intake to exit. The office model serves a broad range of target groups, not just the unemployed. The organizational structure is characterized as decentralized with local autonomy (ibid.).

The local NAV offices constitute the frontline offices, or the physical contact point for the public. Frontline workers in these offices provide activation services—that is, follow-up support for claimants who need employment services and who are required to participate in activation schemes in order to be eligible to receive benefits. A common entrance was thought to better accommodate the diverse needs of long-term sick and disabled beneficiaries. In addition to the organizational restructuring, new activation instruments as well as changes to benefit schemes were introduced in order to establish common targeting of all sick and disabled people. As such, the WCA is a central component. The assessment is a structured, computer-assisted method for assessing *all* working-age sick and disabled people and deciding whether, and to what extent, a person has impaired working capability—in other words, a joint assessment method of their employability. The assessment can be regarded as an instrumental

policy mechanism developed not just for the applicants and beneficiaries, but also for ensuring that frontline workers emphasize work and activation in their evaluation of the employability of long-term sick and disabled claimants (Heum 2010; Kildal and Nilssen 2011).

While the frontline offices concentrate on activation, regional administrative units—the so-called ‘back offices’—administer the benefit system. These back offices have no face-to-face contact with claimants, and their main task is to process benefit applications and payments. The establishment of one-stop shop frontline offices, as well as back offices, was intended to ensure equal treatment in benefit decisions, on the one hand, and to enable the frontline offices to concentrate on activation services on the other (Ministry of Labour and Social Inclusion 2009). Thus, frontline workers have a relatively wide discretionary space concerning the activation process, while case officers in the back office are more concerned with handling benefit applications in accordance with specified rules and regulations.

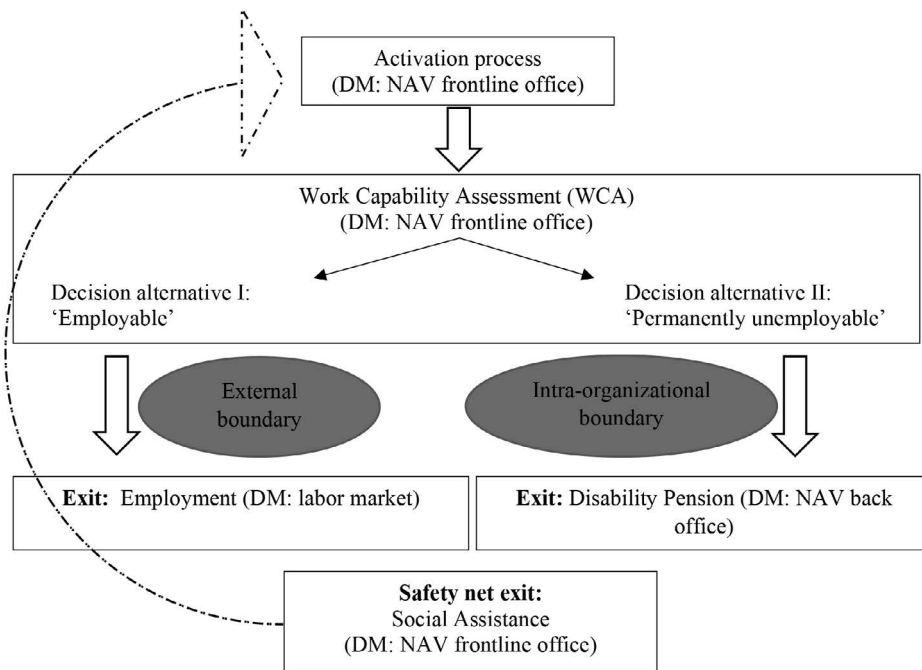
Because of the establishment of centralized back offices, it has been highlighted that certain limitations to the local autonomy in the frontline offices have led to a reduction in the task profile and decision of the authority locally (Andreassen and Aars 2015; Helgøy et al. 2011). In particular, the lack of decisive authority has led to unfulfilled expectations by the public toward the reformed frontline agency (Helgøy et al. 2011).

The organizing of workflow in NAV

The decision reached in a WCA categorizes a claimant according to their employability status. A ‘temporary unemployable’ status assigned by the frontline office should lead to an activation process with a four-year-limited incapacity benefit called the Work Clarification Benefit (WCB) (*arbeidsavklaringspenger*). The WCB is a merger of three earlier forms of temporary incapacity benefits. Thus, the introduction of this benefit has meant that activity requirements are now posed to groups whom previously were only required to undergo medical rehabilitation or were not affected by activity requirements at all.

As the WCB is time-limited, the purpose of the activation process is to lead to a clarification of claimants’ working capability and thereby an ‘exit’ from the temporary benefit. Thus, after a period of activation, frontline workers undertake a reassessment of their claimants in order to transfer them to an exit option. A frontline worker may decide that the working capability of a claimant has improved and that they are now considered employable. In this case, the person is exited to the labor market—an external boundary. Or, a frontline worker may consider a claimant’s working capability to be permanently impaired, and so transfer the claimant’s case to the back office—an intra-organizational boundary—where a decision can be made regarding disability pension entitlement. Lastly, if claimants who are exited from temporary benefits do not enter employment or have their disability pension application refused by the back office, they may be secured by the temporary and subsidiary safety net of social assistance benefit, which is decided by the frontline office. If a claimant receives social assistance because no clarification was reached during WCB receipt, they may apply for the WCB again if they still have a medical diagnosis and a health impairment. This whole progression is depicted in Figure 1.

Figure 1: The organizing of workflow in NAV (DM=decision maker)



Source: Own depiction based on the 'follow-up model' (*oppfølgingsmodellen*) in NAV.

Data and methods

This paper reports on findings from fieldwork that took place in two local NAV offices from September 2012 to February 2013. One of the NAV offices is a large-sized office, and the other is medium sized; it is reasonable to assume that choosing different sizes will bring more variety to the study than, for instance, recruiting two large, city offices that face similar, urban challenges. In addition, previous research has shown that NAV offices are organized and function differently depending on the size of the office (Fossetøl et al. 2014). The offices are managed via central county administration, and the counties differ with respect to factors such as industry structure, unemployment rates, and disability benefit rates. Based on their regional situation, each county's administrative unit sets priorities and controls its offices through performance management. The selection of offices for use in this study was based on the criterion of their location in different counties to accommodate various contextual factors that may affect frontline work.

The Norwegian bureaucracy is characterized by professionalized staff (Svensson and Everts 2010). A majority of the staff who participated in this study had a higher educational background.

I spent about 2 to 4 days a week at the NAV offices, for two and a half months and three and a half months (partly overlapping), respectively. I conducted interviews and observational studies and collected documents. The frontline workers who participated in the study were responsible for beneficiaries with impaired working capability; 25 frontline workers were interviewed for about 60 to 90 minutes each. I used a semi-structured interview framework that opened up the respondents' own perspectives and, at the same time, secured answers to questions regarding the use of and thoughts about the WCA. All interviews were recorded and transcribed. The observational data comprise notes, made directly on a computer, from 23 conversations between claimants and frontline workers. For these conversations, the claimants gave their informed consent (both orally and in written form) for me to obtain an anonymized copy of their WCA and of their action plan, which documented their agreement with a frontline worker regarding activation measures within a specific period. WCB recipients may be individuals who have expended their sickness benefit rights, which cover the first 52 weeks of sickness absence, or they may be sick or disabled students, or unemployed individuals with no such rights.

Further, I observed weekly staff meetings as well as three regional meetings arranged by the county offices that gathered frontline workers from all the local offices in the county. In addition, I often had the chance to chat informally with staff between meetings and during lunch breaks. Whereas the interview data provided insights into the frontline workers' perceptions of their daily work, the observational data offered a record of their practice in their natural environment. Undoubtedly, the claimants and the frontline workers would have been mindful of the study's observation stages. However, they were given both oral and written assurances that my presence had no judgmental or evaluative purposes. In addition, all participants were given the free choice of whether or not to participate. Nonetheless, the frontline workers had to go on with their meetings, discussions, and decisions as I collected observational data—and, most of the time, my presence felt insignificant to them.

After the fieldwork was completed, the ensuing interview transcripts, observational notes, and documents were imported to a qualitative data analysis computer software package, NVivo 10. In the subsequent data analysis, I pursued the practice of writing WCAs as well as documenting the dilemmas that came to surface when this issue was raised. The data were coded on the basis of a close reading. The first step resulted in a wide range of detailed coding. In the second step, I merged the codes thematically in order to make patterns visible. The codes were structured around main observations during the fieldwork: when and for what reasons a WCA was written, as well as in what circumstances a WCA was not completed because of difficulties in the clarification process.

Findings

Figure 1 illustrates the formal, envisioned workflow in NAV. In this section, fieldwork data are presented using this figure as a context through which to understand frontline work *in practice*—that is, exploring frontline workers' responses and strategies when faced with the task of getting long-term sick and disabled claimants out of the temporary benefit scheme.



Writing WCAs: Rubber-stamping decisions

A central finding is that WCAs usually represent the formalization of a decision that has already been made in the activation process.

In cases that are directed at the disability pension exit, this practice was encouraged by instructions from the county management. The following quote is taken from a meeting between a large group of frontline workers from different NAV offices and a representative from the county office.

COUNTY OFFICE REPRESENTATIVE: The frontline office shouldn't conclude upon permanently impaired working capability just because a claimant has applied for a disability pension. Such a conclusion should only be reached when the frontline worker considers the claimant clarified. (Observational notes)

Clarification for disability pension means that frontline workers need to consider the specified attributes a claimant must have for qualifying for disability pension when writing a WCA concluding that a claimant is permanently unemployable. Eligibility criteria include evidence that extensive medical rehabilitation and work training/activation have been undertaken that prove that the individual's working capability cannot be improved. The county office representative's instruction implies that the frontline workers should be responsible for the claimant's exit from the temporary benefit. They are expected to control the inflow of disability pension applicants by deciding at what point the claimants have been sufficiently activated and clarified. It is the frontline worker who should decide, based on criteria decided by the back office, when a claimant could be considered permanently unemployable—the claimant should not apply for the disability pension on her/his own (although they have a legal right to do so). In other words, disability pension is an exit option that should only result from an activation process and a clarification of a claimant's employability in accordance with the eligibility criteria, which are decided by the back office. This reduces the frontline workers' autonomy, which is enforced by the organizational division as well as the division between the WCA and benefit criteria. Therefore, I noted a specific practice to occur among frontline workers:

FRONTLINE WORKER: (...) [T]hose who apply for the disability pension apply in agreement with me. (Interview transcript)

If a claimant applies without an agreement with a frontline worker, that person risks having their application denied because their working capability has not yet been clarified by the frontline office and the person no longer complies with the criteria for the temporary benefit. Therefore, the frontline workers encourage people to stay in the activation process until they have proven either employability or permanent unemployability. When writing a WCA during the exit phase, the frontline worker prepares for a subsequent benefit decision according to specified entitlement rules. Thus, while the WCA is intended to empower the frontline workers, it could rather be considered a formality and rubber-stamping of decisions that have been taken in accordance with prescribed rules. Frontline workers write WCAs primarily in those cases when they are convinced that their claimant complies with the disability pension criteria.

When writing WCAs for the other main exit option—work—the cases were regarded as rather uncomplicated. The claimant had either gotten a job offer, or was to return to existing employment, or the case was seen as clearly clarified. One frontline worker said:

FRONTLINE WORKER: (...) It is either work or disability pension. For instance, an activation plan may state that a claimant is suffering from back pain, that the person is granted vocational re-education that will make her employable for other work, and that when the education is completed, the person is clarified. Then, the claimant will have these three final months for job seeking. In this case, there is a written agreement in advance. Then you're out. (Interview transcript)

The frontline worker refers to those cases when there is a clear agreement in advance that makes the case clear. This experience is typical among the frontline workers; the clarification process is experienced as easier when claimants' problems are relatively uncomplicated than when a person has complex health problems and insecure job prospects.

Avoiding the WCA

Thus, in order to understand how the frontline workers consider cases that do not reach an exit for work or disability pension provision, it is important to look at the practice that occurs *before* they make formal decisions in WCAs.

A recurrent issue that occupied frontline workers in this study was the difficulties they experienced in reaching definitive clarifications of their claimants' working capability:

FRONTLINE WORKER: (...) I try to push them a little. But, I'm thinking, if they have been in the system for a long time, and many have—often going back to before 2010 [*before the WCB was introduced*]*—and, then, we should make magic happen within a short period of time? It doesn't work like that. (...).* (Interview transcript)

Making 'magic happen' refers to getting claimants into employment. WCB recipients have usually been out of the labor market for a relatively long time, and, thus, lack work experience and have health problems. Frontline workers sometimes find it hard to consider the medical reports from claimants' doctors as well as further possibilities for treatment that could improve their health. Should the claimant be activated further or exited to the job market? Such dilemmas are difficult to deal with, as expressed by the frontline worker in the quote above.

The frontline workers in my study often seemed determined to avoid writing a WCA if a case was not completely clarified for one of the two main exit options. In particular, they were clear about wanting to avoid a situation in which the back office would disagree with their assessment that a claimant is permanently disabled. As a result, frontline workers often avoid writing a WCA that alters the claimant's status as temporarily unemployable in the benefit system if they think that the application for disability pension will be refused, even though they consider their claimant unemployable. In this sense, the structural boundary between the front line and the back office is, in some cases, perceived as a barrier during the activation/clarification process because the frontline workers are restricted in deeming their claimants permanently unemployable.



Frontline workers may consider that their claimant has tried all possible activity measures but is still not near work readiness, nor eligible for the disability pension. Consequently, as the frontline worker in the following quote says, their work is about continually assessing claimants' employability, thus highlighting the work capability assessments that happen outside of the formal ones:

FRONTLINE WORKER: (...) I cannot really say that it only happens [writing WCAs] at the entrance and the exit—that is, when we do it technically speaking. Through the activity plans and follow-up notes that happen when working with the claimant, in dialogue with a claimant, and in collaborative meetings, and so on ... it is an on-going work capability assessment—it is what we do. (Interview transcript)

There are certain reasons why the frontline workers avoid writing WCAs. If a claimant is exited from the WCB, but not eligible for the disability pension, and lacks job opportunities, the person may go on to be supported by the social assistance allowance, which is only intended as a subsidiary and temporary provision. The frontline office, as a one-stop shop, is partnered with the social assistance administration. The colocation created some special concerns among the frontline workers:

FRONTLINE WORKER: (...) Looking at the big picture, if we prolong the case by providing the claimant a work training place, we can spare colleagues from a situation where the claimant ends up on social assistance. (Observational notes)

FRONTLINE WORKER: (...) [I]t's like a circle, right? I close a case, the claimant applies for social assistance (...), preparing a new application for WCB [the Work Clarification Benefit], it generates a lot of work. So, it would be great to avoid such situations. (...). (Interview transcript)

As the two frontline workers express, the application process that follows an exit to social assistance is considered undesirable, as it will put a strain on staff resources at the frontline office by creating a circular process. Thus, the frontline workers take into account considerations that concern the resource utilization within the one-stop shop. Another reason for avoiding writing WCAs, and altering the claimants' employability status in cases that were not completely clarified, was the concern for the financial situation of the claimants if they were exited from the temporary benefit and left to social assistance. Instead of exiting these claimants, the frontline workers often choose to continue activating them so that they comply with the activation criteria of the temporary benefit. One frontline worker expressed it like this:

FRONTLINE WORKER: (...). We're too kind. We don't close the cases when we should. (Observational notes)

Sometimes, frontline workers openly confessed that some claimants could be considered employable if they had been more strict in their judgments. However, the issue of where to draw the line between employable and unemployable is difficult to determine when a claimant has no job offers and still struggles with a health impairment:

FRONTLINE WORKER: We rarely carry out a WCA in those cases [when the claimant has not succeeded in obtaining work]. The claimants will be left without income. They only get three months. Should we shuffle them over to social assistance? No, I don't think so. We would rather let them float. At least, I do. I believe the others do, too. The claimants that have completed education are usually finished in June. If we were to close their case at that time, they would not manage to get a job during the summer. Even in those cases, we will not close the cases until the claimants have obtained work. We might schedule a meeting in August to talk about how they should find work. We might offer a job-seeking course. As long as they are participating in an activity scheme, at least, we cannot close their case. (Observational notes)

This frontline worker's considerations regarding exiting those who undergo education differ from those of the frontline worker quoted earlier, who pointed out the importance of making agreements in advance. However, as expressed by this frontline worker (above), a claimant may be healthy enough to enter the labor market, but, at the same time, lack work experience, which makes their job prospects poor. This may lead to concerns about claimants' financial situations. Another worker expressed it like this:

FRONTLINE WORKER: I'm concerned about the claimants' financial state. Will they manage financially if they haven't gotten any work? They will end up on social assistance. (Observational notes)

Working backwards

In some cases, if the frontline workers think that the case officers in the back office are too strict in their judgments, they can find themselves advocating their claimant's case vis-à-vis the back office. In such cases, claimants have typically received the WCB for a substantial amount of time, and have tried out several activation schemes and medical treatment without seeing improvements to their working capability. Their health situation may be complex and their working capability complicated by other barriers, such as low formal skills, poor language skills, and long absences from the labor market. If the frontline workers think that all activation measures have been exhausted, they may then concentrate on gathering conclusive evidence and writing a convincing WCA. Hence, this study's findings suggest that these frontline workers sometimes 'work backward': instead of continuing activating and collecting evidence that may eventually result in eligibility for disability pension, they formulate an opinion that their claimant should be eligible for disability pension and then activate and collect evidence toward this specific purpose. This strategy is also previously found to occur in physicians' (General Practitioners) disability assessments vis-à-vis the benefit agency (Getz et al. 1994).

A frontline worker in my study explained that the WCA can be important because you have met the claimant and are able to provide an overall picture of the situation. In one case, a claimant had been to one of NAV's cooperative medical specialists who considered the claimant to be severely ill and suffering from a range of complex torments resulting in his being nonemployable. The specialist added a sentence that said the patient would benefit from a change of lifestyle. Because of this sentence, the back office turned down the disability pension application. However, the frontline worker



considered it impossible to get the claimant to change his lifestyle. After some time, the claimant submitted a new application for disability pension. There were no changes to his situation. The frontline worker stressed that there were no recovery prospects, and referred to a new medical report from the treating doctor stating that the claimant was medically clarified and that his health had aggravated in recent years. This time, disability pension was granted. The frontline worker mentions a similar case where the claimant was suffering from severe mental illness as well as some physical health problems. The medical evidence stated that the claimant was going to undergo a hip replacement. This resulted in a refusal by the back office because an operation was considered a possibility for improvement in the working capability. However, the frontline worker knew that the hip replacement would not affect the claimant's working capability. Thus, in the new WCA, the frontline worker made sure that the treating doctor as well as a medical specialist provided evidence stating that mental illness was the main cause for the impairment of working capability. This time, the disability pension application was granted.

The practice of working backward as illustrated by this frontline worker implies that the workers' discretionary space vis-à-vis the back office is not completely reduced. In some gray zone cases, they may tip the case in the desired direction.

Discussion

As the findings in this article suggest, the frontline workers are restrictive about when to write WCAs and thereby getting people off temporary benefit receipt, even when their own considerations point toward an exit.

If the frontline workers regard a person to be permanently unemployable, they find themselves in an organizational dependency vis-à-vis the back office. The frontline workers need to secure a smooth transaction of the case processing at the back office.

In a study by Caswell and Høybye-Mortensen (2015), the high level of economic sanctions on claimants' nonattendance to activation projects in two Danish frontline offices was linked to the organizational division between those workers who were responsible for WCAs and those responsible for imposing sanctions. The latter had no face-to-face contact with the claimants. The distance from claimants was sought to secure a more consistent implementation of sanctioning, without taking into account various, invalid excuses from claimants. Hence, not knowing the claimant was thought to make decisions on sanctions more firm than if workers who knew their claimants' life stories were to impose the sanctions themselves. A similar mechanism can be seen in this study. As the findings indicate, the separation between assessments of working capability and the disability pension provision imposes limitations to the frontline workers' discretion when deeming claimants permanently unemployable. The organizational division makes it necessary for the frontline workers to envision how the back office will consider their claimants' cases. Consequently, the frontline workers are encouraged to restrict the inflow of disability pension applicants and thereby continue activating their claimants. In this sense, they adapted to the activation policies, a finding which is in line with research on frontline workers in other countries (Marston 2013; van der Aa and van Berkel 2015).

When the frontline workers act as their claimants' advocate, the organizational structure seems to have an opposite effect: advocating a claimant's case may be viewed as a coping strategy that stems from the close contact and the one-stop shop's overall responsibility for claimants with health impairments. If the frontline workers experience a gap between the back office's opinion and their own, they impose a 'defense against bureaucracy' by redefining their task of limiting the inflow of disability pension applicants (Lipsky 2010). In this way, the back office becomes the frontline office's counterparty.

The organizational separation results in significant dilemmas for frontline workers concerning how to exit claimants when dealing with complex cases. In addition, they lack control over the will of potential employers to employ their claimants. Hence, the frontline workers struggle to succeed with the goal of their work, which is to get people off temporary benefit-receipt. So, the frontline workers lack influence over the two main exit options. As a result, their coping strategies for filling the gap between goals and reality can be regarded as both a defense against bureaucracy and at the same time imposing limitations to their discretionary powers.

First, considering the employment exit, the activation policy goal is to get more people off benefits and into work. Although the frontline workers consider a claimant to be more or less employable, they tend to await actual job offers as proof of employability. This can be regarded as a 'defense against bureaucracy' by resisting limitations to their discretionary ability. They are not comfortable with the 'work first' idea of activation policies and so they redefine their job, from that of an activation worker to that of an income right securer. Although the frontline offices are supposed not to worry too much about income security, but rather activation, the two components are intertwined. In other words, claimants receive activation services from the frontline office *because* they are dependent on income security. Thus, the frontline workers take into account the informal consequences of their decisions. This coping strategy can be linked to the generous and rights-based benefit scheme in Norway. The welfare state has a strong role as income securer in cases of sickness and disability. The frontline workers' coping strategy may be interpreted as a refusal to diverge from this role. Their discretionary powers in the activation process allow for such a refusal.

Second, the frontline workers' resistance to exiting cases can also be understood as an opposite coping strategy. Their lack of influence on the two main exit options results in a continuous activation and thereby a lock-in on the temporary benefit although their discretionary powers allow them to exit more claimants to the labor market. In this sense, they impose limitations to their discretionary powers and protect themselves 'from confronting their own shortcomings as participants in public service work' (Lipsky 2010, p. 149). They avoid exiting claimants that potentially could have been exited. Instead, they act as gatekeepers, not only to the disability pension but also to the labor market.

The frontline workers do not only endeavor to secure their claimants' income security but also the resource situation at the frontline office by preventing 'a circle' in the office, if no exit options are perceived to be available. They consider it better to keep claimants on temporary benefits even though the person may be considered to be employable, or permanently unemployable if no exit options seem to exist in practice. Similar to findings in other studies of frontline workers' implementation of activation policy schemes (Møller and Stone 2013; van der Aa and van Berkel 2015), the Norwegian workers also make their own interpretations of activation policy norms. However, what seems to differ in the Norwegian context is that the frontline



workers' interpretations are likely to conflict with formal policy and governance intentions.

Lastly, one may have expected the frontline workers to exit those claimants who were difficult to clarify. By writing a WCA that altered their employability status, the frontline workers would thereby get rid of difficult cases. However, this was not found to occur in my study. The frontline workers argued that they did not want to strain their colleagues and create circles in the system. Due to the nature of qualitative methods, the findings in this study cannot be generalized to all NAV offices in Norway. However, some of the frontline workers' concerns apply to the one-stop shop organization and the benefit structure, which is a nationally common feature. Thus, it may be inferred that the structural conditions that seem to promote the practices that appeared in this study may also promote similar practices in offices other than those included in this study. In addition, the patterns that occurred do not feature any large diversification—rather, the practice of frontline workers appears to be quite similar. This may be explained by structural similarities that promote certain practices.

Conclusion

The organizational boundaries that structure the conditions for frontline work may be considered as more than just new ways of organizing the delivery of welfare policies, but also as a central part of the activation policy project (Brodtkin and Marston 2013). The current one-stop shop organization is intended to unite overall responsibilities for the activation of claimants, thereby getting more beneficiaries into employment. However, as the findings in this article suggest, the limited range of exit options restricts the discretion of the frontline workers, which results in locking claimants with complex problems into temporary benefit. The frontline workers' assessments hinge on criteria set by actors outside the frontline office that are often hard to obtain for their claimants. Therefore, the frontline workers' attention tends to be drawn to concerns that are likely to be unintended, which are to keep claimants' income safe, to secure a smooth workflow, and to smooth benefit transactions. The context of a generous welfare state with a strongly rights-based benefit scheme is regarded as a likely contributor to these concerns.

Consequently, the establishment of a holistic one-stop shop agency, which gives the frontline offices a substantial responsibility for finding individual solutions, combined with exit options that are hard to obtain, seems to represent a 'mission impossible' for the Norwegian frontline workers. This implies that it is necessary to rethink the organization of activation services and benefit administration as well as more realistic exit options for long-term sick and disabled people.

Acknowledgments

I would like to thank the following people for valuable comments to earlier drafts of this article: Two anonymous referees, Anniken Hagelund, Lars Inge Terum, Einar Øverbye, my colleagues in the research group Governance and Professions, Simone Leiber and the

other participants at the 2015 ESPAnet Doctoral Workshop at the University of Düsseldorf, and the participants at session B2 ‘Active labour market policy’ at the 2015 Street Level Bureaucracy Conference in Copenhagen.

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