





Supplementary online appendices

Can street-level bureaucrats be nudged to increase effectiveness in welfare policy?

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Appendix 1: Questionnaire²

1. Survey on the allocation of vocational rehabilitation measures

Welcome and thank you for participating in this survey about the allocation of vocational rehabilitation measures. The aim is not to assess work practices but to understand decision-making processes. The survey is strictly anonymous and we guarantee that only members of our research team will have access to your answers.

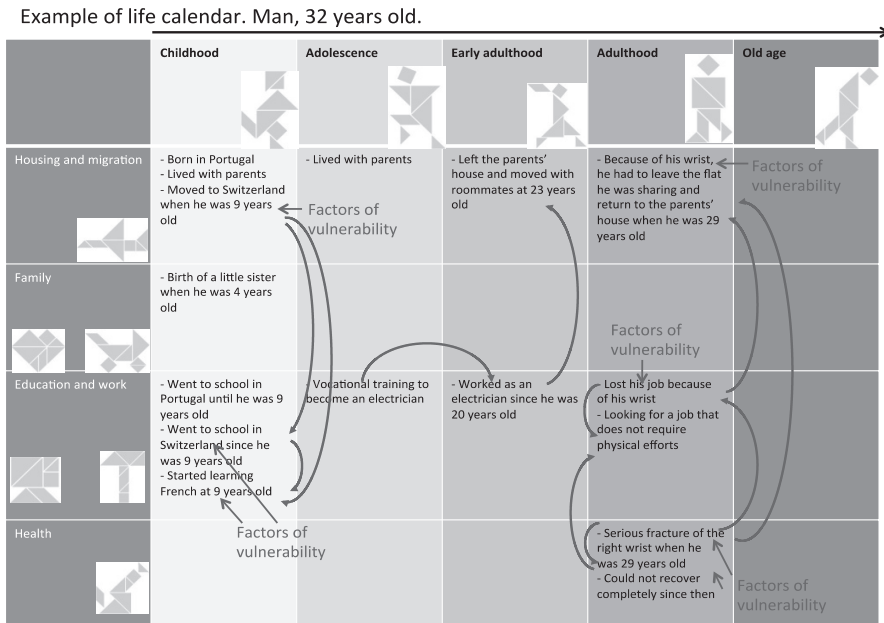
The survey will take a maximum of one hour during which you will be asked to look at the anonymised case files of three insured persons and to make decisions concerning the accuracy of granting vocational rehabilitation measures on the basis of the information at your disposal. It is important that you focus on the survey without interruption and that you do not speak with your colleagues about its content.

2.1 Treatment group (life-course–vulnerability experimental condition)

You are going to examine three insured people's files. Examine carefully each file and, based on the information at your disposal, take a decision concerning the opportunity of allocating a rehabilitation measure for each of the three insured persons.

During the examination of the files, imagine what this person has been through in the different aspects of his/her life (family, work, education, health, and so on). Think about the links between these different aspects (for example, how an event related to health can influence one's professional opportunities or housing conditions).

It is important that you identify the factors of vulnerability (sickness, accident, unemployment, divorce, and so on) in their life-courses. To help you with this task, here is a graphical example representing the life-course of a fictitious insured person and the links between the factors of vulnerability.



Lines underline the interdependence of life stages and domains.

2.1.1 We are now asking you to answer three questions about the life-course of this fictitious man:

- **At what age did he move to Switzerland?**
 - When he was 12 years old
 - When he was 9 years old

- **When he was 29 years old, what did he break?**
 - His wrist
 - His ankle

- **What is his professional status?**

- He is looking for a job
- He works as an electrician

2.2 Control group (business-as-usual control condition)

You are going to examine three insured people's files. Examine carefully each file and, based on the information at your disposal, take a decision concerning the opportunity of allocating a vocational rehabilitation measure to each of the three insured persons.

3. Case A

We ask you to look into the case file of the following insured person: woman born in 1991. Below you will find the documents included in this file.

31_Jui_2012_DP_Communication.pdf
31_Jui_2012_DP_Annexes_a_la_communication.pdf
28_Aou_2012_DP_Correspondances_diverses.pdf
11_Sep_2012_DP_Autorisation.pdf
11_Sep_2012_Resultats_de_la_DP.pdf
11_Sep_2012_Rapports_divers_contrat_travail_certif.pdf
20_Sep_2012_Formule_officielle.pdf
20_Sep_2012_Annexe_a_la_demande.pdf
20_Sep_2012_Quest._pour_etrangers.pdf
20_Sep_2012_Rapports_divers_contrat_de_travail_certif.pdf
20_Sep_2012_Rapport_médical.pdf
20_Sep_2012_Services_sociaux.pdf
21_Sep_2012_Accuse_reception.pdf
21_Sep_2012_Affiliation_AVIS.pdf
21_Sep_Demande_Rapport_medical.pdf
21_Sep_2012_IP_Orientation.pdf
01_Oct_2012_Statut_menagere_active.pdf
01_Oct_2012_DP_Rapport_initial.pdf
05_Oct_2012_Divers_changement_d_adresse.pdf
08_Oct_2012_C.I..pdf
09_Oct_2012_Accuse_reception.pdf
10_Oct_2012_Rapport_medical.pdf
31_Oct_2012_Rens._divers_assures_tiers.pdf
06_Nov_2012_Demande_Rapport_employeur.pdf
06_Nov_2012_Rapports_divers_contrat_de_de_travail_certif.pdf
07_Nov_2012_Rapport_médical.pdf
14_Nov_2012_Rapport_employeur.pdf
20_Nov_2012_Avis_medical_SMR.pdf
21_Nov_2012_Avis_d_entree_sortie_de_centre.pdf
29_Nov_2012__IP_Rapport_initial.pdf

3.1 Given this information, would you propose a vocational rehabilitation measure?

- Yes
- No

3.1.1 If yes, which one:

- Integration measures
- Vocational guidance
- Initial vocational training
- Professional conversion
- Job placement
- I don't know

3.2 To make this decision, which documents did you rely on?

Please select up to 5 documents from the list and rank them in order of importance (1 being the most important, 2 the second most important, and so on)

3.3 We will now ask you questions about your feelings and those of the insured person.

3.3.1 First, think about what she felt when she applied for DI benefits. According to you, she felt...

	Not at all				Very much
Hope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serenity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remorse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surprise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.3.2 Now, think about how you feel about this person.

	Not at all				Very much
Do you feel sympathy toward her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel emotional closeness toward her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you sympathetic toward her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you imagine things from her point of view?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you imagine being in her place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you understand her thoughts and ways of reasoning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Case B

We ask you to look into the case file of the following insured person: man born in 1960. Below you will find the documents included in this file.

26_Nov_2012_Formule_officielle.pdf
26_Nov_2012_Annexe_a_la_demande.pdf
26_Nov_2012_Lettres_assures_tiers.pdf
26_Nov_2012_PLA_CV.pdf
26_Nov_2012_Rapports_divers_contrat_travail_certif.pdf
26_Nov_2012_Attestation_medicale.pdf
28_Nov_2012_Affiliation_AVIS.pdf
28_Nov_2012_Demande_Rapport_medical.pdf
28_Nov_2012_Accuse_reception.pdf
28_Nov_2012_Corresp._assurances_diverses.pdf
28_Nov_2012_Rens._divers_assures_tiers.pdf
04_Dec_2012_Dossier_perte_de_gain.pdf
04_Dec_2012_Procuration.pdf
07_Dec_2012_IP_Orientation.pdf
09_Dec_2012_Rapport_medical.pdf
10_Dec_2012_C.I..pdf
17_Dec_2012_Annexe_a_la_demande.pdf
21_Dec_2012_Communication_AI.pdf
21_Jan_2013_Rapport_employeur.pdf
06_Mar_2013_Rapport_d_examen_SMR.pdf
02_Mai_2013_IP_Note_de_suivi.pdf
02_Mai_2013_IP_Rapport_Initial.pdf
20_Jun_2013_IP_Convocation.pdf
14_Nov_2013_REA_Proposition_Bilan_de_mesure.pdf
14_Nov_2013_IP_Proposition_de_DDP.pdf
14_Nov_2013_Corresp._diverse.pdf
14_Nov_2013_Communication_AI.pdf
14_Nov_2013_Liste_des_donnees_IJ.pdf
11_Dec_2013_Decision_IJ.pdf
24_Mar_2014_Lettres_assures_tiers.pdf
24_Mar_2014_Attestation_medicale.pdf
12_Mai_2014_Assure_Note_Entretien.pdf
12_Mai_2014_Assure_Note_Entretien_(2).pdf
14_Mai_2014_Demande_Rapport_medical.pdf
24_Jun_2014_Assure_Note_entretien.pdf
24_Jun_2014_Corresp-_medecin.pdf
30_Jun_2014_Assure_Note_entretien.pdf
30_Jun_2014_Demande_Rapport_medical.pdf
08_Jui_2014_Entreprise_Note_entretien.pdf
09_Jui_2014_Assure_Note_Entretien.pdf
04_Aou_2014_Rapport_medical.pdf
07_Aou_2014_Assure_Note_entretien.pdf
19_Aou_2014_Partenaire_Note_Entretien.pdf
19_Aou_2014_Corresp._diverse.pdf

20_Aou_2014_Assure_Note_Entretien.pdf
02_Sep_2014_REA_Proposition_Bilan_de_mesure.pdf
19_Sep_2014_Communication_AI.pdf
03_Oct_2014_Assure_Note_Entretien.pdf
07_Oct_2014_Partenaire_Note_Entretien.pdf
27_Oct_2014_Partenaire_Note_Entretien.pdf
28_Oct_2014_Rapport_medical.pdf
28_Oct_2014_IP_Rapport_psy_Bilan_competances.pdf
30_Oct_2014_Partenaire_Note_Entretien.pdf
30_Oct_2014_REA_Proposition_Bilan_de_mesure.pdf
03_Nov_2014_Partenaire_Note_Entretien.pdf
06_Nov_2014_Partenaire_Note_Entretien.pdf
06_Nov_2014_Assure_Note_Entretien.pdf
06_Nov_2014_Attestation_IJ_AI_18_RAI.pdf
06_Nov_2014_Communication_AI.pdf
06_Nov_2014_Liste_des_donnees_IJ.pdf
19_Nov_2014_Assure_Note_Entretien.pdf
20_Nov_2014_Attestation_IJ_AI.pdf
20_Nov_2014_Decision_IJ.pdf
20_Nov_2014_Decision_IJ_(2).pdf
20_Nov_2014_Corresp._CC.pdf
20_Nov_2014_Decision_IJ_(3).pdf
20_Nov_2014_Decision_IJ_(4).pdf
28_Nov_2014_Corresp._diverse.pdf
01_Dec_2014_Assure_Note_Entretien.pdf
03_Dec_2014_Assure_Note_Entretien.pdf
04_Dec_2014_Assure_Note_Entretien.pdf
05_Dec_2014_Partenaire_Note_Entretien.pdf
08_Dec_2014_REA_Proposition_Bilan_de_mesure.pdf
18_Dec_2014_Corresp._diverse.pdf
06_Jan_2015_Corresp._diverse.pdf
06_Jan_2015_Attestation_IJ_AI_18_RAI.pdf
06_Jan_2015_Communication_AI.pdf
06_Jan_2015_Liste_des_donnees_IJ.pdf
07_Jan_2015_Decision_IJ.pdf
07_Jan_2015_Decision_IJ_(2).pdf
07_Jan_2015_Decision_IJ_(3).pdf
07_Jan_2015_Decision_IJ_(4).pdf
19_Jan_2015_Corresp._diverse.pdf
19_Jan_2015_Corresp._diverse_(2).pdf
21_Jan_2015_Attestation_IJ_AI.pdf
19_Fev_2015_Partenaire_Note_Entretien.pdf
19_Fev_2015_Corresp._diverse_REA.pdf
19_Fev_2015_Procuration.pdf
25_Fev_2015_Rapport_medical.pdf
10_Avr_2015_Assure_Note_Entretien.pdf
20_Avr_2015_Assure_Note_Entretien.pdf
28_Avr_2015_Corresp._diverse.pdf

07_Mai_2015_Assure_Note_Entretien.pdf
27_Mai_2015_Assure_Note_Entretien.pdf
04_Jun_2015_REA_Proposition_Bilan_de_mesure.pdf
04_Jun_2015_Communication_AI.pdf
04_Jun_2015_Liste_des_donnes_IJ.pdf
05_Jun_2015_Decision_IJ.pdf
05_Jun_2015_Decision_IJ_(2).pdf
17_Jun_2015_Assure_Note_Entretien.pdf
22_Jun_2015_Attestation_IJ_AI.pdf
25_Jun_2015_Attestation_IJ_AI_18_RAI.pdf
03_Jui_2015_Assure_Note_Entretien.pdf
22_Jui_2015_Attestation_IJ_AI_18_RAI.pdf
22_Jui_2015_Avis_de_retour_CDC.pdf
22_Jui_2015_Attestation_IJ_AI.pdf
11_Aou_2015_Assure_Note_Entretien.pdf
20_Aou_2015__Attestation_IJ_AI.pdf
24_Aou_2015_Assure_Note_Entretien.pdf
24_Aou_2015__Assure_Note_Entretien_(2).pdf
26_Aou_2015_Attestation_IJ_AI_18_RAI.pdf
28_Aou_2015_Assure_Note_Entretien.pdf
03_Sep_2015_Partenaire_Note_Entretien.pdf
03_Sep_2015_Entreprise_Note_Entretien.pdf
03_Sep_2015_Entreprise_Note_Entretien_(2).pdf
04_Sep_2015_Assure_Note_Entretien.pdf
08_Sep_2015_Entreprise_Note_Entretien.pdf
08_Sep_2015_Assure_Note_Entretien.pdf
08_Sep_2015_REA_Proposition_Bilan_de_mesure.pdf
09_Sep_2015_Communication_AI.pdf
09_Sep_2015_Liste_des_donnees_IJ.pdf
11_Sep_2015_Decision_IJ.pdf
11_Sep_2015_Decision_IJ_(2).pdf
21_Sep_2015_Decision_IJ.pdf
21_Sep_2015_Decision_IJ_(2).pdf
22_Sep_2015_Attestation_IJ_AI.pdf
25_Sep_2015_Attestation_IJ_AI_18_RAI.pdf
01_Oct_2015_Assure_Note_Entretien.pdf
12_Oct_2015_Assure_Note_Entretien.pdf
12_Oct_2015_Entreprise_Note_Entretien.pdf
21_Oct_2015_Attestation_IJ_AI.pdf
23_Oct_2015_Attestation_IJ_A_18_RAI.pdf
23_Oct_2015_Assure_Note_Entretien.pdf
23_Oct_2015_Assure_Note_Entretien_(2).pdf
23_Oct_2015_Entreprise_Note_Entretien.pdf
02_Nov_2015_Avis_d_entree_sortie_de_Centre.pdf
03_Nov_2015_Assure_Note_Entretien.pdf
04_Nov_2015_Assure_Note_Entretien.pdf
04_Nov_2015_Corresp-_diverse_REA.pdf
04_Nov_2015_REA_Proposition_Bilan_de_mesure.pdf

05_Nov_2015_Communication_AI.pdf
05_Nov_2015_Liste_des_donnees_IJ.pdf
13_Nov_2015_Partenaire_Note_Entretien.pdf
18_Nov_2015_Corresp._diverse.pdf
18_Nov_2015_Decision_IJ.pdf
18_Nov_2015_Decision_IJ_(2).pdf
19_Nov_2015_Partenaire_Note_Entretien.pdf
23_Nov_2015_Attestation_IJ_AI.pdf
24_Nov_2015_Assure_Note_Entretien.pdf
25_Nov_2015_Partenaire_Note_Entretien.pdf
25_Nov_2015_Attestation_IJ_AI_18_RAI.pdf
25_Nov_2015_REA_Proposition_Bilan_de_mesure.pdf
30_Nov_2015_Communication_AI.pdf
30_Nov_2015_Liste_des_donnees_IJ.pdf
30_Nov_2015_Assure_Note_Entretien.pdf
30_Nov_2015_Entreprise_Note_Entretien.pdf
02_Dec_2015_Decision_IJ.pdf
02_Dec_2015_Decision_IJ_(2).pdf
14_Dec_2015_Attestation_IJ_AI_18_RAI.pdf
21_Dec_2015_Entreprise_Note_Entretien.pdf
21_Dec_2015_Partenaire_Note_Entretien.pdf
14_Jan_2016_Partenaire_Note_Entretien.pdf
28_Jan_2016_Partenaire_Note_Entretien.pdf
01_Mar_2016_Partenaire_Note_Entretien.pdf
01_Avr_2016_Avis_retour_CDC.pdf
18_Avr_2016_Partenaire_Note_Entretien.pdf
20_Avr_2016_Entreprise_Note_Entretien.pdf
21_Avr_2016_Partenaire_Note_Entretien.pdf
21_Avr_2016_Avis_d_entree_sortie_de_Centre.pdf
21_Avr_2016_Entreprise_Note_Entretien.pdf
21_Avr_2016_Partenaire_Note_Entretien_(2).pdf
25_Avr_2016_Assure_Note_Entretien.pdf
25_Avr_2016_Assure_Note_Entretien_(2).pdf
26_Avr_2016_Avis_d_entree_sortie_de_Centre.pdf
28_Avr_2016_Partenaire_Note_Entretien.pdf
04_Mai_2016_Entreprise_Note_Entretien.pdf
04_Mai_2016_Assure_Note_Entretien.pdf
04_Mai_2016_Partenaire_Note_Entretien.pdf
09_Mai_2016_Rapport_Centres.pdf
10_Mai_2016_Entreprise_Note_Entretien.pdf
10_Mai_2016_Entreprise_Note_Entretien_(2).pdf
11_Mai_2016_Entreprise_Note_Entretien.pdf
11_Mai_2016_REA_Proposition_Bilan_de_mesure.pdf
13_Mai_2016_Communication_AI.pdf
13_Mai_2016_Liste_des_donnees_IJ.pdf
17_Mai_2016_REA_Rapport_final.pdf
19_Mai_2016_Decision_IJ.pdf
19_Mai_2016_Decision_IJ_(2).pdf

24_Mai_2016_Partenaire_Note_Entretien.pdf
15_Jun_2016_Attestation_medicale.pdf
20_Jun_2016_Partenaire_Note_Entretien.pdf
14_Jui_2016_Attestation_medicale.pdf
18_Aou_2016_Corresp._diverse.pdf
19_Aou_2016_Autorisation_medecin.pdf
02_Sep_2016_Partenaire_Note_Entretien.pdf
06_Sep_2016_REA_Proposition_Bilan_de_mesure.pdf
08_Sep_2016_Communication_AI.pdf
08_Sep_2016_Liste_des_donnees_IJ.pdf
09_Sep_2016_Decision_IJ.pdf
09_Sep_2016_Decision_IJ_(2).pdf
20_Sep_2016_Rapport_medical.pdf
28_Sep_2016_Attestation_medicale.pdf
03_Oct_2016_Assure_Note_Entretien.pdf
03_Oct_2016_Partenaire_Note_Entretien.pdf
17_Oct_2016_Partenaire_Note_Entretien.pdf
19_Oct_2016_Attestation_medicale.pdf
19_Oct_2016_Attestation_medicale_(2).pdf
31_Oct_2016_Partenaire_Note_Entretien.pdf
10_Nov_2016_Rapport_medical.pdf
14_Nov_2016_Avis_medical_SMR.pdf
17_Nov_2016_Attestation_medicale.pdf
23_Nov_2016_Partenaire_Note_Entretien.pdf
25_Nov_2016_Corresp._medecin.pdf
25_Nov_2016_Partenaire_Note_Entretien.pdf
01_Dec_2016_Partenaire_Note_Entretien.pdf
05_Dec_2016__Partenaire_Note_Entretien.pdf

Questions 4.1. to 4.3.2 similar to questions 3.1. to 3.3.2

5. Case C

We ask you to look into the case file of the following insured person: man born in 1980. Below you will find the documents included in this file.

11_Jun_2013_Formule_officielle.pdf
11_Jun_2013_Annexe_a_la_demande.pdf
11_Jun_2013_Rapports_divers_contrat_travail_certif.pdf
13_Jun_2013_Demande_Rapport_employeur.pdf
13_Jun_2013_Corresp._assurances_diverses.pdf
13_Jun_2013_Affiliation_AVS.pdf
13_Jun_2013_Rens._divers_assures_tiers.pdf
13_Jun_2013_Accusé_reception.pdf
18_Jun_2013_Dossier_perte_de_gain.pdf
18_Jun_2013_Procuration.pdf
18_Jun_2013_Coordination_paiements_retroactifs.pdf
18_Jun_2013_Procuration_(2).pdf

19_Jun_2013_CI.pdf 19_Jun_2013_Annexe_a_la_demande.pdf
 23_Jun_2013_Rapport_medical.pdf
 25_Jun_2013_Demande_rapport_medical.pdf
 25_Jun_2013_IP_Orientation.pdf
 25_Jun_2013_Accuse_de_reception.pdf
 26_Jun_2013_Rapport_employeur.pdf
 04_Jui_2013_Corresp_LPP.pdf 04_Jui_2013_Procuration.pdf
 10_Jui_2013_Accuse_de_reception.pdf
 18_Jui_2013_Corresp_medecin.pdf
 20_Aou_2013_Note_telephonique_interne.pdf
 03_Sep_2013_Communication_AI.pdf
 09_Sep_2013_IP_Rapport_initial.pdf 10_Sep_2013_PLA_CV.pdf 22_Oct_2013_IP_Note_de_suivi.pdf
 31_Oct_2013_Corresp_employeur.pdf
 01_Nov_2013_REA_Note_de_suivi.pdf
 01_Nov_2013_Corresp_diverse_REA.pdf
 01_Nov_2013_IP_Note_de_suivi.pdf
 06_Nov_2013_Rapport_medical.pdf
 08_Nov_2013_Procuration.pdf
 12_Nov_2013_Corresp_juridique.pdf
 12_Nov_2013_Demande_document_dossier_par_l_assure.pdf
 12_Nov_2013_Procuration.pdf
 13_Nov_2013_Attestation_medicale.pdf
 15_Nov_2013_Envoi_ou_retour_doc_dos_aux_assurs_tiers.pdf
 25_Nov_2013_REA_Note_de_suivi.pdf

Questions 5.1. to 5.3.2 similar to questions 3.1. to 3.3.2

6. Now, please indicate whether you agree or disagree with each of the following statements:

	<i>Strongly disagree</i>		<i>Neither agree nor disagree</i>		<i>Strongly agree</i>
Making a difference in society means more to me than personal achievements.	⊗	⊗	⊗	⊗	⊗
I am prepared to make enormous sacrifices for the good of society.	⊗	⊗	⊗	⊗	⊗
Meaningful public service is very important to me.	⊗	⊗	⊗	⊗	⊗
I consider public service my civic duty.	⊗	⊗	⊗	⊗	⊗

7. Finally, some personal information:

- **Your age**
- **Your gender**
 - Female
 - Male

- **Your level of education**
 - Vocational education and training
 - High school
 - Upper vocational training
 - Higher or tertiary education
 - Other

- **Your workplace**
 - Disability insurance office A
 - Disability insurance office B

- **Your position**
 - Administrative assistant
 - Jurist
 - Rehabilitation counsellor
 - Rehabilitation counsellor, psychologist
 - Vocational guidance psychologist
 - Vocational integration specialist
 - Other

- **Does your role imply supervising other employees? That is, you have the formal responsibility to supervise their work (trainees not included).**
 - Yes
 - No

- **How many years have you been working for the DI?**

8. Would you like to add a comment that would help us interpret your answers?

This survey is now complete. We thank you for your participation.

²Note that that the actual survey was in French. This is a translation of this survey.

Appendix 2: Short Presentation of the Three Real Cases

Case A: Swiss-Somali woman, born in 1991. She suffered from severe depression and anxiety, resulting in multiple school failures, unskilled jobs, and periods of inactivity. She has completed a tourist agent training, but her diploma was not officially recognised by employers, and she could not find a job. With the support of her therapist, she applied for DI benefits in 2012 in order to benefit from a vocational rehabilitation programme and complete a commercial apprenticeship. After 5 years she got a federal diploma and was hired with an open-ended contract.

Case B: Swiss man, born in 1960. He used to work as a heating system technician. In 2012, he was diagnosed with a degenerative disc disease, causing acute abdominal pain and forcing him to stop working for 6 months. When returning to work, he still suffered a lot because of abdominal pain and thus applied for DI. After five years of vocational rehabilitation attempts, which failed either because of his health condition or the absence of job opportunities, DI finally granted him a half disability pension.

Case C: Swiss man, born in 1980. Trained as a truck driver, he used to work as a machine operator. In 2013, he developed a herniated disc, affecting his working capacity and his sleep. After 4 months of sick leave, he applied for a DI rehabilitation measure but this was refused by DI by the end of 2013. He contested this decision and lost his job in January 2014. Finally, in March 2014, DI decided to provide him with a vocational rehabilitation programme. He completed a one-year training to be a transport manager and, in the end, he was hired with an open-ended contract.

Appendix 3: Socio-demographic characteristics of SLBs participating in the field experiment (Sample), in comparison with the whole population of SLBs working in the two disability insurance offices (Pop.).

Variables	Categories	Percentage		Frequency	
		Pop.	Sample	Pop.	Sample
Gender	Man	35%	35%	60	40
	Woman	65%	65%	110	75
Disability insurance office	A	40%	33%	68	38
	B	60%	67%	102	77
Profession / Position ³	Rehabilitation counsellor and vocational integration specialist	44%	42%	45	49
	Administrative assistant	29%	35%	30	40
	Vocational guidance psychologist	20%	15%	20	17
	Jurist	6%	5%	6	6
	Other	1%	3%	1	3
Education ⁴	Vocational education and training	21%	17%	21	20
	High school	4%	10%	4	11
	Upper vocational training/ Higher or tertiary education	75%	71%	77	82
	NN	-	1%	-	1

³ The distribution of professions/positions among the entire population is based on data provided by DIO B. Data were not available for DIO A.

⁴ The level of education among the entire population is based on data provided by DIO B. Data were not available for DIO A.

Appendix 4: Documents included in case files and consulted by SLBs

The following table groups the documents which respondents had access to into 5 categories and displays the proportion of each category of documents in the overall total of documents for each case.

Categories of documents	Case A n = (% =)	Case B n = (% =)	Case C n = (% =)
DIO official documents (reports, mailing, and follow-up notes)	16 (53%)	189 (88%)	29 (73%)
Medical reports and certificates	5 (17%)	18 (8%)	5 (13%)
Administrative documents (ID, civil status certificate, and so on)	4 (13%)	2 (1%)	2 (5%)
Documents related to work and education (CV, work certificate, training certificate, skills assessment, and so on)	4 (13%)	6 (3%)	3 (8%)
Personal income (certificate)	1 (3%)	1 (<1%)	1 (3%)
Total	30	216	40

Type and distribution of documents available for each case

⁵ Note that answering this question was not mandatory. This explains why each case resulted in a different number of respondents. Also note that the order of importance was not taken into account in the table.

The next table displays which type of documents respondents most often relied on to make their decision (activate versus not activate). It is based on a compilation of the answers to question 3.2 ‘To make this decision, which documents did you rely on? Please select up to 5 documents from the list and rank them in order of importance (1 being the most important, 2 the second most important, and so on)’.⁵

Case A (113 respondents)		Case B (106 respondents)		Case C (112 respondents)	
Type of document	Citation by SLBs n = (% =)	Type of document	Citation by SLBs n = (% =)	Type of document	Citation by SLBs n = (% =)
Medical report	101 (89%)	Medical report	57 (53%)	DIO official document (report)	72 (64%)
DIO official document (report)	58 (51%)	Medical report	53 (50%)	Medical report	55 (49%)
DIO official document (report)	52 (46%)	DIO official document (report)	30 (28%)	Medical report	41 (36%)
Medical report	42 (37%)	Personal income	24 (22%)	Medical certificate	36 (32%)
Medical report	37 (32%)	DIO official document (mailing)	23 (21%)	DIO official document (follow-up notes)	35 (31%)

Documents most frequently cited by SLBs as useful when making their decision

Comparison between the two tables indicates that medical reports are largely overrepresented among the documents considered as useful by SLBs. For each case, two or three of them are part of the five most cited documents, even though they represent only 17%, 8%, and 13% respectively of the documents made available to SLBs.

Appendix 5: PSM

The PSM construct encompasses four sub-dimensions (Perry, 1996):¹

- ‘Attraction to politics and policymaking’ characterises public employees who prefer to serve public interest by influencing political processes (that is, policymaking).

- ‘Commitment to the public interest’ describes civil servants’ aspirations for pursuing the common good and furthering public interest (that is, achieving policy goals).

- ‘Compassion’ is a unique feeling of sympathy for the suffering of others that involves emotions and empathy toward others (that is, target-groups of a given public policy), a sense of understanding and the will to protect.

- ‘Self-sacrifice’ is characterised by a devotional desire to help others and a sense of abnegation.

We introduced this control variable since we expected SLBs with higher PSM levels (for example, those who feel more compassion for DI beneficiaries) to make more effective policy decisions.

We used a proxy to measure the level of PSM with four items (see questionnaire, Appendix 1). Answers on a 5-point scale were averaged to create a composite score with higher scores representing higher public service motivation ($M = 3.12$, $SD = 0.92$). The PSM measure was reliable, Cronbach’s alpha = 0.79 (see Appendix 7).

We acknowledge the limitation resulting from the fact that we used very few items (in comparison to the construct developed by Perry 1996) and measured PSM after the experimental manipulations, at the end of the experiment. It was done so in order to avoid priming ideologies related to the importance of public service, and to isolate the effects of the life-course and vulnerability mindset. While the experimental manipulation could have affected PSM, this was not the case as shown by the non-significant difference in PSM levels of participants in the two conditions. However, future field experiments would do well in assessing dispositional control variables before the experimental manipulations. They should also use all items encompassed in the original measurement tool (as developed by Perry 1996) to accurately assess the various sub-dimensions of the PSM concept (and particularly its compassion sub-dimension).

¹ Perry, J. L. (1996) Measuring public service motivation: an assessment of construct reliability and validity, *Journal of Public Administration Research and Theory*, 6: 5–22.

Appendix 6: Socio-demographic characteristics by experimental condition

Variable	Test of difference between conditions
Gender	$\chi^2(1) = 0.05, p = .82$
Age	$t(113) = 0.85, p = .40$
Education	$\chi^2(3) = 2.08, p = .56$
DIO location	$\chi^2(1) = 0.35, p = .55$
Role in the office	$\chi^2(5) = 1.97, p = .85$
Seniority in the DIO	$t(113) = 0.06, p = .95$
Position in the hierarchy	$\chi^2(1) = 0.04, p = .84$
PSM	$t(111) = 0.46, p = .65$

Note. Tests of difference between experimental and control condition on respondents’ socio-demographic characteristics and PSM. We used chi-squared tests for categorical variables and t tests for continuous variables.

Appendix 7: Reliabilities of multiple-item measures

Variable	Case	Reliability
PSM	-	Cronbach's alpha = .79
Empathy	A	Cronbach's alpha = .82
Positive primary emotions	A	Pearson's $r = .15, p = .125$
Negative primary emotions	A	Pearson's $r = .25, p = .012$
Positive secondary emotions	A	Pearson's $r = .36, p < .001$
Negative secondary emotions	A	Pearson's $r = .43, p < .001$
Empathy	B	Cronbach's alpha = .83
Positive primary emotions	B	Pearson's $r = .10, p = .321$
Negative primary emotions	B	Pearson's $r = .49, p < .001$
Positive secondary emotions	B	Pearson's $r = .32, p = .001$
Negative secondary emotions	B	Pearson's $r = .58, p < .001$
Empathy	C	Cronbach's alpha = .84
Positive primary emotions	C	Pearson's $r = .12, p = .207$
Negative primary emotions	C	Pearson's $r = .35, p < .001$
Positive secondary emotions	C	Pearson's $r = .18, p = .070$
Negative secondary emotions	C	Pearson's $r = .56, p < .001$

Note. For variables assessed by two items we calculated Pearson's r , while for variables assessed by more items we calculated Cronbach's alpha.

Appendix 8: Effectiveness in the choice of the vocational rehabilitation measure

The article reports the analysis on the main dependent variable of our field experiment, that is, the policy effectiveness of the decision proposing an activation measure versus not proposing it. The field experiment also included a second dependent variable, that is, the choice of the vocational rehabilitation measure which leads the beneficiary to successfully find a job (see question 3.1.1 in questionnaire, Appendix 1). This appendix describes in detail the second dependent variable and the results related to this variable. As you will read, the results pattern is identical to the results pattern for the main dependent variable, which is reported in the main text of the article.

Description of the measure

Respondents who answered that they would have proposed activation were subsequently asked which specific vocational rehabilitation measure they would propose. Response items were formulated according to the DI official catalogue of vocational rehabilitation measures, distinguishing five categories of measures: socio-professional rehabilitation programmes (the so-called Integration measures), Vocational guidance, Initial vocational training, Professional conversion, and Job placement. Some of these measures (that is, Initial vocational training and Professional conversion) are long-term training programmes, providing recipients with a qualifying degree; others (that is, Integration measures, Vocational guidance, and Job placement) consist in short-term support.

As for the dependent variable 'activation versus no activation', based on the judgement of DI experts, on information contained in the three case files (that is,

recipients' eligibility to DI benefits, medical condition and professional trajectory), and on the actual outcome, we could determine which was the effective choice (that is, 'granting an Initial vocational training' for case A and 'granting a Professional conversion measure' for case C). Thus, the **second** dependent variable of our field experiment captures whether the SLBs choose the **effective versus ineffective vocational rehabilitation measure**.

Results

Effects of the life-course and vulnerability mindset on SLBs' effectiveness of choices regarding the specific vocational rehabilitation measure

Among those respondents who chose an activation measure, 77% (87 out of 113) for case A and 41% (36 out of 88; one participant made the effective decision of proposing an activation measure but did not indicate which one) for case C selected the effective measure.

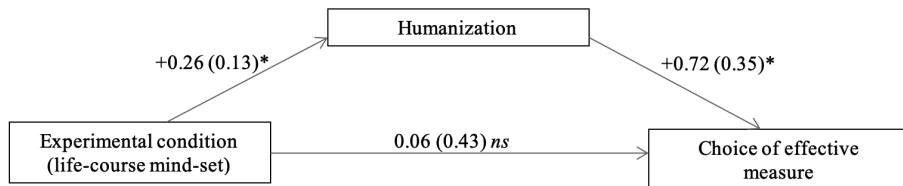
Disconfirming H1, chi-squared tests revealed that *effective outplacement measure choices* ($\chi^2(1)_{\text{caseA}} = 0.65, p = 0.42, \chi^2(1)_{\text{caseC}} = 0.28, p = 0.59$) did not differ between the experimental and control conditions.

Effects of the life course and vulnerability mindset on the effectiveness of SLBs' choices via humanisation

As for the main dependent variable in our field experiment, we could only test for indirect effects and not for mediation effects, because the experimental manipulation did not impact effectiveness. Also, we did not run indirect effects analysis for empathy because we found no effects of the experimental manipulation on empathy, and we focused only on case C because the experimental manipulation did not increase humanisation of recipient A.

The choice of the effective vocational rehabilitation measure was coded +1, while all the other responses (that is, granting all other types of activation measures, not granting any activation measure and not selecting a specific measure) were coded 0.

Logistic regression analyses revealed that the life-course–vulnerability experimental condition did exert indirect effects on the choice of the effective measure via secondary emotions, IE = 0.19, 95% bootstrapped CI = [0.02, 0.53]. This effect holds when controlling – one at a time – for primary emotions, gender, age, education, seniority of the respondents in the DIO, location of the DIO, position in the hierarchy, and public service motivation.



Indirect effects on choice of the effective vocational rehabilitation measure via humanisation for case C.

*Notes. Unstandardised regression coefficients (and standard errors) are reported. * $p < 0.05$.*

Appendix 9: Ethics Board Approval



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Geneva, December 12th 2019

**Notification of the ethics commission (CER-SDS-20-2019)
Geneva School of Social Sciences – University of Geneva**

The ethics commission assessed the project "**Nudging Street-Level Bureaucrats into Accurate Decisions on Requests for Welfare Benefits: A Field Experiment to Promote a Life-Course Mindset**", upon the request of Jean-Michel Bonvin in the context of the publication process of some results of this study and in response to a reviewer's comment.

In this field experiment with street-level bureaucrats, potential participants were invited to respond to an online survey, some with a life course-vulnerability mindset, and others with a 'business as usual' mindset. Based on the information provided on participant recruitment, data collection and management, the commission considers that the study conforms to established ethics standards.

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