Financial stress by design: examining barriers to social welfare take-up

Simonse, O.

Part II

Non-take-up of social welfare

Chapter 4

Determinants of welfare non-take-up: a scoping review and new theoretical framework

Based on:
Simonse, O., Jensen, N., Bomm, L., Van Dijk, W. W., Van Dillen, L. F. & Van Dijk, E. Determinants of welfare participation: a scoping review and new theoretical framework (Submitted for publication). Preprint available on *https://osf.io/h2983/*

ABSTRACT

The current study aimed to identify the determinants of welfare non-take-up from the literature and provide a theoretical framework for policy and future research. We conducted a scoping review according to PRISMA-ScR and critically assessed the evidence. We included studies published in the last ten years from developed countries if their primary goal was to examine the non-take-up of government welfare programs. After screening, 80 studies remained for analysis. We categorized determinants of non-take-up into four levels: societal, administration, social, and individual. Evidence on the societal level is scarce. At the administration level, the results show strong evidence for the complexity of procedures, informing households about their eligibility, and assistance as determinants of non-take-up. Nudges have thus far had limited effects. At the individual level, administrative burden strongly predicts non-take-up, whereas the evidence for stigma is mixed. Social networks decrease non-take-up, but underlying mechanisms remain unclear.

INTRODUCTION

Even in wealthy countries, many households struggle to obtain socioeconomic security and, as a result, experience financial stress. A growing body of literature links deprivation and financial stress to mental and physical health issue[1–3]. Social welfare systems redistribute income to alleviate and prevent poverty, reduce income shocks, guarantee a basic standard of living, and facilitate access to housing, healthcare, and education[4]. Conversely, welfare programs can help break poverty traps and improve mental and physical health[5]. Also, welfare programs can reduce inequality, increasing happiness and mental health[6,7].

Despite differences in program generosity, eligibility criteria, and governance, social welfare systems globally share the challenges of supporting those who need it most, activating participants to become independent of welfare, and ensuring program integrity. Common policy responses to these challenges are means-testing, welfare conditionality, sanctioning, and anti-fraud measures. Means-testing ensures that only households below certain income and wealth thresholds receive welfare. Welfare conditionality implies that social welfare is seen as a way to alter behavior rather than secure income. Conditions often include work requirements: individuals must actively seek work or participate in education to be eligible. Sanctioning and anti-fraud measures, finally, aim to prevent misuse of the welfare system.

Another challenge of social welfare systems is non-take-up. Welfare participation varies between countries and programs, but non-take-up rates of 30 to 40% for social assistance, housing, and unemployment benefits are not exceptional[4,8,9]. From a policy perspective, these numbers imply that welfare systems are not achieving their goals, undermining their legitimacy[10], and increasing inequality[8]. Not participating in welfare may decrease individual households' well-being and exacerbate poverty[11]. Since many eligible households have children, non-take-up of social welfare may also contribute to intergenerational poverty[12].

The literature on non-take-up has a long history. The body of knowledge on welfare participation is heterogeneous in methods and disciplines. It consists of reviews and theoretical and empirical contributions from economics, sociology, and public administration. Behavioral insights have contributed significantly to the welfare participation literature in the last decade. The first studies of welfare participation focused on welfare stigma, which has maintained a prominent role in the literature[13–15]. Scholars started to systematically include other causes of

non-take-up of welfare from the 1980s onwards. For example, Craig[16] concluded that some groups do not claim due to "some mixture of pride, ignorance, a sense of stigma, reluctance to make the efforts a claim calls for, a desire for self-sufficiency on the part of an individual or family, an unwillingness to become involved with a government agency and a feeling that the whole business is not worthwhile" (p. 543). Around the same time, Van Oorschot[17] presented a framework that integrated a range of promoters and inhibitors of welfare take-up. In his "trigger-threshold-trade-off" model, triggers are events leading to potential take-up. According to this framework, potential claimants must pass certain knowledge and perceived eligibility thresholds before making a trade-off between promoting and inhibiting factors. These factors include, among others, perceived need, perceived utility, and time and effort costs. Economic studies of non-take-up have argued that information, transaction, and learning costs may decrease take-up[8,18]. Behavioral insights have revealed new inhibiting factors affecting non-take-up in the last ten years, such as administrative burden, mistrust, and fear[19,20].

The current study aims to systematically review the literature of the last ten years on determinants of welfare non-take-up by eligible households and propose a new model of welfare participation.

METHODS

The current study was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews (PRISMA-ScR)[21,22]. We used EPPI Reviewer Web Version 4 to manage the review process. We followed an iterative approach, allowing concepts to emerge and new studies added during the review.

Eligibility criteria (PRISMA-ScR Item 6)

We included peer-reviewed journal articles written in English, Dutch, or German. This comprised review, theoretical, and (quantitative and qualitative) empirical articles published after 2012, when psychology was first applied to the study of welfare participation[20]. However, we did not limit our search to psychological studies. We focused on welfare programs in developed economies, as these are systematically distinct from welfare programs in developing economies due to differences in societal and policy-related levels, the financial systems in place, and general societal wealth[23]. Therefore, we excluded studies conducted in developing countries with different political, cultural, economic, and administrative contexts that could affect the generalizability of findings to developed countries[24]. To be eligible for inclusion, studies had to have welfare non-take-up as one of their primary outcome variables. We excluded studies whose main topics were welfare dependency, welfare deservingness, welfare conditionality, and the consequences of welfare non-take-up, as these topics were beyond this review's aim of identifying determinants of non-take-up. We focused on welfare programs in which the government financially supported adults. We also included programs aimed at (families with) children if their deliverables included financial aid or benefits granted to adults. We excluded programs provided by charities and other organizations, such as food banks and (private) health insurance, as these are not always part of the same public welfare systems and may thus be affected by different promoting and inhibiting factors. We also excluded non-monetary programs, such as the provision of health care and access to education, since financial benefits are likely influenced by a set of take-up promotors and inhibitors distinct from other benefit types.

Information sources and search strategies (PRISMA-ScR Items 7 and 8)

We searched four online databases: Clarivate (Web of Science), EBSCOHost (PsycInfo, PsycArticles, MEDLINE, Psychology and Behavioral Sciences Collection), PubMed, and ProQuest. The search syntaxes were formatted separately for each database.

We iteratively developed the search terms in Table 1, verifying them with four articles[25–28]. One author (OS) created the search syntaxes, and two other authors (LB and JN) peer-reviewed it based on the Peer Review of Electronic Search Strategies (PRESS) guidelines[29]. The Appendix provides the search syntaxes. Not all the terms were included in every search syntax as we tailored the search syntax to the four databases. In addition to performing a database search, we asked three experts on non-take-up of welfare to provide us with relevant articles.

Table 1. Generic search terms. Between search terms in the columns, we used "OR"; between the rows, we used "AND" in the search syntaxes. We tailored the specific search syntaxes to the four included databases.

welfare	receipt	psycholog*	determin*
assistance	recipient	behavio*	caus*
benefi*	enroll*	cognitive	explain
"cash transfer"	underuse	rational	explanation
"social security"	non-take-up	experiment	contribut*
SNAP	NTU		drive*
Medicaid	participat*		
TANF	take-up		
NOT illness	underclaim		
NOT disorder	claim		
	uptake		

Selection process and critical appraisal (PRISMA-ScR Item 9 and 12)

We imported the output from the search strategy into EPPI Reviewer Web Version 4. After removing duplicate items, three authors (OS, LB, and JN) screened all included studies on title and abstract in two steps. First, the three screeners individually screened 1% randomly selected studies individually. Differences were discussed to calibrate the screening process. Second, the remaining 99% were divided among the three screeners. Items marked "include for a second opinion" were discussed with the team before a final decision was taken. Studies included based on title and abstract were then screened on full text. Then, the 80 included studies were critically appraised to assess the relevance and appropriateness of methods.

Critical appraisal and synthesis (PRISMA-ScR Items 19 thru 21)

We coded all included studies using a coding guide. An initial coding guide was developed based on Van Oorschot's[17] comprehensive framework (see Appendix). We followed an iterative process of reading and coding. We used deductive

and inductive analysis: the predefined codes were expanded as new themes emerged[30]. We critically appraised each article, focusing on the operationalization of the independent variables, the appropriateness of the selected method, and the conclusions' justification. We thus performed a framework synthesis[31]: based on Van Oorschot's[17] existing framework, our framework evolved with understandings gained from the included literature.

RESULTS

The identification and screening process

The database search yielded 8,216 records, of which 841 were duplicates. Another 30 records were added during the review process. Of the 7,376 unique records, 7,140 were removed based on title and abstract. Six of the remaining 236 records were excluded because we could not obtain the full texts from the authors. The remaining 230 records were screened based on full-text screening; 150 were excluded at this stage, and 80 were included for analysis (see Figure 1). Table 2 summarizes the characteristics of the included studies.

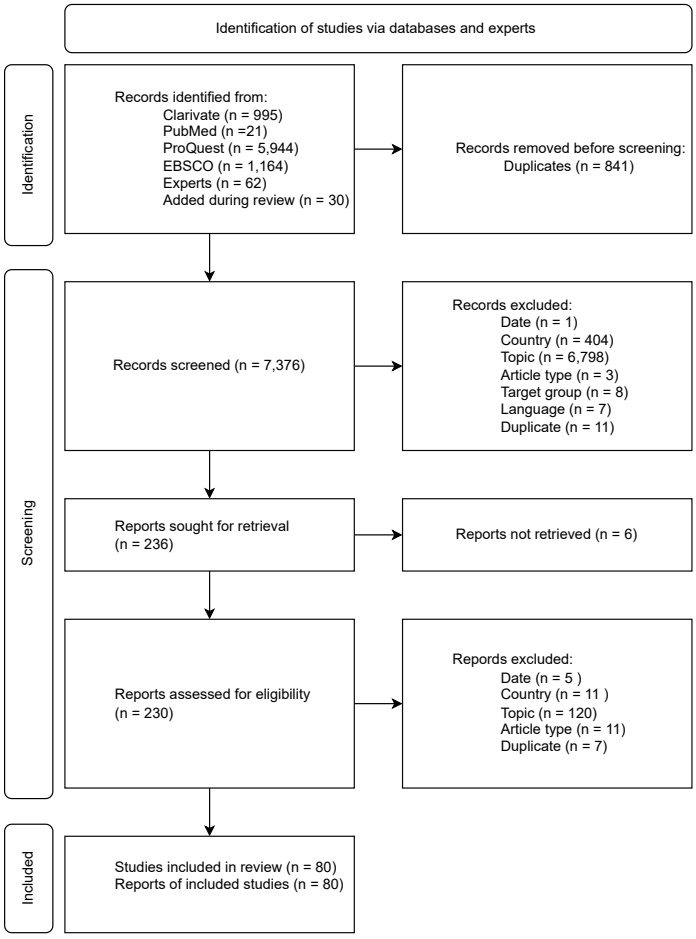

Figure 1. Results of the identification and screening processes. Note. Some articles were excluded based on more than one criterion; therefore, adding the number of included items to the number of exclusions does not add up to the total number of items.

Country and region. The reported studies were conducted in North America (48) or Europe (33). The North American studies were conducted in the US (47) or Canada (1). Of the European studies, 7 took place in the UK, 5 in France, 4 in Belgium, 4 in the Netherlands, 4 in Germany, 2 in Austria, 2 in Norway, and 2 in Finland, Luxembourg, and Switzerland. In addition, two studies examined several countries in Europe.

Study design. Of the 56 quantitative studies, 23 were cross-sectional, and 13 were longitudinal. There were 20 studies with an experimental design (14 randomized controlled trials, four quasi-experiments, and two natural experiments). There were 12 qualitative, 8 theoretical, 4 mixed-methods studies, and 3 non-systematic literature reviews. Notably, 38 out of 56 quantitative studies occurred in North America, whereas 9 out of 12 qualitative studies occurred in Europe.

Benefit types. The included studies examined the non-take-up of benefits aimed at covering a range of costs: health care (17), general expenses for low-income households (14), nutrition (10), disability (9), unemployment (6), children's health care (4), housing (4), pensions (3), parental leave (2), education (2), child care (1), and citizen application (1).

Target groups. Most studies examined low-income households, although this was not always explicitly mentioned. Other target groups included migrants (12), disabled (7), families with children (6), ethnic minorities (5), retired (3), students (2), unemployed (2), elderly (2), single parents (1), pregnant women (1), low-income residents (1), homeless (1), and fathers (1). Some studies included multiple or overlapping target groups (e.g., migrant families with children).

Determinants of non-take-up

This section discusses the factors examined by the studies included in our review. We organized these factors into four levels (see Figure 2). Based on Van Oorschot[17], our initial framework consisted of three levels: scheme, administration, and client. We merged administration and scheme into one level based on the literature reviewed. During the review, two new levels emerged: society and social networks.

Our final framework thus consists of four levels: society, administration, social networks, and individual.

Table 2. Overview of included articles. Note: cells are empty when the study did not examine a specific country/region, benefit type, or target group.

Article	Country/Region
Amétépé (2012)	Luxembourg
Arbogast, Chorniy, and Currie (2022)	US
Arrighi et al. (2015)	France
Auray and Fuller (2020)	US
Baicker, Congdon, and Mullainathan (2012)	NA
Baumberg (2016)	UK
Bettinger et al. (2012)	US
Bhargava and Manoli (2015)	US
Bird et al. (2021)	US
Blavin, Kenney, and Huntress (2014)	US
Boost et al. (2021)	Belgium
Börsch-Supan, Bucher-Koenen, and Hanemann (2020)	US, EU
Brantley, Pillai, and Ku (2020)	US
Bruckmeier and Wiemers (2012)	Germany
Bruckmeier and Wiemers (2017)	Germany
Buysse et al. (2017)	Belgium
Callaghan and Jacobs (2017)	US
Cha and Escarce (2022)	US
Chareyron and Domingues (2018)	France
Chareyron and Domingues (2018)	France
Christensen et al. (2020)	NA
Chyn, Hyman, and Kapustin (2019)	US
Cook et al. (2017)	US
Cordeiro, Sibeko, and Nelson-Peterman (2018)	US
Cranor, Goldin, and Kotb (2019)	US
Dagilyte and Greenfields (2015)	UK
Dahl, Løken, and Mogstad (2014)	Norway
Daigneault and Mace (2020)	Canada
Deshpande and Li (2019)	US
Domurat, Menashe, and Yin (2021)	US
Drange and Jakobsson (2019)	Norway
Engstrom et al. (2019)	Sweden
Figlio, Hamersma, and Roth (2015)	US
Finkelstein and Notowidigdo (2019)	US

Study types	Benefit types	Target groups
Cross-sectional	Low income	
Longitudinal	Children's) health care	Families with children
Cross-sectional	Disability	Disabled
Longitudinal	Unemployment, Nutrition	Unemployed, Families with children
Theoretical	Health care	
Cross-sectional		
Randomized controlled trial	Education	Students
Randomized controlled trial	Low income	
Randomized controlled trial	Education	Students
Natural experiment	(Children's) healthcare	
Qualitative		
Cross-sectional	Disability	Disabled
Longitudinal	Nutrition	Disabled, Ethnic minorities
Longitudinal		
Longitudinal	Unemployment	Migrants
Theoretical		
Cross-sectional	Health care	
Natural experiment	Nutrition	
Randomized controlled trial	Low income	
Cross-sectional	Low income	Homeless
Theoretical		
Cross-sectional	Housing	
Qualitative	Health care	Ethnic minorities
Qualitative	Nutrition	Ethnic minorities
Longitudinal	Low income	
Mixed-Methods	Unemployment, Housing	Migrants
Longitudinal	Parental leave	Fathers
Qualitative		Long-term welfare recipients
Longitudinal	Disability	Disabled
Cross-sectional	Health care	
Randomized controlled trial		Young people
Randomized controlled trial	Pension	Retired
Longitudinal	Nutrition	Families with children, Ethnic minorities
Randomized controlled trial	Nutrition	

Table 2. Continued

Article	Country/Region
Finn and Goodship (2014)	UK
Flores et al. (2016)	US
Fox, Stazyk, and Feng (2020)	US
Friedrichsen, König, and Schmacker (2018)	NA
Fuchs et al. (2020)	Austria
Furtado and Theodoropoulos (2013)	US
Furtado and Theodoropoulos (2016)	US
Galiani, Murphy, and Pantano (2015)	US
Gibb (2016)	UK
Goldin et al. (2021)	US
Goodman, Elser, and Dow (2020)	US
Greenfields and Dagilyte (2018)	UK
Grossman and Khalil (2020)	US
Guthmuller, Jusot, and Wittwer (2014)	France
Heflin, Li, and Zuo (2022)	US
Heinrich et al. (2021)	US
Herd et al. (2013)	US
Hetling, Kwon, and Saunders (2015)	US
Hotard et al. (2019)	US
Hümbelin (2019)	Switzerland
Hupkau and Maniquet (2018)	NA
Janssens and Van Mechelen (2022)	EU, US
Kim (2013)	US
Ko and Moffitt (2022)	
Linos, Quan, and Kirkman (2020)	US
Manoli and Turner (2016)	US
Matikka and Paukkeri (2022)	Finland
Moynihan, Herd, and Harvey (2015)	NA
Padilla, Scott, and Lopez (2014)	US
Ratzmann and Heindlmaier (2022)	Germany, Austria
Nora Ratzmann (2022)	Germany
Reijnders (2020)	Netherlands
Saavedra (2017)	US
Schmidt, Shore-Sheppard, and Watson (2019)	US
Schweyher, Odden, and Burrell (2019)	UK

Study types	Benefit types	Target groups
Semi-systematic review		
Cross-sectional	Children's) healthcare	Families with children, Ethnic minorities
Longitudinal	Children's healthcare	
Randomized controlled trial		
Mixed-Methods	Low income	
Cross-sectional	Disability	Disabled, Migrants
Cross-sectional	Disability	Disabled, Migrants
Randomized controlled trial	Housing	
Theoretical	Housing	
Randomized controlled trial	Low income	
Cross-sectional	Parental leave	Families with children
Qualitative	Unemployment	Migrants
Cross-sectional	Health care	Pregnant women
Randomized controlled trial	Health care	
Longitudinal	Nutrition	Older adults
Mixed-Methods		
Mixed-Methods	Health care	
Cross-sectional	Low income	Women
Randomized controlled trial	Citizen application fee	Migrants
Cross-sectional	Unemployment	Unemployed
Theoretical		
Non-systematic review		
Longitudinal	Disability	Older adults
Non-systematic review		
Randomized controlled trial	Low income	
Quasi-experiment	Low income	
Quasi-experiment	Pension	Retired
Theoretical		
Cross-sectional	Low income, Health care, Unemployment, Nutrition	Migrants
Qualitative		Migrants
Qualitative		Migrants
Qualitative		
Cross-sectional	Health care	
Cross-sectional	Low income, nutrition	
Qualitative		Migrants

Table 2. Continued

Article	Country/Region
Sheely (2013)	US
Simonse et al. (2022)	Netherlands
Simonse et al. (2023)	Netherlands
Skinner (2012)	US
Sunstein (2019)	
Tempelman and Houkes-Hommes (2016)	Netherlands
Van Gestel et al. (2023)	Belgium
Vinck, Lebeer, and Lancker (2019)	Belgium
Warin (2012)	France
Wright et al. (2017)	US
Zantomio (2015)	UK

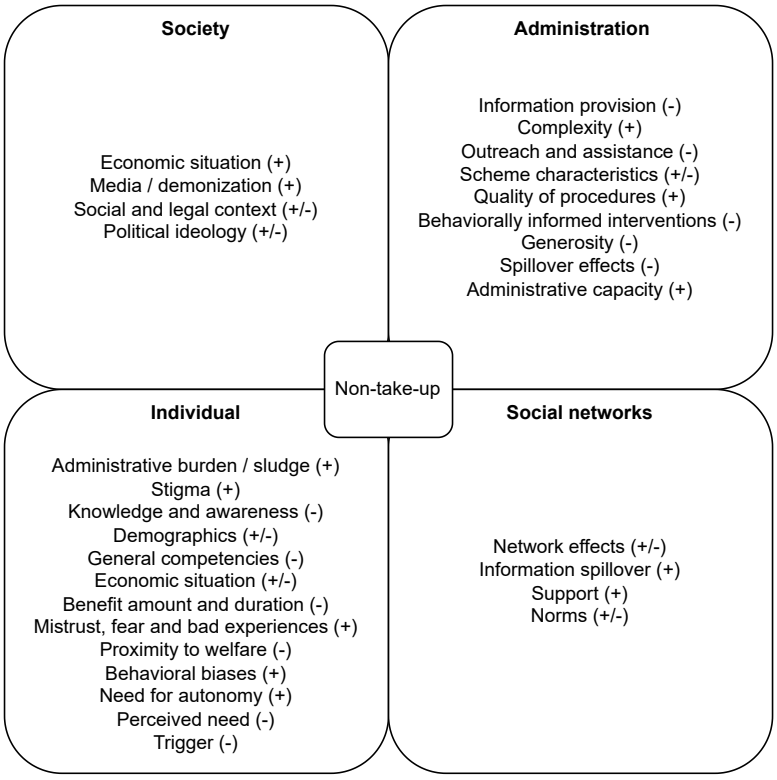

Figure 2. A framework of factors associated with non-take-up; (+) indicates a positive association, (-) a negative association. Within each block, the factors are sorted in decreasing order of the number of times that they were examined.

Study types	Benefit types	Target groups
Longitudinal	Low income	Single parents
Qualitative		
Quantitative	Health care, Childcare	
Cross-sectional	Nutrition	Migrants
Theoretical		
Cross-sectional	Health care	
Natural experiment	Health care	
Qualitative	Disability	Disabled, Families with children
Theoretical		Young people
Randomized controlled trial	Health care	Low-income residents
Natural experiment	Pension	Retired

The societal level

During the review, we found six studies examining the societal factors of the country in which they were conducted. These factors included the economic conditions, the legal context, the dominant political ideology, and negative media attention.

Economic conditions. Two studies examined the relationship between different aspects of the macroeconomic situation and non-take-up. Findings were mixed. Callaghan and Jacobs [32] reported a negative association between unemployment and non-take-up but found no association between a state's economic affluence and non-take-up. Sheely [33] did not find an association between macroeconomic indicators (unemployment rate, average new hire earnings, child poverty rate, and state fiscal position) and non-take-up.

Legal context. There is some evidence that restrictive immigration policies positively relate to the non-take-up of welfare by mixed-immigrant families [34]. In their review, Janssens and Van Mechelen [35] referred to the relevance of the legal context: "For example, the availability of administrative records, the permission of privacy laws to link databases, and the degree to which safe platforms are set up for data sharing between administrations all play an important role" (p. 110).

Dominant political ideology. Two studies examined the association between the dominant political ideology and non-take-up. Callaghan and Jacobs [32] found that "partisanship [of US citizens] is less influential in capturing the

unique variations in state enrolment in each program" (p. 217). Hümbelin[36] used political ideology as a proxy for social norms. He concluded that regions in Switzerland with more left-wing voters had lower non-take-up rates than regions with more right-wing voters. As we will discuss later, this study had some methodological flaws.

Negative media attention. Finn and Goodship[37] stated that "[a] key factor contributing to the stigma attached to claiming or receiving benefits concerns media coverage and the association of many benefits with the 'undeserving poor' and fraudulent claiming" (p. 35) but provided no theoretical arguments or empirical evidence.

In sum, research on societal factors that may affect non-take-up is scarce. There is some evidence that macroeconomic circumstances, the legal context, and political ideology may affect non-take-up. The signs of the association are sometimes positive, sometimes negative. There is currently no empirical evidence that negative media attention increases non-take-up.

The administration level

Forty-eight studies examined the role of administrations in non-take-up. This role includes (changes in) information provision and policy implementation.

Information provision. Providing information to households about their eligibility is often applied to decrease non-take-up[35]. Information provision may include sending letters, emails, or text messages to (a subset of) the eligible population. Eighteen field experiments provided evidence that information provision can decrease non-take-up[38–48], although there were also null findings[49–52]. Cranor, Goldin, and Kotb[53] assessed states that did and did not require employers to notify their employees of Earned Income Tax Credit (EITC) eligibility by law and found no difference in non-take-up. Chareyron and Domingues [54] observed positive results from their intervention, which consisted of sending letters with (simplified) written information. However, this result was only present in particular subgroups (young men and individuals living in rural areas). Herd et al. [20] found that "the host of administrative changes and reforms [..] resulted in a significant enrollment increase in Medicaid" (572). However, since the reforms involved a mixture of interventions, including autoenrollment, simplified procedures, and a communication campaign, it was impossible to establish which interventions were responsible for the positive effects.

Studies typically did not establish the underlying mechanisms that made information provision effective. There may have been different mechanisms at work. For example, study participants may not have known of the existence of a program, may not have been aware of their eligibility, or may have procrastinated on their application. An onle-line survey study that did establish the underlying mechanism was conducted by Bhargava and Manoli [38]. Their results suggested that "interventions shaped behavior by influencing beliefs about eligibility and benefit size, and increasing attention paid to forms [...]" (p. 3492). Another example was Domurat, Menashe, and Yin[39], who sent a reminder of the enrolment deadline to households who had already received information on their eligibility. They found that the reminder decreased non-take-up, suggesting that procrastination caused non-take-up.

Complexity. Several studies provided theoretical arguments for the complexity of rules, eligibility criteria, and application procedures affecting non-take-up[35,37,55,56]. Authors often used administrative burden as a synonym for complexity. Following Moynihan, Herd, and Harvey[57], we argue that "burdens are distinct from rules, pointing instead to the costs that individuals experience in their interactions with the state" (p. 45). Complex rules can affect non-take-up by increasing the administrative burden experienced by (potential) applicants, but also through other routes. Examples of alternative routes are increasing the probability of mistakes by administrators, increasing stigma, increasing confusion, or decreasing understanding[17,35,47].

Studies often used changes in complexity or differences between jurisdictions to assess how complexity affected non-take-up. Decreasing the complexity of information letters, streamlining the application process, and combining the application procedures for different programs were positively associated with lower non-take-up[38,45,58–63]. Increasing reporting requirements and paperwork were positively associated with non-take-up[19,64]. Some studies found that complexity did not affect non-take-up[65,66]. Vinck, Lebeer, and Lancker[47] mentioned that the complexity of the application process could be experienced as burdensome to applicants but did not provide evidence that this affected non-take-up. As indicated above, Herd et al.[20] found that combining reforms to decrease administrative burden decreased non-take-up. Still, they could not isolate the effects of reducing complexity from the effects of administrative burden experienced by households.

Outreach and assistance. Institutions may assist or reach out to citizens to support them in applying for or sustaining their social benefits[37,56,67]. Boost et al.[68] found that a comprehensive, personalized approach, including "seeking contact

with hard-to-reach individuals, identifying their needs, building trust and (re) connecting them to helpful resources" (838), was associated with decreased non-take-up. Several studies found similar results[66,69,70]. Heinrich et al.[19] found that suspending enrollment assistance for Medicaid increased non-take-up.

Moreover, the evidence suggested that the effects of information provision were amplified when combined with assistance[41,49]. Cook et al.[63] found that immigrants required personal assistance to overcome language barriers in the application process. Bird et al.[50] found no effect of providing students with one-on-one college or financial advising. Similarly, Linos, Quan, and Kirkman[52] found no effect of offering phone-based advice to people eligible for EITC.

Scheme characteristics. Several authors have argued that the characteristics of welfare programs may affect non-take-up. Janssens and Van Mechelen[35] indicated that more selective programs had higher non-take-up rates. Buysse et al.[55] theorized that automatic enrolment could decrease non-take-up. Also, non-take-up may be positively associated with sanctions and fraud regulations and negatively with rule flexibility[35,37,56,67]. Empirical evidence supported a positive association between scheme characteristics and non-take-up. Several studies found that more lenient eligibility criteria negatively related to non-take-up[71–74]. Hetling, Kwon, and Saunders [65] examined how differences in Temporary Assistance for Needy Families (TANF) implementation affected non-take-up rates. They found that providing a lump sum to cover emergency expenses and decreasing the lifetime limit positively affected non-take-up. Fuchs et al.[62] found that an extensive reform decreased non-take-up. Because the reform included many changes, the effect of individual changes on the scheme characteristics could not be isolated.

Quality of procedures. The quality of administrative procedures can contribute to non-take-up in various ways. Dagilyte and Greenfield[75] found that unclarity in documentation requirements may have contributed to the non-take-up of welfare by Roma migrants. Unclear procedures and vague eligibility criteria prone to subjectivity could also lead to administrative mistakes and improper denials, contributing to non-take-up[47,58]. Non-native speakers may be extra vulnerable to these practices[69,75,76]. Ko and Moffitt[27] reported that the social benefits programs with the highest non-take-up had non-standardized application and recertification procedures. However, they did not provide empirical evidence to support this claim. Greenfields and Dagilyte[76] mentioned, "[a] confused and inadequately administered welfare benefits system in which administrative staff

[..] appeared to lack knowledge over the precise legal status enjoyed by migrant claimants" (p. 91). They did not provide empirical evidence that this increased non-take-up. In their review, Finn and Goodship[37] concluded that "the behavior of welfare officials towards claimants may also be perceived as humiliating or stigmatizing. This seems particularly likely when an administration acts as a welfare provider and fraud controller" (p. 35). Tempelman and Houkes-Hommes [28] found that non-take-up was higher in large municipalities. They argued: "[t]he larger the municipality, the larger the gap between government and citizens. This makes it harder for municipalities to inform inhabitants about available allowances, resulting in higher non-take-up rates" (p. 693).

Behaviorally informed interventions. Several studies examined the effects of behaviorally informed interventions or "nudges" on non-take-up aimed at counteracting different behavioral biases. These nudges included making the benefit amount more salient[38,50,52,54], reducing stigma[38,40], increasing transparency[40], framing[50], message presentation[50] (visual versus text), the timing of the message[50], and sender[52] (government vs. NGO). None of these studies found an effect on non-take-up. Linos, Quark, and Kirkman[52] concluded: "We believe that the difference in our results largely reflects the difficulty of the task people are being nudged to perform. For low-income households who do not file taxes, the hurdle of submitting a tax return may be too big for a simple outreach effort, no matter how well-designed or behaviorally informed. [..] While nudges are potentially valuable in the policy toolkit, outreach to hard-to-reach populations often needs to include higher-touch interventions that simplify the underlying processes" (p. 6). One study in our review did find an effect: Wright et al.[48] provided enhanced materials to the intervention group, whereas the control group received the state's standard packages. "The enhanced materials were designed to help overcome some behavioral promotors of non-take-up, such as procrastination, complexity, and lack of salience of future benefits" (p. 839). They found that the enhanced materials decreased non-take-up. However, since the materials combined several nudges, they could not identify which aspect(s) made the intervention effective.

Generosity. Some studies found that non-take-up was lower if the potential benefit amount was higher[51,62,65,66,71]. Drange and Jacobson[77] found no effect of an increase in the benefit amount on non-take-up.

Collaboration between institutions. Collaboration between agencies in charge of different benefits can decrease non-take-up. Janssens and Van Mechelen[35] suggested two potential benefits of such collaboration. First, partnerships can

help adopt an outreach approach. Second, interagency cooperation can reduce administrative burden by bundling application procedures. For example, Express Lane Eligibility (ELE) allowed using another agency's eligibility findings (Medicaid/CHIP) to qualify children for health insurance coverage. Blavin, Kenney, and Huntress[59] found that states that made use of ELE had a significant decrease in non-take-up. Cha and Escarce[60] found a similar effect. Combining data or application processes of different social benefits can likely reduce the complexity and, thereby, the administrative burden for citizens, decreasing non-take-up.

Spillover effects. There is evidence that changes in one program can lead to a change in the non-take-up of another program. In particular, expanding Medicaid in the US led to decreased non-take-up in the Supplemental Nutrition Assistance Program (SNAP), EITC, and TANF[60,78], although there were also null findings[79].

Administrative capacity. Callaghan and Jacobs[32] found that states' administrative capacities were negatively related to Medicaid's non-take-up rates. However, they "rely on a rough gauge of state capacity to handle insurance oversight" (p. 229).

In sum, there is compelling evidence that the complexity of eligibility rules and application procedures contributes to non-take-up. Other scheme characteristics, including more lenient eligibility criteria, may reduce non-take-up. Many studies have shown that providing eligibility information to households decreased non-take-up, especially if this information was combined with assistance. Most other behaviorally informed interventions have thus far been unsuccessful in decreasing non-take-up.

The level of social networks

Network effects. Examining how social networks affect behavior is inherently difficult because unobservables are prevalent in social networks, and these unobservables may confound behavior[80]. However, several studies found ways to circumvent these difficulties and demonstrated an association between network effects and non-take-up by using proxies of social interaction in their analyses. Such proxies included the proportion of income support recipients in the region[81], the concentration of immigrants from the same country of origin[82,83], and the non-take-up behavior of neighbors, coworkers, or family members[84–86].

Evidence of the mechanisms through which the network effects operate on non-take-up was much weaker. Mechanisms mentioned were information spillover, support, and cultural norms.

Information spillover. In a qualitative study, Ratzmann and Heindlmaier[87] found that social networks played a crucial role in the welfare mediation process by "provid[ing] information to counter knowledge deficits" (p. 211). In their review of the non-take-up literature, Janssens and Van Mechelen[35] suggested that "[P]eer effects also arise because peers can provide important information in deciding whether to participate in a public program [...]" (p. 101). Figlio, Hamersma, and Roth[82] suggested that similarities in claiming behavior between immigrants from the same country of origin were due to information spillover, but they provided no evidence. Grossman and Khalil[86] concluded that "effects are more likely to represent potential information spillovers during the pregnancy of a mother that induces or encourages her to participate in the Medicaid program, for instance through prenatal care participation" (p. 10). However, they provided no empirical evidence. Dahl, Løken, and Mogstad[85] found "[s]uggestive evidence for information transmission about costs and benefits" (p. 2050). Likewise, Furtado and Theodoropoulos[83] concluded that their evidence "suggests that people learn about the SSI program within ethnic communities and perhaps form norms about the appropriateness of applying" (p. 7).

Support. In their review, Janssens and Van Mechelen[35] stated that "[s]ocial interactions may affect individual non-take-up behavior because of the help that a social network can offer with administrative requirements and the reduction of information costs" (p. 101). Ratzmann and Heindlmaier[87] observed that social networks could "speak on behalf of EU migrants who may not be able to converse in German, but, through their role as translators, empower their clients vis-à-vis welfare administrators when claiming entitlements" (p. 211). Simonse et al[70,88] observed that social support might differ between individuals but found no evidence that this was associated with non-take-up.

Norms. In their review, Finn and Goodship[37] stated that "cultural or group-specific norms unrelated to ethnicity can also influence take-up" (p. 36) and provided theoretical arguments to support this view. Reijnders[89] found empirical evidence that social conventions, cultural norms, and values influenced helping behavior. They reported that socialization played a less prominent role in non-take-up than other factors. Furtado and Theodoropoulos[83,90] suggested that the network effect may operate through social norms. Hümbelin[36] claimed that social norms affected non-take-up but provided only circumstantial evidence; as mentioned above, their data showed a correlation between the prominent ideology in a region and non-take-up.

In sum, there is convincing evidence of an association between network effects and non-take-up. Much less is known about the underlying mechanisms. Potential mechanisms identified included information spillover, support, and social norms, but the evidence was mixed and mostly indirect.

The individual level

The individual level has caught the most attention in non-take-up research in the last decade. Studies have proposed many factors at the individual or household level that contribute to welfare non-take-up.

Administrative burden is "an individual's experience of policy implementation as onerous"[91] (p. S69). It resembles what other scholars call *sludge*: "excessive or unjustified frictions that make it difficult for consumers, employees, employers, students, patients, clients, small businesses and many others to get what they want or to do as they wish"[92]. Several authors provided theoretical arguments for administrative burden's role in non-take-up[26,35,48,57,92]. Indeed, some qualitative studies found that administrative burden affected non-take-up. Dagilyte and Greenfields[75], when interviewing migrants in the UK, found that "considerable numbers of applicants cease their claim, in the belief that they cannot provide all necessary paperwork" (p. 483). Other qualitative studies reported similar findings[19,47,76,87,89,93,94]. Simonse et al.[70,88] reported that administrative burden played a role in local but not national benefits programs. Zantomio[66] found no support for administrative burden contributing to non-take-up. Other studies suggested that administrative burden contributed to non-take-up but provided only indirect evidence. Some authors, for example, used proxies such as education level, migrant status, change of jobs, change of address, and language proficiency. The use of proxies was prevalent for multiple factors within this research field in general and on factors at the individual level in particular[28,64,95]. Others referred to administrative burden while examining factors administration level[20,60,64,96].

Stigma involves perceived stereotypes that others have of welfare recipients, feelings of shame associated with these stereotypes, and anticipation of unfair treatment in the application process based on these stereotypes[97]. Building on a long history of research, several authors provided theoretical arguments for stigma contributing to non-take-up[27,35,37,55,98,99]. Five studies in the current review found a positive relationship between stigma and non-take-up[68,70,97,100,101]. Whether stigma played a role may differ between benefits programs: unemployment benefits may be more sensitive to stigma than other benefits[101], and local benefits programs may suffer more from stigma than national programs[70,88]. Other studies found no support

for stigma affecting non-take-up[38,94]. Some authors found an association between non-take-up and demographics, such as age, migrant status, having children, and living in large cities. Based on these findings, they concluded that stigma contributed to non-take-up[28,81,102]. Some studies found that welfare was associated with stigma but did not show an association of stigma with non-take-up[19,47].

General competencies include education level, language proficiency, and cognitive ability but exclude knowledge about specific welfare programs. Christensen et al.[26] argued why executive functions may play a role in non-take-up behavior, especially for the most vulnerable, but provided no empirical evidence. In a review, Finn and Goodship[37] argued that language barriers may contribute to non-take-up. Arbogast, Chorniy, and Currie[64] reported that parents' education level and language proficiency limit children's access to Medicaid. In a longitudinal study amongst elderly eligible for Supplemental Security Income (SSI), Kim[103] reported that education level and functional limitations affected non-take-up. Greenfields and Dagilyte[76] found that "Roma migrants who were often not literate in the language of their country of origin or had minimal knowledge of how to obtain advice were particularly vulnerable to refusal of benefits" (p. 91). Several other studies reported that language barriers or lack of digital skills contributed to non-take-up[63,69,70,87,95]. In contrast, other studies showed no language effects of non-take-up[102,104]. Simonse et al.[88] found no support for executive functions and self-efficacy affecting non-take-up.

Demographics were frequently used as proxies for administrative burden, stigma, or information costs. Some studies found that being a migrant contributed to non-take-up[28,64], especially when combined with other factors, such as lack of knowledge and awareness of a country's benefits system or language proficiency, forming a detrimental cumulation of factors in the case of some individuals[76,87]. Other findings included a positive association between non-take-up and having been incarcerated, living in a rural area, household composition, health, and the size of the municipality[19,28,84,103]. Some studies reported mixed findings regarding migrant status[102,104] or other demographics[81]. Yet other studies found no effects of migrant status[105] or other demographics[95,102] on take-up.

Knowledge and awareness refer to eligible households knowing about the existence of a particular welfare program, being aware that they are eligible, and knowing how to apply. Finn and Goodship[37] and Ko and Moffitt[27] pointed to the relevance of knowledge and awareness in their reviews. In a qualitative study among Roma households in the UK, Dagilyte and Greenfields[75] reported that "knowledge of

the British employment and welfare systems was limited" (p. 478). Flores et al.[95] found a positive association between self-reported lack of knowledge and non-take-up. In their qualitative study among experts, Vinck, Lebeer, and Lancker[47] found that "parents are often unaware that their children might be eligible for the supplemental child benefit" (p. 365). Ratzmann and Heindelmeier[87] found that respondents of different nationalities and educational backgrounds did not "know their rights in Germany" (p. 206). Goodman et al.[106] measured awareness with a survey and found a negative association with non-take-up. Bhargava and Manoli[38] and Daignault and Mace[94] confirmed that low program awareness contributed to higher non-take-up. Simonse et al.[88] found that perceived eligibility was the strongest predictor of non-take-up in two Dutch benefits programs but found no support for general knowledge about these programs as predictors of non-take-up. Other studies confirmed the role of perceived eligibility in non-take-up[38,93].

Economic situation. In their review, Finn and Goodship[37] reported, "Economic incentives are important for take-up: the pre-benefit income and the estimated value of a benefit are strongly related to the probability of take-up. This finding is probably the most robust result in the literature" (p. 33). The finding is supported by some of the studies included in our review[95,102,103]. Other studies found that the relationship between income and non-take-up was non-monotonic. Chareyron and Domingues [54], for example, found that "[d]espite the assumption that the poorest households are most in need of the program, [...] the poorest individuals have the lowest probability of take-up" (p. 182). Saavedra[107] and Tempelman and Houkes-Hommes[28] confirmed this finding. Chareryron and Domingues[54] reported that those closer to the labor market were less likely to take up benefits. Chyn, Hyman, and Kapustin[84] found mixed support for an association between income and employment status on the one hand and non-take-up on the other.

Information cost, defined by Janssens and Van Mechelen[35] as the "expected, perceived and experienced time and effort that people have to invest in gathering the information on the existence of public provisions, the eligibility criteria, the claiming process, and its consequences" (p. 100) arguably increased non-take-up[35,55,98]. Two studies showed the presence of information costs but did not explicitly link these to non-take-up[47,94]. Three other studies claimed such an association, but they used proxies for information cost such as occupational status, education level, occupational status, age, gender, having children, living in large cities, having a physical limitation, and being newly eligible [28,54,102]. This evidence was, therefore, circumstantial.

Benefits amount and duration. Theoretical studies argued that the utility of applying for benefits increased with the amount and duration[35,37]. Empirical studies confirmed the relation of benefits amount[28,94,105] and duration[95] with non-take-up. Tempelman and Houkes-Hommes[28] also suggested that benefits duration may affect non-take-up but drew this conclusion from proxies (home ownership, job vacancies in the municipality, household composition). Vinck, Lebeer, and Lancker[47] mentioned benefits amount and duration but did not explicitly link them to non-take-up.

Mistrust, fear, and bad experiences. Five studies showed that previous experiences with claiming benefits may result in fear and mistrust, increasing non-take-up. Heinrich et al.[19], for example, found that the consequences of accepting welfare for a family's ability to get citizenship inhibited households from taking up benefits. Simonse et al.[70] reported that the fear of reclaims was the main reason for low-income families from taking up benefits. In a quantitative study among a broader group of eligible households, the fear of reclaims did not play a role[88]. Dagilyte and Greenfields[75] reported that the lack of precise reasons for rejection was the cause of frustration for eligible Roma migrant families. Still, they did not explicitly link this to non-take-up. Likewise, Schweyher, Odden, and Burrell[101] found that "many now believe that claiming certain benefits might harm the claimant's future right to stay in the country" (p. 114), but they did not present empirical evidence that this impacted non-take-up.

Proximity to welfare indicates that households already use some form of welfare. Three studies showed that households eligible for a welfare program were more likely to participate if they already used other forms of welfare[28,81,107]. Wright et al.[48] concluded that the effects of their intervention "were larger in a population whose members had already expressed interest in obtaining coverage, but the effects were more persistent in low-income populations whose members were already enrolled in other state assistance programs but had not expressed interest in health insurance" (p. 838).

Behavioral biases. Theoretical arguments supported that behavioral biases, such as procrastination, present bias, unrealistic optimism, limited self-control, susceptibility to channel factors, reference dependence, and framing, may affect non-take-up[35,92,98]. No empirical evidence, however, supported this idea.

Need for autonomy. Three studies found that the need for autonomy or self-reliance contributed to non-take-up[70,89,101]. Reijnders, Schalk, and Steen[89], for example, wrote: "The second most important determinant for non-take-up that we derived from our data is the desire to retain one's (feeling of) independence and self-esteem" (p. 1369).

Perceived need. Simonse et al.[88] found that lack of perceived need was positively associated with non-take-up of child support and healthcare benefits. Chyn, Hyman, and Kapustin[84] claimed that perceived need was negatively related to non-take-up, but they used children's employment, earnings, school performance, and having been arrested in the two years as proxies. Thus, their evidence was indirect.

Triggers. Based on Van Oorschot's[17,108] work, both Finn and Goodship[37] and Janssens and Van Mechelen[35] mentioned that triggers, defined as sudden disruptive events, can stimulate people to put in a claim. Thus far, there is no empirical evidence to support this.

To sum up, many individual-level factors could contribute to non-take-up. The strength of the empiric evidence was mixed. In many studies, proxies were used to establish a relationship with non-take-up. The most robust empirical support existed for administrative burden, general competencies, specific demographics (e.g., being a migrant), and knowledge and awareness.

DISCUSSION

Many studies have examined potential determinants of welfare take-up in the last decade. Researchers from various disciplines have focused on different factors, using specific methodologies and terminology. This fragmentation hampers further advancement of welfare participation research. Based on a systematic literature review, we provide a new theoretical framework for studying welfare participation organized in four levels: society, administration, social networks, and individuals.

Determinants of welfare participation

At the level of society, there is some evidence that macroeconomic circumstances, political ideology, and the legal context may positively or negatively affect non-take-up. Several authors suggest that negative media attention may result in non-take-up, but empirical evidence is currently lacking.

Complexity and poor quality of administrative procedures are two important drivers of non-take-up at the level of policy and administration. Streamlining application procedures and collaboration between institutions responsible for different welfare programs are promising avenues for decreasing non-take-up. Providing information to households about their eligibility for a welfare program has also proven effective in decreasing non-take-up, especially when combined with assistance with the application process. Most behaviorally informed interventions have thus far been unsuccessful in reducing non-take-up, perhaps because these interventions have been too "light touch" to address the tenacious issue of non-take-up, especially for hard-to-reach groups in the population[52].

At the level of social networks, the evidence suggests that network effects affect non-take-up. Several studies argue that these effects may be due to information spillover, support, and social norms, but little empirical evidence supports these claims. Future studies could empirically examine these and other mechanisms through which social networks affect non-take-up.

At the individual level, there has been an increasing interest in administrative burden as a contributor to non-take-up. Indeed, many studies show that administrative burden can result in non-take-up. However, studies use different operationalizations of administrative burden, limiting the results' generalizability. Inspired by Moffitt's[14] seminal article, many authors have examined the potential role of stigma in non-take-up. Thus far, the evidence is mixed: some studies

show an effect, whereas others show null effects or use proxies for stigma. More systematic empirical research is required to come to conclusive results. Most available research points towards education level, language proficiency, and cognitive ability affecting individuals' non-take-up behavior. Also, several studies suggest that specific demographic factors considerably influence welfare non-take-up behavior. The phenomenon of demographic variables leading to non-take-up is particularly worrying when considering that such factors are often impossible to change and may point toward structural inequalities in the accessibility of social benefits.

Gaps in the literature

On several occasions, studies use proxies because barriers or thresholds may be difficult to observe directly. However, not all proxies are equally valid. For instance, "being a migrant" has been used in various ways across studies. Some studies use it as a proxy for stigma and others for administrative burden or information costs. Similarly, studies often vary in how they define and operationalize key terms. For example, administrative burden may be defined differently across studies. Some use it interchangeably with system complexity; others describe it as the experience of overly burdensome rules. Developing a taxonomy and standardized measurement instrument for the determinants of welfare take-up seems worthwhile. Such a taxonomy would increase the comparability of the findings and the generalizability of these results. De Bruijn[109] provided a validated measurement instrument for administrative burden, which may be further developed to include other potential determinants of welfare participation.

Almost all studies depart from the perspective of a specific program. Very few use the household's situation as a starting point, with Boost et al.'s[68] study of Integrated Rights Practices in Belgium as a notable example. Vulnerable families may be eligible for multiple welfare programs, which may increase administrative burden. As a result, welfare systems often paradoxically put the highest burden on those who have the least resources [26]. Future studies may benefit from taking a more integrative approach and starting from the experiences and needs of individual households.

Most studies address potential determinants at one of the four levels. Few studies establish a link between determinants of non-take-up across different levels. Some studies show that the complexity of rules and the poor quality of procedures particularly affect migrants[69,75,76]. Another exception is Baumberg's[97] study, which demonstrates that interventions at the administrative level may

affect determinants at the individual level. There is ample room for studies to examine how determinants at the policy and administration level, such as rule complexity, relate to and interact with determinants at the individual level, such as administrative burden, information cost, and stigma.

Some factors have had little attention in research. Empirical studies of societal determinants of non-take-up are scarce. Future studies could examine the effect of economic circumstances, social and legal contexts, political ideology, and the role of media coverage on non-take-up. At the level of policy and administration, empirical studies on spillover effects, administrative capacity, and automatic enrolment are scarce. As mentioned above, many studies have established a link between social networks and take-up. Future studies could more thoroughly examine the underlying mechanisms. Several mechanisms have been suggested, but strong empirical evidence is lacking.

Thus far, there are only theoretical studies on behavioral biases and trigger events at the individual level. Empirical studies on these factors would be a welcome addition. For other factors, there is limited empirical evidence. This is the case for mistrust, fear, bad experiences, proximity to welfare, perception of need, and the need for autonomy. It would be worthwhile to examine these factors empirically, preferably in different contexts.

Strengths and limitations of the current study

Before the current study, there had been no recent systematic reviews of the determinants of non-take-up of welfare. Performing a systematic review enabled us to draw a more precise picture of the status quo of the literature in this field. It also helped us to provide a comprehensive framework that can be used for future research. Through conducting a systematic review, we were able to identify recurring methodological limitations across studies. Many studies use proxies to study certain specific factors, whereby the adequacy of these proxies might be questioned. Future research could pay more attention to the choice of these proxies.

All empirical studies in this review examine non-take-up in a specific context and often in a particular target group. The results of these studies cannot be indiscriminately generalized to different contexts and target groups. It would be worthwhile to replicate these findings in different contexts and for other target groups.

A limitation of the current study is that we excluded studies in developing countries and studies focused on non-governmental and in-kind welfare programs such as food banks. Also, unlike meta-analysis, our method does not allow for correction for publication bias. The publication bias risk primarily affects the positive findings in the empirical studies included in this review. We expect the risk of publication bias to be less for the null findings.

Policy recommendations

Means-tested welfare systems are designed to target individuals or households with limited financial resources and need assistance to meet their basic needs. To ensure that the assistance goes to those in need, these systems typically have eligibility criteria requiring applicants to meet specific income and asset thresholds. As a result, means-tested welfare systems often have more complex eligibility rules and application procedures than general welfare programs. Moreover, the more precise the targeting is, the more elaborate the eligibility rules and application procedures are likely to be.

Our results indicate that complexity is an important contributor to welfare non-take-up. This implies that policymakers must balance targeting and non-take-up. The literature suggests that vulnerable groups, such as migrants and people with lower levels of education, language proficiency, and cognitive ability, are more likely to forgo benefits to which they are entitled. The evidence suggests that the most effective way to decrease non-take-up is to decrease the complexity of welfare rules. One example is Express Lane Eligibility (ELE). This regulation permits states to rely on findings for income, household size, or other eligibility factors from another program[59]. Secondly, prefilled application forms, already done with tax forms, can serve as an example[61,110].

However, the complexity of welfare rules is a reality that may prove difficult to change, especially in the short run. Our study also provides policymakers with ways to decrease non-take-up within complex systems. The most promising ingredients of effective interventions are information provision, outreach, assistance, and investment in the quality of procedures.

As an example of outreach, automatic enrolment is a promising avenue to decrease non-take-up while maintaining targeting. There is little experience with automatic enrolment in the welfare domain, but the pension domain could serve as an example[111,112].

Providing eligible households with personalized information is an effective and relatively cheap way to decrease non-take-up. Proactively sending letters or e-mails to eligible households that do not take up benefits has proven effective[38–47,81]. The literature suggests that it may be a good idea to aid households that lack the competencies to apply for benefits themselves[19,41,49,68,69,88].

Finally, it seems worthwhile to invest in the quality of administrative procedures and the competencies of street-level bureaucrats. Although there is currently no evidence of the effect of such interventions on non-take-up, the literature suggests vulnerable groups, such as migrants, may especially benefit from quality improvement at the level of administration and street-level bureaucrats [69,75,76,113].

REFERENCES

1. Adler, N. E. & Snibbe, A. C. The role of psychosocial processes in explaining the gradient between socioeconomic status and health. *Current Directions in Psychological Science* **12**, 119–123 (2003).
2. Hamilton, R. W., Mittal, C., Shah, A., Thompson, D. V. & Griskevicius, V. How financial constraints influence consumer behavior: an integrative framework. *Journal of Consumer Psychology* **29**, 285–305 (2019).
3. Haushofer, J. & Fehr, E. On the psychology of poverty. *Science* **344**, 862–867 (2014).
4. Dubois, H. & Ludwinek, A. *Access to Social Benefits: Reducing Non-Take-Up*. (Publications Office of the European Commission, 2015).
5. Ridley, M., Rao, G., Schilbach, F. & Patel, V. Poverty, depression, and anxiety: Causal evidence and mechanisms. *National Bureau of Economic Research* (2020).
6. Oishi, S., Kesebir, S. & Diener, E. Income inequality and happiness. *Psychological Science* **22**, 1095–1100 (2011).
7. Sen, A. Poor, relatively speaking. *Oxford Economic Papers* **35**, 153–169 (1983).
8. Hernanz, V., Malherbet, F. & Pellizzari, M. Take-up of welfare benefits in OECD countries: a review of the evidence. *OECD Social, Employment and Migration Working Papers* **17** (2004).
9. Plueger, D. Earned Income Tax Credit participation rate for tax year 2005. *IRS Research Bulletin* 151–195 (2009).
10. Roosma, F. A struggle for framing and interpretation: the Impact of the 'basic income experiments' on social policy reform in the Netherlands. *European Journal of Social Security* **24**, 192–212 (2022).
11. Vrooman, J. C. & Asselberghs, K. T. M. *De gemiste bescherming; niet-gebruik van sociale zekerheid door bestaansonzekere huishoudens [The missed protection: Non-take-up of social security by financially insecure households]*. (Ministery of Social Affairs and Employment, 1994).
12. Harper, C., Marcus, R. & Moore, K. Enduring poverty and the conditions of childhood: lifecourse and intergenerational poverty transmissions. *World Development* **31**, 535–554 (2003).
13. Handler, J. F. & Hollingsworth, E. J. Stigma, privacy, and other attitudes of welfare recipients. *Stanford Law Review* **22**, 1–19 (1969).
14. Moffitt, R. An economic model of welfare stigma. *American Economic Review* **73**, 1023–1035 (1983).
15. Odum, H. W. Newer ideals of public welfare. *The ANNALS of the American Academy of Political and Social Science* **105**, 1–6 (1923).
16. Craig, P. Costs and benefits: a review of research on take-up of income-related benefits. *Journal of Social Policy* **20**, 537–565 (1991).
17. Van Oorschot, W. J. H. *Take it or leave it. A Study of Non-take-up of Social Security Benefits*. (Tilburg University Press, 1994).
18. Currie, J. M. & Grogger, J. Explaining recent declines in Food Stamp Program participation. *Brookings-Wharton Papers on Urban Affairs* **2001**, 203–244 (2001).

19. Heinrich, C. J., Camacho, S., Henderson, S. C., Hernández, M. & Joshi, E. Consequences of administrative burden for social safety nets that support the healthy development of children. *Journal of Policy Analysis and Management* **41**, 11–44 (2021).
20. Herd, P., DeLeire, T., Harvey, H. & Moynihan, D. P. Shifting administrative burden to the state: the case of Medicaid take-up. *Public Administration Review* **73**, S69–S81 (2013).
21. Page, M. J. *et al*. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *International Journal of Surgery* **88**, 105906 (2021).
22. Tricco, A. C. *et al*. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Annals of Internal Medicine* **169**, 467–473 (2018).
23. Rudra, N. Globalization and the decline of the welfare state in less-developed countries. *International Organization* **56**, 411–445 (2002).
24. United Nations. Statistical Annex. (2017).
25. Bhargava, S. & Loewenstein, G. Behavioral economics and public policy 102: beyond nudging. *American Economic Review* **105**, 396–401 (2015).
26. Christensen, J., Aarøe, L., Baekgaard, M., Herd, P. & Moynihan, D. P. Human capital and administrative burden: the role of cognitive resources in citizen-state interactions. *Public Administration Review* **80**, 127–136 (2020).
27. Ko, W. & Moffitt, R. *Take-up of social benefits*. *SSRN*, 2022. Available at: Ko, Wonsik and Moffitt, Robert, Take-up of Social Benefits (June 6, 2022). Available at: *https://ssrn.com/abstract=5129496* (Accessed 25 April 2023).
28. Tempelman, C. & Houkes-Hommes, A. What stops Dutch households from taking up much needed benefits? *Review of Income and Wealth* **62**, 685–705 (2016).
29. McGowan, J. *et al*. PRESS: Peer Review of Electronic Search Strategies: 2015 guideline statement. *Journal of Clinical Epidemiology* **75**, 40–46 (2016).
30. Abramson, C. M. Who are the clients?: Goal displacement in an adult day care center for elders with dementia. *The International Journal of Aging and Human Development* **68**, 65–92 (2009).
31. Gough, D., Oliver, S. & Thomas, J. *An Introduction to Systematic Reviews* (Sage, 2017).
32. Callaghan, T. H. & Jacobs, L. R. The future of health care reform: What is driving enrollment? *Journal of Health Politics, Policy and Law* **42**, 215 (2017).
33. Sheely, A. Second-order devolution and administrative exclusion in the Temporary Assistance for Needy Families Program. *Policy Studies Journal* **41**, 54–69 (2013).
34. Skinner, C. State immigration legislation and SNAP take-up among immigrant families with children. *Journal of Economic Issues* **46**, 661–681 (2012).
35. Janssens, J. & Van Mechelen, N. To take or not to take? An overview of the factors contributing to the non-take-up of public provisions. *European Journal of Social Security* **24**, 95–116 (2022).
36. Hümbelin, O. Non-take-up of social assistance: regional differences and the role of social norms. *Swiss Journal of Sociology* **45**, 7–33 (2019).
37. Finn, D. & Goodship, J. Take-up of benefits and poverty: an evidence and policy review (Centre for Economic and Social Inclusion, 2014).
38. Bhargava, S. & Manoli, D. Psychological frictions and the incomplete take-up of social benefits: Evidence from an IRS field experiment. *American Economic Review* **105**, 3489–3529 (2015).

39. Domurat, R., Menashe, I. & Yin, W. The role of behavioral frictions in health insurance marketplace enrollment and risk: evidence from a field experiment. *American Economic Review* **111**, 1549–1574 (2021).
40. Engstrom, P., Forsell, E., Hagen, J. & Stefánsson, A. Increasing the take-up of the housing allowance among Swedish pensioners: a field experiment. *International Tax and Public Finance* **26**, 1353–1382 (2019).
41. Finkelstein, A. & Notowidigdo, M. J. Take-up and targeting: Experimental evidence from SNAP. *The Quarterly Journal of Economics* **134**, 1505–1556 (2019).
42. Goldin, J., Homonoff, T., Javaid, R. & Schafer, B. Tax filing and take-up: experimental evidence on tax preparation outreach and EITC participation. *National Bureau of Economic Research* **28398** (2021).
43. Hotard, M., Lawrence, D., Laitin, D. D. & Hainmueller, J. A low-cost information nudge increases citizenship application rates among low-income immigrants. *Nature Human Behavior* **3**, 678–683 (2019).
44. Manoli, D. & Turner, N. Do notices have permanent effects on benefit take-up? *Tax Law Review* **70**, 439–476 (2016).
45. Matikka, T. & Paukkeri, T. Does sending letters increase the take-up of social benefits? Evidence from a new benefit program. *Empirical Economics* **63**, 3253–3287 (2022).
46. Van Gestel, R., Goedemé, T., Janssens, J., Lefevere, E. & Lemkens, R. Improving take-up by reaching out to potential beneficiaries. Insights from a large-scale field experiment in belgium. *Journal of Social Policy* **52**, 740–760 (2023).
47. Vinck, J., Lebeer, J. & Lancker, W. V. Non-take up of the supplemental child benefit for children with a disability in Belgium: A mixed-method approach. *Social Policy & Administration* **53**, 357–384 (2019).
48. Wright, B. J., Garcia-Alexander, G., Weller, M. A. & Baicker, K. Low-cost behavioral nudges increase Medicaid take-up among eligible residents of Oregon. *Health Affairs* **36**, 838–845 (2017).
49. Bettinger, E. P., Long, B. T., Oreopoulos, P. & Sanbonmatsu, L. The role of application assistance and information in college decisions: results from the H&R block FASFA experiment. *The Quarterly Journal of Economics* **127**, 1205–1242 (2012).
50. Bird, K. A. *et al*. Nudging at scale: Experimental evidence from FAFSA completion campaigns. *Journal of Economic Behavior and Organization* **183**, 105–128 (2021).
51. Guthmuller, S., Jusot, F. & Wittwer, J. Improving takeup of health insurance program: A social experiment in France. *Journal of Human Resources* **49**, 167–194 (2014).
52. Linos, E., Quan, L. T. & Kirkman, E. Nudging early reduces administrative burden: three field experiments to improve code enforcement. *Journal of Policy Analysis and Management*. **39**, 243–265 (2020).
53. Cranor, T., Goldin, J. & Kotb, S. Does informing employees about tax benefits increase take-up? Evidence from EITC notification laws. *National Tax Journal* **72**, 397–434 (2019).
54. Chareyron, S. & Domingues, P. Take-up of social assistance benefits: the case of the French homeless. *Review of Income and Wealth* **64**, 170–191 (2018).
55. Buysse, L. *et al*. De automatische toekenning van rechten in de Belgische sociale bescherming [Automatic enrollment of rights in Belgian social protection]. In Lahaye, W., Pannecoucke, I., Vranken, J. & Van Rossem, R. (eds.) *Armoede in België. Jaarboek 2017 [Poverty in Belgium. Year Book 2017]* (Skribis, 2017).

56. Gibb, K. Housing benefit: slow on the take-up? *Contemporary Social Science* **11**, 40–51 (2016).
57. Moynihan, D. P., Herd, P. & Harvey, H. Administrative burden: learning, psychological, and compliance costs in citizen-state interactions. *Journal of Public Administration Research and Theory* **25**, 43–69 (2015).
58. Auray, S. & Fuller, D. L. Eligibility, experience rating, and unemployment insurance take-up. *Quantivative Economics* **11**, 1059–1107 (2020).
59. Blavin, F., Kenney, G. M. & Huntress, M. The effects of Express Lane Eligibility on Medicaid and CHIP enrollment among children. *Health Services Research* **49**, 1268–1289 (2014).
60. Cha, P. & Escarce, J. J. The Affordable Care Act Medicaid expansion: a difference-in-differences study of spillover participation in SNAP. *PLOS ONE* **17** (2022).
61. Fox, A. M., Stazyk, E. C. & Feng, W. Administrative easing: rule reduction and Medicaid enrollment. *Public Administration Review* **80**, 104–117 (2020).
62. Fuchs, M., Gasior, K., Premrov, T., Hollan, K. & Scoppetta, A. Falling through the social safety net? Analysing non-take-up of minimum income benefit and monetary social assistance in Austria. *Social Policy & Administration* **54**, 827–843 (2020).
63. Cook, W. K., John, I., Chung, C., Tseng, W. & Lee, J. P. Medicaid expansion and healthcare access: lessons from Asian American and Pacific Islander experiences in California. *Journal of Immigrant and Minority Health* **19**, 995–999 (2017).
64. Arbogast, I., Chorniy, A. & Currie, J. Administrative burdens and child Medicaid enrollments. *Institute for Policy Research Working Paper Series* **WP-22-49** (2022).
65. Hetling, A., Kwon, J. & Saunders, C. The relationship between state welfare rules and economic disconnection among low-income single mothers. *The Social Service Review* **89**, 653 (2015).
66. Zantomio, F. The route to take-up: evidence from the UK pension credit reform. *Oxford Bulletin of Economics and Statistics* **77**, 719–739 (2015).
67. Warin, P. Non-demand for social rights: a new challenge for social action in France. *Journal of Poverty and Social Justice* **20**, 41–53 (2012).
68. Boost, D., Raeymaeckers, P., Hermans, K. & Elloukmani, S. Overcoming non-take-up of rights: a realist evaluation of integrated rights-practices. *Journal of Social Work* **21**, 831–852 (2021).
69. Ratzmann, N. 'No German, no service': EU migrants' unequal access to welfare entitlements in Germany. *Social Inclusion* **10**, 227–238 (2022).
70. Simonse, O., Vanderveen, G., Van Dijk, W. W., Van Dijk, E. & Van Dillen, L. F. Social security or insecurity? The experience of financially vulnerable households with welfare participation. *Social Policy & Administration* **57**, 255–271 (2022).
71. Arrighi, Y., Davin, B., Trannoy, A. & Ventelou, B. The non-take up of long-term care benefit in France: a pecuniary motive? *Health Policy* **119**, 1338–1348 (2015).
72. Börsch-Supan, A., Bucher-Koenen, T. & Hanemann, F. Early determinants of work disability in an international perspective. *Demography* **57**, 1853–1879 (2020).
73. Brantley, E., Pillai, D. & Ku, L. Association of work requirements with supplemental nutrition assistance program participation by race/ethnicity and disability status, 2013-2017. *JAMA Health Forum* **3**, (2020).

74. Galiani, S., Murphy, A. & Pantano, J. Estimating neighborhood choice models: lessons from a Housing Assistance Experiment. *American Economic Review* **105**, 3385–3415 (2015).
75. Dagilyte, E. & Greenfields, M. United Kingdom welfare benefit reforms in 2013-2014: Roma between the pillory, the precipice and the slippery slope. *The Journal of Social Welfare & Family Law* **37**, 476–495 (2015).
76. Greenfields, M. & Dagilyte, E. 'I would never have come if we'd know it might be like this': on the (un)intended consequences of welfare governance of EU Roma migrants in Britain. *East European Journal of Society and Politics* **4**, 81–105 (2018).
77. Drange, I. & Jakobsson, N. Incentive effects of cash benefits among young people. A natural experiment from Norway. *Journal of Social Policy* **48**, 107–125 (2019).
78. Schmidt, L., Shore-Sheppard, L. & Watson, T. The impact of expanding public health insurance on safety net program participation: Evidence from the ACA Medicaid expansion. *National Bureau of Economic Research* **26504** (2019).
79. Heflin, C., Li, J. & Zuo, D. Changing patterns of SNAP take-up and participation and the role of out-of-pocket medical expenses among older adults. *Applied Economic Perspectives and Policy* **45**, 336–349 (2022).
80. Manski, C. F. Identification of endogenous social effects: the reflection problem. *The Review of Economic Studies* **60**, 531–542 (1993).
81. Chareyron, S., Gray, D. & L'Horty, Y. Raising take-up of social assistance benefits through a simple mailing: evidence from a French field experiment. *Revue d'Economie Politique* **128**, 777–805 (2018).
82. Figlio, D. N., Hamersma, S. & Roth, J. Information shocks and the take-up of social programs. *Journal of Policy Analysis and Management* **34**, 781–804 (2015).
83. Furtado, D. & Theodoropoulos, N. SSI for disabled immigrants: Why do ethnic networks matter? *American Economic Review* **103**, 462–466 (2013).
84. Chyn, E., Hyman, J. & Kapustin, M. Housing voucher take-up and labor market impacts. *Journal of Policy Analysis and Management* **38**, 65–98 (2019).
85. Dahl, G. B., Løken, K. V. & Mogstad, M. Peer effects in program participation. *American Economic Review* **104**, 2049–2074 (2014).
86. Grossman, D. & Khalil, U. Neighborhood networks and program participation. *Journal of Health Economics* **70**, 102257 (2020).
87. Ratzmann, N. & Heindlmaier, A. Welfare mediators as game changers? Deconstructing power asymmetries between EU migrants and welfare administrators. *Social Inclusion* **10**, 205–216 (2022).
88. Simonse, O., Knoef, M., Van Dillen, L. F., Van Dijk, W. W. & Van Dijk, E. Psychological barriers to take-up of health care benefits and child support benefits in the Netherlands. *Journal of European Social Policy* **33**, 353–372 (2023).
89. Reijnders, M. A. W., Schalk, J. & Steen, T. P. S. Services wanted? Understanding the non-take-up of social support at the local level. *Voluntas* **29**, 1360–1374 (2018).
90. Furtado, D. & Theodoropoulos, N. Immigrant networks and the take-up of disability programs: Evidence from the United States. *Economic Inquiry* **54**, 247–267 (2016).
91. Burden, B. C., Canon, D. T., Mayer, K. R. & Moynihan, D. P. The effect of administrative burden on bureaucratic perception of policies: Evidence from election administration. *Public Administration Review* **72**, 741–751 (2012).
92. Sunstein, C. R. Sludge and ordeals. *Duke Law Journal* **68**, 1843 (2019).

93. Cordeiro, L. S., Sibeko, L. & Nelson-Peterman, J. Healthful, cultural foods and safety net use among Cambodian and Brazilian immigrant communities in Massachusetts. *Journal of Immigrant and Minority Health* **20**, 991–999 (2018).
94. Daigneault, P.-M. & Mace, C. Program awareness, administrative burden, and non-take-up of Quebec's supplement to the work premium. *International Journal of Public Administration* **43**, 527–539 (2020).
95. Flores, G. *et al*. A cross-sectional study of parental awareness of and reasons for lack of health insurance among minority children, and the impact on health, access to care, and unmet needs. *International Journal for Equity in Health* **15**, 44 (2016).
96. Deshpande, M. & Li, Y. Who is screened out? Application costs and the targeting of disability programs. *American Economic Journal: Economic Policy* **11**, 213–48 (2019).
97. Baumberg, B. The stigma of claiming benefits: a quantitative study. *Journal of Social Policy* **45**, 181–199 (2016).
98. Baicker, K., Congdon, W. J. & Mullainathan, S. Health insurance coverage and take-up: lessons from behavioral economics. *The Milbank Quarterly* **90**, 107–134 (2012).
99. Hupkau, C. & Maniquet, F. Identity, non-take-up and welfare conditionality. *Journal of Economic Behavior and Organization* **147**, 13–27 (2018).
100. Friedrichsen, J., König, T. & Schmacker, R. Social image concerns and welfare take-up. *Journal of Public Economics* **168**, 174–192 (2018).
101. Schweyher, M., Odden, G. & Burrell, K. Abuse or underuse? Polish migrants' narratives of (not) claiming social benefits in the UK in times of Brexit. *Central and Eastern European Migration Review* **8**, 101–122 (2019).
102. Amétépé, F. The effectiveness of Luxembourg's minimum guaranteed income. *International Social Security Review* **65**, 99–116 (2012).
103. Kim, J. SSI Participation among the elderly: a hazard model approach. *Journal of Poverty* **17**, 217–233 (2013).
104. Padilla, Y. C., Scott, J. L. & Lopez, O. Economic insecurity and access to the social safety net among latino farmworker families. *Social Work* **59**, 157–165 (2014).
105. Bruckmeier, K. & Wiemers, J. A new targeting: a new take-up? *Empirical Economics* **43**, 565–580 (2012).
106. Goodman, J. M., Elser, H. & Dow, W. H. Among low-income women In San Francisco, low awareness of paid parental leave benefits inhibits take-up. *Health Affairs* **39**, 1157–1165 (2020).
107. Saavedra, M. Children's health insurance, family income, and welfare enrollment. *Children and Youth Services Review* **73**, 182–186 (2017).
108. Van Oorschot, W. J. H. Failing selectivity: On the extent and causes of non-take-up of social security benefits. In Andres, A.-J. (ed.) *Empirical poverty research in a comparative perspective* 101–132 (1998).
109. De Bruijn, E.-J. *The Financial and Administrative Burden of Financially Vulnerable Households*. (Wageningen University, 2021).
110. Kotakorpi, K. & Laamanen, J.-P. Prefilled income tax returns and tax compliance: Evidence from a natural experiment. *Tampere Economic Working Papers* **104** (2016).
111. Cribb, J. & Emmerson, C. What happens when employers are obliged to nudge? Automatic enrolment and pension saving in the UK. *Institute for Fiscal Studies Working Paper* **W16/19** (2016).

112. Robertson-Rose, L. Understanding default behavior in workplace pensions: automatic enrolment in the UK. *Journal of Social Policy* **50**, 21–39 (2021).
113. Holzinger, C. 'We don't worry that much about language': street-level bureaucracy in the context of linguistic diversity. *Journal of Ethnic and Migration Studies* **46**, 1792–1808 (2020)

CHAPTER 4. APPENDIX
SEARCH SYNTAXES

Clarivate

AB = (welfare OR assistance OR benefi* OR “cash transfer” OR “social security” OR SNAP OR Medicaid OR TANF OR “administrative burden” OR “public provision*”)

AND DOP=(2012-01-01/2022-07-19)

AND AB = (receipt OR recipient OR enroll* OR underuse OR non-take-up OR NTU OR participat* OR take-up OR underclaim OR claim OR uptake OR “take up” OR “taking up” OR access)

AND AB = (determin* OR caus* OR explain* OR explanation OR contribut* OR drive* OR factor* OR increase* OR promote* OR inhibit* OR eligible OR decrease* OR alter*)

NOT AB= (disorder OR illness OR Alzheimer* OR dementia] OR vaccin* OR drug* OR pharma* OR contracepti* OR clinical OR patient* OR diabetes)

AND ALL= (“social benefits” OR “social assistance” OR “take up” OR take-up OR non-take-up OR “taking up” OR NTU OR “administrative burden” OR “public provision*”)

AND DT=(Article OR Review OR Data Paper)

AND WC = (Multidisciplinary Sciences or Health Policy Services or Management or Psychology Multidisciplinary or Economics or Environmental Sciences or Health Care Sciences Services or Public Environmental Occupational Health or Psychology Social or Social Issues or Public Administration or Humanities Multidisciplinary or Anthropology or Business or Environmental Studies or Ecology or Psychology or Development Studies or Primary Health Care or Demography or Behavioral Sciences or Psychology Applied or Social Sciences Interdisciplinary or Social Work or Psychology Developmental or Sociology or Family Studies or Political Science or Business Finance or Psychology Experimental or Cultural Studies)

AND CU = (USA or ENGLAND or AUSTRALIA or CANADA or GERMANY or NETHERLANDS or SPAIN or SWEDEN or ITALY or FRANCE or SWITZERLAND or NORWAY or SCOTLAND or JAPAN or DENMARK or BELGIUM or NEW ZEALAND

or FINLAND or AUSTRIA or POLAND or IRELAND or PORTUGAL or WALES or GREECE or ROMANIA or LITHUANIA or SLOVENIA or SLOVAKIA or ESTONIA or LUXEMBOURG or ICELAND or MALTA or LATVIA or NORTH IRELAND or CROATIA)

AND LA = (English or Dutch)

PubMed

((((((welfare[Title/Abstract] OR assistance[Title/Abstract] OR benefit*[Title/Abstract] OR “cash transfer”[Title/Abstract] OR “social security”[Title/Abstract] OR SNAP[Title/Abstract] OR Medicaid[Title/Abstract] OR TANF[Title/Abstract] OR “administrative burden”[Title/Abstract] OR “public provision*”[Title/Abstract]) NOT (visored[Title/Abstract] OR illness[Title/Abstract] OR Alzheimer*[Title/Abstract] OR dementia[Title/Abstract] OR vaccin*[Title/Abstract] OR drug*[Title/Abstract] OR pharma*[Title/Abstract] OR contracepti*[Title/Abstract] OR clinical[Title/Abstract] OR patient*[Title/Abstract] OR diabetes[Title/Abstract])) AND (receipt[Title/Abstract] OR recipient[Title/Abstract] OR enroll[Title/Abstract])) AND (receipt[Title/Abstract] OR recipient[Title/Abstract] OR enroll*[Title/Abstract] OR underuse[Title/Abstract] OR non-take-up[Title/Abstract] OR NTU[Title/Abstract] OR participat*[Title/Abstract] OR take-up[Title/Abstract] OR underclaim[Title/Abstract] OR claim[Title/Abstract] OR uptake[Title/Abstract] OR “take up”[Title/Abstract] OR “taking up”[Title/Abstract] OR access[Title/Abstract])) AND (determin*[Title/Abstract] OR caus*[Title/Abstract] OR explain[Title/Abstract] OR explanation[Title/Abstract] OR contribut*[Title/Abstract] OR drive*[Title/Abstract] OR factor*[Title/Abstract] OR increase*[Title/Abstract] OR promote*[Title/Abstract] OR inhibit*[Title/Abstract] OR eligible[Title/Abstract])) AND (“social benefits” OR “social assistance” OR “take up” OR take-up OR non-take-up OR “taking up” OR NTU OR “administrative burden” OR “public provision*”)) AND ((“2012/01/01”[Date - Publication] : “2022/07/28”[Date - Publication])) Filters: Humans, Adult: 19+ years

ProQuest

ab((welfare OR assistance OR “social benefits” OR “cash transfer” OR “social security” OR SNAP OR Medicaid OR TANF OR “public provisions”)) AND ab((receipt OR recipient OR enroll* OR underuse* OR non-take-up OR NTU OR participat* OR take-up OR underclaim OR claim OR uptake OR tak* up)) AND ab((determin* OR caus* OR explain* OR explanation OR contribut* OR drive* OR increas* Or effect* OR change* OR increas* OR decrease* OR variation* OR alter*)) AND pd(2012-2022)

Additional filters

- Scholarly journals
- Peer-reviewed
- English or Dutch

EBSCO

AB (welfare OR assistance OR benefits OR “cash transfer” OR “social security” OR SNAP OR Medicaid OR TANF NOT disorder NOT disb* NOT illness NOT illness) AND AB (receipt OR recipient OR enroll* OR underuse OR non-take-up OR NTU OR participat* OR take-up OR underclaim OR claim OR uptake) AND AB (psycholog* OR behavio* OR cognitive OR rational OR experiment) AND AB (determin* OR caus* OR explain OR explanation OR contribut* OR drive*) AND PY 2012-2022

Additional filters

- Peer reviewed arcticles
- Language: English OR Dutch
- Population: female, male, transgender
- Age: > 18

INITIAL CODING SCHEME, BASED ON VAN OORSCHOT (1994)

Scheme level

- Have a 'density' (a large number) of rules and guidelines
- Contain complicated rules
- Contain vague, i.e., imprecise, indistinct and/or discretionary entitlement criteria
- Contain a means-test
- Supplement other sources of income
- Are aimed at groups in society which are the subject of negative valuation
- Provide only small amounts of benefits

Administrative level

- A way of handling claims and claimants that is experienced by the claimants as humiliating or degrading
- Combining a "service"- and a "fraud control" function
- Poor quality of communication with clients, giving insufficient information and advice
- Using complex application forms
- Poor quality of decision-making, e.g., taking decisions on the basis of insufficient information or on the basis of client stereotyping
- Poor quality of technical administrative procedures
- Wrong interpretation of scheme rules by administrators

Client level

- Trigger
- Awareness
- Perception of eligibility
- Attitudes towards outcomes
- Perception of need
- Perception of utility
- Unstable situation