

The Professional Rehabilitation at the INSS: analysis of the state-owned capability in the Tocantins State, Brazil

Reabilitação Profissional do INSS: análise das capacidades estatais do programa no Tocantins

Cristiana Maria Mesquita de Moura¹, ORCID: <https://orcid.org/0000-0001-7448-0906>; Lia Almeida², ORCID: <https://orcid.org/0000-0002-6586-4067>

1. Mestre em Desenvolvimento Regional pela Universidade Federal do Tocantins- UFT. Assistente social do Instituto Nacional do Seguro Social. (Universidade Federal do Tocantins - Palmas -TO – Brasil). E-mail: crismmesquita@yahoo.com.br

2. Doutora em Administração pela UnB (Universidade de Brasília), na linha de Administração Pública e Políticas Públicas. Mestre em Desenvolvimento Regional pela UFT (Fundação Universidade Federal do Tocantins) na linha de pesquisa de Políticas Públicas e Desenvolvimento (2012). Graduação em Relações Internacionais pela UNESP - Universidade Estadual Paulista Júlio de Mesquita Filho (2007). Docente no Programa de Pós-Graduação stricto sensu em Desenvolvimento Regional, e no curso de graduação em Administração. (Universidade Federal do Tocantins - Palmas - TO – Brasil). E-mail: lia.almeida@uft.edu.br

Abstract

Considering the recent changes in social security policy, there is a panorama of uncertainty in the Professional Rehabilitation Policy at the INSS due to its weakening and institutional restructuring. In this sense, this research aims to analyze the state-owned capability of the Professional Rehabilitation Program (PRP) to achieve its institutional objectives. Institutional documents were consulted and professionals working in the PRP in Tocantins State (TO) were interviewed to identify technical-administrative and political-relational capabilities. Existence of a highly qualified bureaucracy was found but not enough to meet the demand and limited ability to guarantee the financial resources to make basic operational issues viable. Limitations regarding internal and external coordination were realized. There was weakness in relations with other institutions at the political-relational level, making it impossible to meet many demands that permeate the transversal policies that dialogue with the PRP. Public sector investment is essential to overcome weaknesses in existing capabilities.

Keywords: Professional Rehabilitation Program. Social Security.

Resumo

Diante das mudanças recentes na política previdenciária, há um panorama de incerteza na política de Reabilitação Profissional do INSS, devido ao enfraquecimento e reestruturação institucional do mesmo. Neste sentido, esta pesquisa tem como objetivo analisar a capacidade estatal do Programa de Reabilitação de atingir os seus objetivos institucionais. Foram consultados documentos institucionais e realizadas entrevistas com os profissionais que atuam no PRP – TO no Tocantins de forma a identificar as capacidades técnico-administrativas e político-relacionais. Observou-se a existência de uma burocracia altamente qualificada, todavia insuficiente para atender à demanda, limitada capacidade de garantir os recursos financeiros de forma a viabilizar questões básicas de funcionamento. Percebeu-se limitações quanto à coordenação interna e externa. No nível político-relacional verificou-se fragilidade nas relações com outras instituições, impossibilitando atender às diversas demandas que perpassam pelas políticas transversais que dialogam com o PRP. É essencial o investimento do setor público para superar as debilidades das capacidades encontradas.

Palavras-chave: Capacidades Estatais, Previdência Social, Reabilitação Profissional.

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1 Introduction

The configurations of professional work in modern societies have repercussions on the worker's life and health conditions, manifested in a growing number of occupational diseases and accidents, which in many cases lead to a reduction in the worker's useful life.

The 2013 report by the International Labor Organization (ILO) places Brazil among the countries with the highest rates of accidents at work, getting 4th position in fatal accidents in the world ranking. The last publication of the Statistical Yearbook of Accidents at Work accounted for 576,951 accidents/diseases related to work in Brazil in 2018 with an increase of 5.09% in relation to 2017 (Brasil, 2018). It is noteworthy that these data do not fully show the Brazilian reality, since a significant portion of the economically active population works informally and does not have social security coverage and, therefore, they are not included in the National Social Security Institute (INSS, Brazilian acronym) statistics.

The Federal Government has acted to change this reality since 2011, establishing a set of articulated measures among the Unified Health System (SUS, Brazilian acronym), INSS, and the Ministry of Labor, through the publication of the National Policy on Safety and Health at Work (PNSST, Brazilian acronym). This policy is a political-legal instrument for eliminating/reducing risks in the work environment and aims to promote health, improve the quality of workers' life, prevent accidents, and reduce work-related health damage (Brasil, 2011).

Social Security as an entity of the PNSST has the responsibility to carry out professional rehabilitation actions as a way to repair the worker's health. In this way, the Professional Rehabilitation Program of the INSS is an instrument for rescuing the basic rights to work, promoting professional qualification and the possibility to reintegrate workers with some limitation type in the labor market (Brasil, 2018).

In this sense, the PRP presents itself as a possibility for helping the worker who has some sequel and who is unable to return to the work activities performed before being affected by the disability and who also does not meet the invalidity criteria regulated by the Federal Government. The path found by workers with this profile is to access social security policies (health, assistance, social security) to recover their health and to provide their survival during the absence period from work, as well as to rehabilitate them to return to work (Pereira & Nogueira, 2012). This program was based on a demand from society, mainly from workers with sequelae fighting for their survival and their families (Pereira & Nogueira, 2012).

Despite the importance of the PRP effectiveness, Macedo and Vilela (2010) point out that in Brazil there is a gap among legislation, reality, and Rehabilitation, which has not yet been conquered in practice, even though it is a constitutional right. Furthermore, the authors consider that the PRP performance, in addition to being timid, does not intervene in the policyholders' working conditions.

On the other hand, there is discomfort regarding the impasses generated between companies and INSS in the rehabilitation process, in a strong correlation concerning to responsibility relation to the worsening of the workers health (PEREIRA, 2013). In addition, the rehabilitation model adopted by the INSS has not been enough to promote a real and appropriate return of workers with disabilities to the labor market (MIRANDA, 2018). In addition, the aforementioned program experiences a process of scrapping and lack of investments, failing to promote the policyholders' rehabilitation (MIRANDA, 2018).

The PRP emptying can be related to the deepening of neoliberal policy in Brazil, in which cuts were promoted in social spending and in damage of public policy standards with a



drop in the services quality provided by the State (SILVA, 2011). Furthermore, the explicit process of the social protection deconstruction, as highlighted by Miranda (2018) in his research on advances and setbacks in the current scenario of the PRP in Brazil, showing a panorama of uncertainty due to the weakening and institutional restructuring of the INSS, weakening the rehabilitation service achievements, situation that can be evidenced by the approval of the Social Security Reform processed in the National Congress through Proposed Amendment to the Constitution (PEC 06/2019) and its consequences on benefits and services in the social security field.

In contemporary discussions on the implementation of public policies, the academic environment draws attention to the importance of analyzing state-owned capabilities to understand the success or failure of policies. Such capacities refer to the skills, competences, and resources needed to design and perform public policies by the public administration (PIRES; GOMIDE, 2014, 2016; RAMESH *et al.*, 2016; SOUZA, 2017).

The technical-administrative capability is associated with the state bureaucracy competence to design, implement, and coordinate strategies to perform policies at different levels of government, aiming at interorganizational and interfederative coordination, which includes planning actions in the medium and long term and the establishment of the budget execution (EVANS, 2011). Moreover, the development of political capabilities for including multiple subjects in the negotiation of interest and for the consensus construction is of great relevance (PIRES; GOMIDE, 2014).

Faced with the situation presented, this research aims to analyze the PRP capability to achieve its institutional objectives, that is, to provide the conditions for policyholders with sequelae to reintegrate into the labor market in the Tocantins State, Brazil.

For this purpose, besides the analysis of technical-administrative capabilities, it was decided to carry out the analysis of state-owned capabilities in a political-relational perspective of the PRP of the Executive Management of the INSS in Palmas City, Tocantins State, aiming to understand both the internal and external indicators of these capabilities, using as reference the analysis framework presented by Pires and Gomide (2016).

Theoretically, this paper contributes to the existing literature on state-owned capabilities by exploring a dimension that is little discussed (the capability political dimension), since most papers that analyze this theme favor technical-administrative capabilities as identified by Aguiar and Lima (2019); and it can bring more comprehensive results to understand the problem by considering this analysis of the local interactions needed to perform the program. Moreover, this paper innovates in how to measure this capability through different variables from the indicative levels proposed by Pires and Gomide (2016); according to them, some dimensions of state-owned capabilities still lack ways to measure, being clear the study scarcity on how to measure political capability.

Ultimately, this research sought to contribute with reflections on the challenges imposed on this service in a neoliberal context, also aiming to collaborate with the strengthening of the PRP as a public policy, affirming the perspective of social inclusion and the consolidation of citizenship for workers who need this service.

2 State-owned capabilities and public policies: theoretical aspects

The *state-owned capabilities* term has been linked to the bibliographies that deal with the formation of the State and of the economic development with emphasis on the analyzes of Tilly (1975), Skocpol and Finegold (1982), Evans, Rueschemeyer, and Skocpol (1985), Geddes (1996), and Cingolani (2013). Studies on this subject date from the 1950s; however, they only



took momentum in the 1970s and 1980s and have influenced research in the field of social sciences, economics, political science, public administration, political economy, game theory, and, more recently, studies on governance and effectiveness of the State (CINGOLANI, 2013). At this first moment, "the debate on state-owned capabilities was strongly linked to the promotion of development" (AGUIAR; LIMA, 2019, p.1).

The studies by Skocpol (1985, 1987) stand out as a theoretical framework on state-owned capabilities, in which the State began to be considered beyond the conditioning of the interests of social groups, but also as an agent responsible for formulating and implementing its own objectives. From this point of view, state-owned capability was associated with the existing bureaucracy in the State administrative apparatus with the characteristics of the Weberian ideal type, that is, based on assumptions of function specialization, meritocracy, formalism, hierarchy, and impersonality (GOMIDE; PEREIRA; MACHADO, 2018).

On the other hand, Evans (1993) recognizes the relevance of external relations to State structures as important variables that can boost or constrain the state-owned capability for action, even focusing his analysis on the bureaucratic apparatus quality. Furthermore, Evans (2011) points out problems generated by bureaucratic insulation, such as the reduction of the State capability to meet collective interests and highlights the need to create social participation channels both for the social insertion of the State and as a means of articulation with national economic groups. For Evans, a balance between competent and autonomous bureaucracy and partnerships with social groups would be needed. Variations on this continuum would create different levels of state-owned capabilities (AGUIAR; LIMA, 2019).

It is worth mentioning that in the 1980s there was a movement in which many countries went through a redemocratization process that led to considerable changes in the parameters of relations between society and the State. In the case of Brazil, substantial changes in civil, social, and political rights occurred after the country's redemocratization in 1988. The State created some organizations to act in such a way as to fulfill the rights established in the new Constitution and overcome the existing patrimonialist and clientelist characteristics in Brazilian society (CARVALHO, 2002; PAES DE PAULA, 2005).

As Huerta (2008) affirms, the establishment of relationships among organizations in the public sector, the private sector, and civil society has become fundamental in the new configurations of democratic societies, and only the existence of a competent and corporately coherent bureaucracy is not enough for the State to provide adequate and effective responses to society. For this author, the state-owned capability concept begins to relate to the governance concept.

Thus, changes in the relations among State, society, and market began to require more complex institutional structures and arrangements, including to share decision-making and production and execution of public policies between governmental and non-governmental actors (SCHNEIDER, 2005).

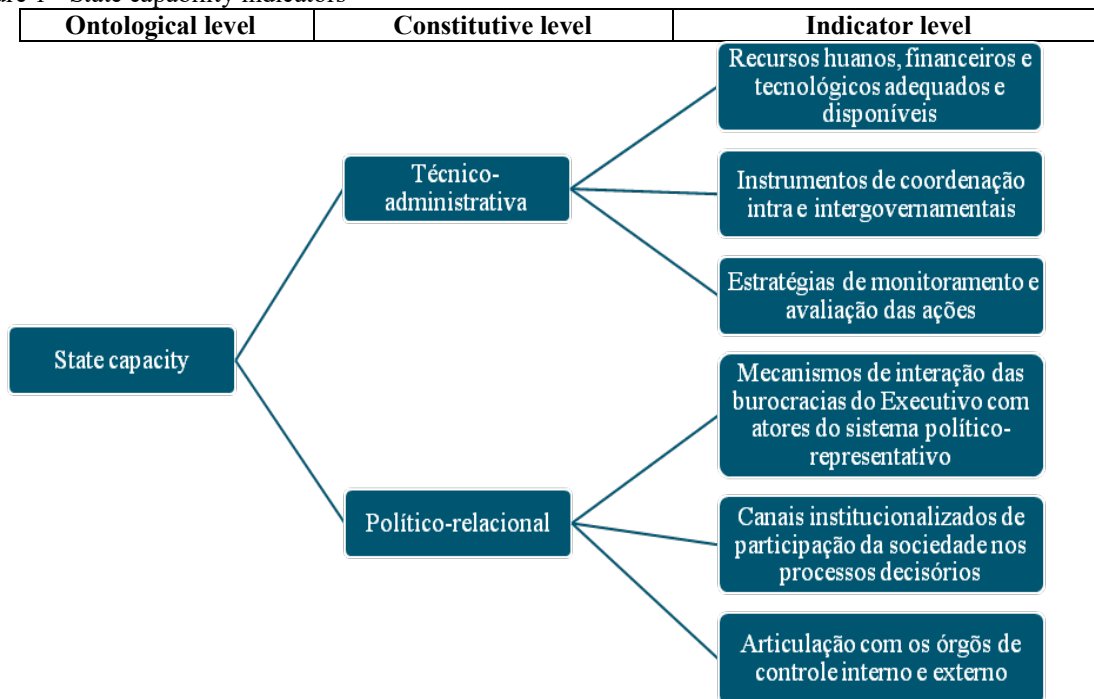
For Pires e Gomide (2016), in democratic contexts, the classic analysis of state-owned capabilities, in which the good results of the State are linked only to the bureaucracy autonomy, to the professionalization of its staff, and to the use of planning and coordination instruments, does not allow capturing the transformations occurred in the democratic reforms that added new dimensions with the inclusion and interaction of new subjects in public policy processes. Still, according to these authors, the traditional literature ignored the relational dimension, this being fundamental in studies on the contemporary State, especially those under a democratic regime, as it realizes the importance of dialogue between the State and society for the creation of minimal consensus on political issues (PIRES; GOMIDE, 2016).



Considering this debate, this research chooses to incorporate the bureaucratic-Weberian perspective into the relational perspective, since this presents itself as an important analytical strategy to explain the different arrangements of public policies in contemporary times. Despite a certain proximity in the theoretical treatment of the constitutive dimension of state-owned capabilities, the variables for measuring this capability have been less consensual in the literature (PIRES; GOMIDE, 2016).

In this sense, Pires and Gomide (2016) propose the measurement of state-owned capabilities through a set of indicators, reflecting both the technical-administrative dimension and the political-relational dimension. In its analysis model, one can empirically visualize these government skills in the provision of public goods and services (Fig. 1).

Figure 1 - State capability indicators



Source: Pires and Gomide (2016).

These authors suggest the following indicators to measure the technical-administrative level: (a) the availability and suitability of human, financial, and technological resources; (b) intra and intergovernmental coordination mechanisms; (c) public policy monitoring strategies; (d) procedural and organizational tools (planning, control, and management); and (e) the regulatory legal framework of the policy.

Concerning to political analysis, Pires and Gomide (2016) indicate elements that explore the bureaucracy's interaction mechanisms with the actors of the representative political system, the institutional channels of society's participation in the decision-making processes of policies, and the articulation with the external and internal control bodies.

For Paes de Paula (2005), the relational political dimension permeates the discussion of the relations between the State and society in the processes of deliberation, formulation, and implementation of social policies. It is worth remembering that the expansion of this debate took place in the context of democratic societies in which States were required to expand their capability for articulation and dialogue with civil society, which made political capability

essential, even for development of technical-administrative capability (KJAER; HANSEN; THOMSEN, 2002).

In this sense, in democratic societies, it is needed that the State to have the socio-political capability to coordinate interests to settle conflicts, direct essential information to the formulation of public policies, build shared visions of the future, and support legitimacy bases, acting to provide answers to the society interests (STEIN, 2015).

Considering this theoretical framework and the elements presented here, a list of variables was developed and will be explained to analyze the PRP capability in Tocantins State to achieve its institutional objective.

3 Methodological procedures

This research used the analysis model developed by Pires and Gomide (2016) to measure the state-owned capabilities of public policies. This model divides the analysis into two levels, the technical-administrative and the political-relational. Variables related to human, financial, and technological resources, the existence of intra and intergovernmental coordination instruments, and the means of monitoring and evaluating the specific actions of the program in Tocantins State were analyzed in the PRP technical-administrative context. At the relational political level, an attempt was made to identify the existence of channels for society's participation, the articulation with internal and external control bodies, the existence of mechanisms for interaction between the INSS bureaucracy and subjects linked to the political-representative system or articulation with other public or private institutions. Table 1 illustrates the referred analysis model adapted to the study object of this research. Thus, the variables analyzed at each constitutive level of the rehabilitation policy were established.

Table 1 - State capabilities arranged at the technical-administrative and political-relational levels

	Level	Evaluation criteria	Elements Analyzed
State Capabilities	Administrative technician	Human Resources	<ul style="list-style-type: none"> • Adequate number of servers for local demand • Existence of professional servers to work in the PRP • Existence of a training policy at the INSS that meets the specificities of Rehabilitation • Individual planning of activities carried out • Existence of server productivity assessment
		Financial resources	<ul style="list-style-type: none"> • Resources for business trips. Ex. for itinerant service in branches without a fixed team • Resources for External Research (local institutional visits). • Resources to move servers for training and technical meetings • Resources for hiring professional courses • Resources for bidding on orthopedic prostheses and orthoses • Resources to pay a per diem, food, and transportation for the insured person • Instruments/systems to operationalize the PRP resources
		Physical structure and Technological Resources	<ul style="list-style-type: none"> • Existence of adequate physical structure (physical space, telephone, internet, etc.). • It has systems suited to the PRP demand • Enough equipment (computers, scanner, printers) • Existence of interconnection between INSS institutional systems • Data available on the program and insured to guide action



		Internal Coordination	<ul style="list-style-type: none"> • Ability to communicate between the PRP and the expertise • Existence of trained personnel to promote the Program management • Existence of coordination tools • Strategy for monitoring, evaluating, and improving actions taken • Server trained in the preparation of projects, bidding processes and technical cooperation agreements or technical studies in the area and rehabilitation • Preparation of state strategic planning for PRP
		PRP External Coordination	<ul style="list-style-type: none"> • Ability to communicate with Professional Rehabilitation Division (national) • Communication capability representative of the Professional Rehabilitation Superintendence (regional) • Existence of institutional support or encouragement for adopting a technical cooperation agreement between the INSS and other institutions as alternatives to local needs
	Political-relational	Transparency and publicizing the PRP with society and social participation spaces	<ul style="list-style-type: none"> • Transparency of servers before policyholders • Publication of information related to the PRP face to society • Questioning whether the company has information about the existence of the Program and the access criteria • Existence of participation in the Pension Councils • Existence of participation in the Occupational Health Commission • Existence of participation in Worker's Health Conferences
		Control Bodies	<ul style="list-style-type: none"> • Articulation with the Federal Attorney's Office • Articulation with the Judiciary • Articulation with the Legislative Branch • Existence of an integrated informational system between the PRP and the control bodies
		External articulation with other institutions	<ul style="list-style-type: none"> • Articulation between the Ministry of Labor, the Department of Education, the Department of Health, National Employment System (Sine, Brazilian acronym), and other institutions • Access level to information between institutions in the public policy network accessed by the insured during the PRP • Existence of a partnership between social security and other public bodies to implement inclusive actions

Source: Elaborated by the authors (2022).

Interviews were carried out with all the professionals who work in the PRP in the Tocantins State to collect the data.

The primary data were collected by document analysis and by interview. Access to institutional documents was authorized by the INSS after a formal request. The interviews were carried out with six of the seven civil servants who work in the PRP. Each of the professionals was contacted personally or by telephone. In addition, the Free and Informed Consent Term was delivered to the interviewees to clarify the research objectives.

The interviews followed a previously established questions script, with the use of “closed” questions, that is, with prefixed response conditions; and “open” questions, when the interviewee had the opportunity to talk about the topic. In the case of closed questions, the characteristics of the INSS professional staff who work in Tocantins State were inquired about time in the institution and time working in the Rehabilitation Sector and education. The “open” questions dealt with aspects related to the internal and external dimensions of the state-owned capabilities to perform the program, such as aspects related to working conditions, instruments used, and intra-institutional and extra-institutional influences of the Program. Therefore, after collecting data through interviews, the information was systematized and the content was analyzed, aiming to identify the PRP state-owned capability to achieve its institutional objectives.



4 Analysis of the PRP state-owned capabilities in Tocantins State

The INSS of Tocantins State has fourteen Social Security Agencies (APS, Brazilian acronym); however, the PRP has fixed service only in APS Palmas (Central Region), in APS Gurupi (South Region), and in APS Araguaína (North Region). The Sector also performs mobile assistance in other APSs in the State but only in the agencies that have the medical expertise service.

In relation to the number of servers performing the Rehabilitation Sector activities, except for physicians, there were seven professionals, being four social workers, two occupational therapists, and one physiotherapist (manager). It is worth mentioning that two of the social workers work both in the Rehabilitation Sector and in the Social Work, having to manage their time to meet both demands.

The medical expertise sector works with fifteen physicians qualified to refer and care for rehabilitating patients, and these are distributed in four branches (Palmas, Tocantinópolis, Araguatins, and Colinas).

It is within this institutional framework that the professional rehabilitation service is carried out in Tocantins State and that the analysis of the state-owned capabilities of the referred program was carried out to understand its potentialities and limitations.

At the technical-administrative level, in the **variable referring to the human resources available to the PRP**, the existence of a highly qualified bureaucracy was identified, which went through a meritocratic selection process in public tender format, which allows greater relative autonomy of professionals if compared to professionals with a temporary or commissioned contract.

Beyond that, all professionals working in the PRP are graduated and have attended or are attending postgraduate course. It is noteworthy that the existence of a qualified bureaucracy is a highly relevant element in the analysis of the capability of the State to achieve its political objectives (EVANS, 1993; GEDDES, 1996; GOMIDE, 2018; RUESCHEMEYER; EVANS, P. O. P. B.; RUESCHEMEYER; SKOCPOL, 1985; SKOCPOL, 1985).

Furthermore, the existence of a training policy was considered as mechanisms for mobilizing the PRP administrative capability, since it is needed to continuously improve the servers to equip them so that they can give qualified answers in different situations, since there are frequent changes in the demands of users, legislation, and work instruments. Thus, it was noticed that this measure was shortcoming, since there are regulations about the INSS training policy, but this is implemented in a precarious way. As verified through the interviews, there are few spaces for professional development promoted by the institution, there is a low offer of distance education courses (EaD, Brazilian acronym) and there is no face-to-face training or under technical supervision. Moreover, it was found that the plan for positions and careers does not contemplate the civil servants' competences or qualifications; and resistance was also found by the INSS administration in releasing civil servants to carry out extra-institutional training on their own initiative; such conditions limit the expansion of the technical capacity of the professionals working in the PRP.

In addition, a reduced number of professionals was identified to ensure adequate service to the demand of Tocantins State; there are a total of six professionals (except the manager), being four professionals providing exclusive assistance in the PRP and the other two professionals working both in the PRP and in the Health Sector, which considerably reduces the operation time in the Sector. It was also noticed the lack of administrative server support and the little availability of interns. It was found rehabilitation service only in three agencies



among the fourteen, being two in country towns of the State; the professionals work without the basic operation conditions, since at least one expert and a reference professional are needed to carry out a rehabilitation process, which was not found in this study. In this way, professionals find themselves working in isolation, without the possibility to follow the rehabilitation process stages, which is an extremely limiting factor to a better PRP performance.

The existence of two evaluation tools for servers was a positive point, one general (SISGDASS¹) and one specific for the server working in the PRP (Qualitec). However, the need for the SISGDASS tool adequacy was identified, both in the establishment of more reasonable goals, and the tool itself, since this was characterized by the interviewees as “limited”, “generalist”, and “automated”. Thus, the need for adaptations is realized to be more analogous to the institutional reality, as well as it is needed to give feedback to professionals regarding periodic evaluations so that they can readjust their work processes and improve the policy efficiency levels they operate.

Prado and Duarte (2015) confirm these findings, who negatively analyzed the way in which the evaluation tools are used in the INSS, by emphasizing that the bonus system has been linked to excessively high goals, presenting itself as a tool to extract the maximum amount of work from a smaller number of servants, subjecting them to periodic evaluations and institutional pressure to maintain wages.

Regarding Qualitec, it was not possible to analyze the application periodicity, nor the referred tool quality, since the interviewees (who do not have management experience) reported not knowing it or not having the property to evaluate if it is the appropriate means to measure the work. Thus, this situation indicates weakness at this indicative level because it was not used as a mechanism for improving the professionals' work activities, since they did not receive feedback on the evaluation process in which they were involved, despite the existence of a specific evaluation tool.

Another positive point that boosts capabilities refers to the existence of a career plan by service time as it encourages employees to remain in the INSS, reduces the turnover of professionals, and enables a more in-depth knowledge of the policy and its operationalization due to long periods of professionals' dedication. It is worth noting that the stability of the institutions' bureaucratic framework reduces the costs of political transitions (MARENCO, 2017).

Infrastructure and technology are essential variables to enable the delivery of quality public goods and services, since deficits in the structure can limit government capabilities (BRANDÃO, 2014). Thus, it was found that the INSS provides a reasonable institutional bureaucratic structure, as it provides individualized rooms, individualized computers, furniture, internet, telephone, scanner, printer, and corporate institutional systems. However, the findings in this research indicate the need for maintenance both in the physical structure and in the system adequacy, since these do not meet the specificities of Rehabilitation Policy, which is considered an essential element to enhance its technical-administrative capability. It is worth mentioning that the main point needed to be reinforced at this indicative level refers to the conclusion of the specific system elaboration for the PRP, which is already in the test phase to overcome the existing limitations regarding the technological means.

The **financial resources** are essential for maintaining administrative capability and in guaranteeing the provision of goods and services by the State (CINGOLANI, 2013; PAINTER; PIERRE, 2005; PIRES; GOMIDE, 2014). Thus, there was great weakness in guaranteeing

¹Performance Bonus System of Social Security Activity



resources for the PRP, except for paying for external research² and resources for policyholders (per diem and transport). The other items analyzed had considerable limitations in terms of availability and accessibility to resources to make it difficult to carry out training activities, technical meetings, purchase of prostheses and orthoses, hiring professional courses, and carrying out business trips to assist mobile teams. Thus, the INSS presented low capability to guarantee resources to carry out the rehabilitation, an element of great relevance to provide the program with working conditions and, consequently, to materialize in the results of the PRP.

Among the consequences of the resources lack to pay server daily, the failure to carry out itinerant service in locations where there is no fixed team, as well as the non-compliance with the daily demand of the agencies in the South and North of the State, since both do not have physicians to fill. As a result of the physicians not traveling to these centers, all insured persons must travel to the Palmas agency (Capital City) to carry out the procedures for extending the benefit, analyzing medical complications, prescribing orthopedic prostheses, analyzing the compatibility of activities/functions and dismissal from the PRP, since the expert acts directly and in a non-transferable way in carrying out these procedures.

On the other hand, no difficulty was identified in accessing resources for payment to policyholders who live in country towns who need to travel to Palmas to carry out the expert procedures.

Another variable analyzed was the **internal coordination mechanisms** able to organize the PRP action with the other INSS sectors. Thus, the capability for dialogue among the PRP Technical Advisory, the Reference Professionals, the Medical Expertise, and other INSS sectors was analyzed, and a good internal communication ability was identified between the local Advisory and the reference professionals; however, it was found the ability reduction when interacting with the medical expertise, and even greater weakness regarding the other INSS sectors and the Social Security Agencies. Thus, the need for local coordination to improve the ability to communicate with the expertise and other INSS sectors is realized, since dialogue is essential for agreeing on goals and joint plans (GRINDLE, 1996). The limitation of this variable reduces the ability to respond and resolve internal demands.

Among the consequences of the dialogue lack with the expert, it was identified through the documentary study that around 30% of policyholders were referred incorrectly, as they did not meet the minimum criteria required by the PRP, such as compensated pathology, minimum education, age, or learning conditions. This information points to the need to carry out actions towards the integration between the professionals of the expertise area and the other PRP servers or joint multidisciplinary support actions to minimize misdirection and thus improve the service quality.

Interaction problems with experts have recurrently appeared in studies related to professional rehabilitation (MIRANDA, 2018; TAKAHASHI 2006; TAKAHASHI; IGUTI, CANEQUI, 2003; ZILLOTTO; BERTI, 2013), which indicates that this is not just a problem, pointing to the need for intervention at the national level to overcome or minimize this controversy.

Implementation of strategic planning that involves the PRP team and INSS decision-makers is another element needed to be improved at the level of internal coordination; its limitation has materialized in the low institutional support for coordination activities and estrangement from the other sectors and from the social security agencies in relation to the activities carried out by the PRP. Professionals working in the PRP reported not knowing the

²Refers to the compensation paid to civil servants who carry out institutional visits needed for the PRP activities performance.



existence of a state planning. These aspects express a double weakness in the ability for internal coordination that significantly weakens the possibility to achieve goals or productivity, since there is no clarity about the existence of these goals.

Furthermore, the implementation of a policy for monitoring and evaluating the PRP results was not identified, and the evaluation is an important tool for the management process (COTTA, 2001) as it makes it possible to know the institution reality and its limitations and potential; added to that, it can be a means to establish strategies to overcome institutional problems or to improve the quality of services provided (GRINDLE, 1996). It is needed that the PRP “incorporate the evaluation culture”, in addition to quantitative informational survey that allows “dimensioning the impacts and processes obtained with interventional action” (ARAÚJO, 2016, p. 13).

However, the existence of an instrument to verify the adaptation of the insured worker in the labor market and the effectiveness of the PR process (research of fixation) is considered positive, even though there are weaknesses in the tool, as it does not explain the objective conditions regarding the functioning of the rehabilitation service, such as human, financial resources, systems, etc. This tool could minimize the gap in the PRP evaluation, providing data for the work management in the Rehabilitation Program context. It is emphasized that the information production for monitoring and evaluation the public services can enhance and expand their quality, as well as redefine the policy management (GRINDLE, 1996). Therefore, a PRP deficiency is realized by not carrying out the survey of the insured worker fixation in the labor market, which limits the management ability because it does not have information subsidizing the direction of its actions.

Regarding **external coordination capability**, the need to improve the ability of the local Advisory to dialogue with the PRP regional and national representatives was identified, as well as with external local bodies aiming to promote actions that allow the re-entry of the worker rehabilitated in the labor market.

The interviews highlighted the low capacity for autonomy and resolution of the local Advice, which is a hindering element to carry out institutional arrangements with other entities and bodies aiming at the policyholder rehabilitation.

At **the constitutive political-relational level**, an attempt was made to approximate the analytical elements that explored the institutionalized interaction among the PRP, the political system, the social participation mechanisms, as well as interaction with control and inspection agencies. Thus, it was identified the need to expand the articulation capability with the institutions that make the interface with the PRP, such as the Ministry of Labor and Employment, National Employment System (Sine, Brazilian acronym), Health Secretariat, Education Secretariat, as well as the need to build articulation with institutions courses and partnerships with private companies aiming to promote practical activities or training for policyholders.

It is noticed that the rigidity of the INSS hierarchical structure is a limiting element to the integration of social security with other transversal policies to rehabilitation (MIRANDA, 2018), which means that the concept of social security is not implemented in the way it was idealized, as well as the guidelines of the National Occupational Health Policy, which provides the interface of intersectoral actions among health, work, and social security impaired due to the distance generated by the hierarchical institutional culture that even overlaps with the legal framework that guides joint action between these bodies.

The understanding that the PRP does not act directly in the execution of the policyholder training is fundamental in this analysis, but it mediates this training between the policyholder



and other educational or training institutions. To policyholders with low education, training is initially promoted by the education network, usually municipal or state. In the case of employed workers, training for another function is predominantly mediated by the insured bond company or partner company by training. In the case of unemployed policyholders (or who were denied return at the company) needing technical training, a Technical Cooperation Agreement must be performed or hiring a professional technical education company to promote this training.

In addition, the Sine acts in the replacement of this insured person after training in the labor market in a complementary way. It should be noted that the Rehabilitation Manual is very clear about the non-mandatory PRP in the replacement in the labor market, which should only equip the worker for another activity compatible with their limitation, giving them the essential means to achieve this purpose (BRASIL, 2018).

In this sense, the construction of institutional arrangements with the work policy, employment and income generation, education, assistance, and health are fundamental to integrate the insured person with limitations. It is worth mentioning that the health policy can provide the conditions for the insured person to be physically rehabilitated, and this element may be, in many cases, a precedent and essential condition for the professional rehabilitation process.

However, the lack of networking and fragile and unstable institutional arrangements were identified, which considerably limit the PRP ability to achieve its institutional objectives, that is, to provide conditions for workers with limitations to return to the labor market.

In this sense, only the southern region of the Tocantins State presented a more well-designed work in relation to the network of public policies, with emphasis on the education and public health system, but it still presented great weakness regarding the offer of professionalizing education. Beyond that, it was found that there was no Technical Cooperation Agreement or contract to carry out Professional courses in Tocantins State, which is a basic element for the PRP functioning in this State.

At last, there was weakness in the relationship with the Ministry of Labor, as this is a body that mediates the reintegration of workers who are employed in conflicting situations with the company, in addition to being responsible for overseeing compliance with the Quota Law.³ It is needed to realize that the PRP cannot solve the problems of the world of work; however, by not being able to carry out the needed institutional arrangements for the workers and acting in isolation, the PRP has shown itself to be increasingly not enough in favoring the return of policyholders with limitations to the labor market (MIRANDA, 2018). This reality was also evidenced by the research carried out by Miranda (2018), which is similar to the findings in this case study in Tocantins State.

The guarantees absence and the mechanisms lack that facilitate the reinsertion and maintenance of policyholders in the labor market end up generating resistance and insecurity on part of workers who use this service, since the rehabilitation process goes beyond the INSS action context, which has “little to offer in the face of real demands” (BREGALDA; LOPES, 2016, p. 488).

Furthermore, the PRP low capability for articulation with the Federal Attorney Office, the Judiciary, and little interaction with the Legislative Power were identified. In this sense, the low capability for interaction with the representative political system permeates the non-functioning of the Social Security Council, the little political engagement of PRP members in

³Law No. 8213, of July 24, 1991, article 93, which establishes quotas for job vacancies for people with disabilities or rehabilitated people.



public policy deliberative spaces, as well as little articulation with social entities or organizations as a means of articulation with the Legislative Power.

At the level referring to **publicity and transparency of the PRP with the civil society**, it was found that there was no disclosure regarding the Program existence and the access criteria together with the low participation of decision-makers and PRP members in deliberative spaces of public policies, what does not favor the disclosure of the Rehabilitation Policy.

It is noteworthy that it is possible to establish more transparent relationships between public administration and society in spaces of popular representation, and to enable articulations and ways to mediate the implementation of social policies and society's apprehensions (RAICHELIS, 2009). In this way, a potential to be explored in the deliberative spaces of public policies transversal to the PRP was identified as an tool that can propitiate the expansion of the political-relational capability for Rehabilitation Program in Tocantins State.

In short, an attempt was made to synthesize the analyses of the limits and the PRP institutional potential under the perspective of the state-owned capabilities theory. It is worth mentioning that for the policy to have good results, not necessarily all indicative levels need to have good results, the greater or lesser relevance of an indicative will depend on the focus of the policy being implemented (GOMIDE; PEREIRA, MACHADO, 2018).

This issue can be clarified in accordance with the studies by Pires and Gomide (2016), in which they made a comparative analysis of the state-owned capabilities of eight government programs, concluding that different types of capabilities are associated with different types of results, thus, programs with high technical-administrative capability were associated with high product delivery and programs with high relational political capability showed high innovation levels.

In the case of the PRP in Tocantins State, the indications of state-owned capabilities will materialize in the results found in the documentary research for the year 2018, in which the Program managed to train 31% of the insured persons dismissed during this period; however, 29.7% of these returned immediately into the labor market.

It is considered that the low results of this policy are related to a set of variables with great relevance to the following factors: (a) the insufficient number of public servants to meet the State demand; (b) lack of expertise in the country towns; (c) the low capability to guarantee financial resources to make possible the functioning basic issues of the Program; and (d) the limited ability to articulate external institutions, since networking is an important strategy to enhance the PRP results.

The intersectoriality is a fundamental element, since the rehabilitation process involves many aspects (social, physical, educational, psychological, and labor) that are beyond the possibilities of social security policy, which refers to the need to establish institutional arrangements with cross-cutting policies to provide opportunities for the integral rehabilitation of the insured person. Such factors as they stand are extremely restrictors of the PRP state-owned capability to present better results.

5 Final Considerations

This research sought to analyze the state-owned capabilities of the Professional Rehabilitation Program (PRP) in Tocantins State in its technical-administrative and political-relational dimensions. Three main results were evidenced. In the analysis of the technical-administrative dimension, it was noticed that the workforce is very disproportionate to the demand of the State and that the professionals who work in the country towns work in isolation without being able to follow up with the rehabilitation stages due to the absence of an expert. It should be noted that the expert physician has a very important role in defining the



rehabilitation processes due to his specific knowledge. These are extremely limiting factors of the PRP administrative capability.

The second factor, no less important, the limited capability to guarantee the financial resources to enable basic questions of functioning (hiring professional courses, purchase of orthosis and prosthesis, and per diem for the server to perform itinerant care) in addition to enable the server participation in technical meetings and training sessions.

The last one refers to the low ability to articulate with external institutions, as networking is a fundamental element to enhance the PRP results, including minimizing the problem of resources lack, the lack of an active contract with a Professional education institution or training, as well as meeting the many demands that permeate the transversal policies dialoguing with the PRP (health, work, human rights, education, social assistance, transport, and mobility).

State-owned capability indicators help to understand the results found in the PRP in 2018, as the Program was able to train 31% of insured persons who were dismissed during this period; however, it is important to note that 29.7% of these servers immediately returned to the job market. It is noticed that the PRP in Tocantins State rehabilitates little, but those who manage to be rehabilitated have truly managed to return to the job market.

Thus, it can be concluded that there is still a long way to go for the PRP in Tocantins State to be more effective in its results. However, it should be noted that structural and conjunctural issues influence the state-owned capability to implement social policies, and it is fundamental to understand the context in which public policy is inserted to understand the expansion or retraction movement of this capability. It should be noted that the PRP is in a context in which there is a process of restructuring the State with a tendency to reduce public policies (BEHRING; BOSCHETTI, 2018; MOTA, 2012), in which it reinforces the perspective of social security as social insurance and PRP emptying.

However, investment by the public sector is essential to overcome the weaknesses in capabilities pointed in this research; despite the limitations of the Program, it was identified that people who completed the PRP in the rehabilitated condition, mostly were able to return to work immediately, which indicates the great importance of intervention of State in the issue of disability.

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