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Research paper

Poverty as a situation of disability: Social workers' reticence to back active solidarity income beneficiaries' requests for disabled adults allowance



La pauvreté comme situation de handicap : les réticences des professionnels face aux demandes d'AAH dans le cadre de l'accompagnement social des bénéficiaires du RSA

Samuel Neuberg*

ENS-EHESP-CNSA, France

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ABSTRACT

Social service support for beneficiaries of the French RSA (minimum income scheme) is based on reducing their problems to a series of situations blocking their "plans to return to employment". These situations are defined in practice by the specific "programs" toward which professional may orient beneficiaries. This notion is quite close to that of "situation of disability", as it is used in social conceptions of disability. It is the support for a specific handicapology, rooted in a representation of social service work in rupture with the traditional notion of support for disabled persons, those unfit for work. It is characterized particularly by a refusal to sort beneficiaries into overarching categories, and a change in the meaning given to people's material and cultural destitution, which is not treated as a consequence of unemployment or as a disability, but as a disabling situation responsible for their withdrawal from the employment market. These professional norms are manifest in a strong resistance when beneficiaries express the desire to seek AAH (disabled adult allowance). This reticence is explained by the simultaneous

* Correspondence. 29, rue Bernard-et-Mazoyer, 93000 Aubervilliers, France.

E-mail address: samuel.neuberg@ens.fr

transformations of both the administrative division of social support work and the social trajectories of the social workers charged with this work. AAH requests place professionals in a paradoxical situation: their general role to support people in their administrative procedures comes into contradiction with their mission to “support toward employment”, which they find radically incompatible with the posture of assistance implied by the recognition of even a partial unfitness for work.

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L'accompagnement social des bénéficiaires du RSA s'appuie sur la réduction de leurs difficultés à une série de situations de blocage dans leur « projet de retour à l'emploi ». Ces situations sont définies en pratiques par les « dispositifs » spécifiques vers lesquels les professionnels peuvent orienter ces bénéficiaires. Cette notion est très proche de celle de « situation de handicap », telle qu'elle est utilisée dans les conceptualisations actuelles du handicap. Elle est le support d'une handicapologie spécifique, enracinée dans une représentation du métier en rupture avec la notion traditionnelle d'assistance aux personnes handicapées, c'est-à-dire inaptes au travail. Elle se caractérise notamment par un refus des catégorisations globales des bénéficiaires et une modification de la signification accordée au dénuement matériel et culturel des personnes : celui-ci n'est pas traité comme une conséquence du chômage ou d'une déficience, mais comme une situation de handicap qui explique le retrait hors du marché du travail. Ces normes professionnelles se traduisent par une forte réticence de principe aux souhaits d'obtenir l'AAH formulés par les bénéficiaires. Cette réticence s'explique par les transformations simultanées, d'une part, de la division administrative du travail d'accompagnement, et d'autre part, des trajectoires sociales des travailleurs sociaux chargés de ce travail. Les demandes d'AAH placent les professionnels dans une situation paradoxale : leur rôle général d'accompagnement des personnes dans leurs démarches administratives devient contradictoire avec leur mission d'« accompagnement vers l'emploi », pour eux radicalement incompatible avec la posture d'assistance qu'implique la reconnaissance d'une inaptitude même partielle au travail.

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French public policies for both employment and disability have experienced significant legal and regulatory transformations since 2005, with the decentralization laws of 2003, 2004, and 2005 and the creation of a new minimum income scheme in 2009 on one hand, and the 2005 law “for equality of rights and chances, participation, and citizenship of disabled persons” on the other. The publics addressed by these two branches of policy are defined in very different ways and are for the most part analysed in those terms, although their partial overlap is not ignored (Herrgott, 1999).

At the same time, ethnographic public policy analysis has made some significant contributions that have profoundly renewed sociological enquiry into the construction and concrete operations of these instruments (Dubois, 2012). My analysis takes this approach, and is based on observation of moments when the semi-autonomous sub-fields of support for disabled persons and for the unemployed (or resultant poverty) overlap. It is not intended to provide an overview of all disabled assistance, or even the cumulative effects of situations of disability compounded by material destitution. Although my analysis is based on observations of daily practices of social service professionals in charge of

supporting beneficiaries of the RSA (*Revenu de Solidarité Active*, Active Solidarity Income), it interprets these routines through exploration of a phenomenon that the studied field professionals believe to be marginal: dealing with the official category of “disability”, especially when the people they counsel request AAH (*Allocation aux Adultes Handicapés*, Handicapped Adult Benefits). Although this analysis is empirically significant and methodologically enlightening, its generalizability is limited to its relatively specific empirical context (Box 1). I will highlight how RSA program social workers’ specific social and professional trajectories lead them to form particular conceptions of the processes of exclusion, and how these conceptions are vital for understanding how the notion of disability is put to practical use in this branch of social policy (Box 2). This analysis thus aims to enhance our understanding of the ways in which different fields of public intervention may converge and interact (Bertrand, 2013).

In the first section, based on my observations, I describe how the implementation of RSA support led to the production of specific categories for case analysis and handling that structure all aspects of professionals’ work as observed in the field (Section 1). Analysis of these social workers’ personal trajectories then makes it possible to interpret their great reticence to back RSA beneficiaries’ requests for AAH, which they perceive as a challenge to their role and their professional identity (Section 2). This last point then allows me to demonstrate how the practical categories in use among RSA social workers draft a truly indigenous “handicapology”, quite modern in view of recent legislative changes in the disability sector, which makes these professionals feel the notion of “disabled adults” rather out-dated (Section 3).

Box 1: The field study.

The field study took place between 2007 and 2011 in Manizy,¹ a medium-sized “poor” city in Greater Paris with 30,000 inhabitants. At the time of the study, over 10% of its population was thought to be “covered” by the RSA. In Manizy, I observed how people receiving the RMI (*Revenu Minimum d’Insertion*, a form of minimum income scheme) and the RSA (*Revenu de Solidarité Active*, a scheme that replaced the RMI, with stricter requirements that recipients prove active job-seeking) were received and counselled in the CCAS (*Centre Communal d’Action Sociale*, the City Social Action Centres), in the local branch of departmental-level government offices and in several “partner” associations. Most of the study consisted of observation, usually followed up by a series of biographical interviews with the social workers and local managers.

Conducted under the auspices of my dissertation on the handling of the poor as such, the study incidentally allowed me to observe the AAH application process. But focusing on the RSA program does exclude anyone in a situation of disability that can be easily objectified by medical and medico-social institutions. The fact that the RSA is, with a few exceptions, reserved for people over age 25 logically explains why cases of people with congenital organ deficiencies are entirely absent from my observations. In other cases, an expedited application for the RSA may be made and even accepted over the course of the lengthier AAH application process (this scenario seems far from being rare, since 18.9% of AAH recipients in December 2010 had previously received the RSA or RMI between 2001 and 2009; Labarthe & Lelièvre, 2012). But in cases where a request for AAH is granted quickly, there is no specific counselling procedure, making such situations impossible for me to observe.

In fact, out of the approximately 300 cases I either directly observed or studied through their files, the thirty-odd beneficiaries who had applied for AAH while receiving RSA counselling fall into two very clearly established indigenous categories:

- people “broken by work”²: usually around 50 years old, frequently women, most often suffering from serious back problems after a life of working physically heavy jobs with little or no recognition;
- people “ruined by life”: a wider age range, with a more significant minority of men, in poor general health and, in about three out of four cases, a very long history of drug addiction.

¹ Out of respect for informant anonymity, all names of people and places have been altered. Additionally, certain factual details have been switched for informants who requested it.

² Unless stated otherwise, terms in quotes are from informants’ vocabulary.

Box 2: The ideal-type RSA application process.

To get into the “RSA program” people file an application either with the Conseil Général (the governmental body at the level of the French administrative department) or a partner “instructional” service, usually the Manizy CCAS. Applicants filing with the Conseil Général are then convoked to a “pre-orientation meeting”: there, each potential beneficiary meets individually with a social assistant who, in about ten minutes, assesses whether or not they are suited to the general unemployment counselling provided at Pôle Emploi (the national employment search service). If the application is filed at the CCAS, it is the professional who would go on to work on the request who makes this assessment. In either case, if the professional detects “impediments” to the job search (as happens in about a quarter of cases), he or she “recommends” that the Conseil Général or CCAS provide “social support”; otherwise the applicant is referred to Pôle Emploi. A meeting led by the administrator of the local branch of the Conseil Général then formally assigns the kind of support to be given, in most cases following the professionals’ recommendations. In cases where there is “social” support, this meeting also decides if the future beneficiary will be counselled directly by the Conseil Général’s services or be addressed to the CCAS. A “referrer” is then named within the designated organization, in charge of establishing a “Contract of Reciprocal Engagement” (CRE) that will be passed by a commission before being signed by the beneficiary. This contract, usually for a six-month period, notably formalizes the beneficiary’s engagement to meet preliminary requirements for returning to activity, such as updating his or her CV and having a medical exam. Respect of this engagement is a prerequisite for its renewal, and thus for the continuation of RSA payments.

1. Indigenous categories for handling files: “impediments” to finding employment*1.1. “Getting a hold on beneficiaries”*

The course RSA beneficiaries follow is conditioned by the diagnostic made during their pre-orientation, which is updated with each renewal. This diagnostic is formulated in terms of “impediments” (*freins*). Although there is no formal list, each diagnostic in fact selects from among a collection of “impediments” that has become established by use. Of the files consulted during the study, over 95% of them concerned a limited list of “impediments”: “housing”, “health”, “mobility” (people without their own transportation who declare they are unable to use public transportation), “communication problems” (mainly non-francophones), “basic knowledge”, “child care”, and “budget management”.

This coding instrument displays a certain practical flexibility. It allows, for example, the identification of a wide array of deviant behaviours without naming them specifically. In cases where the social worker judges someone’s personal hygiene or way of dressing incompatible with seeking employment, for instance, the typology allows her to pinpoint the area where “there is work to be done” with relative precision. If the social worker decides that there is some form of personal negligence to be addressed, she usually cites the “housing” impediment in the applicant’s file, which could lead to interventions in the home to teach personal grooming norms. If the referrer finds that there are physical or psychological difficulties, she may indicate “health” as an impediment and recommend supplementary medico-social support.

But this nomenclature of “impediments” is not merely an instrument for the administrative coding of the situations beneficiaries manifest. As a job placement advisor at the Conseil Général explained, it is also a tool that allows referrers to act: “If you haven’t correctly identified the impediments, after that you can’t move forward with the person, especially if he’s really far from employment. . . It’s important for getting a hold on the beneficiaries, their situation.”

When confronted with the often-crushing weight of the challenges people face relative to the requisites of the labour market, the “impediment” typology allows the definition of some concrete support objectives. It establishes a list of urgent needs, leading to the formulation of a list of relevant organizations for the beneficiary to solicit, such as public housing rental offices; local authorities managing “special” funds for food, housing, or transportation; the family and social services agency;

child care; and a variety of Conseil Général “partner” associations. Keeping track of the beneficiary’s efforts in soliciting these organizations allows the referrer to objectively measure his “motivation” and to attest to his “efforts”, upon which RSA disbursements rely. A link between support and information, the diagnostic appears to be relatively effective in establishing the referrer’s authority, judging from the strong feelings beneficiaries express when questioned about this relationship of dependence (Alberola & Gilles, 2011).

1.2. An issue in defining “social support” for RSA beneficiaries

Coding beneficiary’s situations in terms of “impediments” thus has a double role of objectification, objectifying the whole social support situation as well as the individual behaviour of the person being helped. It specifies that beneficiaries must be actively engaged in “integrating themselves” into the working world, and it sets the boundaries of the referrers’ intervention. Overall it gives substance to the notion of “social support to professional integration”, the common expression for social service work helping the long-term unemployed re-join the working world.

In fact, by setting employment as the RSA scheme’s sole objective, its replacement of the RMI scheme was predicated on the possibility of reorienting beneficiary support toward seeking employment. This is obvious given the fact that most beneficiaries are sent directly to Pôle Emploi. Such an orientation further weakens the position of people who are the “farthest from employment” and least likely to meet Pôle Emploi’s requirements, notable among them showing up at convocations and scrupulously respecting bureaucratic procedures for keeping their files up to date.

The “social support” of RSA beneficiaries’ thus acts as a buffer between program requirements and the part of its “public” that is unable (or thought to be unable) to assume the responsibilities associated with earning an income. But this intermediary role had trouble finding its niche in the overall program, which aims to separate job placement (delegated to Pôle Emploi and the formal objective of RSA beneficiary support) from the social treatment of the deeper causes and consequences of unemployment, which fall under other public assistance programs. In fact, Conseil Général social workers stress the temporary nature of social support. When the first CRE were signed in early 2010, directives specified that they should be for a period of six months, renewable only once. This indication was never really taken seriously, even by the hierarchy. And in fact, at the national level, 69% of “base RSA”³ recipients in January 2010 still held the status eleven months later (Cazain, Domingo, Fernandez, Le Tiec, & Siguret, 2012). But this directive was highly influential in that, on principle, it made social support the sole solution requiring a specific justification.

Consequently, referrers constantly need to justify their intervention by being able to establish a link between certain well-defined characteristics of all beneficiaries’ situations and their inability to function on the employment market.

Shortly after the RSA program took effect, Latifa explained her role to me: “We can’t work miracles. . . We can’t invent work and then, well, we can’t fix all their problems like that, it takes time. You’ve got to look where you have something to work with. . . even if employment is often far out of reach. I mean, we’re not supposed to advise them for ten years, so it has to lead someplace.” A referrer at the Conseil Général more prosaically mentions the conditions necessary for her superiors to accept her proposal to offer support to a 40-year-old man in poor health, unemployed for ten years: “Nah, but even if it seems to me, but then. . . but, impossible to send him looking for a job, that’s not the point. If I don’t specify the impediments, the manager will say ‘To Pôle Emploi,’ and that’s it. I’ve got to suggest something.”

The notion of “impediment” is thus not only a category for bureaucratic case handling or practicing coercion over beneficiaries, but also an essential legitimating tool for local professionals themselves.

³ The “base RSA”, in contrast to the “activity RSA”, is the sum granted to people with no work-related income whatsoever, including nearly everyone I met.

1.3. A dual typology of beneficiaries and programs

In the local branch of the Conseil Général, as at the CCAS's RSA service, referrers must convoke each person they counsel (around thirty for a full-time employee) at least once a month. At the time of the interviews, the referrer presented beneficiaries with the “programs” likely to help them “remove the impediments”. In practice, the referrer's main task is actually to “position” the person he is “following”, which is to say, asking that he or she be admitted into specific programs or coordinating a request for financial or material aid in addition to the RSA, such as granting a place in a public nursery school to help with child care. In the cases I was able to observe, during interviews concerning the handling of a “health” impediment, some beneficiaries were “positioned” for a request for AAH.

Beneficiaries' orientational endeavours are complicated by endless fluctuations in the supply of available programs. It is first of all quantitatively variable, depending on public policy orientations and funders' budgetary availability. But the program supply is mainly renewed qualitatively: their managers regularly update the admission criteria for various programs. They are held to quotas between various targeted “publics”, such as unemployed persons under age 25, in addition to people receiving RSA. Moreover, associations try to meet funders' requirements by shifting their choice of beneficiaries toward the “priority publics” of the moment, while still forming “manageable” groups according to their own criteria.

This “positioning” task thus requires the referrer to have deep practical knowledge of local actors for social action and their ever-changing selection criteria. It is mainly based on a series of horizontal discussions with the professionals in charge of programs available to beneficiaries, usually during the beneficiary's orientation. In these discussions, the notion of “impediment” plays a new key role: it functions as an instrument for sorting people taken in by the managing associations, of course, but it also acts as a tool for classifying the programs themselves, reciprocally “positioned” to handle one or more “impediments”. The pertinence of this classification has a direct influence on the referrer's ability to offer orientations that her colleagues and superiors will judge “relevant”: the notion of “impediment” structures the field professionals' mastery of their immediate working environments.

2. Professional practices and referrers' social trajectories through the lens of disability

2.1. Referrers' social and professional trajectories

The RMI's decentralization, starting in 2005, and the creation of the RSA legally forced the Conseil Général to rush to put together an array of support programs. In Manizy, this process necessitated the hiring of a great number of field professionals, under considerable pressure to stay in budget.

The job of referrer is unlike other social assistance jobs in at least two ways. First, professionals who came up through classic social work sectors hold the position in low esteem. This leads to a feeling of down-classing connected to the unworthiness of the public referrers receive, compounded by the rejection of a role perceived as being essentially coercive.

Aline, a 29-year-old social assistant with a degree from the regional social work institute who had previously worked in a hospital's follow-up service, described her distaste for the role of referrer: “What I like is helping people, but there... Anyway there isn't much you can do for them. We're mostly there to try to make them... well, do what they don't want to do. And then, people are in such a state... I feel useless.”

To this are added the unenticing objective characteristics of the referrer jobs themselves. In 75% of cases they are insecure jobs with limited benefits, subject to the vagaries of department-level policy orientations. Their contracts offer pay that is barely minimum wage and have no possibility for seniority recognition.

This situation had significant consequences on the social and professional characteristics of the personnel charged with the “social support” of beneficiaries. Based on their trajectories, the referrers can be grouped into two categories. One is composed of fifteen or so trained social assistants working at the Conseil Général. They are all under 35, and in most cases their referrer position is their first job. They without fail explain that they ended up in the RSA service because of their difficulties finding work, and say they want to change jobs soon. As Aline explained, “Gotta try to hold on, waiting for

something else, manage to steel yourself, not take it all too personally – peoples' fates. . . and then the managers. . . I'm not seen in a very good light."

The second group consists of about ten social workers (all but one of whom are women), and includes all the CCAS referrers. They do not have social work degrees, and have all experienced significant periods of unemployment before being hired by the RSA: they have almost all experienced social assistance from the position of beneficiary. In several cases they were brought into the social action sector via an administrative agent job that was transformed into a referrer position during the 2005 or 2009 reforms. These workers have a less critical opinion of the RSA program and describe their work as relatively interesting and potentially useful, while not dissimulating how hard it is.

Strikingly, social workers with atypical careers are much more highly thought of by their superiors. Local managers believe that an important aspect of their job is getting referrers to appropriate the RSA program's particular rationales, which contrasts with the classic professional culture of social assistants. Indeed, although almost all local managers came from social work backgrounds, they are typified by the fact that they had seized the occasion for rapid professional ascension by investing themselves in the emerging sector of RMI (then RSA) beneficiary support. Their careers are largely dependent on central decision-makers' recognition of the specificity of their work in relation to the rest of the sector.

The direct hierarchical superior of referrers at the Conseil Général, a former youth counsellor now enjoying the rank of manager, described his entry into the sector during an interview: "I had kind of had enough of always doing the same thing. It was a chance to grab, one to create something truly different." He then described the challenges of his job: "You've got to push the social workers along. When they get here they are totally in a social assistance mindset, compassion for people, which doesn't work at all with their support role. Here, people need us to shake them up, but social workers resist. They don't want to leave their routine. It's easier to take pity on peoples' suffering, but I'm not sure that helps them. So I've got to follow them closely, and continually remind them we work differently here, that we aren't here to assist people, but to help them take charge of themselves."

Referrers' dominant professional culture is challenged head-on by their superiors. Those who manage to escape this hostility have in common an internalized a posture of rupture with classic social assistance practices.

2.2. Supporting beneficiaries requesting the AAH: A demeaning and trying task

This devaluation of the supposedly traditional occupational culture is most flagrantly evident when a service chief allocates the counselling of beneficiaries who are considering or have already applied for AAH.

At the CCAS, the service chief usually presents the counselling of people who are in the midst of an AAH application process as a kind of supplementary workload for referrers who already have a heavy workload but who do not make their counselling quota. When there is no apparent need for an adjustment of this kind, such beneficiaries are regularly allocated to one particular referrer, the oldest in the service and thought to be less invested in her work.

In the Conseil Général's service, the devaluing aspect of counselling such cases is even more flagrant. When it seems that a request for AAH will inevitably be granted, the case is usually assigned to an employment counsellor who is in a situation of open conflict with the manager and who is said to be "out of phase" with developments in the occupation. Inversely, when the AAH request seems far from being won, the file is most often addressed to another employment counsellor who, to the contrary, is appreciated for her ability to "get people moving".

To this managerial devaluation is added a feeling of professional incompetence regarding AAH requests. Both young trained social assistants and referrers who came to the work later in life are ill at ease facing the bureaucratically complex character of an AAH application. They feel they lack the training and experience for this task, since the organization charged with ruling on AAH requests, Departmental Disabled Persons Centre (MDPH), embodies a remote administration whose decisions are often incomprehensible for their lack of formalization (Branchu, Thierry, & Besson, 2010), and remains closed to the routine practice of negotiating over particular cases.

The most experienced social assistants feel less directly threatened concerning their bureaucratic abilities as such, but are worried about finding themselves out of step with their superiors' expectations if they give their full support to the wishes of the people they counsel. When orienting beneficiaries toward partner associations, their uncertainty about the diagnostic's relevance is counter-balanced by the possibility of obtaining other social workers' support in "defending their files" with the managers. But when an initiative is directed at the MDPH, they must assume sole responsibility for their decision. A possible rejection of their request would thus be proof that their efforts to convince the beneficiary to develop another plan had been inadequate.

In both cases, supervising a request for AAH implies breaking with the routine of evaluating "impediments", the appropriation of which being central to their superiors' recognition of their skill. But this trying experience also destabilizes the relationship with the beneficiary, in a way that goes far beyond the judgment of others.

Supervising an AAH request involves an implicit recognition of the legitimacy of the beneficiary's claim to disabled adult status, which upsets the referrer-beneficiary relationship. Indeed, the entire rationale of "impediments" relies on the idea that peoples' problems can be deconstructed into a series of manageable situations. "Shaking up" a beneficiary always begins by getting him to admit the possibility, at least theoretically, of a return to mainstream employment. Given referrers' inability to reliably predict the MDPH's response in most cases, requests for AAH weaken the referrers' position.

Tom, 30-year-old a CCAS referrer who went through "several years struggling to get by", presented the dangers to me: "Already, when you've started to work on the request, you can't do much more with the person. . . It's already work, and then people. . . well, they wait for the AAH, y'know. But even. . . the problem is. . . what do you do if the request is rejected? You almost have to change referrer, because it's no longer possible to move forward with the person: for months you've been working for recognition that he can't work, and after, what do you tell him? 'Go to the CPAI⁴, they'll help you make a CV?' It's really not possible."

We can clearly see that the request for a particular status is nearly in contradiction with the mission of "removing impediments". Although the referrer's role is to sort out some easily isolated deadlocked situations to release the supposed abilities of people to be integrated into the job market, the notion of disabled adult encompasses the entire person, attesting to her belonging entirely to a certain category. The referrers, whose professional recognition comes from their ability to influence these blockages or beneficiaries' resistance, are left helpless when they are put in the situation of handling supposedly enduring difficulties.⁵

It is possible to gauge the specificity of this professional culture by comparing it to that of people working the windows at family social services (Dubois, 2010), who, like referrers, feel professionally weakened because they have the impression that their professional backgrounds did not prepare them for the role they play. But in Dubois' analysis, the problematic moment in their relationship with beneficiaries is when the worker's "first body" bursts onto the scene—his individual body, physically present in the interaction, a vector of vulnerability whose presence bears a grain of risk of breaking with the legal-rational forms of bureaucratic power. The referrers' ordeal is diametrically opposed: it is the irruption of the impersonal bureaucratic body, in a situation where "human relations" should take precedence and be the basis of their competence, that threatens the successful completion of their mission. In this context, not rebuffing beneficiaries' requests to try for the AAH takes on a dimension of professional fault, which superiors denounce at length.

2.3. Moral rejection of the notion of "disabled adult"

Not only does the prospect of supporting a beneficiary requesting the AAH make referrers feel undermined, such requests are subject to a form of moral disapproval within the "social support"

⁴ An associative organization that arranges socio-cultural activities for RSA beneficiaries and youth counselled by the local office.

⁵ Significantly, no referrer seemed to be aware of the limited duration of AAH attribution: it was always perceived as involving an irreversible change in status.

services manifest in a strongly ingrained attitude of suspicion toward beneficiaries expressing a desire for the AAH. They are thought to be trying, consciously or not, to escape the moral obligation of work, including with the pseudo-work of integrating themselves into the job market.

In 2011 I attended the first interview with Mrs. Wang, who would end up getting the AAH. She was about fifty, of non-French citizenship, mother of two children and going through a divorce. The interview also included Daphné, her RSA referrer at the Conseil Général, who had had a highly variable career herself. Initially a housewife with three children, she became a dental office secretary following a separation, “to feed the children”. She then spent a long period out of the workforce due to serious health problems before finally finding a referrer job with the insecure status of “employment counselor”. During the interview Mrs. Wang quickly brings up her back problems and her hope of obtaining the AAH and, in face of Daphné’s unencouraging reaction, returns to the issue several times over the course of the conversation. Daphné insists on “raising one problem at a time”, in this case “health”, but also “basic knowledge” (Mrs. Wang has difficulty reading and writing in French) and “housing” (she fell behind on rent during the divorce). When Mrs. Wang returns to her back problems, Daphné gently but forcefully cuts her off: “No, but we’ll see about that when we get your check-up results” the first time, “no, but we can find some solutions for that, we’ll see what tools are possible” the second time, and lastly, “no, but what is urgent is to put things in place to find solutions. Anyway, so long as the housing isn’t settled. . . You might actually need better suited housing, I mean, that has to be settled in order to look for solutions.”

So, when a beneficiary reports a desire for this benefit, the most frequent response is for the referrer to require that the request be preceded by preliminary initiatives on issues thought to be more pressing. They serve to test the person’s real motivations. In a seemingly paradoxical way, an inability to carry out simple health- or lodging-related procedures is interpreted as an indicator that the AAH is unsuitable, interpreted as a cover for general demotivation.

But referrers’ disdain for AAH requests is not merely related to beneficiaries’ supposed faults. It is counter-balanced by denunciation of society’s stigmatization of RSA beneficiaries. Among referrers with marginal profiles, it is manifest in a rejection of all overarching classifications of people that is frequently rooted in their own personal experiences of stigmatization related to class, race, or gender. These referrers and their superiors are developing a vision of the social world in which they believe that people internalize stigmatizing categorizations that come to shelter them from fear of work or the outside world in general. Frequent denunciation of “*assistanat*” (dependence) prior to the 2009 reform is thus more balanced than it is in political speech, and widely refers to the responsibilities of decision-makers and professional who are said to have chosen the “easy” way. This vision is rooted in these social workers’ social trajectories: they see themselves as having had to prove a series of unfavourable prognostics wrong, their own as well as those of their employers or professionals charged with finding them work. As Latifa, a CCAS referrer who would later become RSA service chief, explained to me when I asked about her career in 2009, “I had to make them understand that wearing the headscarf [the Muslim scarf Latifa wears outside of work, in the traditional North African style] and being unemployed wasn’t a reason to be put in a box, like ‘handicapped’ or ‘social case’.”

3. The typology of impediments as practical handicapology

Field professionals only rarely use the terms “the disabled” or “disabled person”. Disabled people in the legal sense of the term are usually referred to by the expression “the real disabled”. I will show here that if RSA beneficiaries are implicitly designated as fake disabled people and thus rendered illegitimate for AAH requests, it is because the key notion of “impediment” is the support for a genuine indigenous “handicapology” that surpasses the notion of “disabled person”.

3.1. What impediments? Destitution as creator of disabling situations

“Impediments” refer to the obstacles encountered by people over the course of their supposed efforts to regain employed status. Making out the “impediments” allows professionals to isolate certain aspects of the beneficiaries’ overall difficulties, as they see them. They do not underestimate the abstract character of this division. But from the beneficiaries’ overwhelming problems referrers must

extract behavioural objectives that can be formalized and assigned to the beneficiaries. This involves being able to “propose [concrete] solutions” while in fact excluding the issue of the deeper causes behind the difficulties encountered.

Daphné explains me how she “works on contract”, which is to say formalizing the “impediments” diagnostic and the “actions to be undertaken” to “remove” them: “OK, there’s already everything we saw at the pre-o[rientation] meeting, but often I don’t even look that close. . . It’s like with Mrs. Lara who you saw earlier – she’s really difficult, isn’t she? The first time I said “It’d do you good to get back in touch, go to the CPAI a little.” She says: “No! No! I have to watch my children,’ so I tell her we’re going to find a spot in nursery school for them, and there, she says that no matter what, her back hurts too much to walk, that the bus is too expensive. . . So I say “Listen, no problem, we’ll do a health exam, that way we’ll see for your back, and then I’ll explain what the procedure is to get the pink card⁶ for the bus.” And there, fine, you see, I make a contract for health and mobility. . . and then, also day care for the children, she was really forced to accept it, and then, well, we’re starting to move forward just a little. And the main goal is for her to go to the CPAI to start”.

We see a typical example of how the identification of “impediments” allows the causes to be put at a distance: this identification takes place in reference to a list of precise situations, analysed as if they were isolated units. Daphné starts with the goal of “going to the CPAI” and inventories the obstacles the person gives one by one. She transforms a generalized situation of economic and cultural destitution into a series of deadlocked situations: inability to ask for a spot in day care, inability to pay for the bus and medical care, inability to ask for free access to them. Each serves as a support for the diagnosis of an “impediment” and the prescription of concrete actions to be taken.

In orienting people within the field of social approaches to poverty, the relative effectiveness of this sorting into “situations” is reciprocally guaranteed by the conception of the specific programs referrers have at their disposal.

A Conseil Général employee charged with “coordinating partnerships” explained why the programs subsidizing driver training and license acquisition, which had been “the big thing since the start of the year”, had been created: “We realized that we had all kinds of really appealing programs that we couldn’t set people up in because there were huge impediments in terms of mobility, and even some Employment Worksites⁷ that we couldn’t manage to fill. So we said to ourselves that we could move forward on that. . . and it’s true that we had things mostly in terms of free public transportation, but in a lot of situations, we had nothing to offer.”

A small number of typical situations, in which beneficiaries are disadvantaged in relation to what is considered normal, guide the very elaboration of programs. Here, not having a drivers’ license falls under the auspices of professional intervention: the subsidy’s creation allows referrers to make driver’s license acquisition a contractual objective for certain beneficiaries. In these cases the project manager’s job is to be sure that the referrers have indeed taken note of this new form of “mobility impediment”.

So the generally impoverished situation that professionals see is not taken in charge as a consequence of unemployment, of which the inability to house or care for oneself or move around are evidence. To the contrary, it implicitly relates back to the disabled status that weighs people down when it impedes their efforts to improve their living conditions. The “impediments” typology guides the identification of a series of scenarios where beneficiaries’ destitution produces situations of disability, situations whose ideal-typical definitions are produced by the very programs charged with compensating for them.

3.2. Impediments to what? Being economically inactive as a restriction on participating in a job search

RSA beneficiaries oriented toward “social support” are formally characterized as “far from employment”. Yet everyday support activities only occasionally make reference to the employment situation

⁶ A card giving free access to public transportation in the metropolitan area.

⁷ *Les Chantiers d’insertion*, an association-run program giving rights to a subsidized job at 3/4-time, lasting from six months to a year, remunerated by a supplement to the RSA, leading to an overall income near minimum wage.

as such. In fact, indigenous jargon indiscriminately designates referrers' work as both "social support toward employment" and "social support for the search for employment".

In the local context, obtaining a salaried job is simply too remote a possibility to be a point of reference for support. But on a wider scale, the program's attitude to employment expresses a particular conception of the issue of RSA beneficiaries' "exclusion".

This should be interpreted in the political and intellectual context that inspired the reforms. Over the decade 2000–2010, some French economists focused their analyses on the issue of economic "inactivity", meaning withdrawal from the employment market, in opposition to the classic problem of unemployment, signifying an active search for employment. These economists, many using research from English-speaking countries conducted since the 1970s, emphasized both the productive importance of unemployment, which was said to stimulate a perpetual transformation of the economic fabric, and the collective cost of inactivity, especially of people near retirement age, single mothers, and people who had been out of work for a long time.⁸

This rationale was faithfully transcribed into the RSA program (Hirsch, 2008). By facilitating the accumulation of social benefits with the income of a part-time job, and even more significantly by making employment the objective for both public social service institutions and beneficiaries alike, the RMI reform was meant to integrate all beneficiaries into the economically "active population".

The nomenclature of "impediments" objectified this ambition by using the work of looking for a job as a stand-in for paid work as such. In fact, beneficiaries' "social support" is its own context of reference for evaluating people: support removes the "impediments" found by the support program itself.

But this focus limits the evaluation of the beneficiaries' results: though employment-seeking initiatives aim to "remove impediments" to efforts to find a job, the only objective that can be given to the beneficiary is assiduously pursuing these efforts. The repeated evaluation of beneficiaries is not to identify who succeeds or fails in their job search, but to "adjust" cases where the beneficiary is not participating in a job search.

In order to analyse the cases they oversee, the professionals have developed categories that are very similar to contemporary conceptualizations of disability. They are indeed fully in line with the model defined in the Disability Creation Process (Fougeyrollas, Cloutier, Bergeron, Côté, & St-Michel, 1998), which distinguishes "situations of disability" restricting participation from "deficiencies" as such—that is, disability in the most common sense of the term.

These conceptualizations are the outline of a genuine handicapology, in Robert Castel's (1995) sense of the term: practical knowledge allowing cases to be classified according to legal definitions that open access to help from local authorities, or legitimating exemption from the imperative to work. This handicapology breaks with prior conceptualizations of disability, especially the one that implicitly frames the definition of AAH,⁹ which explains how "the shift of the categories of disability to those of re-entering the job market", so obvious in the support of RMI beneficiaries in the late 1990s, became so problematic (Herrgott, 1999). The status of "disabled adult" to which the AAH referred in the 1970s is defined at the scale of the person, considered as a whole being, while the "impediments" typology functions entirely as an instrument for breaking with the totalizing characterization of difficulties. The latter, to the contrary, is based in contextual relativity, and creates an opposition between obtaining a status and seeking a series of ad hoc solutions. The material presented here shows that these two logics, inscribed in two distinct moments in the transformation of the social state, are not exactly successive in all local contexts. Indeed in Manizy, field practices are structured by being layered in two largely irreducible "strata"¹⁰ of practices and professional representations.

⁸ Quite representative of this movement, for example, are Pierre Cahuc and André Zylberberg, respectively of the Economic Analysis Council and research director at CNRS, joint authors of both a best-seller in economics for the general readership analysing the causes of unemployment in France (Cahuc & Zylberberg, 2005), and a university-level reference manual on the employment market (Cahuc & Zylberberg, 2001).

⁹ The AAH was created with the law of 30 June 1975 giving orientations in favour of disabled persons.

¹⁰ I would like to thank Florence Weber, who suggested this notion to me and presented it in a paper entitled "Handicap psychique, travail et emploi : myopie institutionnelle et difficultés (inter)personnelles" (Psychic disability, work, and employment :

4. Conclusion: policy changes and hiring field professionals, the strata of public action

The RSA program has internally developed the indigenous notion of “impediment”, which is very much in parallel with the contemporary redefinition of disability, especially as it appears in the Quebec’s “Disability Creation Process” classification. In practice, it is an obstacle to accounting for disability as defined by older rationales, in this instance the status of “disabled adult” objectified by AAH recognition. This opposition effectively structures the practices of actors in the field because it tallies with their own differential positions in the social work sector, simultaneously related to their prior trajectories, their hiring conditions, and the imperative to vaunt the specificities of their area of action.

This analysis leads to a break with descriptions of public action transformation as substitution of modern programs for older ones. In reality, over the long-term these reconfigurations juxtapose new forms with pre-existing programs, instead of taking their place. The suggestion that concrete practices are inert in relation to on-going regulatory or legal transformations is an inaccurate representation of these juxtapositions, because these oppositions are actively produced and maintained by the presence of distinct professional groups that have objectively different social characteristics and defend their own rationales for action that are the basis for feeling professionally competent. These groups, often indiscernible from a simple survey of job titles or institutional employers, possess professional cultures composed of practices that objectify the rationales specific to particular moments in the development of public intervention.

Historians say the 2005 law had certain contradictions, especially between the affirmation of the primacy of some specific situations of disability in relation to the identification of deficiencies, and the recognition of an additional category of disability, psychic disability. This ambiguity is interpreted as arising from the interaction between a long-term desire to decompartmentalize coverage by multiple actors and the tactical pragmatism of certain lobbies representing the families of people in situations of psychic handicap, especially the UNAFAM (Chapireau, 2010). I demonstrated that the issue calls for another complementary kind of analysis aiming to describe how each of the various strata of public action, which all overlap in the updated programs, develops its internal coherence.

The term “strata” seems relevant because it refers to the idea of an ensemble that not only persists over time, but also bears the traces of a specific historical context. It indicates that the relative position of these “strata” in the “field” is itself the essential factor in maintaining their internal coherence, even after their original contexts have disappeared.

The utility of identifying these forms of localized coherence is another argument for an ethnographic approach to public policy change. The approach has the essential characteristic of being based on knowledge and routines that are specific to a given context whose development is in line with a spatial and temporal frame that cannot be simplified merely to the frame of institutional transformations in the strict sense of the term.

Disclosure of interest

The author declares that he has no conflicts of interest concerning this article.

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