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France

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European Disability Expertise (EDE) provides independent scientific support to the Commission's policy Unit responsible for disability issues. It aims to mainstream disability equality in EU policy processes, including implementation of the United Nations Convention on the Rights of Persons with Disabilities.

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¹ For an introduction to the Semester process, see <https://www.consilium.europa.eu/en/policies/european-semester/how-european-semester-works/>.

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1 Executive summary and recommendations

1.1 Key points and main challenges for the European Semester in 2021

In 2019 and 2020, France undertook several actions in favour of a more inclusive society. Nevertheless, the health and socio-economic crisis related to COVID-19 caused delays and postponements.

France has not been the subject of any clear European recommendations on disability. This state of affairs is surprising given the stakes for this country.

In terms of employment, France still has a lower employment rate than the national average for people with disabilities. Nevertheless, this rate is lower than the European average. A good employment dynamic for people with disabilities is set to begin in 2019. The health crisis has dampened this momentum. In 2020, the government has undertaken a series of measures to facilitate, encourage and facilitate the employment of people with disabilities. Several measures have also been taken to simplify administrative measures that were unanimously deemed to be restrictive.

In terms of social policies, poverty and discrimination remain significant despite the legal framework developed over the past 15 years. Access to social assistance suffers from delays and administrative difficulties as well as territorial inequality. There is a lack of places in specialised institutions in relation to needs. The transition to a real strategy of deinstitutionalization is slow to materialize. Housing remains a strong challenge despite several strong measures at the national level. Two reports by the ombudsman and the general inspectorate of social services have been used to develop a national strategy for the coming years.

In terms of schooling, the dynamic of access to school for all continues, but the quality of the school experience for students with disabilities remains problematic depending on the type of disability. Access to higher levels of education remains much lower than for the overall population. Several advances have been made in 2019/2020 in terms of agricultural education, monitoring or data follow-up.

European funding is used adequately for the development of innovative or structuring projects. The strategy for financing investments in favour of accessibility or the reform of health and social sector pricing systems reflect an inclusive will as well as a better financial readability.

1.2 Recommendations for France

These recommendations are based on the evidence and analysis presented in the following chapters of our report.

Recommendation: Strengthen the VET and employment schemes to improve employment opportunities.

Rationale: Despite efforts made persons with disabilities are still among the less qualified, especially through the low access to high quality and effective VET and employment schemes.

Recommendation: Support the shift from a medical approach to disability to a social approach to disability.

Rationale: Discriminations faced by persons with disabilities tend to lay in a prevailing medical approach to disability leading to undue labelling mechanisms preventing for tailoring practices to the needs of the individuals and targeting individuals' rights.

Recommendation: Strengthen the accessibility of school system and implement inclusive education on a daily basis.

Rationale: the French school system offers discontinuous schooling experiences to several categories of pupils with disabilities. The universalisation of accessibility remains to be confirmed.

Recommendation: Promote capacity building mechanisms supporting the education system to develop accessible learning environments.

Rationale: Evidence shows the need to support teachers in moving away from a one fits all approach to a tailored approach taking into account learners' needs through pre and in-service teacher training, support for diversity managers and joint training courses.

Recommendation: Increase the level of accessibility of the health and welfare systems.

Rationale: Despite efforts made, persons with disabilities are still experiencing discrimination in accessing to health as well as to independent living opportunities.

2 Opportunities to mainstream disability equality in the Semester documents

2.1 [Country Report](#) for France (Staff Working Document)

In 2020, the Country Report for France included the following direct references to disability issues:

- ‘p. 43 The revamped individual learning account started in November 2019. Increased rights for people without qualifications or with disabilities, if successfully implemented, could rebalance access to training, which has so far mostly benefited higher-skilled people.’

The Commission’s Country Report for France was unusual in its lack of reference to the situation of disabled people or disability policies. The reports concerning most other Member States have achieved a much higher level of mainstreaming in recent and France stands out as an example where this has not been achieved and where greater attention of disability issues is urgently needed. There is an opportunity to correct this in the 2021 Semester, using the data and examples contained in our report.

Disability was identified as a priority area for the government’s five-year term 2017-2022, with commitments to Ministerial action plans and range of specific policy interventions. This is not at all reflected in the National Reform Programme or the Commission’s analysis, which requires attention.

2.2 [Country Specific Recommendation](#) for France (CSR)

In 2020, the Country Specific Recommendation for France included no direct references to disability issues.

Again, France stands out as an unusual case for the Commission’s failure to recognize and acknowledge the situation of disabled people and disability policies in the Semester process. For example:

CSR1 highlights the need to ‘Strengthen the resilience of the health system by ensuring adequate supplies of critical medical products and a balanced distribution of health workers, and by investing in e-Health’. The disproportionate barriers to healthcare access for disabled people require explicit acknowledgement of their accessibility needs in this regard.

CSR2 focuses on mitigating ‘the employment and social impact of the crisis, including by promoting skills and active support for all jobseekers’. This is an area of high concern from a disability perspective, where targeted policies and reform are needed to address the disability employment gap. This should be mentioned.

CSR3 includes priority to invest in ‘the green and digital transition, in particular on sustainable transport’, which is again an areas where an explicit reference to accessibility and inclusion for disabled people is needed, and in accordance with Article 9 CRPD and EU public procurement rules.

3 Disability and the labour market - analysis of the situation and the effectiveness of policies

In 2019, the UN CRPD Committee raised the following issues to France:

[Article 27 UN CRPD](#) addresses Work and Employment.

‘[from the List of Issues raised in September 2019].
 28. Please provide information on:
 (a) The rates and trends of employment and unemployment of persons with disabilities after 2013, disaggregated by disability, gender, age, rural and urban areas, place of residence, socioeconomic status, type of labour market (segregated or open) and sector (private or public).
 (b) The agreements concluded with and measures undertaken by public and private sector enterprises to promote access to work and employment by persons with disabilities. Please also report on the results achieved through the multi-stakeholder agreement of November 2013 related to measures to improve access of persons with disabilities to work and employment.
 (c) Political and legislative measures taken to promote the access by persons with disabilities to employment in the open labour market, including by promoting the transition from segregated ‘protected’ employment to the open labour market.
 (d) Measures taken to prevent discrimination and exploitation of persons with disabilities in employment and to ensure their professional, trade union and wage rights.’

The inter-ministerial strategy adopted by the government in 2018 to address disability included a focus on ‘accessing the job market and working like everyone else’, with a number of specific targets highly relevant to the Semester review, including to:²

- reduce the gap between the unemployment rate among disabled people and that among non-disabled people;
- make it easier for public and private employers, including micro-businesses and SMEs, to recruit and retain disabled people;
- reform the requirement to employ disabled workers, turning it into an asset for a more people-focused, responsible and effective business;
- increase the skills level of jobseekers and disabled employees;
- more effectively support and secure the transitions between Education and Employment.

3.1 Summary of the labour market situation of persons with disabilities

Data from EU-SILC indicate an employment rate for persons with disabilities in France of 57.2% in 2018, compared to 75.4 % for other persons and approximately 6.4 points above the EU27 average - resulting in an estimated disability employment gap of approximately 18 percentage points (EU27 average gap 24.2, see Tables 2-4). Table 4 indicates a gradual but marginal closing of the total disability employment gap over the past decade, but this needs to be broken down to understand the situation for more

² https://handicap.gouv.fr/IMG/pdf/dp_cnh_vdef-05-07.pdf.

severely disabled people. The same data indicate unemployment rates of 17.1 % and 8.5 %, respectively in 2018 (see Tables 5-7) and the economic activity rate for persons with disabilities in France was 69.0 %, compared to 82.4 % for other persons (see Tables 8-10). These indications are broken down by gender and age in the tables in annex.

At the start of 2020, 2.8 million people were registered as disabled workers eligible for support measures. This population has increased by 400,000 people in 5 years which is a stable level of progression. They represent 7 % of the total working population, which is about half of the total estimated number of disabled persons of working age. Among these, 50 % are women, 44 % are over 50 34 % work part-time (national average 18 %) and only 7 % are managers (18 % in the overall working population).^{3 4}

According to national labour force survey data, the employment rate for this smaller population of people recognized as disabled was 35 % in 2018 (which is more than 22 points lower than the overall disability indication, and 5 points lower than the estimation for persons with severe limitations, in SILC). The same data indicated an unemployment rate of 18 % for this group.⁵ Dares estimated an average employment rate of 17 % among 15-24 year-olds in 2015, rising to 45-48 % in mid-life, and declining to 29 % for 50-64 year-olds.⁶ The most recent breakdowns from the 2019 labour force survey are shown in Tables A and B (see annex 7.13).

In 2019, businesses and people with disabilities nevertheless benefited from a favourable economic climate. The number of job seekers with disabilities fell for the first time faster than the general average (-4 % over one year compared to -3 %) and fell at the end of 2019 below the bar of 500,000 registered in the public service of employment, or 8.6 % of all job seekers.

If the situation has (slightly) improved over the recent period with also an increase in the employment rate and a decrease in the unemployment rate, people with disabilities remain vulnerable in the labour market due in particular to their high age (the majority is over 50 years old) and long-term unemployment which continues to increase with an average length of unemployment registration of over 850 days.

In 2019, Agefiph - an agency providing financial support for the employment of people with disabilities - delivered 223,000 services and financial assistance to businesses and people with disabilities. The Cap Emploi - specialised placement services - supported 84,658 recruitments of disabled workers, all types of contracts combined, an increase of 0.4 % in one year.

³ <https://www.agefiph.fr/sites/default/files/medias/fichiers/2019-10/Tableau%20de%20Bord%20N%C2%B02019-2-%20FRANCE%20%281%29.pdf>.

⁴ France Stratégie (2020) *Emploi des personnes handicapées et performance des entreprises* <https://www.strategie.gouv.fr/publications/emploi-handicapees-performance-entreprises>.

⁵ Agefiph/FIPHFP (2019), *Les personnes handicapées et l'emploi - les chiffres clés 2018*, <http://www.fiphfp.fr/Le-FIPHFP/Actualites-du-FIPHFP/Parution-des-chiffres-cles-2018-sur-l-emploi-des-personnes-handicapees>.

⁶ Dares Analyses (2017), *Travailleurs handicapés: quel accès à l'emploi en 2015?*, n° 032, <https://dares.travail-emploi.gouv.fr/dares-etudes-et-statistiques/etudes-et-syntheses/dares-analyses-dares-indicateurs-dares-resultats/article/travailleurs-handicapes-quel-acces-a-l-emploi-en-2015>.

The stability of the number of recruitments supported by Cap Emploi in 2019 masks an increase in short-term contracts but a decrease in long-term contracts, in particular permanent contracts (-5 % in one year) while, all groups combined, social security recorded a 2.2 % increase in permanent contract hires in 2019.

The dynamic of new business creations was confirmed in 2019, Agefiph having financially assisted nearly 4,000 creators, an increase of 11 % in one year.

In addition, after a decrease in 2018, the number of people kept in employment started to rise again (+ 8 % in one year), the Cap emploi having contributed to the retention in employment of more than 21,000 disabled people in 2019 of which 90 % in the private sector.

3.2 Analysis of labour market policies relevant to the Semester

For reference, see also the 2020 [National Reform Programme](#) for France.

At the third Interministerial Committee on Disability in 2019 new commitments were made for 2020, including:⁷

- as of 1 January 2020, lifetime recognition of the status of disabled worker (RQTH) in the event of irreversible disability;
- establishment, on a pilot site for each region, of a single Pôle emploi / Cap emploi centre for personalised and more effective support for disabled people seeking employment;
- launch of a digital 'employment / training' platform dedicated to people with disabilities, with the launch of the first 'supported information' services in 2020 to put an end to the complexity of the procedures;
- strong increase in the number of young apprentices with disabilities, in the private sphere as in the public sphere;
- deployment of a universal national service open to all young people with disabilities.

Action has been taken to improve the functioning of the labour market and reform of the vocational education and training system. In July 2020, the General Inspectorate of Social Action published a status report on the employment of people with disabilities. This report assesses the situation of the French system with regard to national and international objectives. This report should serve as a basis for parliamentary work in 2021. This report notes the limits of the French system and calls for greater inclusion.

According to this report, prevention, preservation of health at work, improvement of working conditions, maintenance and support in employment for all employees is a key facilitator for increasing the access to employment of persons with disabilities. It underscores the positive role of adapted enterprises and sheltered work in social inclusion.

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https://handicap.gouv.fr/IMG/pdf/dp_semaine_europeenne_de_l_emploi_des_personnes_handicapees_2.pdf.

It also underlines the difficulty of generalizing the needs and difficulties of so-called disabled people by noting the great diversity of the need that persons with disabilities may have within a work context.

It additionally stresses that the employment of persons with disabilities pertains being hampered by a low level of training and lack of qualification as well as by the complexity and opacity of training and employment mechanisms, making access to the planned measures ineffective.

This report supports the development of a universal design approach as opposed to the development of specific and specialised measures. It promotes a social approach to disability focusing on the individual access to rights as opposed to a medical approach to disability leading to the identification and categorisation of a specific group in the light of individuals' disability.

Three improvement scenarios are proposed in this report:

- Strengthening the existing system – this would involve new funding and more resources for protected employment. This would improve the global quality of the system but would probably not provide any answers to the limits that have been already highlighted (inequality, exclusion of severely disabled populations, links between job and housing ...).
- Strengthening access to common law for a 'post disability' society. This is the universal and inclusive way which involves a big change in the strategy of all public policies.
- Focus on the most severely disabled populations – which would be a mixed option between a stronger inclusivity and access to common right for the majority and focus some resources on the most fragile cases.

This report was strongly criticized by French associations and stakeholders (ANDICAT, UNAPEI). These actors consider the report to be too limited in its scenarios. However, this report reflects a change in the French approach to the issue of disability and its agenda as demonstrated by the trend towards inclusiveness which is aimed by reforms undertaken.

Law No. 2018-771 of 5 September 2018 'for the freedom to choose one's professional future' reforms the obligation to employ disabled workers (OETH). It became effective on 1 January 2020. According to this law, the employment rate for people with disabilities remains a target of 6 % of the company's workforce. However, four changes have been made:

- Make companies accountable: the employment obligation is counted at the level of the company as a whole and no longer at the level of the establishment. All companies, even small companies, must declare their efforts in favour of employment of people with disabilities.
- Make social dialogue a lever for the hiring of people with disabilities: companies must conclude agreements for the employment of people with disabilities. The duration of these agreements is limited to three years, renewable once.

- Develop an inclusive employment policy: all types of employment will be taken into account in the counting of beneficiaries of the employment obligation, in order to encourage employment in all its forms: interns, simulation periods, etc.
- Simplify the administrative declaration of obligation to employ disabled workers: the administrative declaration process is simplified to encourage good practices and not penalize efforts.

The public service, which in France constitutes a significant part of global employment (20 % of overall employment), has not taken any additional measures this year. The public service has however developed specific measures for teleworking and the management of the COVID-19 crisis.

4 Disability, social policies and healthcare – analysis of the situation and the effectiveness of policies

In 2019, the UN CRPD Committee raised the following issues for France:

[Article 28 UN CRPD](#) addresses Adequate standard of living and social protection.

‘[from the List of Issues raised in September 2019].

28. Please provide information on:

- (a) The rates and trends of employment and unemployment of persons with disabilities after 2013, disaggregated by disability, gender, age, rural and urban areas, place of residence, socioeconomic status, type of labour market (segregated or open) and sector (private or public).
- (b) The agreements concluded with and measures undertaken by public and private sector enterprises to promote access to work and employment by persons with disabilities. Please also report on the results achieved through the multi-stakeholder agreement of November 2013 related to measures to improve access of persons with disabilities to work and employment.
- (c) Political and legislative measures taken to promote the access by persons with disabilities to employment in the open labour market, including by promoting the transition from segregated ‘protected’ employment to the open labour market.
- (d) Measures taken to prevent discrimination and exploitation of persons with disabilities in employment and to ensure their professional, trade union and wage rights.’

[Article 19 UN CRPD](#) addresses Living independently in the community.

‘[from the List of Issues raised in September 2019].

19. Please inform the Committee about measures taken to:

- (a) Repeal all legislation that allows for the forced institutionalization of children and adults with disabilities and to protect parents who refuse the institutionalization of their children from reprisals.
- (b) Adopt a strategy for the deinstitutionalization of persons with disabilities, especially of children, as well as for the promotion of the right to live independently and be included in the community.
- (c) Place a moratorium on new admissions to institutions.

20. Please provide data on:

- (a) Persons with disabilities living in residential institutions;
- (b) The number of persons with disabilities who have been deinstitutionalized;
- (c) Persons with disabilities who benefit from support for their independent living in the community.

21. Please provide information on:

- (a) A timeline for the adoption of the decree implementing Act No. 2005-102, which is aimed at capping support costs for persons with disabilities.
- (b) The provision of personal assistance to persons with disabilities, including assistive devices and technical aids, and on results obtained through the

implementation of comprehensive support plans and of Law 2015-1776 of 28 December 2015.

(c) The effectiveness of the agreement of December 2011 between the State party and Belgium on the reception of persons with disabilities from France in Belgium in order to ensure inclusion in the community, individualized support for persons with disabilities in the State party and independent living arrangements. Please also indicate how many persons with disabilities have been deinstitutionalized from institutions in Belgium.'

[Article 25 UN CRPD](#) addresses Health.

'[from the List of Issues raised in September 2019].

27. Please inform the Committee about measures taken to:

(a) Ensure the access of all persons with disabilities, including women and girls, Roma and intersex persons with disabilities, to health care – including gynaecological, dental and other health-care services, facilities, amenities and equipment – and to provide specific accessible amenities and equipment for women and girls with disabilities.

(b) Train health personnel, including those working in the areas of sexual and reproductive health, and mental health, on the rights of persons with disabilities.

(c) Raise awareness among health-care practitioners, persons with disabilities and their families on complementary health insurance benefits and coverage for persons with disabilities, and prevent indirect discrimination against them based on these entitlements.

(d) Integrate a human rights approach into territorial mental health plans.'

The inter-ministerial strategy adopted by the government in 2018 to address disability included themes on 'living at home and staying in good health', with a number of targets relevant to the Semester, such as to:

- make public venues accessible and ensure that State buildings are exemplary by actively involving the Government Property Directorate (DIE);
- improve the allocation of social housing for rent to disabled people;
- develop inclusive housing;
- encourage the adaptation of private housing;
- prevent unwanted departures to Belgium and guarantee an assisted solution for everyone;
- accelerate the overhaul of the range of social, medical-social and healthcare services available to enable a swift and significant shift in favour of assistance (specialised where necessary) in mainstream settings;
- develop health prevention among disabled people;
- reduce the number of avoidable hospitalisations, including emergency hospitalisations;
- reduce the risk of premature mortality in disabled people, including people with multiple disabilities;
- enhance the status of caregivers;
- improve mobility via specially designed services and infrastructure;
- encourage the development of digital tools to help disabled people to get around.

4.1 Summary of the social situation of persons with disabilities

Data from EU-SILC indicate the poverty risk rate for working age persons with disabilities in France was 17.2 % in 2018, compared to 12 % for other persons of similar age - an estimated disability poverty gap of approximately 5 percentage points (see Table 14). For people aged over 65, the disability poverty gap was 2.3 points (9.4 % for older persons with disabilities and 7.1 % for other persons of similar age). The tables in annex also indicate the respective rates of AROPE and break these down by gender as well age. On most of the disability measures, France performs better than the EU, but it follows a similar pattern with persistent disability equality gaps in all indications of poverty or social exclusion. The average risk of poverty after social transfers is particularly evident among adults of working age (Table 14).

According to the ombudsman, disability is the first reason for referrals in terms of discrimination with nearly 23 % of complaints. Reports published describe a mixed situation. Despite progress made, such as the full recognition for all protected adults of the right to vote or to marry, significant gaps remain in the implementation of the principles and rights recognized by the Convention. From this point of view, it appears that France has not yet fully taken into account the change of model it is bringing about.⁸

This issue is particularly strong in terms of accessibility. In this area, the Defender of Rights deplores the significant delay taken by France and the persistent reluctance of the public authorities to understand accessibility as an essential precondition for the effective enjoyment, by persons with disabilities, of the fundamental rights recognised by the Convention.

The COVID-19 health crisis has highlighted some issues in terms of access to common rights such as:

- Access to the one-stop-shop - departmental offices for people with disabilities was limited by confinement.
- The digitization of administrative procedures has generated situations of non-recourse to rights. People, especially children, who were forced to stay at home experienced difficulties in accessing to appropriate education.

The government has taken a number of measures to facilitate access to rights: simplification of digital interfaces, home visits, automation of certain services which have to be taken account by the new confinement decreed at the end of October 2020.

4.2 Analysis of social policies relevant to the Semester

For reference, see also the 2020 [National Reform Programme](#) for France.

⁸ https://www.defenseurdesdroits.fr/sites/default/files/atoms/files/rap-cidph-num-02.07.20_0.pdf.

At the third Interministerial Committee on Disability in 2019 new commitments were made for 2020, including:⁹

- a lifetime right for beneficiaries of the disability compensation benefit, whose disability is not likely to develop favourably;
- for people entitled to the disability compensation benefit before their 60th birthday, possibility of continuing to benefit from it after 75;
- creation of three-month compensation for informal caregiver leave, the mobilization of which is also simplified;
- tax exemption from social contributions for the 'aidant' (helping) compensation attached to the disability compensation benefit;
- establishment of a single call number to break the isolation of caregivers and deployment of new respite solutions for families;
- development of new and local solutions to avoid family separation and forced departures in Belgium;
- implementation from 2020 of the first 'upgradeable' housing, with the obligation of adaptable bathrooms in the event of the occurrence or evolution of the handicap;
- establishment of a resource centre 'Intimate and sexual life and parenting support' in each region for women with disabilities, their relatives and professionals;
- compulsory implementation of preferential rates in all public transport services, for accompanying persons with disabilities;
- expansion of access to the paratransit service;
- improvement of access to care within health establishments and graduated pricing for hospital consultations, taking better account of the specific situation of disabled patients.

According to the national social programme, social income for persons with disabilities were increased and the amount of the 'allocation adulte handicapé' rose by EUR 90 a month since 2017 and consist in EUR 900 a month per person. The eligibility for social rights for persons and children with disabilities was extended during the COVID lock down.

Social policies and access to rights

France has 4.9 million people recognized as disabled (between 20 and 59 years old) and 1.7 million dependent elderly people (over 60 years old). This population is the target population for social action in favour of autonomy (i.e. the population admitted to social action systems).¹⁰

The response time for the request for recognition of disability varies greatly depending on the area in which the person lives: between 1.7 months and more than 8 months. More than half of the departments have response times of more than 5 months.¹¹

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https://handicap.gouv.fr/IMG/pdf/dp_semaine_europeenne_de_l_emploi_des_personnes_handicapees_2.pdf.

¹⁰ https://www.cnsa.fr/documentation/chiffres_cles_2019_cnsa.pdf.

¹¹ https://www.cnsa.fr/documentation/theme_2_-_accessible.pdf.

The lack of space in specialised institutions remains a problem. UNAPEI, one of the main French organisations representing the families of people with disabilities, estimates the need for places in specialised institutions at 45,000.¹² This year France continued to finance foreign funding, particularly in Belgium.

The issue of people with a disability taken in charge in Belgium remains a question. At the beginning of 2019, the French government estimated that 1,436 children and 6,109 adults were being cared for in specialised Belgian institutions.¹³ These figures are regularly the subject of controversy with the associations representing people with disabilities, who consider them to be underestimated.¹⁴

A report by the French Senate estimated in 2016 the cost of these investments in Belgium at more than EUR 400 million without any real evaluation of the benefit and interest for the people.¹⁵

Since 2018, the 'nobody without a solution' strategy has been driving a localised response to the needs of people with disabilities. In 2019, the CNSA (National Solidarity Fund for Autonomy) brought together all the departmental homes for the people with disabilities in the Hauts-de-France, Île-de-France and Grand Est regions to instruct them not to send anyone to Belgium if a solution was available.

Several French departments have also included in their local strategy the reduction or regulation of the number of people accommodated in Belgium.^{16 17}

This figure seems to have remained stable overall. Within the framework of the various national plans undertaken, 8,464 places have been programmed between 2017 and 2021, for a total amount of EUR 352.8 million.

Technical aids and support

Access to technical aids is a second important chapter in the planned development of the insurance system. The ability to have technical aids adapted to people's needs, expectations and life plans constitutes a major lever for supporting their autonomy by compensating persons' limitation of activity. On October 20, 2020, the national solidarity fund for autonomy submitted to the government a report (known as the Denormandie report) which sets out a national strategy for improving the access to technical aids. It advises:¹⁸

- enhanced support and information for people and healthcare professionals;
- simplified and better adapted financing mechanisms for more flexible and rapid access to technical aids;
- enhanced guarantees on the quality of the services and technical aids offered;

¹² https://www.unapei.org/wp-content/uploads/2019/06/RA_OS2019.pdf.

¹³ https://www.cnsa.fr/documentation/cnsa_18-05_chiffrescles_page_a_page_bd.pdf.

¹⁴ http://www.autisme-france.fr/offres/doc_inline_src/577/Exil_en_Belgique.pdf.

¹⁵ <https://www.vie-publique.fr/sites/default/files/rapport/pdf/064000542.pdf>.

¹⁶ <http://essonne.e-magieurs.fr/fileadmin/solidarites/Schéma-autonomie-2018-2022.pdf>.

¹⁷ https://cd08.fr/sites/default/files/schema_pa-ph_2014-2019_1.pdf.

¹⁸ <https://handicap.gouv.fr/publications-7/les-rapports/rapport-denormandie-chevalier-aides-techniques-pour-l-autonomie>.

- reinforced management at local and national level;
- more direct access to innovation.

Inclusion is also supported by a change in funding specialist provision. In 2020, the SERAFIN - PH funding mechanism is generalized for the specialist provision ruled by the welfare system (*secteurs social et medico-social*) to shift from a compensatory approach linked to disability of the person to a more intervention based approach targeting as flexibly as possible individuals' needs and rights. This new financing mechanism favours the personalisation of social welfare system support provided to learners and the diversification of the service provision with the aim to promote access to rights.

Housing

The access difficulties noted in the 2017 report and the 2018 report focusing on housing for people with disabilities remain relevant. The 2017 ombudsman's report highlighted that 'People with disabilities also face several types of discrimination, on the one hand because of the nature of their resources, which often consist mainly of the allowance for disabled adults, and not a salary, but also because of their specific needs, most often requiring accessibility or adaptation work. These multiple difficulties, which are reflected in a rate of unsuccessful searches well above the average (35 % against 21 %), in particular due to a supply of adapted and accessible housing that is still largely insufficient, are ultimately characterised by discrimination, which is also strongly expressed by disabled people who have sought housing (19 % against 14 % on average)'. According to the rights defender, the rate of accessible housing remains stable at around 6 %. France is below the European average. Accessibility mainly concerns new housing. Older housing, which represents the majority supply in some areas, is behind in terms of accessibility.

Several initiatives have nevertheless been taken to promote access to housing for people with disabilities:

- A reform of the ELAN law aiming at overcoming barriers provoked by this law.
- The development of inclusive housing as a specific offer for people with disabilities. These are small sets of independent housing, characterized by individual living spaces and shared living spaces in a secure environment. This type of habitat has benefited since a decree on 2 June 2019 from a legal framework and financing methods. A national strategy to support the development of inclusive housing has been in existence since June.
- Social housing companies, who represent up to 30 % of rental housing, depending on the region, have continued their efforts by systematically building new housing and renovating accessible housing.

Healthcare

French social security has carried out a national assessment 'to improve the quality of the health system and control expenditure'. The report analyses the health situation of people with disabilities. It is based on a population of 732,000 beneficiaries of the

allowance for disabled adults (AAH) without a professional activity and 734,000 beneficiaries of an invalidity pension.¹⁹

According to this report, the frequency of pathologies is higher among recipients of AAH (*allocation adulte handicap*) and invalidity pension than in the general population, in particular with regard to mental health illnesses. It demonstrates that persons with disabilities are more likely to face inequalities in this area than the general population. For example, recipients of AAH and disability pension are exposed to higher levels of health spending than the general population. The remainder to be paid, after deduction of the part reimbursed or covered by Health Insurance, is sometimes significant and can constitute for the most fragile patients a barrier to access to healthcare. For open health services, the remaining charge amounts to approximately: EUR 220 / year for an insured without AAH or disability pension, to EUR 280 / year on average for AAH beneficiaries and to EUR 140 / year for disabled people (all categories of disability combined). Concerning costs linked to hospitalisation, the remainder to be paid amounts EUR 40 a year on average for an insured without AAH or disability pension while it costs in average EUR 270 a year on average for AAH beneficiaries. Costs are the highest for those with the most severe disability: while persons with disabilities ((all categories of disability combined) have to spend on average EUR 170 / year for disabled people those belonging to category 3 have to pay EUR 630 a year.

This report shows also that despite a more degraded state of health, recipients of AAH have almost always lower access to health services than those of recipients of a disability pension. The differences are sometimes very large, as for dental care (36 % for AAH holders versus 46 % for those of an invalidity pension) and specialist care (62 % versus 76 %), but also for physiotherapy care (20 % versus 32 %), nursing care (42 % versus 48 %), other health products (57 % versus 65 %) and hospital (62 % versus 71 %). Health insurance is proposing a reform program to promote access to healthcare for these populations, in particular through better coordination of care, access to additional insurance and better prevention.

The Denormandie report²⁰ on access to healthcare for people with disabilities residing in care or medico-social institutions notes that access to care is fragile, but difficult to assess accurately. It recommends the implementation of adapted financing for access to care, the setting up of relays for vacation periods or for sequential accompaniment. It recommends better financing of health transport. An amendment to the social security financing bill for 2020 provides for the testing of this model from 2020, for a period of two years.

¹⁹ <https://www.ameli.fr/sites/default/files/rapport-charges-et-produits-2020.pdf>.

²⁰ https://handicap.gouv.fr/IMG/pdf/panier_de_soins_des_esms-denormandie_ph_07102019.pdf.

5 Disability, education and skills – analysis of the situation and the effectiveness of policies

In 2019, the UN CRPD Committee raised the following issues to France:

[Article 24 UN CRPD](#) addresses Education.

‘[from the List of Issues raised in September 2019].

25. Please provide data on children with disabilities in the mainstream educational system, disaggregated by disability, age, gender, rural and urban areas, place of residence, socioeconomic status, and ethnic or national origin, as well as by educational setting (including segregated or inclusive classrooms within mainstream schools and in medico-social institutions) and level of education. Please also provide data on children with disabilities who are excluded from the educational system.

26. Please further inform the Committee about concrete measures taken to:

(a) Adopt a policy and concrete measures to promote the shift towards an inclusive educational system at all levels, including in preschool and in higher education, that also address the situation of persons considered ‘without a solution’ and those currently in medico-social institutions.

(b) Train educational personnel, including examination authorities, on the right to inclusive education and flexible and multiple forms of examination methods.

(c) Ensure the access of young people and adults with disabilities to mainstream vocational education and support their transition into the open labour market.

(d) Include Roma children with disabilities in mainstream schools and provide information on legal prerequisites and practices in this regard.’

The inter-ministerial strategy adopted by the government in 2018 to address disability included a focus on ‘receiving guidance and support throughout education, from early years childcare right up to university level’, with targets relevant to Semester review, such as to:

- receive young children particularly in nurseries and pre-schools, develop access to after-school and holiday club, recreational activities and provide parenting support;
- improve schooling rates, particularly for children suffering from autistic problems;
- ensure a smoother school and medical-social pathway, avoiding abrupt ends to cycles or schemes where there are no transitional periods;
- support and train staff in agricultural schools in taking students with special educational needs into account;
- overhaul the means by which pupils are assisted and the way in which assistants are organised and enhance the professional status of assistants to improve quality standards;
- give each disabled youngster the opportunity of embarking on an artistic and cultural education pathway;
- support admission and subject choices to increase access to higher education in all its components;

- improve the accessibility of courses to establish an inclusive higher education system;
- develop research to improve the consideration of disability in an inclusive society.

5.1 Summary of the educational situation of persons with disabilities

The EU-SILC estimates concerning educational attainment should be treated with some caution due to variable confidence levels, but they consistently indicate disability quality gaps. Table 16 indicates early school leaving rates disaggregated by disability status. Youth with disabilities (aged 18-24) tend to leave school significantly more than non-disabled peers of the same age groups (and this is reinforced by widening the sample size to age 18-29). Table 17 shows completion rate of tertiary education disaggregated by disability and age group. Persons with disabilities (age 30-34) are less likely to complete tertiary education than their peers (and this is reinforced in the wider sample for age 30-39).

The number of learners with disabilities enrolled in mainstream settings increased at all levels of education. It rose by 7% since 2019 to 385000 learners while those admitted in special schools declined slightly from 80.000 to 77.340 since 2019.

Such an increase is supported by the development of human support opportunities: the numbers of learners supported by a human support rose by 18% while the number of services aiming at supporting learners enrolled in mainstream settings was developed. The 1220 services supported approx. 55.000 learners at the beginning of school year 2020. The trend towards inclusive education was also supported by a 4% increase of special classes.

However, according to the Ministry of education, at the age of 13, 22 % of children with disabilities born in 2005 reach on time the 3rd year at lower secondary education in mainstream or special classes fourth or fourth Segpa class (including ULIS) 'on time', especially learners with a visual (62 %) or a motor impairment (51 %) compared to those with an intellectual or a cognitive impairment (10 %) although there are significant differences depending on learners' disability.

At the age of 10, children from disadvantaged backgrounds were more likely to be enrolled in ULIS compared to children from very privileged backgrounds (45 % and 23 % respectively). At the age of 13, this gap has been halved, but children from disadvantaged backgrounds - The number of children attending regular classes is less likely to be 'on time' in the eighth grade. This is particularly the case for pupils with intellectual and cognitive difficulties, who are more often enrolled in Segpa 5 at the age of 13.

Despite this trend, more children from disadvantaged backgrounds or with intellectual and cognitive problems are still attending ULIS. – 20 % of pupils born in 2005 are enrolled in specialised schools at age 3, compared with 14 % at age 10; this share has increased regardless of social background. Children with autism spectrum disorders and those with multiple associated disorders remain the most frequently enrolled in special education (36 % and 31 % respectively).

At the age of 17, 94 % of young people with disabilities born in 2001 are enrolled in school, 45 % of whom are in employment oriented mainstream vocational training settings (apprenticeship, professional ability certificate, etc.), and 12 % in upper secondary mainstream general or technological courses, where they follow the same courses as non-disabled learners. In addition, 10 % of those enrolled in upper secondary special classes (ULIS) where the content of the courses may be adapted to their needs and profile, while 25 % are admitted in special schools.²¹

Young people with language and speech disorders, psychological disorders or other disorders are most often enrolled in vocational education. Conversely, 50 % of those with visual impairment are enrolled in general *baccalauréat* (the *baccalauréat* is the diploma provided at the end of the upper secondary education).

Data indicate an increase of learners out of education between the age of 14 and 17 as well as of learners enrolled in special education between the age of 14 and 17. Learners with privileged background are more likely to remain in mainstream settings than learners with disadvantaged backgrounds who are more likely to be transferred to special schools.²²

Many initiatives aim at adapting regulations to the complexity and the diversity of educational pathways and needs of learners with educational needs. Among these were developed:

- A monitoring system allowing for identifying learning opportunities by gender as well as learning outcomes of learners with disabilities.
- Indicators allowing for monitoring the trends under the aegis of the national committee for inclusion. Since recent, it is too early to describe trends for many of them precisely, such as the indicator describing the prospects of learners with disabilities at the age of 13 and at the age of 17.

²¹ At upper secondary level, the French education can prepare to a general *baccalauréat*, a technological *baccalauréat* or a professional *baccalauréat*. Courses targeting a general *baccalauréat* aim mainly at preparing learners to access to universities or preparatory classes for *grandes écoles* and include for example courses on arts, math's, history and geography, humanities, economical sciences, etc. Courses targeting a technological *baccalauréat* aim mainly at preparing learners to prepare a technical bachelor diploma or an engineer diploma and courses may e.g. include sciences and technologies of agronomy and living proposed by the Ministry of Agriculture, Sciences and Technologies of laboratory, sciences and technologies of management, sciences and technologies of health and welfare. Courses targeting the professional *baccalauréat* aim at preparing learners to enter rapidly to the labour market and may target e.g. the handcraft industry as well as the food and hotel and restauration industry. Cf. Ministère de l'éducation nationale, *de la jeunesse et des sports* (2020). *Organisation de l'école*, [education.gouv.fr](https://www.education.gouv.fr).

²² Direction de l'évaluation, de la prospective et de la performance (2020). *repères et références statistiques*, Ministère de l'éducation nationale, Paris.

5.2 Analysis of education policies relevant to the Semester

For reference, see also the 2020 [National Reform Programme](#) for France.

At the third Interministerial Committee on Disability in 2019 new commitments were made for 2020, including:²³

- For the start of the 2020 school year, better education for children with multiple disabilities in adapted teaching units.
- Improvement of the methods of support for students with disabilities in agricultural education. This new financing mechanism favours the personalization of the support provided to persons and the diversification of the service provision with the aim to promote access to rights.

The start of the 2020 school year is marked in France by the implementation of a plan aiming at improving the right to education of children with disabilities. This plan was validated by the Council of Ministers on 26 August 2020 and by the National disability Council on 20 September.²⁴

It targets inclusive education with a focus on universal design for learning and a school development approach focusing on barriers to teaching and learning. It involves:

- A national support system for families that encompasses:
 - Digital and accessible single window for 'information and requests from families aiming at solving problems within 24 hours. This service answered 5,300 requests in October 2020.
 - A commission in each French department responsible for proposing an education solution to each student. Over 20,000 requests were addressed in October 2020.
 - Identify, before the start of the school year, the students who could be unassigned and offer his/her family a partnership schooling solution.
- A wave of measures to simplify rights and their automatic implementation where possible.
- A national support system for teachers to facilitate pedagogical innovation that includes:
 - A platform informing teachers on existing pedagogical tools (pedagogical notes, films, podcasts, links) supporting pedagogical accessibility.
 - An interview for each family with the teacher at the beginning of the school year and over 40.000 took place at the beginning of school year 2020.
 - The creation of 350 special classes and 8,000 pedagogical support positions over 2 years.
 - Specific measures for children with autism, with disabling health problems, and the creation of 66 mobile schooling units for children who cannot go to school.

²³ <https://handicap.gouv.fr/le-secretariat-d-etat/acteurs/comite-interministeriel-du-handicap-cih/le-comite-interministeriel-du-handicap/article/les-nouvelles-mesures-du-comite-interministeriel-du-handicap>.

²⁴ Comité National de suivi (2020). *L'école inclusive. dossier de presentation 9 novembre 2020*. Gouvernement, Paris.

- Initiatives aiming at improving territorial equity in accessing to exam arrangements, at preventing a break of equality, simplify procedures.

VET courses and employment schemes support access to employment and several initiatives were taken to support the access of persons with disabilities to these opportunities. The 2018 law on the 'professional future' improved their access to apprenticeship by allowing the extension of apprenticeship contracts as well as for providing the possibility to have several apprenticeship contracts and for requiring each training centre to have a disability adviser (*référént handicap*). Firms hiring persons with disabilities within these schemes may have additional financial support up to EUR 3,000 for an apprenticeship and EUR 5,000 for a '*contrat de professionnalisat*ion'.

Current monitoring schemes do not provide accurate information on the effectiveness of VET or supported employment schemes. However, according the IGAS report on the employment of persons with disabilities only 1 % of those involved in these schemes are persons with disabilities. In addition, the number of persons accessing these type of courses is quite stable since 2012 and the various initiatives taken to facilitate their access to training schemes provided by the unemployment office (*pôle emploi*) as well as resources allocated by the AGEFIPH didn't suffice to change the situation.²⁵

The access to education of learners with disabilities could be improved by:

- improving their achievement opportunities as well as their transition opportunities to courses preparing to the general *baccalauréat*;
- promote capacity building mechanisms supporting the education system to develop accessible learning environments and improving schools' ability to target barriers to teaching and learning.

²⁵ <https://www.igas.gouv.fr/spip.php?article784>.

6 Investment priorities in relation to disability

6.1 Updates on use of existing EU funds (to 2020)

According to the country report for France, the latter allocated around 91 % of the total amount planned to specific projects, while EUR 11.9 billion were reported as spent by the selected projects, showing a level of implementation above the EU average. Whereas we lack precise information on the share of projects dedicated to disability, many projects funded aim at supporting the inclusiveness of French society towards disability, especially in the area of employment.

As examples we could quote several projects that have been funded through the European Social Fund:

- The transition platform PAIP of the Toulouse Rectorat (régional school administration). This platform supports the transition to employment of youth with a mental disability.²⁶ It was awarded by the educational innovation price of the French Ministry of education in 2019.
- The DuoDay, a national event that promotes the support of people with disability by an entrepreneur or an executive. 80 000 people with disability have benefited from it in 2019.²⁷
- ERASMUS+ programmes like 'Nature and Disability' (ended in 2018 – dissemination still in progress) that have been funded through the Erasmus agency for France. This project coordinates the training of 80 social workers and professional from the environmental sector to promote the equal access to nature for people with disability.

6.2 Priorities for future investment (after 2020)

Priorities for future investment should include disability and accessibility issues in all dimensions retained. These issues should support areas for improvement in the following dimensions that were emphasised by the country report for France. This report emphasises, inter alia, that:

- Some groups experience more difficulties in accessing the labour market, especially the low skilled, among which persons with disabilities are over-represented.
- The French education system is experiencing persisting socioeconomic inequalities and persons with disabilities are among those overexposed to these difficulties. The French teaching profession is disproportionally facing challenges in adapting its teaching practices to learners' needs and teachers in disadvantaged schools tend to have less qualifications than teachers in advantaged schools
- Access to social housing remains a challenge and persons with disabilities are overexposed to these difficulties.

²⁶ <http://www.fse.gouv.fr/fse-mag/une-plateforme-pour-aider-les-jeunes-en-situation-de-handicap-trouver-un-emploi>.

²⁷ <https://www.duoday.fr/>.

As highlighted earlier (chapter 2.2), it will be important to recognise and target investment towards the needs of persons with disabilities in relation to the CSRs. For example:

CSR1 highlights the need to ‘Strengthen the resilience of the health system by ensuring adequate supplies of critical medical products and a balanced distribution of health workers, and by investing in e-Health’. When making investments in this area it is vital to address the barriers to healthcare access for disabled people and their accessibility needs.

CSR2 focuses on mitigating ‘the employment and social impact of the crisis, including by promoting skills and active support for all jobseekers’. This is an area of high concern from a disability perspective, where targeted investments in appropriate support policies and reform are needed.

CSR3 targets investment in ‘the green and digital transition, in particular on sustainable transport’, where explicit reference to accessibility and inclusion for disabled people is needed.

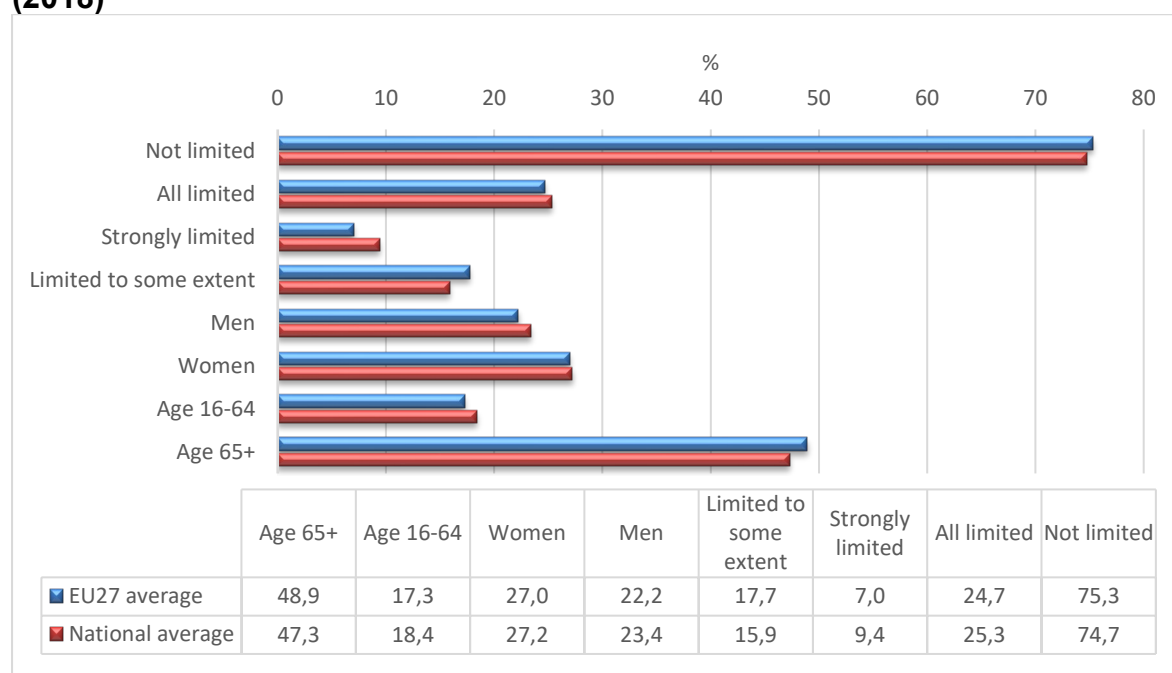
7 Annex: disability data relevant to the Semester

See also disability data published in the Eurostat database²⁸ and statistical reports.²⁹

Unless specified, the summary statistics are drawn from the most recent EU-SILC data available to researchers from Eurostat. The EU-SILC sample includes people living in private households and does not include people living in institutions (congregative households). The sampling methods vary somewhat in each country.

The proxy used to identify people with disabilities (impairments) is whether ‘for at least the past six months’ the respondent reports that they have been ‘limited because of a health problem in activities people usually do’.³⁰

Table 1: Self-reported ‘activity limitations’ as a proxy for impairment/disability (2018)



Source: EU-SILC 2018 Release 2020 version 1

In subsequent tables, these data are used to indicate ‘disability’ equality gaps and trends relevant to the analytical chapters – for the labour market, social policies and healthcare, and education – by comparing outcomes for persons who report and do

²⁸ Eurostat health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

²⁹ Eurostat (2019) *Disability Statistics* https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics.

³⁰ The SILC survey questions are contained in the Minimum European Health Module (MEHM) [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_\(MEHM\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_(MEHM)).

not report 'activity limitations'.³¹ National estimates for France are compared with EU27 mean averages for the most recent year.³²

7.1 EU data relevant to disability and the labour market (2018)

Table 2: Employment rates, by disability and gender (aged 20-64)

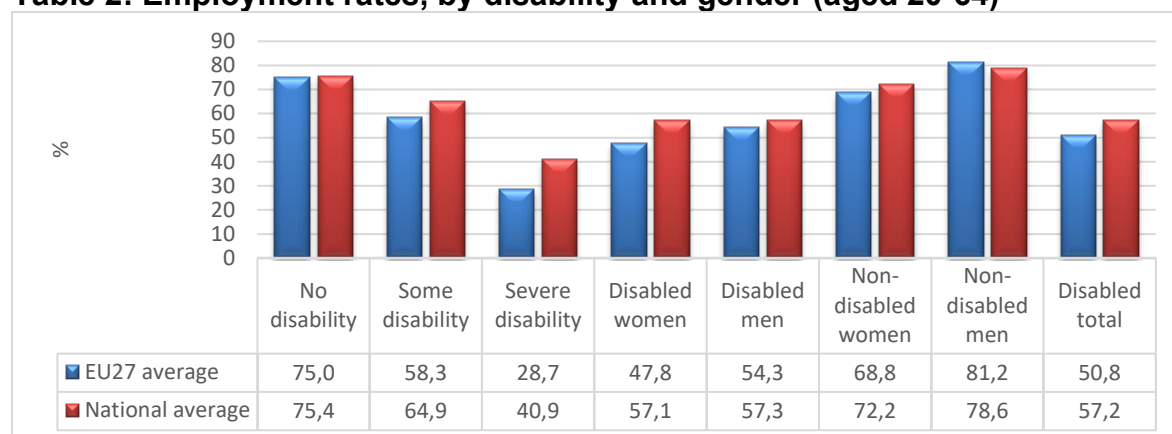
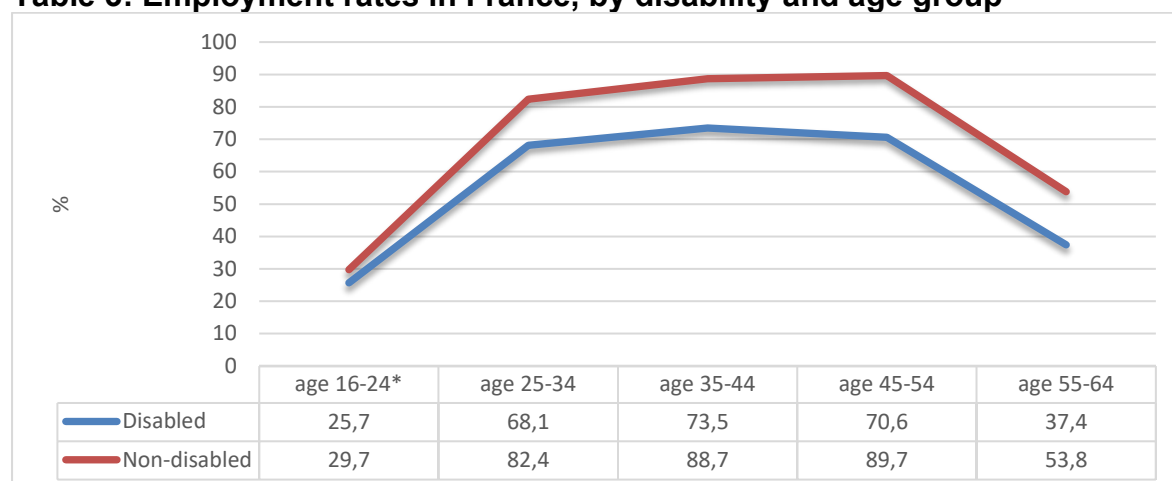
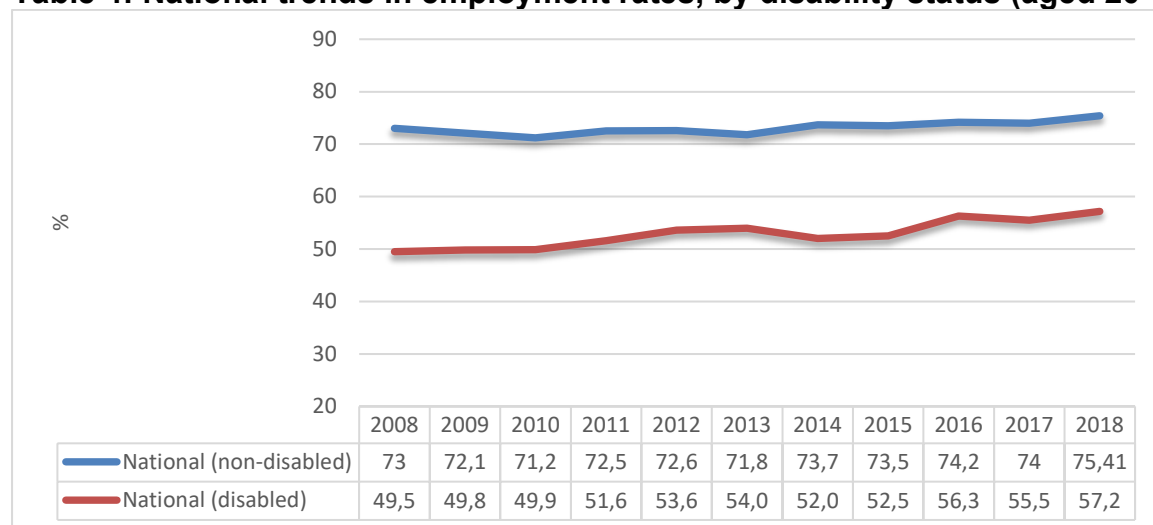


Table 3: Employment rates in France, by disability and age group



³¹ This methodology was developed in the annual statistical reports of ANED, available at <http://www.disability-europe.net/theme/statistical-indicators>.

³² The exit of the United Kingdom from the EU changes the EU average. Averages were also affected in 2015 by a discontinuity in the German disability data due to a definitional change.

Table 4: National trends in employment rates, by disability status (aged 20-64)

Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

7.1.1 Unemployment

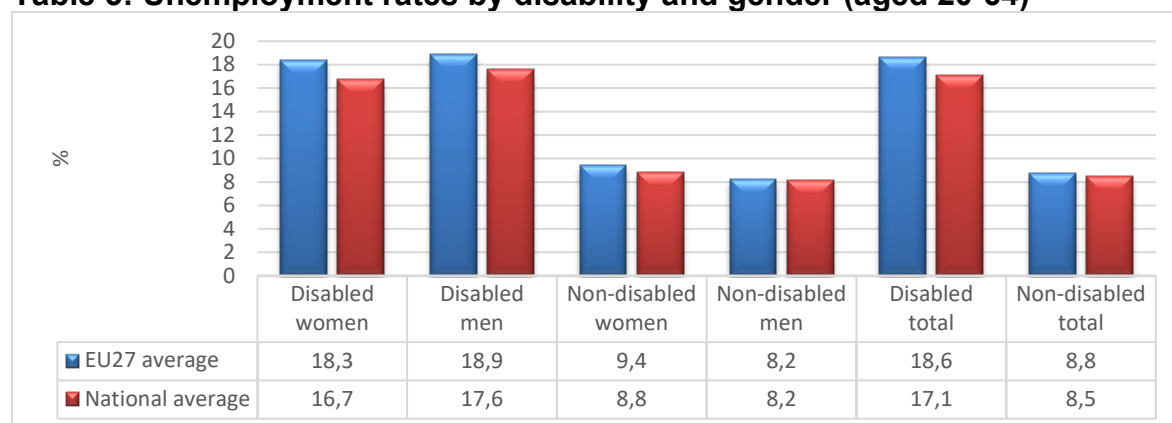
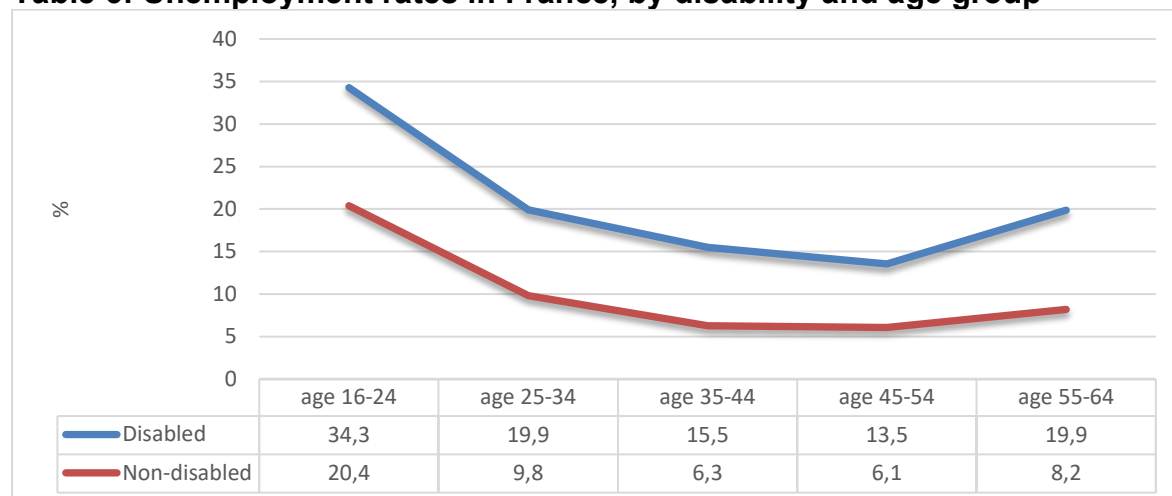
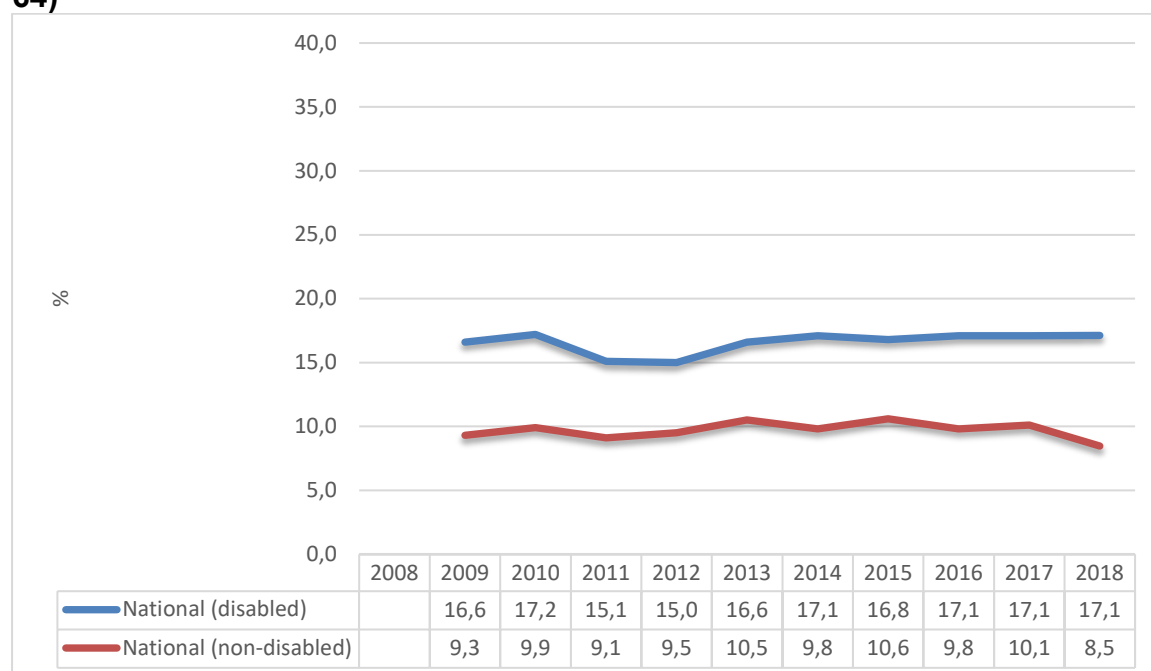
Table 5: Unemployment rates by disability and gender (aged 20-64)**Table 6: Unemployment rates in France, by disability and age group**

Table 7: National trends in unemployment rate, by disability status (aged 20-64)

Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

7.1.2 Economic activity

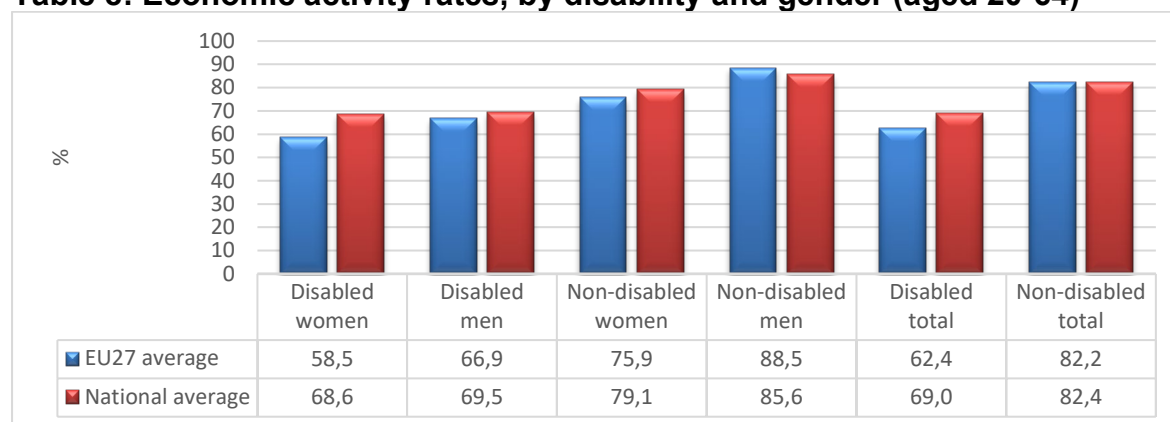
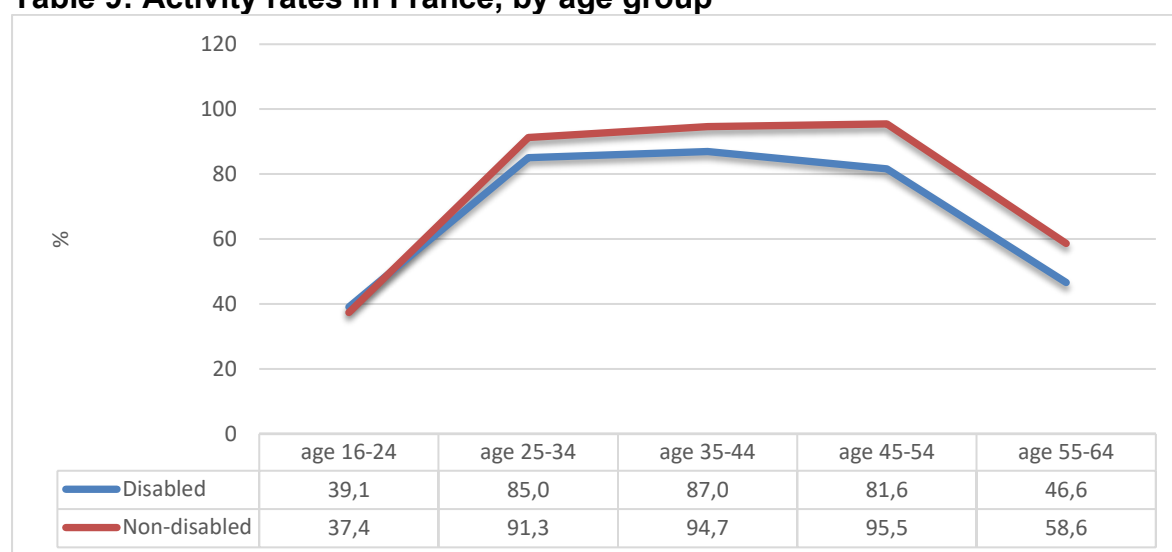
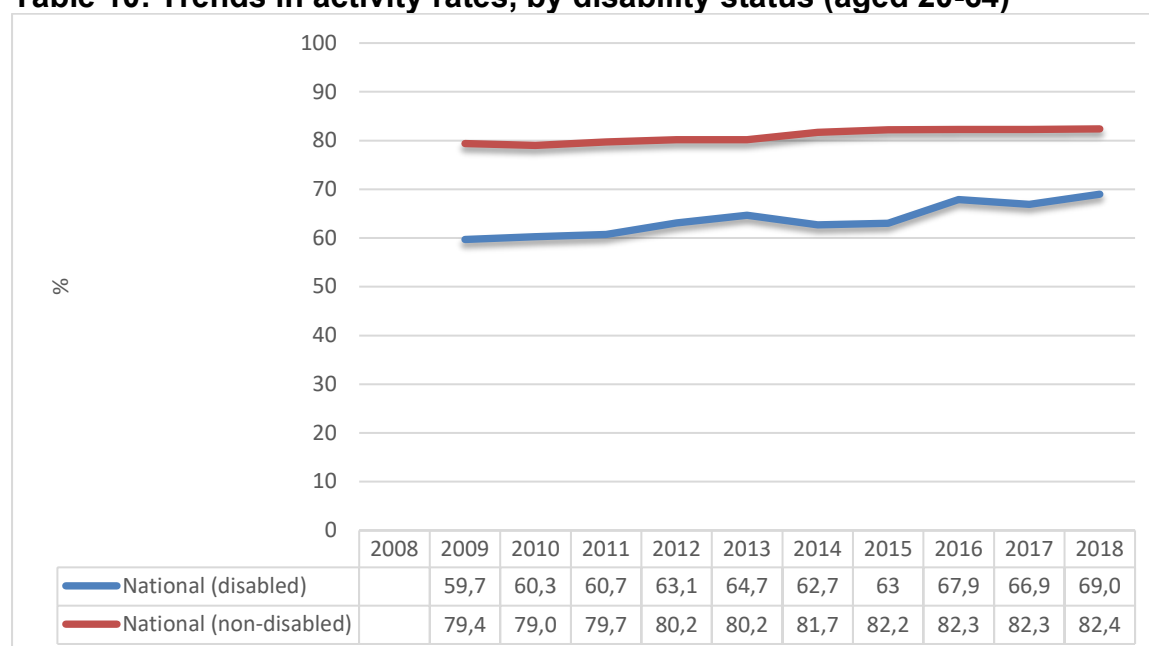
Table 8: Economic activity rates, by disability and gender (aged 20-64)

Table 9: Activity rates in France, by age group**Table 10: Trends in activity rates, by disability status (aged 20-64)**

Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

7.1.3 Alternative sources of labour market data in France

Disability data is not included in the core European Labour Force Survey but labour market indicators for France were disaggregated from ad modules conducted in 2001 and 2011. These can be found in the Eurostat disability database.³³

The national Census carried out by the INSEE (National institute of statistics and economic studies) includes the Employment survey (enquête emploi), which aims at describing the situation of people in the labour market. It is conducted annually and concerns people aged 15-64. Some data concern employed disabled people. Some data are published by INSEE, others are released by DARES.

³³ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

Table A: Activity, unemployment and employment rates of people with disabilities in 2019

	Administrative recognition ¹			Population with disabilities ²			Whole population		
	Total	Women	Men	Total	Women	Men	Total	Women	Men
Activity rate	44	44	44	54	53	55	72	68	75
Employment rate	37	37	37	47	46	47	66	62	69
Unemployment rate ³	16	16	17	13	13	13	8	8	9
Workforce (thousands)	2,722	1,360	1,362	5,951	3,204	2,748	40,815	20,840	19,975

Source: Insee, enquête Emploi 2019.³⁴

1. Persons declaring to have 'an administrative recognition of a handicap or a loss of autonomy'.
 2. Persons declaring to have 'an administrative recognition of a handicap or a loss of autonomy' or declaring both 'an illness or a health problem which is chronic or of a lasting nature' and 'to be limited, for at least six months, because of a health problem, in the activities that people usually do'.
 3. The unemployment rate is calculated on the labour force aged 15 or over.
- Scope: France excluding Mayotte, population aged 15 to 64, living in ordinary households.

³⁴ <https://www.insee.fr/fr/statistiques/4501621?sommaire=4504425&q=emploi+handicap#figure3>.

Table B: Characteristics of the disabled population in employment in 2019

	Administrative recognition ¹	Population with disabilities ²	Whole population
Workforce (thousands)	1,006	2,783	26,751
Women	50	53	49
Men	50	47	51
15 to 24 years old	3	3	9
25 to 39 years old	20	23	35
40 to 49 years old	30	29	27
50 to 64 years old	46	45	30
Farmers, artisans, traders and business leaders	6	8	8
Cadres	10	12	19
Intermediate professions	20	23	26
Employees	36	33	27
Workers	28	24	20
Full time	66	72	83
Part time	34	28	17

Source: Insee, *Employment survey 2019*.³⁵

1. Persons declaring to have 'an administrative recognition of a handicap or a loss of autonomy'.
2. Persons declaring to have 'an administrative recognition of a handicap or a loss of autonomy' or declaring both 'an illness or a health problem which is chronic or of a lasting nature' and 'to be limited, for at least six months, because of a health problem, in the activities that people usually do'.

Scope: France excluding Mayotte, population aged 15 to 64, living in ordinary households.

³⁵ <https://www.insee.fr/fr/statistiques/4501621?sommaire=4504425&q=emploi+handicap#figure4>.

7.2 EU data relevant to disability, social policies and healthcare (2018)

Table 11: People at risk of poverty or social exclusion, by disability and risk (aged 16-59)

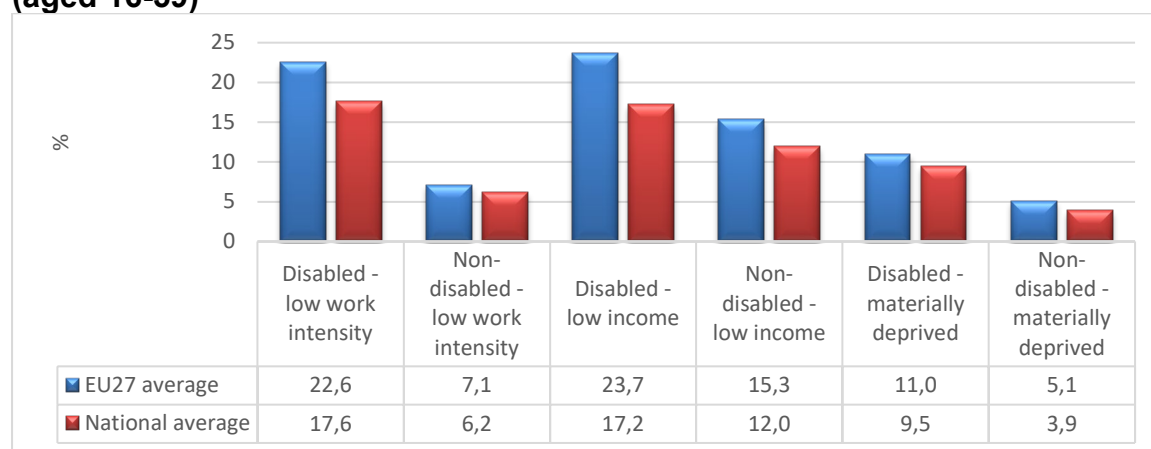


Table 12: People at risk of poverty or social exclusion, by disability and gender (aged 16+)

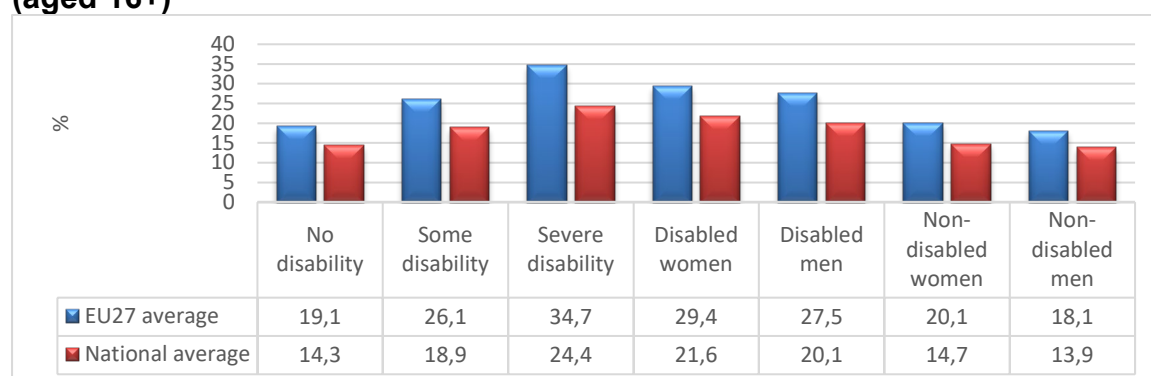
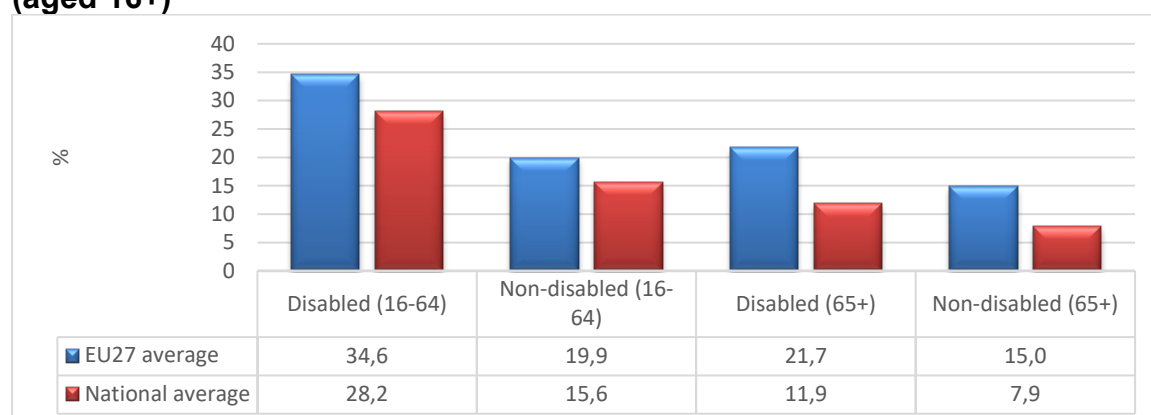
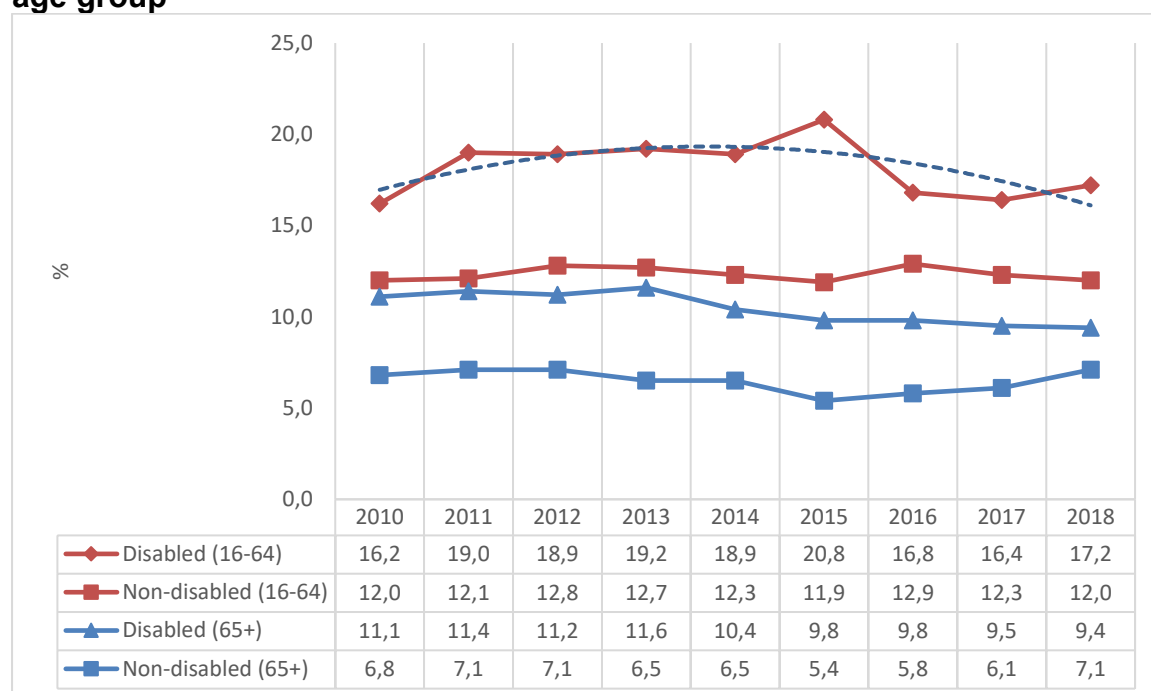


Table 13: Overall risk of household poverty or exclusion by disability and age (aged 16+)

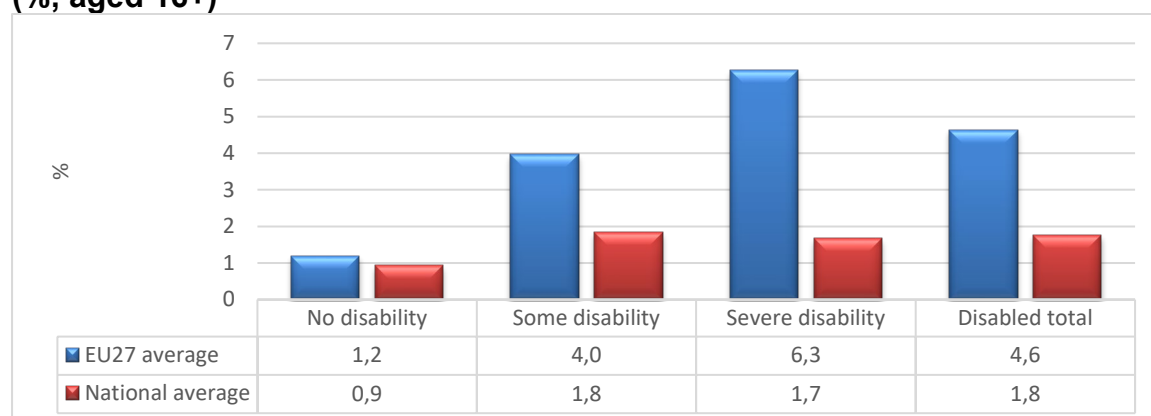


Source: EU-SILC 2018 Release 2020 version 1 (and previous UDB)

Table 14: Trends in the risk of poverty after social transfers, by disability and age group

Source: Eurostat Health Database [[hlth_dpe020](#)] - People at risk of poverty

Note: this table shows national trends in financial poverty risk, rather than the general AROPE indicator (which is not as comparable between age groups due to the effect of paid employment); the survey does not distinguish 'activity limitation' for children under 16.

Table 15: Self-reported unmet needs for medical examination, 3-year average (% , aged 16+)

Source: Eurostat Health Database [[hlth_dh030](#)] – 'Too expensive or too far to travel or waiting list'

Note: due to large variations an average of three years is indicated. EU mean averages are also skewed by high values in a minority of countries within disability groups but median averages for the total disability and no disability groups in 2018 are consistent with the 3-year mean values.

7.2.1 Alternative sources of poverty or health care data in France

The EU-SILC data provides a comprehensive and reliable source concerning poverty or social exclusion rates. In addition to the summary tables presented so far, the Eurostat disability database also contains breakdowns concerning disability and poverty before and after social transfers, as well as in-work-poverty.³⁶

INSEE publishes summary statistics on social expenditure and beneficiaries of the main social protection programmes (ACTP and PCH).³⁷

Table C: ACTP and PCH beneficiaries from 2008 to 2018 (thousands)

	Compensatory allowance for a third party (ACTP)	Disability compensation benefit (PCH)	Total
2008	110	80	190
2009	100	120	220
2010	92	154	246
2011	87	185	272
2012	82	209	290
2013	76	231	307
2014	72	251	323
2015	69	271	340
2016	65	284	349
2017	61	298	360
2018	58	315	373

Source: Drees, *Social Assistance surveys*.³⁸

Scope: France excluding Mayotte, situation on 31 December of each year; beneficiaries of all ages living at home or in an establishment.

Note: the workforce corresponds to rights open to services as of 31 December.

³⁶ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

³⁷ <https://www.insee.fr/fr/statistiques/4277752?sommaire=4318291>.

³⁸ <https://www.insee.fr/fr/statistiques/4277752?sommaire=4318291&q=handicap#tableau-figure2>.

7.3 EU data relevant to disability and education

Table 16: Early school leaving rates, by disability status (aged 18-24 and 18-29)³⁹

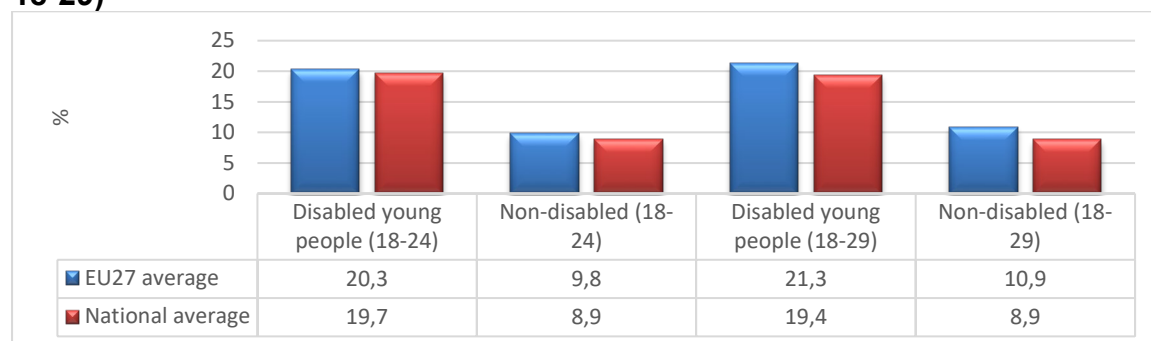
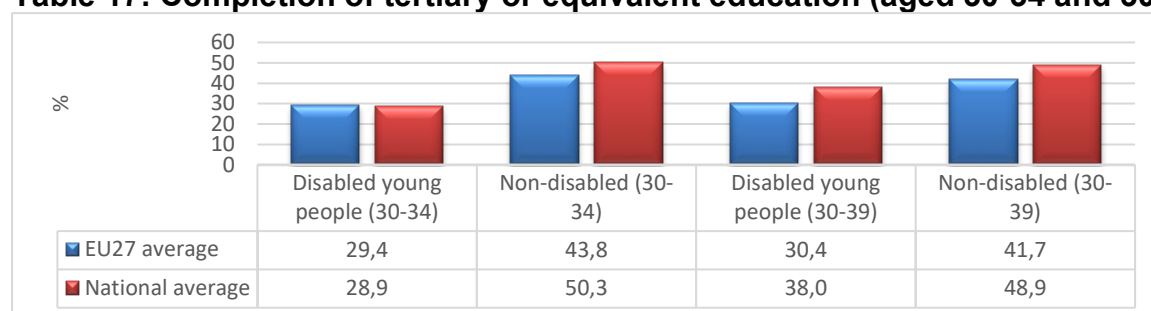


Table 17: Completion of tertiary or equivalent education (aged 30-34 and 30-39)



Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

Note: Confidence intervals for the disability group are large and reliability low (due to the small sample size in the target age group). An average of several years may be needed to establish trends or to compare breakdowns by gender.

7.3.1 Alternative sources of education data in France

Disability data is not included in the core European Labour Force Survey, but education and training indicators were disaggregated from ad hoc modules conducted in 2001 and 2011. These can be found in the Eurostat disability database.⁴⁰ Similar caution is needed with this data.

Some administrative data is also provided in the European Agency's Statistics on Inclusive Education (EASIE), concerning the population of enrolled students identified with special educational needs in France.⁴¹

INSEE also publishes summary statistics on mode of schooling.

³⁹ There was a change from ISCED 1997 to ISCED 2011 qualification definitions in 2014 although some Member States continued to use the older definition after this time.

⁴⁰ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

⁴¹ European Agency for Special Needs and Inclusive Education, *Statistics on Inclusive Education*, <https://www.european-agency.org/data/data-tables-background-information>.

Table D: Mode of schooling of children and adolescents with disabilities in 2018-2019

Education level ¹	Mainstream education		Specialised establishments ²	
	Individual	Collective	Hospitals	Medical and social establishments
Premier degré	134,438	51,125	5,500	61,150
Préélémentaire	36,093	4,465	2,419	21,269
Élémentaire	98,345	46,660	3,081	39,881
Second degré	107,341	44,891	2,497	7,745
Formations en collège	79,589	26,003	1,550	5,878
Formations en lycée	27,752	6,341	947	1,867
Autre niveau ³		12,547		
Niveau indéterminé ⁴			252	2,907
Total ⁵	241,779	96,016	8,249	71,802

Source: Depp.⁴²

1. Level of education estimated for collective schooling and schooling in hospital or medico-social establishments.
2. Excluding young people hosted and educated for short periods.
3. These are mainly students attending a secondary school without necessarily having the level.
4. These are pupils attending a specialised establishment whose level is difficult to determine.
5. Including 9,826 children or adolescents in shared schooling.

⁴² <https://www.insee.fr/fr/statistiques/4277752?sommaire=4318291&q=handicap#tableau-figure6>.

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