

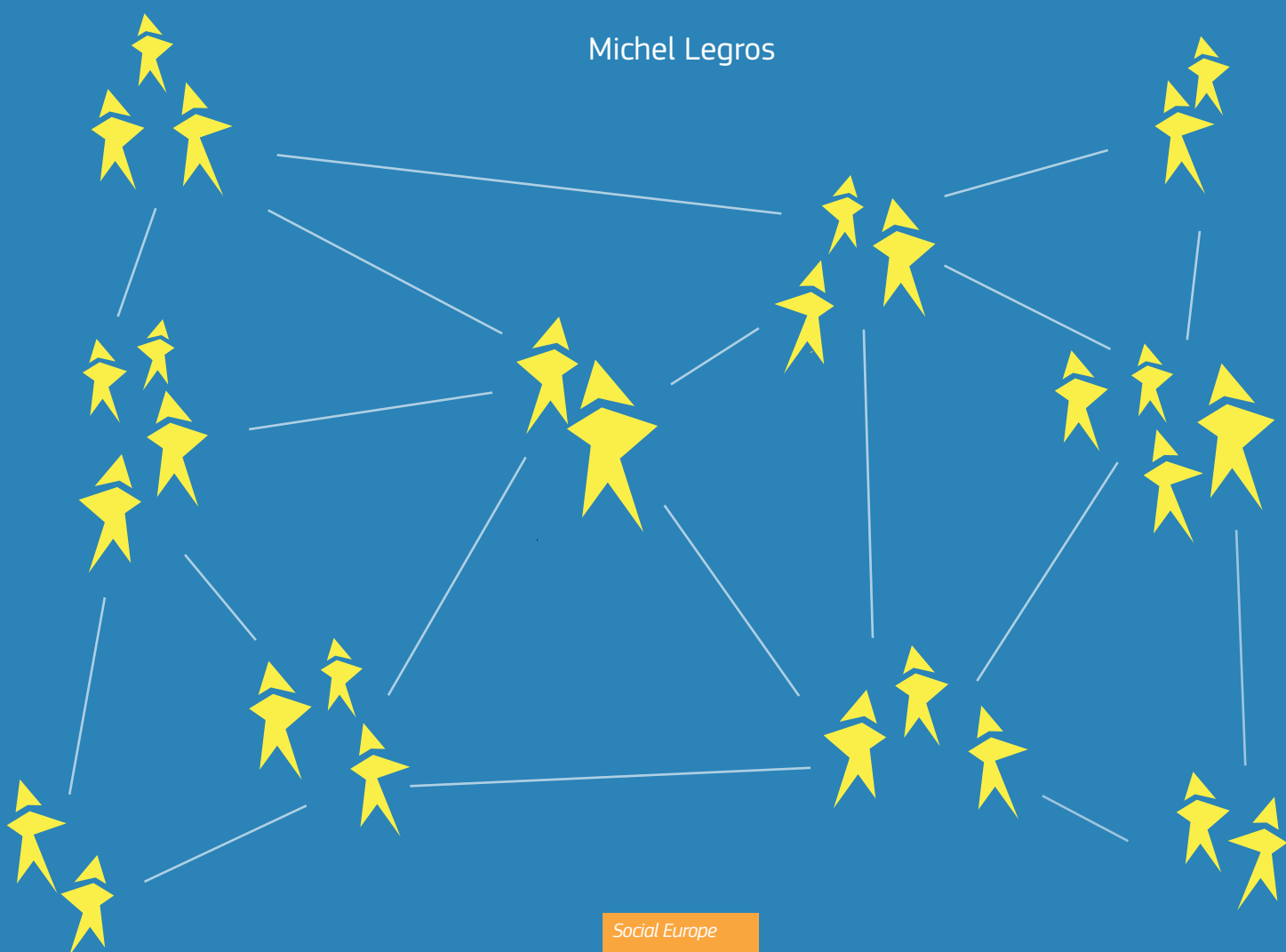


## EUROPEAN SOCIAL POLICY NETWORK (ESPN)

# Making access to social protection for workers and the self-employed more transparent through information and simplification

France

Michel Legros



Social Europe

**EUROPEAN COMMISSION**

Directorate-General for Employment, Social Affairs and Inclusion  
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**European Social Policy Network (ESPN)**

**ESPN Thematic Report on  
Making access to social  
protection for workers and the  
self-employed more transparent  
through information and  
simplification**

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*Michel Legros*

The European Social Policy Network (ESPN) was established in July 2014 on the initiative of the European Commission to provide high-quality and timely independent information, advice, analysis and expertise on social policy issues in the European Union and neighbouring countries.

The ESPN brings together into a single network the work that used to be carried out by the European Network of Independent Experts on Social Inclusion, the Network for the Analytical Support on the Socio-Economic Impact of Social Protection Reforms (ASISP) and the MISSOC (Mutual Information Systems on Social Protection) secretariat.

The ESPN is managed by the Luxembourg Institute of Socio-Economic Research (LISER) and APPLICA, together with the European Social Observatory (OSE).

For more information on the ESPN, see:  
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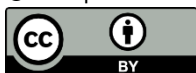
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## Summary

The purpose of this report is to identify and analyse policies put in place by the country to improve transparency in access to social protection, considering both access to information and simplification of access. The report focuses on the six social protection branches covered in the 2019 Council Recommendation on Access to social protection for workers and the self-employed (hereafter “2019 EU Council Recommendation”) and covers policies and measures implemented between January 2017 and May 2022.

The six social protection branches covered by the 2019 EU Council Recommendation have seen an increasingly intense shift towards a totally digital information strategy. Initially, digital methods were restricted to providing information for users of the different branches, but today almost all information requests and benefit applications require internet access and a personal digital account. This is particularly the case for accessing unemployment benefit and healthcare and invalidity benefits. This change makes everyday tasks easier for users and increases the productivity of the managing organisations. However, it makes it more difficult for some households, usually the most vulnerable, if they lack the appropriate equipment or knowledge to use these digital services.

To overcome these difficulties, social protection organisations still offer personalised, although often more restricted, reception services based on the old model. These services include advisers available to answer users’ questions. Awareness-raising campaigns also take both a traditional form (newsletters to members), and a new digital approach through social media (YouTube). In addition, aware of the risks of non-take-up generated by the digital shift, social protection organisations implement measures to identify and support vulnerable people at risk of non-take-up, although the efforts cannot be considered sufficient. These awareness-raising campaigns were intensified during the COVID-19 crisis.

Developments in policies and practices to ensure access to information actually entail a simplification of users’ access to services. Besides that, however, only a few measures specifically aimed at simplification have been observed. Few other simplifications have been observed between 2017 and 2022, concerning both structures and means of accessing benefits. The integration of student and self-employed schemes into the general social security scheme constitutes an undeniable step forward; however, the pensions reforms, which included simplification among other objectives, have been postponed to the 2022-2027 presidential term, mainly due to the health crisis. Changes to invalidity benefits and a potential plan to bring them closer to dependence, autonomy and disability issues, have also been suspended.

Lastly, debates on information and simplification are not high on the French political agenda. In the French plan to implement the 2019 EU Council Recommendation only limited space is devoted to transparency (seven lines in a total of 16 pages).

At the time of writing this report, both government and National Assembly elections are taking place. Several major projects for simplification have already been announced concerning reforms of pensions, supplementary health insurance, dependency and invalidity, and job-seeker services. These reforms will probably take greater account of the 2019 EU Council Recommendation than was the case during the last five years.

## **1 Issues, debates and ongoing or planned reforms to ensure information on, and to simplify access to, social protection for workers and the self-employed**

### **1.1 Policies and practices to ensure access to information on social protection rights, entitlements and obligations**

Starting during 2005-2010, social protection branches began to implement a strategy to develop digitalisation. The move was not specific to social protection but concerned the entire French administration<sup>1</sup>. This strategy boosts productivity and improves user services, but nevertheless presents a risk for vulnerable people. Information campaigns attempt to solve this problem by employing both traditional methods and contemporary social media.

#### **1.1.1 Policies and practices to ensure access to general and personalised information**

While all six branches of the social protection system covered by the 2019 EU Council Recommendation have adopted similar digital development strategies, the employment and healthcare sectors have put the greatest efforts into developing a set of services for their users.

##### **1.1.1.1 Unemployment benefits**

In France, unemployment benefit is based on three mechanisms. The main one comprises insurance devised to partially compensate for the loss of employment. Created in 1958, unemployment insurance was organised by social partners in the form of a private-law association called the National Professional Union for Employment in Industry and Trade (*Union nationale interprofessionnelle pour l'emploi dans l'industrie et le commerce* – UNEDIC). UNEDIC publishes a large number of publications and activity reports on its website<sup>2</sup>. This information is regularly relayed in the national and regional press, and in the specialised press (employment, social issues). The information provided by UNIDEC concerns people involved in the employment sector (trade unions, employees and employers), while personalised information regarding job-searches and unemployment benefit is exclusively managed by "Pôle Emploi" (which acts as the national agency for jobcentres).

UNEDIC entrusts Pôle Emploi, a public administrative body, with the calculation and payment of unemployment insurance benefits to unemployed people. Pôle Emploi registers unemployed people, accompanies them in their job-seeking efforts, and helps companies recruit.

Pôle Emploi has 896 agencies and contact points throughout France. Potential beneficiaries can make their first contact with Pôle Emploi by letter, email, or by going into an agency, with or without an appointment in the morning, and by appointment only in the afternoon. They can also contact Pôle Emploi by telephone on 3949 (toll-free number). This first contact is an occasion for job-seekers to find out about how to register, the unemployment benefits process, and the services offered by Pôle Emploi. Registration on the Pôle Emploi website is mandatory<sup>3</sup>. The website can be used by job-seekers to register or sign up again,

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<sup>1</sup> One example is the France Connect service. "France Connect" is a mechanism that can be used to guarantee citizens' digital identity based on previous declarations that they have made and for which their identity has already been verified by a trusted party. This mechanism, decided on by the French state, is a common good made available upon request to all communities and citizens.

<sup>2</sup> <https://www.unedic.org/espace-presse/actualites>

<sup>3</sup> <https://www.pole-emploi.fr/accueil/>

update their details, make an appointment with an advisor, and find out about available jobs and training. In 2020, Pôle Emploi redesigned its YouTube channel<sup>4</sup> (YouTube, 2022) and launched a web series featuring well known YouTubers. The main objective of the channel is to inform the public about different trades and encourage young people to work in occupations subject to shortages. Several videos feature the use of Pôle Emploi services: "sign up at Pôle Emploi" (*s'inscrire à Pôle Emploi*) and "what benefits can I claim?" (*a quelles prestations ai-je droit?*).

The second mechanism comprises an assistance scheme. Since 1984, unemployed people who have used up their entitlement to unemployment benefits can, on certain conditions, claim the specific solidarity allowance (*allocation de solidarité spécifique* – ASS). This is a specific minimum social benefit financed by the state and paid to beneficiaries by Pôle Emploi. The third and final mechanism, available to unemployed people who have exhausted their entitlement to unemployment benefit and the ASS, is the possibility of claiming active solidarity income (*revenu de solidarité active* – RSA). Applications for RSA are made directly to the local family allowance fund (*caisse d'allocations familiales* – CAF)<sup>5</sup>, or to the agricultural social mutual fund (*mutualité sociale agricole* – MSA) for agricultural workers<sup>6</sup>.

Only a relatively small share of unemployed people signed up with Pôle Emploi are eligible for unemployment benefit. The UNEDIC report for 2021 indicates that 56.0% of unemployed people were eligible for unemployment benefit on April 2021, which is 3.67 million people and only 39%, or 2.58 million, receive compensation (UNEDIC, 2022).

### 1.1.1.2 Sickness and healthcare benefits

To be covered by the health insurance system (*Assurance Maladie*), claimants must be registered with the social security system, and affiliated to a fund. Newborn babies are automatically signed up on the health insurance system register and attributed with a social security number. This number, which features on the personal medical card (*Carte Vitale*), is communicated to individuals along with their card when they reach the age of 16. The personal medical card, which is free of charge, is presented by patients to medical staff and contains all information necessary for the automatic reimbursement of healthcare expenditure. Without a personal medical card, it is still possible for people to have their healthcare expenditure reimbursed by sending a form filled in by the doctor and the pharmacist to their local primary health insurance fund (*caisse primaire d'assurance maladie* – CPAM). Each administrative area (*département*) has its own CPAM. This form-filling method is being phased out in favour of digital transmission and the personal medical card. Insured parties use the social security number written on their personal medical card to create a personal account on the health insurance system website, called **online health insurance** (*assurance maladie en ligne* – Ameli)<sup>7</sup>.

This personal, secure account can be used to check reimbursement status, request a statement of rights, declare a general practitioner, update the personal medical card or request a replacement card in case of loss. The website is accessible 24/7 and also features a chatbot to guide users, an online exchange forum on rights and procedures, a toll-free telephone service (3646) and a newsletter called "Ameli&vous".

Simulators are available on the Ameli website to calculate numerous benefits and services in a few short clicks<sup>8</sup>. The publication of the social security reimbursement base (*base de*

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<sup>4</sup> <https://www.youtube.com/channel/UCIV-NTLRUBzAY404qiO1OYw>

<sup>5</sup> <https://www.caf.fr/>

<sup>6</sup> <https://www.msa.fr/lfp/rsa-demandeurs-emploi-faibles-revenus#>

<sup>7</sup> <https://www.ameli.fr/>

<sup>8</sup> <https://www.ameli.fr/assure/simulateur-maternite-paternite;> <https://www.ameli.fr/assure/droits-demarches/difficultes-acces-droits-soins/complementaire-sante/simulateur-de-droits>



*remboursement sécurité sociale* – BRSS) can be used by insured parties to find out the reimbursement rate for different medical procedures, which can make it easier to choose the appropriate supplementary healthcare.

An important feature of Ameli is the information it provides on support and procedures for people who come under the self-employed scheme<sup>9</sup>. The website also features numerous tutorials accessible on YouTube<sup>10</sup>.

### **1.1.1.3 Maternity and equivalent paternity benefits**

To apply for maternity and birth benefits, as soon as pregnancy is confirmed and the first prenatal examination has been carried out, the healthcare professional (general practitioner, gynaecologist or midwife) sends a pregnancy declaration to the CAF, CPAM or MSA fund. This declaration must be done before the end of the third month of pregnancy, either online on Ameli or on a paper form. This declaration can be uploaded to the individual's personal health insurance account online in the section "next steps – declaration of a newborn baby" (*mes démarches – déclaration du nouveau-né*). Some supporting documents can also be requested (e.g. birth certificates) and downloaded. Following this declaration, the child is included on the parent's personal medical card. In the absence of an Ameli account, this step can be carried out by calling the number 3646 (toll-free + standard telephone charge).

As soon as the fund has received the declaration, it sends the beneficiary a guide called "my maternity – preparing for my baby's arrival" (*ma maternité – je prépare l'arrivée de mon enfant*) (Assurance Maladie, 2022), and a personalised timetable featuring medical examinations and the dates of pregnancy check-ups, the periods that are covered 100%, and maternity leave dates. The fund also proposes group workshops. The future mother is accompanied and medically monitored throughout her pregnancy up to the 12th day after the birth. The declaration triggers the allocation of maternity benefits, in kind and in cash.

The national and regional CPAM and MSA websites feature detailed, easily accessible information setting out family rights and the steps to follow in case of pregnancy. Numerous websites specialise in social rights, managed by public sector organisations or third sector associations<sup>11</sup>. Forums on social networks are full of information for young parents<sup>12</sup>.

### **1.1.1.4 Invalidity benefits**

Invalidity benefits are contributory social security benefits paid to insured parties whose work capacity decreases following an accident or illness not related to work. Although the risk is universal, its implementation is broken down between about 20 different schemes proposing variable means of access and implementation. To receive invalidity benefits, applicants must meet certain conditions of age, incapacity, and affiliation with the health insurance system.

Applicants are usually declared invalid at the initiative of a health insurance system medical advisor, generally following a long work stoppage, but sometimes following a request from the applicant's general practitioner, or even by the individual directly.

Since the launch of a teleservice by the health insurance system on 15 June 2021, requests for invalidity benefits can now be made totally online through the individual's Ameli

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<sup>9</sup> <https://www.ameli.fr/assure/droits-demarches/salaries-travailleurs-independants-personnes-sans-emploi/emploi-independant-non-salarie/travailleurs-independants-vos-droits-et-demarches>

<sup>10</sup> <https://www.youtube.com/channel/UCvaiFVWv5laNlnXxP5D9TZQ>

<sup>11</sup> e.g. <https://www.mesdroitssociaux.gouv.fr/vos-evenements-de-vie/parcours-naissance>

<sup>12</sup> e.g. <https://www.aude.fr/actualites/un-forum-pour-echanger-autour-de-la-naissance-et-la-parentalite>

account. This means it is no longer necessary to fill in a paper form or make a physical journey. This teleservice is open to all insured parties, both employees and self-employed people.

Insured employees who have several employers are not concerned by the teleservice. They must still fill in the invalidity benefit application form (S4150) downloaded in PDF format and then send it, accompanied by supporting documents, to their CPAM. In case of difficulties filling in the paper application, people can request support by making an appointment with a CPAM navigator via their Ameli account. Different people can be involved in making the request for invalidity benefits: the general practitioner, with the applicant's agreement, can send a medical certificate to the CPAM medical advisor. CPAM medical advisors can also directly inform potential beneficiaries of the possibility of claiming an invalidity benefit.

### **1.1.1.5 Old-age benefits and survivors' benefits**

The French pension system comprises two main parts (Huteau, 2021), as follows.

- Statutory pension schemes: These are integrated into the social security organisation set up by the state. They include the general scheme (which covers two thirds of the working population), the agricultural scheme, schemes for self-employed people, and specific schemes for some types of employees (train drivers, civil servants, etc.).
- Occupational pension schemes: These are the General Association of Supplementary Pension Institutions for Managers (*Association Générale des Institutions de Retraite Complémentaire des Cadres – AGIRC*) and the Association for the Supplementary Pensions Scheme for Employees (*Association pour le Régime de Retraite Complémentaire des Salariés – ARRCO*).

Information about retirement is a right for insured parties and the practical and organisational details feature in Article L 161-17 of the French social security code. This text establishes that insured parties have the right to free information about the pay-as-you-go pension scheme. This right is organised as follows: in the year following the first year during which at least two quarters of insurance have been validated, insured parties must receive general information on the rules for acquiring eligibility for their own pension. From age 45, insured parties can request an appointment to discuss their accumulated rights. During the meeting, they must receive a simulated estimate of the potential amount of their future pension. They can then request a precise inventory of their situation concerning the obligatory pensions schemes that they pay into. From the age of 55, every five years and up until their retirement, future pensioners receive a general estimate of the amount of their pension. This information is also available on the Info-retraite portal<sup>13</sup>.

Obtaining a retirement pension is never automatic for employees, who must make a request at least six to nine months before the desired retirement date. It takes about one year to put together a retirement application. Employees generally request retirement at their own initiative, although employers can also decide on the retirement of employees, with their agreement, once they have reached retirement age and acquired the full number of points (aged 65 to 67), or without their agreement from age 70. To assist applicants in preparing this complex request, their retirement fund provides them with a career record from age 35 and then every five years. They can find out the number of points available on supplementary pensions schemes by looking at their personal account. All of this information can be corrected or completed by insured parties, and calculators are available on the internet to estimate their best potential retirement age and pension<sup>14</sup>.

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<sup>13</sup> <https://www.info-retraite.fr/portail-info/home.html>

<sup>14</sup> <https://www.info-retraite.fr/portail-services/login>

### **1.1.1.6 Benefits in respect of accidents at work and occupational diseases**

Injuries incurred by employees resulting from work-related accidents or journeys and occupational diseases are covered, through compensation, by the occupational accident and disease (*accidents du travail-maladie professionnelle* – AT-MP) branch of the general social security scheme. To receive occupational disease benefits, applicants must complete and submit a declaration at the latest 15 days after stopping work.

The AT-MP branch comes under the health insurance system, and the relevant information features on the Ameli website and in individuals' Ameli accounts<sup>15</sup>.

Diseases are recognised to be occupational if they are the consequence of exposure to a risk encountered while exercising a work-related activity. The disease must feature on a list that is regularly updated. Even if they do not feature on the list, some diseases may be recognised on a case-by-case basis. Occupational accidents are accidents that arise out of or in connection with work, or during a work-related journey. Victims must inform their employer within 24 hours, and the employer must then declare the accident to the CPAM within 48 hours. Supplementary allowances also exist for victims with at least 80% permanent incapacity who require assistance from a third party, and annuities for survivors in the case of the victim's death (Cour des comptes, 2021).

Self-employed people are not obligatorily insured against the risk of occupational accidents and diseases. They may, however, sign up for voluntary individual insurance against this specific risk. They can then benefit from coverage of health expenditure by the health insurance system only. For agricultural employees, obligatory insurance against occupational accidents and disease is managed by the MSA.

Information on accidents at work and occupational diseases is generally transmitted by occupational doctors, but also by trade unions. The health insurance system posts information on the Ameli website. The Association for Victims of Accidents and Disabled People (*Association des accidentés de la vie et des personnes handicapées* – FNATH) is particularly active in advising, defending and supporting victims of occupational accidents and diseases<sup>16</sup>.

As a general organisation for health and safety in the workplace, the National Research and Safety Institute (*Institut National de Recherche et de Sécurité* – INRS)<sup>17</sup> works with other institutional actors to prevent occupational risks. It offers tools and services to companies and to the 18 million employees under the general social security scheme: an online magazine, "health and safety in the workplace" (*Hygiène et sécurité du travail*), a regular legal newsletter, and a magazine called "health reference at work" (*Référence en santé au travail*) published by the INRS report on prevention action and support for employees.

### **1.1.2 General awareness-raising campaigns**

The campaigns presented in this section are standard operations run by the social protection schemes and funds of the different branches. They are established practices that have accompanied the development of these bodies and that initially took the form of newsletters or personalised letters. These traditional campaigns have gradually been replaced by digital alternatives with the creation of specialised sites and (during the last decade) the use of social media. The health crisis significantly increased the use of digital methods. During the pandemic, the government, ministries, and social protection bodies continuously disseminated information to their insured parties and to the general public. This included public health advice and information on economic support measures during

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<sup>15</sup> <https://www.ameli.fr/assure/remboursements/indemnites-journalieres/accident-Travail>

<sup>16</sup> <https://www.fnath.org/>

<sup>17</sup> [www.inrs.fr](http://www.inrs.fr)

lockdowns. During that period, the press and media coverage of COVID-19 was intense and at times almost excessive<sup>18</sup>.

### 1.1.2.1 Unemployment benefits

No national awareness-raising campaigns on unemployment benefits have taken place in France in the last few years. Nevertheless, the crises and debates on unemployment benefit reforms that took place prior to the pandemic had the unexpected consequence of informing the general public as well as unemployed people. The crisis triggered by the draft reform paradoxically led to greater transparency.

The main information on this subject is transmitted through different channels: UNEDIC publishes a large number of publications and activity reports on its website<sup>19</sup> (This information is regularly relayed in the national and regional press, and in the specialised press (employment, social issues). In 2020, Pôle Emploi redesigned its YouTube channel (YouTube, 2022) and launched a web series featuring well known YouTubers. The main objective of the channel is to inform the public about different trades and encourage young people to work in occupations subject to shortages. Several videos feature the use of Pôle Emploi services: "sign up at Pôle Emploi" (*s'inscrire à Pôle Emploi*) and "what benefits can I claim?" (*a quelles prestations ai-je droit?*).

Specific campaigns focus on sectors subject to shortages, such as the healthcare sector, employment in the home, hospital professions, the army, the police, and the building industry. For example, the campaign promoting healthcare professions, carried out by the ministries for health and employment, was aimed at increasing the quantity and quality of recruitments to meet current and future needs by targeting two different profiles: young people about to start their initial training, and adults wanting to change career path through vocational training. We do not have enough information to precisely measure the impact of these campaigns on recruitment levels.

### 1.1.2.2 Sickness and healthcare benefits

Numerous awareness-raising campaigns are implemented by the health insurance organisations and can be broken down into three types, as follows.

The first involves campaigns, usually organised by the general health insurance scheme, aimed at informing insured parties about how to access the different services available at local funds or the services accessible on the health insurance system website. To accompany the launch of the **inclusive healthcare supplement** (*complémentaire santé solidaire*), the health insurance system, in partnership with the Ministry of Solidarity and Health, the MSA and the inclusive healthcare supplement fund (*Fonds de la Complémentaire santé solidaire*) launched a vast information campaign in October 2019. With the aim of highlighting the simplicity of an Ameli account and the variety of services recipients can access, an information campaign began in November 2021 entitled "**go on, request an Ameli account**" (*Compte Ameli. Allez-y, demandez-lui*). Ameli accounts are now routine for insured parties, with 40 million account-holders and over 45 million requests a month<sup>20</sup>. Since 31 January 2022, the national campaign "**my health space**" (*mon espace santé*) has been inviting all people covered by the health insurance system to activate their profile or object to its creation within six weeks on the website monespacesante.fr. Without opposition, the profile is created automatically. To accompany

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<sup>18</sup> This was the case, for example, of continuous news channels whose anxiety-provoking content outweighed the information.

<sup>19</sup> <https://www.unedic.org/espace-presse/actualites>

<sup>20</sup> <https://www.ameli.fr/assure/remboursements/rembourse/suivre-remboursements/compte-ameli-mode-d-emploi/compte-ameli>

the generalisation of the **shared medical records** (*dossier médical partagé* – DMP), the health insurance system carries out a campaign to inform and encourage insured parties and healthcare professionals to create DMPs.

The second type of national campaign run by the health insurance system is aimed at encouraging healthy lifestyles: prevention of back pain at work, the “Sophia” asthma campaign, and the “M’T’Dents” dental care campaign. These campaigns combine public health messages with information about the funds. The effectiveness of the campaigns, which target the general population, is mainly measured by the number of people reached rather than their impacts. Lastly, supplementary healthcare insurance funds carry out numerous, diverse communication campaigns. They use a wide variety of channels in the press, radio, television and internet. The aim is to raise awareness of their existence, show how effective they are, and (mainly) recruit new subscribers.

### **1.1.2.3 Maternity and equivalent paternity benefits**

No general awareness-raising campaign is in place concerning birth and maternity benefits. However, several types of digital tools are available to households, as follows.

In 2019, a multidisciplinary committee chaired by the neuro-psychiatrist Boris Cyrulnik was set up to make recommendations, summarised in a report published in September 2020 (Cyrulnik, 2020). The aim of this commission was to identify preventative practices to combat vulnerabilities and inequalities that start from birth. The conclusions inspired several government measures, such as a reform of paternity leave and different types of early childcare action. They also led to the creation of information packages aimed at families: the handbook for the first 1,000 days (*Le livret de nos 1000 premiers jours*), sent out to future parents upon receipt of their pregnancy declaration, the website 1000-premiers-jours.fr and a digital application downloadable from the website. This website provides parents with advice on everyday baby parenting and information about the support, help and benefits that they are eligible for.

### **1.1.2.4 Invalidity benefits**

No general awareness-raising information campaign on invalidity is in place. Numerous regional funds organise information meetings for insured parties. An examination of YouTube shows that about 20 websites and YouTube channels feature testimonials and tutorials produced by individuals or by the health insurance funds.

The publications available to insured parties include a special edition of “my insurance journey” (*mon parcours d’assuré*) devoted to invalidity and indicating a free telephone number, 3646, to reach health insurance system advisors. Associations also have forums and calculators for estimating rights and amounts of invalidity benefits<sup>21</sup>.

### **1.1.2.5 Old-age benefits and survivors’ benefits**

Since 2014, AGIRC-ARRCO – and since 2020 with the old-age insurance scheme (*Assurance-vieillesse*) – has organised an annual national information and awareness-raising campaign entitled “retirement days” (*Les rendez-vous de la retraite*)<sup>22</sup>. From 27 June to 2 July 2022, 1,000 advisors will be available at 250 meeting points to meet present and future pensioners, answer their individual questions and explain the procedures for accessing pensions or the different services available from pensions funds.

The pensions insurance scheme regularly publishes campaigns in the paper media, such as the magazines “Notre temps” and “Capital”, on themes such as “let’s prepare our retirement” (*préparons notre retraite*) and “retirement insurance fund services” (*les services des caisses d’assurance-retraite*). In late 2021, the pensions insurance scheme

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<sup>21</sup> <https://www.aide-sociale.fr/>

<sup>22</sup> <https://rdv-retraite.fr/>

organised a campaign to inform all insured parties about how to benefit from a pension depending on their work background. The campaign was broadcast on the radio in mainland France and its overseas territories.

### **1.1.2.6 Benefits in respect of accidents at work and occupational diseases**

The insurance system for accidents at work and occupational diseases closely concerns: employers, who can pay different contributions depending on the risk of accident at their company or within their activity sector; doctors, especially medical advisors involved in appraising and recognising occupational diseases; and victims, who must be informed of their rights. This close employer-doctor-victim relationship leads insurance organisations under the general scheme and the MSA to develop widescale campaigns on the prevention of accidents and occupational diseases such as musculo-skeletal disorders, risks of falling, and chemical risks including pesticides (CNAM, 2018). As well as providing information documents, these campaigns are backed up by services to support companies in identifying and reducing risks. One example is the campaign carried out by the Ministry for Labour, Employment and Economic Inclusion, aimed at trade unions, employers and employees on the theme of preventing serious and fatal occupational accidents.

These campaigns are carried out by health insurance organisations, and also by the INRS.

## **1.2 Policies and practices to simplify access to social protection**

### **1.2.1 Simplification objective embedded in reforms of social protection schemes**

#### **1.2.1.1 Unemployment benefits**

The reforms initiated in 2017 in the unemployment insurance sector are mainly aimed at reducing social expenditure and increasing incentives to take up employment, rather than simplifying procedures.

#### **1.2.1.2 Sickness and healthcare benefits**

The main simplifications for users relate to the convergence of the different schemes. The social security scheme for the self-employed (*Régime social des indépendants* – RSI) was abolished on 1 January 2018 and gradually integrated into the general social security scheme. Since 1 January 2020, all self-employed people have come under the general social security scheme, with health insurance provided by the CPAMs. The law on guidance and success for students marked the end of the student health insurance scheme on 31 August 2019, organising an automatic shift to the obligatory scheme – in the majority of cases the general scheme or the MSA. This change did not entail the disappearance of student mutual funds. Students remain free to sign up for a supplementary health scheme to benefit from a better co-payment reimbursement. All of these changes have led to an additional 7 million individuals joining the general scheme.

The second simplification is the progressive integration of data on users, making it easier for insured parties to move from one scheme to another. As an example, by 2025, the “METEORE” programme aims to deploy a single information system for all the health insurance system and MSA funds and their partner schemes and mutual schemes, to process all medical services, all types of healthcare, and all types of flows.

#### **1.2.1.3 Maternity and equivalent paternity benefits**

No reforms were implemented between 2017 and 2022 aimed at simplifying access to social protection concerning maternity and paternity benefits.

#### **1.2.1.4 Invalidity benefits**

No reforms were implemented between 2017 and 2022 aimed at simplifying access to social protection concerning invalidity benefits.

#### **1.2.1.5 Old-age benefits and survivors' benefits**

Bill No 2623 establishing a universal pensions system, tabled in the National Assembly on 20 January 2020, was designed to simplify the pensions system. However, trade unions contested the change as a threat to a system that they considered more protective. The health crisis created an additional obstacle and the bill, in a different form, will not return to the political agenda until the end of 2022.

The only simplifications worth mentioning since 2017 firstly concern the merger of the AGIRC-ARRCO schemes. Initiated in 2015, from January 2019 this merger began to standardise the two schemes, with contribution rates and bases that are now the same for all employees, including managers and non-managers. Measures have also been taken to balance the accounts of these funds, which were in severe deficit (by €2.1 billion in 2016). The second simplification concerns the integration of the self-employed scheme into the general social security scheme.

These two reforms introduced numerous simplifications for beneficiaries; however, their main objective was to reduce the administration costs of the social protection system.

#### **1.2.1.6 Benefits in respect of accidents at work and occupational diseases**

No reforms were implemented between 2017 and 2022 aimed at simplifying access to social protection concerning benefits in respect of accidents at work and professional diseases.

### **1.2.2 Simplification of the application process for accessing benefits**

In December 2007, the national the health insurance system fund launched the **Ameli** website. This was a turning point that was also marked by the creation of Pôle Emploi. Although waiting times for job-seekers and recipients of social benefits did not diminish, from the 2010s these organisations put more and more emphasis on the use of online services, first by creating information websites, then by developing applications for use on computers and smartphones.

#### **1.2.2.1 Unemployment benefits**

The digital shift has been one of the main levers employed by Pôle Emploi to tackle the rise in unemployment since the 2008 financial crisis. In 2018, Pôle Emploi devoted no less than €455 million to IT and digital expenditure. This digital shift has led to a general obligation for online registration by job-seekers and automatic processing of benefit requests. Thanks to these changes, Pôle Emploi has made non-negligible productivity gains that *"have enabled some advisors specialising in benefits management to be redeployed towards providing support for job-seekers"* (Cour des comptes, 2021).

Job-seekers who want to claim unemployment benefit and access the different Pôle Emploi services, or maintain their health insurance rights, must first register with Pôle Emploi. This registration can only be done online, although advisors are available to provide assistance. The registration process with Pôle Emploi is totally digital and consists of the following.

- A single, simplified form centralises all procedures at Pôle Emploi: request for registration and benefits, preparation of the interview with an advisor.
- The form can be saved as a draft and then resumed when required.
- The service is accessible 24/7.

- A personal space created at the same time can be used to manage administrative processes remotely and access job-search services.
- Since the administrative details have already been recorded in the online form, the first meeting with a Pôle Emploi advisor is centred on looking for employment, with the ability to choose the date and time of the interview.

Job-seekers who do not have internet access or who are not computer-literate can visit Pôle Emploi agencies, where they can use dedicated computer terminals, and in particular request assistance from agents to carry out their formalities.

The agreement signed in 2014 between employer organisations and trade unions brought into force the principle of roll-over rights (*droits rechargeables*). Henceforth, job-seekers who secure short-term employment do not lose the entitlement to claim benefits if they become unemployed again. Not only are their former entitlements maintained, but they can acquire new ones with their employment, simply by resuming their former personal Pôle Emploi account. This reform makes career paths more secure. Lastly, although the conditions are very strict, the Occupational Future (*Avenir Professionnel*) Law of 2019 opens access to unemployment benefits for self-employed people and employees who resign.

### **1.2.2.2 Sickness and healthcare benefits**

The simplification of access to benefits is a continuous process initiated by the health insurance system with the generalisation of the personal medical card. Recent simplifications include the following.

- The creation of the Ameli website in 2007 and the mobile application in 2013, on which all insured parties can open a personal account and receive personal information. The Ameli smartphone application is free and can be downloaded from the App Store or Google Play Store. To connect, users simply type in the 13 figures of their social security number and then create a personal password. The application's dashboard features notifications, a mailbox, the last two payments made, administrative steps, personal documents, any future CPAM appointments, and a directory of health services.
- The establishment in 2022 on Ameli of a personal digital space, which will ultimately become an interactive digital health record. This service will allow individuals to store all documents and information useful for their medical follow-up and share them safely with healthcare professionals. Along with medical records and secure email, in the long term the service will include a calendar featuring all medical appointments, and a catalogue of healthcare services and applications. All people, whatever their health insurance scheme, will be able to use this new service: farmers, employees, self-employed people, students, etc.
- The agreement on targets for 2018-2022 signed by the health insurance system and the state includes a focus on combating non-take-up of healthcare. This has led to the deployment of specific measures taking place in three successive waves in the 101 CPAMs. The aim of this measure is to work closely with medico-social actors in the health insurance system, local institutions and associations to identify people not using healthcare services, offer them personalised solutions, and support them in seeking healthcare. Based on the observation that some users do not access all of the rights that they are eligible for, and do not take up healthcare or benefits, the CNAM and CNAF (national CPAM and CAF networks) agreed to work together to reinforce their existing relations, promote collaborative action aimed at vulnerable people, and support local innovations and initiatives. Based on a "tell us once" approach, these efforts have resulted in: increasing CPAMs' and CAFs' mutual knowledge of populations in difficulty; defining suitable pathways for vulnerable life situations; proposing co-ordinated solutions; and developing data exchange



solutions to improve detection of, and access to, rights. The priority is to support particular sections of the population, such as young people, family care-givers, people in precarious situations, young parents, and people dealing with events such as a birth or separation.

### **1.2.2.3 Maternity and equivalent paternity benefits**

The main recent simplification is the digitalisation of the declaration process via the social security's online Ameli account. This online service was launched in December 2007, and insured parties can use it to find details of their reimbursements and request personalised information. The mobile application was launched in April 2013 and, by 2019, over 40 million people had created a personal profile on the website.

### **1.2.2.4 Invalidity benefits**

In 2019, the Social Security Financing Act changed the eligibility conditions for invalidity benefits. The loss of earnings generating the right to claim the benefit no longer refers to an amount considered for a category of workers and a specific region, which was formerly the case, but rather to the beneficiary's wages.

A second change follows Decree No 2022-257 of 23 February 2022 relating to the cumulation of invalidity benefits with other income. This decree adjusts the criteria for suspending invalidity benefits in the case of exercising a professional activity, by allowing employees to cumulate income from work with their invalidity benefits until they reach a level of available income similar to the amount they had before their incapacity, at which point the benefit is reduced by the equivalent of half of the increase. This new measure is designed to make it easier for incapacitated people in category 1 (just under one third of total beneficiaries) to return to work by authorising a more reasonable cumulation of salary and invalidity benefits. These new measures came into force on 1 April 2022. The CPAMs directly informed those people concerned by invalidity benefits. Numerous questions regarding this development and the answers given by the CPAM are available on the Ameli users forum<sup>23</sup>.

### **1.2.2.5 Old-age benefits and survivors' benefits**

Until 2022, to obtain an estimate of their pension, individuals had to manually provide their pensions fund with all of the information required to carry out the calculation, but this information was not recorded or transmitted to pensions schemes. Starting from summer 2022, people will be able to connect to their pension account<sup>24</sup> and then send in supporting documents (family record book, birth certificate, etc.). The information will then be recorded and taken into account when individuals make simulated calculations in order to determine their full-pension retirement age, and the amount of their future pension. They will thus be informed of the additional amount that they will receive on the basis of the number of their children.

Since 2021, the pensions insurance scheme has been accelerating its digital shift. The National Pensions Fund (*Caisse nationale d'assurance retraite* – Cnav) is developing an online appointment system. It has been accessible since the first quarter of 2022 from individuals' personal spaces on the website [Lassuranceretraite.fr](https://www.lassuranceretraite.fr).

In order to ensure that insured individuals can clearly envisage their future pension, and to help them find answers to their questions throughout their career, the 2003 pensions reform established a right to information, and created an organisation called "GIP Info Retraite" to inform individuals about their basic obligatory and supplementary pensions.

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<sup>23</sup> <https://forum-assures.ameli.fr/>

<sup>24</sup> <https://www.lassuranceretraite.fr/portail-services-ng/authentication>

### **1.2.2.6 Benefits in respect of accidents at work and occupational diseases**

Decree No 2019-356 of 23 April 2019 makes several improvements to the examination procedure for accidents at work and occupational diseases. Employers now only have 10 days to make a claim to the insurance fund following the declaration of an accident. The fund must then make a decision within 30 days, or 90 days if it decides to undertake additional investigations. At the end of the examination, the report must be made available to the parties within 70 days for an occupational accident and 100 days for an occupational disease. This decree avoids very long delays in the process holding up the implementation of advantageous measures for victims.

20 years after its creation, the unique document for assessing occupational risk (*document unique d'évaluation des risques professionnels* – DUERP) evolved with the Act to Reinforce Health Prevention at Work (Law No 2021-1018, 2 August 2021). This law reinforces primary prevention, along the lines of the national inter-professional agreement (*accord national inter-professionnel* – ANI) designed to “*promote operational primary prevention as close as possible to realities in the work place*”. The DUERP is made stronger by the law thanks to new obligations: archiving, trackability, and the formalisation of preventive measures.

### **1.2.3 Simplification of the structures within the social protection administration**

Apart from changes in the areas described in the above paragraphs, the period 2017-2022 did not feature significant changes in the organisation of social protection administration. The successive crises sparked by the unemployment benefit reform, the pensions reform, the “yellow vest” movement, and then the health crisis, have obstructed most of the reforms and developments planned or mentioned at the start of the previous presidential term.

#### **1.2.3.1 Unemployment benefits**

The initial simplification of the employment and unemployment sector dates from 2008, when the National Employment Agency (*Agence nationale pour l'emploi*) merged with the Association for Employment in Industry and Commerce (*Association pour l'emploi dans l'industrie et le commerce*). This merger, which led to the creation of Pôle Emploi, combined the management of unemployment benefits and support for job-seekers into a single institution. In April 2010, this merger was extended when 900 professionals from the Association for Adult Vocational Training (*Association pour la formation professionnelle des adultes*) were integrated into Pôle Emploi. Since 2019, Pôle Emploi has managed benefits for self-employed people, provided that applicants satisfy a set of criteria.

#### **1.2.3.2 Sickness and healthcare benefits**

Since 2019, the health insurance system has set up mediators in each of its local funds to try to amicably resolve conflicts with current and future pensioners. These conflicts usually concern disagreements relating to the number of quarters worked, which determines the amount of pension.

The Consultative Committee for the Financial Sector (*Comité Consultatif du Secteur Financier*), which brings together consumer associations and finance professionals (banks, insurance bodies, distributors), reached an agreement with health insurance professionals to make it easier to compare health insurance contracts. Starting from May 2022, supplementary healthcare contracts must feature clearer lists of guarantees to help individuals cover their healthcare costs.

#### **1.2.3.3 Maternity and equivalent paternity benefits**

There has been no recent simplification of the structures of maternity and equivalent paternity benefits.

### **1.2.3.4 Invalidity benefits**

Since 15 June 2021, the teleservice set up by the health insurance system means that users can request invalidity benefits online through their Ameli account. The service can also be used to update details, although internet user forums point out that these tools can be laborious and that communication is imprecise.

The creation of a fifth branch of the social security system, following the Act of 7 August 2020 on social debt and autonomy, could have had an impact on the reorganisation of invalidity risks. The management of this new risk was handed over to the National Solidarity Fund for Autonomy (*Caisse nationale de solidarité pour l'autonomie* – CNSA), which has become a national social security fund. The 2019 report by the Court of Auditors put a strong emphasis on the hybrid nature of the invalidity benefit, stating: *"At the crossroads between health insurance, occupational risks, disability and pensions, invalidity insurance is an old measure that has evolved very little. The distribution of coverage of the invalidity risk between several basic schemes and its partial combination with occupational risks and disability create inconsistencies."*

This constituted a real opportunity to bring benefits concerning autonomy problems, dependence, invalidity and disability closer and make them more consistent.

### **1.2.3.5 Old-age benefits and survivors' benefits**

There have been no recent simplifications concerning old-age benefits and survivors' benefits. Nevertheless, note that the pensions reform that was postponed due to the health crisis is likely to feature on the political agenda in 2022 or early 2023.

### **1.2.3.6 Benefits in respect of accidents at work and occupational diseases**

There was no recent simplification of the structures relating to accidents at work and occupational diseases.

## **2 Issues, debates and ongoing or planned reforms to ensure information on, and to simplify access to, social protection for workers and the self-employed**

Since the 2017 presidential election, France has undergone a succession of crises related to the unemployment insurance reform, the "yellow vest" movement, and especially COVID-19. Debates on transparency and access to benefits concerning the six social protection branches have largely taken a back seat. The 2019 EU Council Recommendation itself has not been at the heart of French debates, to the point where the question of transparency only takes up seven lines of the 16-page note concerning the implementation of the French National Plan<sup>25</sup>.

### **2.1 Issues, debates and reforms related to information**

#### **2.1.1 Issues**

The issue of non-take-up has become more acute in the social protection field since the early 2000s. Non-take-up mainly concerns access to minimum welfare benefits, but the high rate of healthcare and retirement pensions non-take-up has led to numerous studies in this area (Odenore, 2020). These studies show (DREES, 2019 and 2020) that non-take-up is related to personal factors, the stigma associated with some benefits, the complex

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<sup>25</sup> National implementation plan of the Council Recommendation of 8 November 2019 relating to the Access of employees and self-employed people to social protection (2019/C387/01).

process of accessing benefits, and the lack of information, the last two factors often being related (Marc, 2022).

This situation has recently emerged in new sectors. The illness branch of the social security system has observed a high level of under-reporting of occupational accidents and diseases, which cannot necessarily be put down to lack of information or simplification. The latest report made to the government on this issue in 2021 (Commission article L-176.2, 2021) points to the difficulty experienced by healthcare professionals in identifying the occupational causes of numerous pathologies, in particular when several factors are involved, or when they develop a long time after exposure (several years for cancer). Many victims appear not to pursue recognition processes for fear that the procedure will not reach a successful conclusion, or because the process is too complex, in particular when the disease does not feature on the list. The commission that produced this report also highlights the dissimulation of occupational accidents and diseases, and even cases of employers putting pressure on victims not to declare their illness.

The spread of online information is a positive development: however, just as in other social security sectors, individuals and associations deplore the fact that the digital shift creates an obstacle for some people.

### **2.1.2 Debates**

In the case of accidents at work, this low level of reporting can constitute an organisational problem, since the health insurance system has to cover expenditure that should come under the occupational accident/disease branch, and would then be assumed by employers.

According to the barometers established by the Observatory of Non-take-up of Rights and Services (*Observatoire des non-recours aux droits et services*), in 2016, 2017 and 2018, in 71 administrative areas, one quarter of individuals reporting to the health insurance system had previously failed to take up healthcare services (Odenore, 2020). While financial reasons are a major obstacle, they are not the only one: some individuals lack explanations or guidance in a system they perceive to be complex. Information plays a key role when it comes to accessing rights and dealing with reimbursement bases that can vary depending on the sector of activity, the practitioner's domain of expertise, and the context of healthcare delivery.

### **2.1.3 Ongoing or planned reforms**

No general reform is ongoing or planned to improve access to information systems for insured parties. However, social protection bodies make a continuous effort to maintain staffed services open to receive beneficiaries.

## **2.2 Issues, debates and reforms related to simplification**

### **2.2.1 Issues**

Despite very widely disseminated information, either in letters sent out by pensions funds, or through online information sent to all insured parties, numerous difficulties persist concerning pension requests, often due to the complexity of careers that have involved multiple affiliations to different schemes. The Court of Auditors (*Cour des comptes*) has pointed out the high number of errors, about 24%, concerning the minimum pension<sup>26</sup>. Out of all cases, 1 in 6 reportedly contain calculation errors, and in three quarters of cases these errors are to the detriment of pensioners. The statistics organisation, the Directorate

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<sup>26</sup> Written question No 23065, Official Journal, Senate, 27 May 2021 and the answer from the Secretary of State for Labour, Employment and Economic Inclusion, responsible for pensions and occupational health.

for Statistical Studies, Research and Evaluation (*Direction de la recherche, des études, de l'évaluation et des statistiques* – DREES) has indicated that, for the generation born in 1943, 2% of all of the rights acquired have not been claimed (DREES, 2019). Disputes are increasingly common and referrals to an external mediator have also risen sharply. These referrals particularly concern personal pensions and survivors' pensions.

Despite several reports published over the last decade (Aballéa, 2012; Cour des comptes, 2019) recommending the standardisation of assessment practices and the reduction of non-take-up rates, the changes observed in recent years have made no significant difference to the way that the social security system manages the risk of invalidity.

### 2.2.2 Debates

In terms of simplification and information, debates, which are rare and usually juxtapose information and simplification issues, primarily relate to the digital transition, whose constraints and limitations are regularly highlighted by the Defender of Rights (*Défenseur des droits*)<sup>27</sup>, especially for people with low financial and cultural resources, compounded by the effects of age and generation. Another debate concerns the knowledge and role of private organisations covering supplementary expenditure. The numerous tools comparing mutual and supplementary organisations only provide a limited service in an extremely competitive sector where monthly charges range from a dozen to several hundred euros without clearly defining the services covered. The current trend on the internet is to develop comparisons of websites on which users can calculate simulations of their potential benefits and pensions.

More generally, while the greater digitalisation of social protection services can be seen as a step towards better information and simplification, in a 2022 summary report the Defender of Rights observed that vulnerable territories and populations have trouble accessing these digital services and that numerous administrations in the social protection sector use digitalisation as a pretext to reduce their services (*Défenseur des droits*, 2022). Taking the criticism further, researchers have expressed concern that the parcelling out of some public services results in the privatisation of entire sectors, quoting the example of the relations between "Doctolib" (a medical appointment service) and the health insurance system (Jeannot, 2022).

While the debate on pensions is once again focused on the age of stopping work, user forums mostly criticise the complexity of the system. Faced with this situation, private firms offer future pensioners consultations for a fee and coaching sessions ranging from career analysis to optimising the amount of pensions (which range from €1,000 to €3,000).

Concerning unemployment, a debate is intensifying on the work conditions of Pôle Emploi agents confronted with the difficulty of combining high productivity targets with complex implantation procedures, a complexity that is only slightly reduced by digitalisation. This debate has frequently been covered by television programmes (Lucet, 2021), and recent publications (Fournier, 2019).

In the health insurance field, current debates centre on the idea of a more deep-seated revision of the social security system, not just to solve issues of transparency and simplification, but to reduce the inequalities and cost of the healthcare system. This reform would involve an overhaul of the multiple occupational schemes whose autonomy generates significant costs without providing satisfactory coverage of healthcare expenditure. Other avenues for reform include finding a new balance between the basic scheme and the supplementary schemes. The different scenarios range from streamlining the current organisation of the social security system to making it part of a single structure bringing together the general scheme and the supplementary schemes, referred to as the "Grande sécu".

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<sup>27</sup> <https://www.defenseurdesdroits.fr>

### **2.2.3 Ongoing or planned reforms**

During the electoral campaign, the French president, whose mandate was renewed in May 2022, proposed a reform of Pôle Emploi. A new public service is set to be created, called “Working France” (*France Travail*), which would bring together the diverse bodies responsible for employment and/or insertion: Pôle Emploi, local missions for young people, regions that run regional training programmes, employment integration plans in administrative areas and local authorities, and some associations working in the integration field. This new institution would work on the principle of a one-stop shop for reception and contact. It would provide support for people without work, even when they are not signed up with Pôle Emploi. This project, mentioned at the start of the last presidential mandate, was postponed due to the cost, considered too high at the time.

At the time of the 2017 presidential election, the current French president proposed a pension reform that was to be part of a very extensive simplification movement. The project anticipated setting up a single pensions system that would have replaced all of the existing schemes. This transformation included the move to a points system based on the AGIRC-ARRCO model, with identical calculation for all insured parties. A large trade union protest and the health crisis blocked the implementation of this project, which came up again during the 2022 presidential campaign, but this time highlighting only an increase in the basic pension (minimum €1,000-1,100 a month), the suppression of special schemes, and a parametric measure aimed at extending the retirement age to between 64 and 65. This reform should be discussed and proposed in parliament during the second half of 2022, or early 2023.

### **2.3 Suggestions for improvements**

On 4 March 2020, the Court of Cassation judged that an Uber driver could not be considered as a self-employed worker and should be redefined as an employee. This judgement supports jurisprudence that closely connects a wage contract with a relationship of subordination between the order-giver and the executor of the order. This jurisprudence is in line with the Commission’s proposal for an EU Directive presented on 9 December 2021 establishing a simple presumption of employment targeting platform work. The French ruling published on 7 April 2022 moves in a different direction by excluding all relationships of subordination (free choice of route, work periods, possible disconnection) between platform workers and the managers of these platforms, and by promoting an autonomous organisation based on building a new sector of social relations. This assumes that the Authority for Social Relations on Platforms (*Autorité des Relations Sociales des Plateformes*), created by decree on 21 April 2021, will be able to organise national elections of platform worker representatives, and that these representatives will be able to enter into social dialogue with platform-operators and the French government. It remains to be seen how these two approaches will interconnect, when the Directive is adopted by the EU Council and Parliament.

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