

France - ANED country profile

The information contained in this summary was compiled by the Academic Network of European Disability experts (ANED) in April 2009.

Academic networks and resources

The main French academic network is IFRH: Institut Fédératif de Recherche sur le Handicap (*Federative Research Institute on Disability*). A multidisciplinary network of 26 research teams divided into 3 axes: Public Health and Social Sciences; Clinical Research and Rehabilitation sciences; Sensory-motor functions, Technology and Compensation Systems.

[CTNERHI](#) : Centre Technique National d'Etudes et de Recherche sur les Handicaps et les Inadaptations (*National Centre for Disability Studies and Research*) has the main French [library and documentation centre](#) on disability, 2 bibliographic data bases ([Saphir](#) & [Legi](#)).

[FLASH-Information Handicap](#) : free, weekly electronic newsletter on topical legislation and bibliography related to disability, issued by CTNERHI.

[ALTER- European Journal of Disability Research](#). Bilingual (French, English), peer reviewed quarterly of human and social sciences, with an international editorial board, based in France, published by Elsevier.

Policy and enforcement bodies

The key national bodies with responsibility for disability law and policy implementation include:

[Ministère du Travail, des Relations sociales, de la Famille, de la Solidarité et de la Ville](#). (*Ministry of labour, social relations, family, solidarity and city*)

[DIPH : Délégation interministérielle aux personnes handicapées](#) (*Cross-ministry delegation for persons with disabilities*). In collaboration with the ministries and national authorities involved in disability policy, representative PWD NGOs and the European Commission, the DIPH coordinates cross-ministerial actions and programs related to disability and to meeting the needs of people with disabilities (PWD).

[CNSA : Caisse nationale de solidarité pour l'autonomie des personnes âgées et des personnes handicapées](#). (*National solidarity fund for independent living of dependent elderly and of disabled persons*). Created in 2005, CNSA is an office, financed by the State and national health insurance, concerned with supporting elderly and disabled people's autonomy. CNSA is responsible for allocating resources to local authorities in charge of funding the supports needed by dependent seniors and PWD, while ensuring equal treatment across the country, whatever the disability. It also provides expertise, information and technical support to ensure the quality of the service provided.

[HALDE : Haute autorité de lutte contre les discriminations et pour l'égalité](#). (*The French Equal Opportunities and Anti-Discrimination Commission*). An independent authority that assists individuals with identifying discriminatory practices and countering them. It provides advice on legal actions and helps establish evidence of discrimination.

[AGEFIPH : Association de Gestion du Fonds pour l'Insertion des Personnes Handicapées](#). (*Management agency of the disabled persons' integration in employment fund*). Joint organization (trade-union confederations of workers, employers organizations, national organizations of disabled people) that manages the levy paid by companies of twenty or more employees who fail the legal obligation of employing a quota of disabled persons. They re-allocate these funds to assist the development of employment of PWD in the private sector.

[CTNERHI : Centre technique national d'études et de recherche sur les handicaps et les inadaptations](#). Research and documentation centre dedicated to disability, created in 1975, funded by the Department of PWD of the Ministry of Labour, social relations, family, solidarity and city.

Organisations of disabled people

The national organisation representing disabled people at the European level (European Disability Forum) is:

[CFHE](#): Conseil français des personnes handicapées pour les questions européennes (*French Council of disabled persons for European matters*).

Other significant national organisations of disabled people include:

[CNCPH](#): Conseil national consultatif des personnes handicapées (*National advisory council of disabled persons*). This Council, established in 1976, must be consulted about all measures taken by public authorities. It may also examine any issue relating to the policy concerning disabled people on its own initiative.

[Comité d'entente des associations représentatives des personnes handicapées et des familles d'enfants handicapés](#). (*Committee of associations representing Disabled Persons*). This is an informal group of 66 national associations of disabled people, parents and service providers.

[Comité d'entente list of NGOs members](#) [GFPH](#): Groupement français des personnes handicapées (*French Group of disabled persons*), member of Disabled Peoples' International.

A number of large national NGOs such as [APF](#) (Association des paralysés de France), [UNAPEI](#) (Union Nationale des Associations de Parents et Amis de Personnes Handicapées Mentales) manage the equipment of specialized institutions jointly with public authorities.

National law and strategy

France has signed the [United Nations Convention](#) but not the [Optional Protocol](#).

Important national laws, policies and strategies concerning disabled people include:

[Loi n°2005-102 « pour l'égalité des droits et des chances, la participation et la citoyenneté des personnes handicapées »](#) du 11 février 2005. (Law for equal rights and opportunities, participation and citizenship of disabled persons / Feb.11, 2005)

[Loi n°87-517 « en faveur de l'emploi des travailleurs handicapés »](#) du 10 juillet 1987. (Law in favor of disabled workers / July 10,1987)

[Rapport du Gouvernement au Parlement relatif au bilan et aux orientations de la politique du handicap](#), Secrétariat d'Etat à la Solidarité, 12.02.09. (Government report to the parliament on the outcomes and orientations of disability policy)

[Avis du CNCPH sur le rapport du gouvernement au parlement relatif au bilan et aux orientations de la politique du handicap](#), CNCPH, 10.02.09. (Notice of the National Advisory Council of Disabled People on the Government report to the parliament on the outcome and orientations of disability policy)

[Evaluation de l'accessibilité des transports en commun en site urbain : accessibilité physique, accessibilité financière](#)

[DOMERGUE Jacques](#), Secrétariat d'Etat aux transports, 26.02.08. (Assessment of urban transports physical and economic accessibility)

[Rapport d'activité 2008 de la Caisse nationale de solidarité pour l'autonomie](#) (16.10.2008) (2008 Activity report of the national solidarity fund for independent living)

[Bilan de la loi du 11 février 2005 et de la mise en place des Maisons Départementales des Personnes Handicapées](#)

[GOHET Patrick](#), DIPH, Rapport au Ministre du travail, des relations sociales et de la solidarité, 29.08.2007. (Report on the implementation of the Feb.11, 2005 Law and the local offices for PWD)

[Situations de handicap et cadre de vie](#), ASSANTE Vincent, Rapport au Conseil économique et social, Paris, 2000. (Disability situations and life conditions)

Facts and figures

Data on population indicate that:

In 1999, ([Enquête HID, INSEE, 1998-2000](#) / National disability survey), 39% of the general population (22.47 million people) of all ages, in households, declared having a difficulty in their daily life due to an impairment whether physical (53.8% including motor, sensory and visceral), learning difficulties or a mental health condition (7.7%), both physical and learning disability (10.2%) or indefinite (28.2%); 46.2% male and 53.8% female.

17.2% were aged under 20; 44.6% aged 20-59; 38.2% over 59.

50% (20% of the general population) declared limitations in performing at least one of the 40 activities listed in the survey questionnaire.

7.3% required assistance for one or more of the Katz index 6 activities of daily living/ ADL (bathing, dressing, toileting, transferring, continence, feeding) ([P. Roussel, CTNERHI, 2002](#)).

In 2003, ([Enquête Décennale Santé 2002-2003](#), INSEE / Health survey), 13.6% of the general population over 18, in households, declared having an activity limitation “for the last 6 months or more” (cf. Minimum European Health Module / MEHM), with no significant gender difference, but increasing with age (4.5% among the 18-29 age group; 8.1% of those aged 30-44; 14.8% of the 45-59; 20.6% of the 60-74 and 34.7% of those over 75).

20% of the general population (aged over 18) declared limitation in performing at least 1 of the 10 basic activities listed in the MEHM.

The new national survey Disability and Health (2008-2009, INSEE & DREES) will provide updated figures.

Data on employment indicate that:

In 2007, 1.8 million persons (5% of the labour force aged 15 to 64) living in households declared being administratively labelled as disabled, which entitled them to benefit from the employment quota scheme ([Enquête Santé, Handicap, Travail, DARES, 2007](#)).

Their employment rate (in the labour market, sheltered work included) was 35% vs. 65% for the general population of the same age group.

Their unemployment rate was 19% vs. 8% for the general population of the same age group. ([Selma Amira, DARES, Premières Informations, Premières Synthèses, Nov. 2008, n° 46.1](#)).

The [February 11, 2005 law](#) brought about an increase of 19.2% in private sector employment for PWD between 2005 and 2006.

The total population of persons aged 15-64 with a limiting long term illness, an industrial injury or disability as defined above (administrative recognition) amounts to 9.6 million, i.e. 24% of the general population aged 15-64. The employment rate of that population equals that of the general population (65%) and is higher than the employment rate of the population administratively labelled as disabled, ([Government report to the Parliament on the outcome and orientations of disability policy, 09.02.12](#))

Data on education indicate that:

In 2005-2006, 235 400 disabled children and youth (1.6% of the general population of school age children and youth) were provided with schooling ([Espagnol P., DEPP & DREES, n° 07.23](#)):

67.6% (159 100) attended ordinary schools: 69% in regular classes and classes adapted to pupils with social or learning problems (vs. 52% in 1999-2000); the other 31% attended special classes dedicated to disabled children.

32.4% (76 300) were provided for in special institutions or hospitals;



The number of children and youth in regular schools decreases with age, particularly children with intellectual impairments;

12% of disabled children in ordinary schools were provided with an individual school life assistant; 15% were provided with a collective school life assistant;

About 1 school age disabled child out of 10 disabled children is not provided with regular schooling; a large majority of them having severe disabilities.

Data on accessibility indicate that:

In 1999 ([Enquête HID, 1998-2000](#)), 1.7% of the general population (1.1 million) living in ordinary housing declared difficulty accessing their homes from the street; 1.2% difficulty moving around in the home; 2.8% experienced one or the other of these difficulties; 1% (580 000 persons) were confined to home. ([P. Roussel, CTNERHI, 2002](#)).

A survey on the accessibility of 22 large French cities to wheelchairs ([IFOP for APF, 2004](#)) showed that:

The accessibility of public services (town halls, post offices) and cinemas increased by about 13% between 2001 and 2004, (town halls from 64% to 77%; post-offices from 57.4% to 70%; cinemas from 34.1% to 47.8%).

The average rate of buses accessible to wheelchairs increased from 3% in 2001 to 17.4% in 2004.

There were significant differences between cities: the average accessibility rate varied from 15.7% for the least accessible city to 58.6% for the most accessible one. Only 3 cities had an accessibility average rate over 50%.

[Data from the MeAC accessibility survey](#) (2007) showed that

None of the selected public or commercial websites passed even the automatic evaluation.

The main emergency number was not accessible by text phone.

Both public television national language channels provided TV programs with subtitling, (58% and 76%), and one provided some programmes with signing.

Both commercial TV channels provided national language programs with subtitling (60% and 31.5%) but neither provided signing.

One of the two main banks had installed talking ATMs (352 out of 3,600 in operation).

Significant progress with accessibility rates is expected following the implementation of the Feb.11, 2005 Law.

Data on poverty and incomes indicate that:

There is a lack of scientific research on disability, income and poverty. The diversity of situations of PWD regarding their financial resources (disability benefits, income or pensions) depends on the cause of disability, on their having previously worked or not. Their eligibility for complementary aids according to their level of activity raises major difficulties.



However the issue of discrimination and low level of income for PWD accounts for the ongoing debate between the government and PWD's organizations since 2005 following the implementation of the Feb.11, 2005 Law.

In 2005, a commission of the Senate suggests the creation of a task force aiming to clarify the current rules and legal device and "[to reconcile equity and return to work](#)".

The 2007 Report of the [Commission "Compensation and life conditions" of CNCPH](#) (National advisory council of disabled persons) demands, among other claims, a unique life income equal to the guaranteed minimum wage. In 2008, 93 PWD and patients' organizations united in a movement "[Ni pauvres, ni soumis](#)" (Neither poor nor submissive) arguing that their income was under poverty level.

[Rapport de l'Observatoire National de la pauvreté et de l'exclusion sociale, 2007-2008](#) (Report of the National Commission on poverty and social exclusion).

Data on attitudes indicate that:

Between 2006 and 2007, the number of discrimination cases related to disability and health reported by the [HALDE](#) (*Haute Autorité de Lutte contre les Discriminations et pour l'Égalité*) increased from 19% to 22%.

The [2007 Special Eurobarometer on Discrimination in Europe](#) showed that 66% of people knew someone who was disabled (compared to 55% EU average) and 87% acknowledged that being disabled tended to be disadvantage in society (EU average 79%).

Disability discrimination was viewed as widespread by 66% (EU average 53%); 32% thought that disability discrimination was more widespread than five years ago. 61% thought that not enough was being done to combat discrimination in general in France (EU average 51%).

91% thought that more disabled people should be in the workplace (EU average 74%) and 88% thought specific measures on equal opportunities were needed in this field.

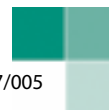
Data on public spending indicate that:

In 2007, France spent 1,9% of GDP (36.1 billion Euros) on disability benefits (an average growth rate of 2.7% between 1990 and 2007). ([A.Bourgeois & M.Duée, DREES, Etudes et Résultats, n°677, Fév.2009](#)).

ESSPROS data suggests that, in 2006, France spent 6.1% of all social benefit expenditure (benefits in cash and in kind) on disability related benefits, compared to an EU27 average of 7.5%.

Social protection

Key features of the national system include (including adapted items from the [MISSOC](#) database December 2008):



Disability benefits

A range of welfare payments are funded through contributions from taxes and from employees and employers.

In 2007, 813,000 persons received an Allocation for Disabled Adults (AAH / Allocation pour adulte handicapé) of 621 Euros a month (vs. over 900 euros a month guaranteed minimum wage (disposable income). PWD who have no resources are eligible for this.

128,700 persons received a Disability Compensation Benefit and Personal assistance allocation (ACT/ Allocation compensatrice tierce personne & PCH/ Prestation de compensation du handicap).

152,545 families received an Allocation for the education of a disabled child (AEEH / Allocation d'éducation pour enfant handicapé). Basic amount of 120 Euros/month, with a series of supplements that can amount to 1000 Euros/month max.

907,000 persons received an Invalidity pension. Those who have worked and contributed long enough before their illness or disability are eligible. 94% are over 40. The amount depends on the former income; the average amount is around 740 Euros a month.

1,048,000 elderly dependent persons received an Allocation for dependent seniors (APA/ allocation personnalisée d'autonomie). ([A.Bourgeois & M.Duée, DREES, Etudes et Résultats, n°677, Fév.2009](#))

Rehabilitation and re-training

There are 88 vocational rehabilitation centres in France, providing adapted vocational training to 13 000 disabled working-age people. Their costs and trainee allowances are met by the social security fund

In 2008, the national association for adults' vocational training (AFPA) dedicated 100 million Euros to PWD's training. ([Government report to the Parliament on the outcome and orientations of disability policy, 09.02.12](#))

Preferential employment and quotas

Since 1987 an employment quota scheme has stipulated that companies of 20 employees or more must employ workforces including at least 6% PWD. In 2006, over 230 000 PWD (2.6% of the total labour force of these companies) benefited from this scheme.

In 2008, Adapted enterprises (companies employing 80% disabled workers, which operate with state subsidies in the private sector), with a total capacity of 20 000, were supported with up to 297 million Euros by the State.

Sheltered workshops for PWD (whose working capacity is less than 30% of the average) have a capacity of 116 200. Granted 3.8 billion Euros, these are growing (1000 additional posts were funded in 2008, 1400 in 2009).

Their cost is met by social security. ([D.Velche, French vocational rehabilitation and employment policy for people with disabilities, 2009](#) ; [Government report to the Parliament on the outcome and orientations of disability policy, 09.02.12](#)

Long-term support and care

There are 4 types of institutionalized long-term support and care ([Enquête ES 2006, DREES](#)):

Medicalised homes: 450 institutions (capacity 13 400): for disabled persons and multiple disabilities, totally or partially dependent for activities of daily living, requiring medical care and permanent assistance

Specialised homes: 470 institutions (capacity 19 600): also for heavily disabled persons and multiple disabilities, requiring medical care and permanent assistance for daily living activities

Occupational (or life) homes: 1440 institutions (capacity 43 400): for PWD who cannot work and have some physical and intellectual autonomy

Residential homes: 1360 institutions (capacity 41 800): housing PWD working in sheltered workshops, adapted enterprises or in mainstream employment during the day.

In total, 3720 homes for adults with disabilities under 60 provided a capacity of 118 200. The number has increased by 23% and their capacity by 19% since 2001.

70 to 93% places in these institutions are residential. However day care provision in these institutions is progressing, particularly in occupational homes (the largest capacity): in 2001 14% of their capacity was dedicated to day care provisions against 25% in 2006. This progressive change goes along with the development of new services of individual assistance at home (SAVS: services of social life aid; SAMSAH: services of medico-social assistance for disabled adults)

These institutions are provided by NGOs (the majority) or local authorities. Costs are met by local authorities and /or social security with residents' contribution from their disabled adult allocation.

Additional information

Useful sources of more detailed information about the situation of disabled people, and the policies and support available, include:

[Handicap en chiffres](#), C.Brouard et al., Paris, CTNERHI, Fév. 2004.

Code du handicap 2009 (Logement, emploi, santé, éducation, compensation, accessibilité, ressources), eds. Schweitzer L. & de Broca A., Paris, Dalloz, 2008.

Guide Néret. Droits des personnes handicapées, CTNERHI, Groupe Liaison SA, 2007.

[ROUSSEL P., Les restrictions de participation à la vie sociale des adultes de 20 à 59 ans : une exploitation de l'enquête HID \(Social life participation restrictions of adults aged 20 to 59: data analysis of INSEE Disability - Impairment - Dependency survey 1999\)](#), Paris, CTNERHI, 2004