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Béatrice Valdes

► **To cite this version:**

Béatrice Valdes. Social protection for people with disabilities France. Social Europe EUROPEAN SOCIAL POLICY NETWORK (ESPN). 2022. hal-04444015

**HAL Id: hal-04444015**

**<https://hal.science/hal-04444015v1>**

Submitted on 7 Feb 2024

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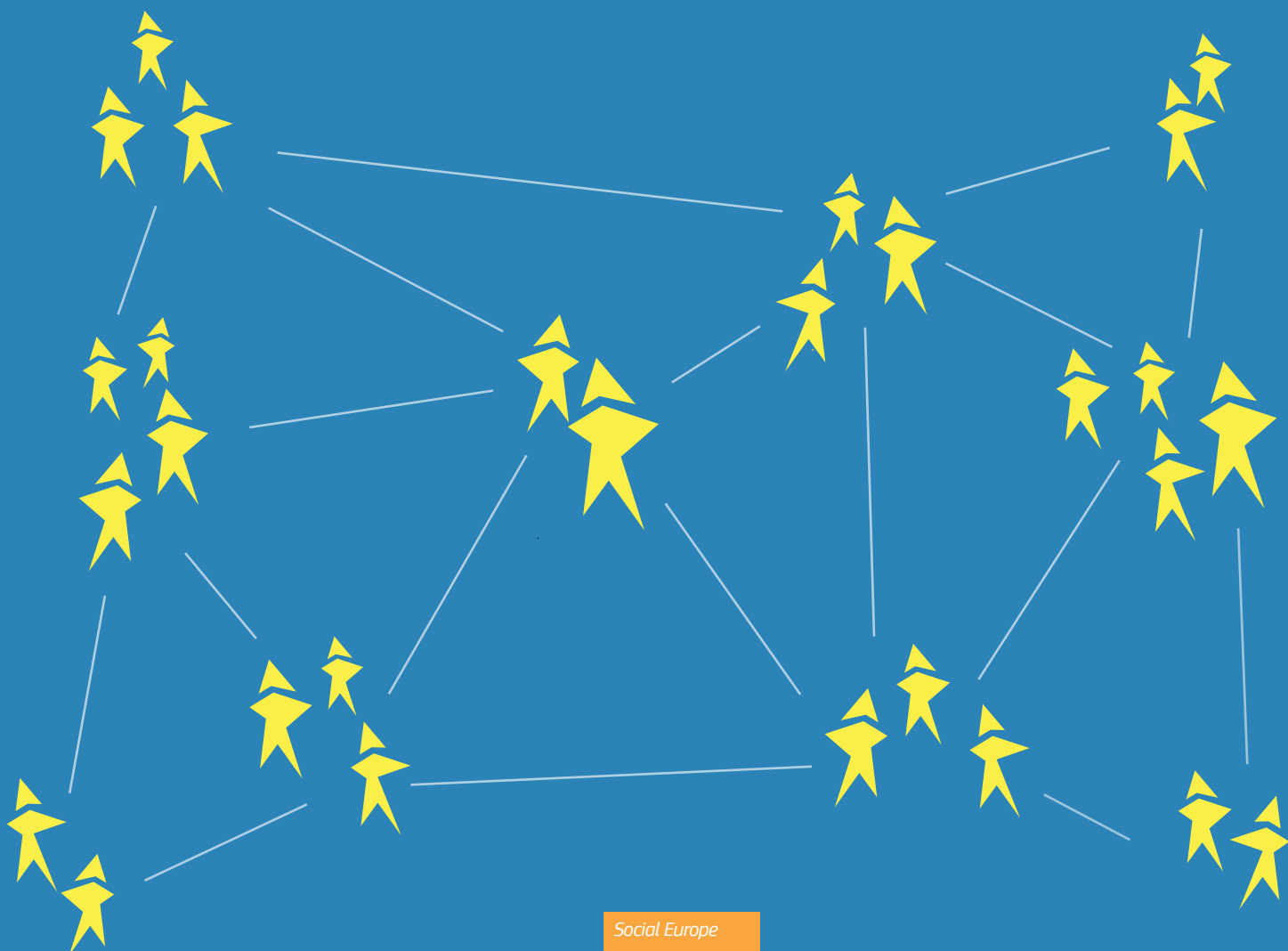


EUROPEAN SOCIAL POLICY NETWORK (ESPN)

# Social protection for people with disabilities

France

Béatrice Valdes



Social Europe

**EUROPEAN COMMISSION**

Directorate-General for Employment, Social Affairs and Inclusion  
Directorate D — Social Rights and Inclusion  
Unit D.2 — Social Protection

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# **European Social Policy Network (ESPN)**

## **ESPN Thematic Report on Social Protection for People with Disabilities**

**France**

**2022**

*Béatrice Valdes*

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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Manuscript completed in September 2022

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## QUOTING THIS REPORT

Valdes, Béatrice (2022). *ESPN Thematic Report on Social protection for people with disabilities – France*, European Social Policy Network (ESPN), Brussels: European Commission.

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## Summary

This report analyses some important cash and in-kind social protection provisions available to adults with disabilities (i.e. people aged 18 or above). In line with Article 1 of the UN Convention on the Rights of People with disabilities (CRPD), “people with disabilities” should be understood as “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.

In France, public policies regarding disability mainly refer to the Act on equal opportunity, participation and citizenship for people with disabilities of 11 February 2005, which is the most recent major law in this area and has driven considerable changes. For the first time, the law establishes a legal definition of disability, taking a new approach inspired by the international classification of functioning, disability and health: “*Within the meaning of the present law, disability means any limitation of activity or restricted participation in society sustained by a person in his or her environment due to the substantial, long-term or definitive alteration of one or several physical, sensorial, mental, cognitive or psychological functions, a multiple disability or a disabling health condition*”. The law affirms the basic rights of people with disabilities, including the right of access and the right to compensation, along with the need to guarantee “the exercise of [...] citizenship and capacity for independence”. To promote the independence of people with disabilities and facilitate access to their rights, the 2005 Act obliges each *département*<sup>1</sup> to establish a local centre for people with disabilities (*Maison départementale des personnes handicapées – MDPH*). Presented as a “one-stop shop”, each MDPH has a very broad set of missions. Since the 2005 Act, France has not adopted any new major laws on disability. The strategy adopted by the French state currently involves including the issue of disability in various other laws that ostensibly concern other subjects.

In France, some specific disability benefits are allocated by MDPHs in order to guarantee a minimum income for people with disabilities, and some benefits designed to compensate for the loss of capacity for work are paid out by the social security system. People with disabilities can also have access to regular benefits, aimed at older people, the unemployed, and social assistance for people on low incomes. In practice, accessing both specific and regular benefits for people with disabilities in France involves a large number of interlocutors (MDPHs, the primary health fund, pension funds, the *départements*, social action centres, the family benefits fund, etc.). In addition, multiple services and benefits have developed to make it easier for older people with disabilities to remain living in the home. These service-providers come under different legal regimes (regime for authorising care services and/or regime for approval, or a simple declaration for social support), which are administratively and financially complex. Multiple layers of measures are accompanied by a multi-layered range of benefits that people with disabilities are not always aware of, or whose administrative cost may seem disproportionate to the expected benefits, or which they sometimes prefer to forego for fear of the stigma associated with social assistance.

Despite several recent reforms designed to improve support for people with disabilities and to promote accessibility to and maintenance in the home, there is still scope for improvement in implementing the CRPD in France.

Allocating greater human and financial resources to MDPHs is indispensable to ensure that people are more systematically informed about their rights, and to support them in their applications to make those rights more effective. Better co-ordination between actors and a simplification of administration, applications and procedures are crucial to combat non-take-up and adequately meet people’s needs.

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<sup>1</sup> Administrative areas specific to France, situated between municipalities and regions, with specific jurisdictions in terms of social action; similar to provinces in Spain and Italy, and counties in the United Kingdom.

## 1 Access to disability-specific income support

According to a press release published by the inter-ministerial committee on disability in July 2021, 12 million people with disabilities and 8 million carers live in France (Comité interministériel du handicap, 2021).

The annual budget devoted to public policies on disability in France amounts to €51 billion, or 2.2% of the annual wealth produced, according to government statements in 2021. France thus ranks third in Europe, behind Sweden and Denmark.

### 1.1 Disability-specific benefits/pensions available to working-age people

In France, specific disability benefits are split into two types. On the one hand, the *allocation aux adultes handicapés* (allowance for adults with disabilities – AAH) (Section 1.1.1) and the *complément de ressources* (income supplement) (Section 1.1.2) are disability assistance schemes, allocated by the local centre for people with disabilities (*Maison départementale des personnes handicapées* – MDPH) following assessment by the Commission on the Rights and Independence of People with Disabilities (*Commission des Droits et de l'Autonomie des Personnes Handicapées* – CDAPH), in order to guarantee a minimum income for people with disabilities. On the other hand, benefits designed to compensate for the loss of capacity for work are disability insurance schemes, paid out by the social security system, mostly in the form of the *pension d'invalidité* (disability allowance) (Section 1.1.3) and the *allocation supplémentaire d'invalidité* (disability supplement) (Section 1.1.4) when the loss of capacity to work results from a non-occupational disease or accident; or the *rente d'incapacité permanente* (permanent incapacity annuity) (Section 1.1.5) and the *prestation complémentaire pour recours à tierce personne* (supplement for third-person assistance) (Section 1.1.6), which are designed to compensate for the loss of income by people following an occupational disease or accident. However, the MDPHs and the social security system use different means to evaluate disability.

#### 1.1.1 Allocation aux adultes handicapés (Allowance for adults with disabilities)

The AAH is a financial benefit granted by the CDAPH of the MDPH, and paid out by the family benefit fund<sup>2</sup> (*Caisse d'allocations familiales* – CAF), in order to guarantee a minimum income for people with disabilities. On 31 December 2020, 1,237,800 people received the AAH in France, representing an annual budget of about €11 billion (Drees, 2021). The number of AAH beneficiaries has doubled since 1990, partly due to the ageing population and the pensions reform (Dauphin and Leveil, 2018).

##### a) Eligibility conditions

Disability-related qualifying criteria: the AAH is granted to people with a disability rate of at least 80% or of 50-79% with a substantial, long-term restriction from employment (*restriction substantielle et durable d'accès à l'emploi* – RSDAE)<sup>3</sup> lasting at least one year starting from the application for the AAH, and recognised by the CDAPH of the MDPH. According to the 2011 decree, a restriction is considered to be substantial "when the applicant encounters, due to his or her disability, significant barriers in accessing

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<sup>2</sup> The fund runs a network of 101 CAFs charged with family social welfare (family branch of the social security system) throughout the country.

<sup>3</sup> A decision tree (decision-making tool), comprising questions that the multidisciplinary team answer with a yes or no, is available from the National Solidarity Fund for Autonomy (*Caisse nationale de solidarité pour l'autonomie* – CNSA) (CNSA, 2013, p.72). According to a report on the use of this tree, "it results in a high degree of uncertainty in the final decision (...) as to whether an individual, depending on the case, will receive AAH or RSA" (Aubin and Daniel, 2020).



*employment*” (unlike the 2005 definition, disability is not here considered as the result of an interaction between the characteristics of the person and their environment).

Age: At least 20 (or 16 for people no longer dependent on their parents for receiving family benefits).

Nationality and/or residency: Resident in France<sup>4</sup> (mainland, Guadeloupe, French Guiana, Martinique, Réunion Island, Saint Barthélemy, Saint Martin, Saint Pierre and Miquelon).

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: The benefit is means-tested. Examination of income also takes into account partners’ income<sup>5</sup> in the case of couples living together, and the income threshold varies depending on the number of dependent children (the annual income must not exceed €10,843 for a single person without children, €19,626 for a couple without children, €16,265 for a single parent with one child, etc.).

Other: None.

Gaps and/or obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

## **b) Disability assessment framework**

The AAH is granted on approval by the CDAPH of the MDPH following an evaluation of the applicant’s disability rate.

Type of assessment: Assessments involving several different approaches (e.g. medically based assessments of disability, functional capacity assessment and assessment of care or support needs). The assessment by the CDAPH is based on a multidimensional approach, to evaluate the situation of that person with regard to the guide for assessing the compensation requirements of people with disabilities (*Guide d'évaluation des besoins de compensation des personnes handicapées* – GEVA). The GEVA, which is a unique national assessment tool, comprises seven parts<sup>6</sup> (identification, social family and budget, habitat and living environment, training/professional career, medical, psychological, activities, functional capacities, and aid implemented), and another section providing an overview of the evaluation. This unique, standard reference tool can be used by the multidisciplinary team to gather all the information necessary to identify the person’s compensation requirements, draw up a personal compensation plan, and evaluate their disability rate.

To decide whether the person has a right to the various benefits available, the CDAPH relies on the guidelines for evaluating deficiencies and incapacities (*déficiences et incapacités*) in people with disabilities defined by the decree of 6 November 2007<sup>7</sup>, to determine the disability rate of a person “*whatever their age based on an analysis of their deficiencies and the consequences for their everyday life, and not based solely on the medical nature of the original ailment*”. The determination of the rate is based on interactions between three closely linked aspects: deficiency (“*any loss of substance or alternation of a psychological, physiological or anatomical structure or function*”); incapacity (“*any reduction resulting from a partial or total deficiency of the capacity to accomplish an activity in a way or within limits considered as normal for a human being*”); and disadvantage (“*limitations [or impossibility] in fulfilling a normal social role*”).

<sup>4</sup> This condition applies to EU and non-EU nationals as well as to people with refugee status.

<sup>5</sup> The bill on *déconjugalisation* (non-consideration of partners’ income when calculating AAH) has not been approved by members of parliament; but from 2022 a lump-sum 20% abatement is applied to partners’ incomes, up to a limit of €5,000, plus €1,400 per child (see Section 4.1).

<sup>6</sup> [https://www.cnsa.fr/documentation/geva\\_graphique-080529-2.pdf](https://www.cnsa.fr/documentation/geva_graphique-080529-2.pdf)

<sup>7</sup> <https://www.legifrance.gouv.fr/loda/id/JORFTEXT000000823675>

*in relation to age, gender, social and cultural factors*”), taking a medical approach. No mathematical formula exists to determine the rate of disability. The guidelines identify eight types of disability (intellectual impairment and behavioural challenges; mental impairment; hearing impairment; language and speech impairment; visual impairment; visceral and general impairment; musculo-skeletal impairment; aesthetic impairment) and different degrees of severity are employed to establish ranges of disability.

Three ranges of disability are established, with the thresholds of 50% and 80% opening up the right to certain benefits:

- a rate of under 50%;
- a rate of 50-79% corresponding to *“significant challenges involving notable discomfort in effectively leading a social life. However, independence is maintained for basic actions of everyday life”*;
- a rate of 80% or above, corresponding to *“serious impairments that considerably hinder the person’s individual independence. This individual independence is defined as all actions that a person must undertake, vis-à-vis themselves, in everyday life. People who need to be totally or partially cared for, or overseen when accomplishing actions of everyday life, or who cannot undertake them without great effort, correspond to the 80% rate. This is also the case in case of a severe deficiency with elimination of a function corresponding to an obstacle to independence for carrying out basic everyday actions”*.

In practice, two different AAHs exist: AAH-1 applies to people whose recognised disability is at least 80% (severe disability); and AAH-2 applies when disability is evaluated as 50-79%.

Responsible authorities: The CDAPH of the MDPH.

Method: Documentary evidence and personal interaction.

Supporting evidence: On the AAH application form, applicants must indicate their needs and expectations in various areas (everyday life, family life, training, employment, leisure, etc.). The form is accompanied by a medical certificate delivered by a doctor and detailing the pathology(ies) that the person has, their treatment, and the consequences for their social life, in the form of an evaluation grid attached to the questionnaire.

Assessor: Similar to the international classification of functioning, disability and health, the French legal definition of disability considers it to be any *“activity limitation or participation restriction in society”* in terms of environmental factors that could hinder – or facilitate – social participation for all. In line with this definition, the MDPH mobilises a multidisciplinary team (comprising, depending on the applicant’s situation, doctors, nurses, occupational therapists, social workers, psychologists, administrative staff, and if necessary expert partners specialising in training/employment, and representatives from disability associations, etc.) to carry out a holistic evaluation that takes into consideration both the extent of the limitations on activity resulting from a deficiency, and the consequences for the person’s social life, in order to develop a personalised life project (*projet de vie personnalisé*).

Decision-maker: The MDPH.

Critical analysis: Not documented.

### **c) Benefit entitlements**

Level of the benefit: The maximum amount of the AAH is €903.60 per month, whatever the disability rate. However, this amount varies depending on the household’s income.

Duration of the benefit: The duration of entitlement depends on the disability rate:

- if the disability rate is at least 80%;
  - since 1 January 2019, the AAH can be granted for life in cases of permanent disability (if activity restrictions cannot improve); or

- for at least one year and a maximum of 20 years if the disability of at least 80% is not permanent<sup>8</sup>.
- the AAH is granted for one to two years if the disability rate is 50-79%. This period can be extended to five years if the disability and the RSDAE cannot improve during the allocation period. In the case of a 50-79% disability, the AAH is granted up to the legal retirement age.

Cumulation of AAH with other benefits: the AAH can be cumulated with the *majoration pour la vie autonome* (independent living supplement – MVA), and income supplement (discontinued in December 2019) for beneficiaries who received the supplement up to that date, for a maximum of 10 years, provided that they continue to fulfil the eligibility conditions.

The AAH is a means-tested benefit for people with disabilities. Income from work is taken into account in the calculation of the AAH. It is possible to receive both the AAH and income from work, but the amount of the AAH will be reduced.

The AAH can be cumulated with *allocation d'aide au retour à l'emploi* (back-to-work allowance – ARE) (see Section 2.2.1), if the combination of the AAH and ARE does not exceed €10,843.20 a year for single people and €19,626.19 if they live in a couple. These thresholds are increased by €5,421.60 per dependent child. In fact, the CAF takes the ARE into account in determining the amount of the AAH.

The AAH can be cumulated with *revenu de solidarité active* (active solidarity income – RSA), but the amount of RSA is deducted from the AAH.

The AAH can be cumulated with a disability pension, but the amount of the pension will be deducted from the AAH.

The AAH and the *Allocation de solidarité spécifique* (specific solidarity allowance – ASS) have not been able to be cumulated since 1 January 2017. However, beneficiaries who received both of these allowances prior to 2017 can continue to receive them for a maximum of 10 years if they continue to fulfil the eligibility conditions.

**Since 1 January 2017, AAH beneficiaries with a disability rate of at least 80% who retire can continue to receive the AAH.**

Challenges: No evidence (reports, papers...) was identified on adequacy challenges related to this benefit.

### 1.1.2 Complément de ressources (Income supplement)

The income supplement is a financial benefit granted by the CDAPH of the MDPH to supplement the AAH (Section 1.1.1). This benefit only supplements the AAH. The aim is to compensate for the long-term absence of earned income for people who have a permanent working incapacity. The combination of the income supplement and the AAH constitutes "guaranteed income". This supplement was discontinued on 1 December 2019, and replaced by the MVA, with the objective of facilitating autonomy and independent accommodation (Section 1.3.2.1). The income supplement continues to be paid out to people who received it up to that date, for up to 10 years, provided they fulfil the eligibility conditions.

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<sup>8</sup> <https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000033968328>

**a) Eligibility conditions**

Disability-related qualifying criteria: The income supplement is granted to people with a permanent disability rate, evaluated by the CDAPH, of at least 80%, and an employment capacity rate, evaluated by the CDAPH, of under 5%. If the conditions are fulfilled, it is granted automatically at the same time as the AAH.

Age: Below the legal retirement age.

Nationality and/or residency: Housed in independent accommodation that is not an institution. There is no nationality requirement<sup>9</sup>.

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: Beneficiary of the AAH.

Gaps and/or obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

**b) Disability assessment framework**

Type of assessment: The answer is the same as that provided in Section 1.1.1 – assessments involving several different approaches (e.g. medically based assessments of disability, functional capacity assessment and assessment of care or support needs).

Responsible authorities: The answer is the same as that provided in Section 1.1.1.

Method: Evaluation of the applicant's situation and needs is carried out by the CDAPH of the MDPH, using the same application form as for the AAH (see Section 1.1.1.b).

Supporting evidence: The answer is the same as that provided in Section 1.1.1.

Assessor: The answer is the same as that provided in Section 1.1.1.

Decision-maker: The answer is the same as that provided in Section 1.1.1.

Critical analysis: Not documented.

**c) Benefit entitlements**

Level of the benefit: The amount of the income supplement is fixed at €179.31 per month. Thus, the guaranteed income (AAH plus income supplement) amounts to €1,082.01 per month. The AAH income supplement is not subject to income tax.

Duration of the benefit: The income supplement is granted by the CDAPH for one to 10 years, up to the legal retirement age. This benefit is no longer granted to beneficiaries who return to work, or if they are hospitalised or accommodated in a medical-social facility to which they have been referred by the CDAPH, or imprisoned, for stays of over 60 days.

Cumulation with other benefits: The income supplement is paid out in addition to the AAH.

The income supplement cannot be cumulated with the supplement for independent living. People who fulfil the eligibility conditions for both benefits must opt for one of the two.

Challenges: No evidence (reports, papers...) was identified on adequacy challenges related to this benefit.

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<sup>9</sup> This condition applies to EU and non-EU nationals as well as people with refugee status.

### 1.1.3 Pension d'invalidité (Disability pension)

The disability pension is a monthly financial benefit paid out by the social security system, via the primary health fund (*Caisse primaire d'assurance maladie*<sup>10</sup> – CPAM).

#### a) Eligibility conditions

Disability-related qualifying criteria: The disability pension is granted to people with a disability rate of at least two thirds, **following a non-occupational disease or accident**. Allocation conditions vary depending on the social security affiliation, as follows.

- **In the general scheme**, depending on the loss of capacity, three categories of disability exist:
  - First category: Person with disabilities who is capable of undertaking paid work;
  - Second category: Person with disabilities who cannot undertake any kind of professional activity;
  - Third category: Person with disabilities who cannot undertake a profession, and in addition is obliged to seek assistance from a third party to carry out ordinary everyday activities.

The recognition of disability is made by the CPAM medical officer, who determines the disability category applicable. The category is not definitive and can change depending on the person's state of health. This approach is therefore purely medical.

- **In the civil service**, different disability benefits exist:
  - a temporary disability allowance (initially granted for five years, then possibly made definitive) if the person cannot resume their functions or change jobs;
  - in the case of definitive disability to undertake any employment, the *pension civile d'invalidité* (civilian disability pension) leads to early retirement; and
  - early retirement for disability in different situations<sup>11</sup> (parent of a child with disabilities, spouse of a person who cannot undertake employment, civil servant with at least 80% disability).
- **For self-employed people**, no single disability scheme exists: the rules for granting disability pensions differ according to the type of profession.

Age: Below the legal retirement age.

Nationality and/or residency: None (i.e. there are no nationality or residency requirements for accessing this benefit<sup>12</sup>).

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: Must have made contributions on earnings amounting to at least 2,030 times the minimum hourly wage during the 12 calendar months prior to stopping work, or have worked at least 600 hours during the 12 months prior to stopping work or prior to the declaration of the disability status.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: Must have been affiliated with the social security system for at least a year starting from the work stoppage (generating the disability) or the declaration of disability made by the medical officer.

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<sup>10</sup> In the social security system, the health insurance scheme (*Assurance Maladie*) manages the occupational disease and accident branches of the general scheme (i.e. not the special or agricultural schemes). It guarantees access to rights and healthcare.

<sup>11</sup> Articles L.24-1-3, L.24-1-4 and L.24-1-5 of the civil and military pensions code: [https://www.legifrance.gouv.fr/codes/article\\_lc/LEGIARTI000028498845/](https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000028498845/).

<sup>12</sup> This condition applies to EU and non-EU nationals as well as to people with refugee status.

Gaps and/or obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

### b) Disability assessment framework

Type of assessment: Functional capacity assessment.

Responsible authorities: Applications are made by the potential beneficiary or their general practitioner to the CPAM, or directly decided by the CPAM.

Method: Documentary evidence.

Supporting evidence: Medical notes.

Assessor: The social security system's medical officer.

Decision-maker: CPAM.

Critical analysis: Not documented.

### c) Benefit entitlements

Level of the benefit: The amount of the disability pension is calculated based on the person's previous salary (the average annual salary over the best 10 years of pay), and varies according to the disability category, as follows.

Disability category	Percentage of average annual salary	Minimum monthly amount	Maximum monthly amount
1 <sup>st</sup> category	30%	€293.97	€1,028.40
2 <sup>nd</sup> category	50%	€293.97	€1,714.00
3 <sup>rd</sup> category	50%, increased by 40% with the supplement for a third party	€1,420.38	€2,840.42

Duration of the benefit: The disability pension is granted on a provisional basis. It may be increased, reduced, or discontinued depending on the person's health status, if they return to work, or if they reach the legal retirement age (at which point they receive a retirement pension).

Cumulation of disability pension and other benefits: Beneficiaries in the third disability category can request the *prestation complémentaire pour recours à tierce personne* (supplementary benefit for assistance by a third party – PCRTP) (Section 1.1.6) if they require assistance for ordinary everyday activities.

If the disability pension is low, beneficiaries can cumulate their disability pension with the AAH, but the amount of the disability pension will be deducted from the AAH.

If a beneficiary is under 62 and respects the income thresholds, they can cumulate the disability pension with the supplementary disability benefit.

The disability pension can be cumulated with a permanent incapacity annuity (Section 1.1.5) provided that the cumulated amount does not exceed the salary earned by a worker without disabilities in the same socio-professional category.

The disability pension can be cumulated with the ARE (Section 2.2.1) for people with first category disabilities. People who were working while receiving a second or third category disability pension can also cumulate their disability pension with the ARE. If this condition is not fulfilled, the amount of the disability pension is deducted from the ARE.

A disability pension can be cumulated with professional income, provided the cumulated amount is not higher than the salary received prior to the disability.

Challenges: No evidence (reports, papers...) was identified on adequacy challenges related to this benefit.

#### **1.1.4 Allocation supplémentaire d'invalidité (Supplementary disability allowance)**

The supplementary disability allowance (ASI) is a monthly financial benefit paid out by the social security system to people who receive a disability pension and have not reached the age to receive the *allocation de solidarité aux personnes âgées* (solidarity allowance for older people – ASPA), in order to guarantee them a minimum income. At the end of 2020, 67,100 people received the ASI in France (Drees, 2021).

##### **a) Eligibility conditions**

Disability-related qualifying criteria: The ASI is aimed at people with a general disability that reduces their capacity to work or their earning capacity by at least two thirds.

Age: Below the legal retirement age.

Nationality and/or residency: Stable residence in France (at least 180 days a year). Non-nationals can claim the ASI provided they come from an EU Member State or have held a residence permit allowing them to work for at least 10 years. This condition does not apply to refugees, stateless people, non-nationals who have fought for France, or beneficiaries of subsidiary protection<sup>13</sup>.

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: The benefit is means-tested. The examination of income also takes into account partners' income (professional income of the beneficiary and professional income of the partner, retirement pension, disability pension, allowance for adults with disabilities, alimony fixed by court decision, and assets that the application has donated on certain conditions). The combination of the ASI and income must not exceed €800 per month if the person lives alone, or €1,400 if they live in a couple. If the last three months' income is greater than the maximum amount, the income from the previous 12 months is taken into account.

Other: Applicants must receive a disability pension, or a survivor's pension, or an early pension for disability or long career (before reaching the legal retirement age), or an early pension for arduous work conditions. The applicant must fill in a specific form depending on the allowance (disability pension, early retirement, survivor's pension) to be entitled to the ASI, and include supporting documents.

Gaps and/or obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

##### **b) Disability assessment framework**

Type of assessment: Functional capacity assessment.

Responsible authorities: CPAM.

Method: Documentary evidence.

Supporting evidence: Medical notes.

Assessor: The CPAM medical officer.

Decision-maker: CPAM.

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<sup>13</sup> In France, there are two forms of asylum protection: refugee status and subsidiary protection. Subsidiary protection is granted to foreigners who do not meet the conditions for refugee status but who prove that they are exposed in their country of origin to a risk of serious harm (death penalty, execution, torture, serious and individual threat to their life or person, etc.).

Critical analysis: Not documented.

### c) Benefit entitlements

Levels of the benefit are as follows.

- For people living alone, the maximum amount of the ASI is €800 per month. They receive the difference between €800 and their total monthly income.
- For people living in a couple, the amount of the ASI depends on the income of the couple and the number of people who receive the ASI in the couple.

Monthly income of couple	Monthly amount of ASI if only one person receives ASI	Monthly amount of ASI if both people receive ASI
Up to €980.27	€506.03	Difference between €1,400 and total amount of the couple's monthly income
More than €980.27 and up to €1,400	Difference between €1,400 and total amount of the couple's monthly income	
More than €1,400	No ASI payment	No ASI payment

The ASI is exempt from income tax.

Duration of the benefit: The ASI is paid out until the person reaches retirement age.

Cumulation with other benefits: The ASI supplements other benefits: a disability pension; a survivor's pension; early retirement pension for disability, long career or arduous conditions; or a widower/widow disability pension. The ASI can be cumulated with the MVA or the income supplement. However, it cannot be cumulated with the AAH.

Challenges: No evidence (reports, papers...) was identified on adequacy challenges related to this benefit.

#### 1.1.5 Rente d'incapacité permanente (Permanent incapacity annuity)

The permanent incapacity annuity is a monthly financial benefit designed to compensate for the loss of income for people **following an occupational disease or accident**.

##### a) Eligibility conditions

Disability-related qualifying criteria: Applicants must have suffered an occupational disease or accident resulting in physical or mental after-effects. Once the person's condition has stabilised, a recognition of permanent disability is produced by the CPAM medical officer, who determines the rate of permanent disability based on the indicative scale of disability for occupational accidents (annex to the social security code<sup>14</sup>). This rate of disability is also calculated based on age, the nature of the disability, general state, physical and mental capacities, and professional aptitudes and qualifications.

- If the permanent disability rate is less than 10%, the person has the right to a **capital settlement**.
- If the permanent disability rate is 10% or more, the person has the right to a **lifetime annuity for permanent disability**.

Age: None (i.e. there are no age requirements for accessing this benefit).

Nationality and/or residency: None (i.e. there are no nationality or residency requirements for accessing this benefit<sup>15</sup>).

Waiting period: None (i.e. it is granted from the moment the disability is certified).

<sup>14</sup> <https://www.legifrance.gouv.fr/codes/id/LEGISCTA000028678079/>

<sup>15</sup> This condition applies to EU and non-EU nationals as well as people with refugee status.



Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: None.

Gaps and/or obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

### **b) Disability assessment framework**

Type of assessment: Assessment of economic loss.

Responsible authorities: CPAM.

Method: Documentary evidence.

Supporting evidence: Medical notes.

Assessor: The CPAM medical officer who relies on the opinion of the occupational doctor (such as when the permanent disability could prevent the person from carrying out their work).

Decision-maker: CPAM.

Critical analysis: Not documented.

### **c) Benefit entitlements**

Levels of the benefit are as follows.

- If the rate of permanent disability is 1-9%, the amount of the capital settlement is determined according to the rate of permanent disability and ranges from €419.37 (1% rate of disability) to €4,192.80 (9%), and the capital settlement is made in one payment.
- If the rate of permanent disability is 10-49%, the rate of permanent disability is calculated taking into account the salary of the 12 months prior to stopping work. The annuity corresponds to the annual salary multiplied by half of the disability rate if the permanent disability rate is below 50% and is paid quarterly.
- If the permanent disability rate is 50% or more, the annuity corresponds to an annual salary multiplied by half of the disability rate up to 50% with an additional 1.5 times the rate for the part above 50%<sup>16</sup>, and is paid monthly.
- In the case of very serious (inexcusable) fault on the part of the employer – where the employer was (or should have been) aware of the danger and did not take the necessary steps to maintain the security of the person – an increase in the rate of permanent disability is possible, along with full compensation for harm incurred and not compensated for by the annuity.

Duration of the benefit is as follows.

- If the rate of permanent disability is less than 10%, the capital settlement is made in one payment. It is exempt from the general social security contribution (*contribution sociale généralisée* – CSG) and from the social debt reimbursement contribution (*contribution au remboursement de la dette sociale* – CRDS) and is not subject to income tax.
- If the rate of permanent disability is 10% or more, the permanent disability annuity is paid for life, either quarterly if the rate of permanent disability is 10-49%, or monthly if it is 50% or more (exempt from CSG and CRDS and not subject to income tax).

<sup>16</sup> For example, for an annual salary of €20,000 and if the rate of disability is 75%:

Rate of annuity =  $(50 \div 2) + (25 \times 1.5) = 25 + 37.5 = 62.5\%$

Amount of permanent incapacity annuity =  $\text{€}20,000 \times 62.5\% = \text{€}12,000$ .

Cumulation with other benefits: If the rate of permanent disability is at least 80%, and if the person requires assistance from a third party to undertake at least three activities of everyday life (see Section 1.1.6), they can cumulate the permanent disability annuity with the PC RTP. An annuity with a rate of permanent disability over 10% confers the status of beneficiaries of the obligation to employ workers with disabilities (*bénéficiaires de l'obligation d'emploi des travailleurs handicapés*).

Challenges: No evidence (reports, papers...) was identified on adequacy challenges related to this benefit.

### **1.1.6 Prestation complémentaire pour recours à tierce personne (Supplementary benefit for assistance by a third party)**

The PC RTP is a financial benefit paid out by the social security system, via the CPAM or the agricultural social mutual fund (*mutualité sociale agricole* – MSA).

#### **a) Eligibility conditions**

Disability-related qualifying criteria: The PC RTP is granted to people who receive an annuity for permanent incapacity related to an occupational disease or accident; they must have a permanent disability of at least 80% and require a third party to carry out everyday activities. No application is required for the PC RTP.

Age: None (i.e. there are no age requirements for accessing this benefit).

Nationality and/or residency: None (i.e. there are no nationality or residency requirements for accessing this benefit<sup>17</sup>).

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: The PC RTP is granted to applicants who receive an annuity for permanent incapacity related to an occupational disease or accident; they must have a permanent disability of at least 80% and require a third party to carry out everyday activities.

Gaps and/or obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

#### **b) Disability assessment framework**

Type of assessment: Assessment of care or support needs.

Responsible authorities: CPAM.

Method: Documentary evidence; similar to the permanent disability rate (see Section 1.1.5.a), the requirements for assistance by a third party for everyday activities are evaluated by the CPAM medical officer, who determines the number of activities for which the person requires assistance, based on an assessment grid defined by decree comprising the following 10 everyday activities:

- getting up and going to bed;
- getting out of a seat and sitting down;
- moving around the house, including in a wheelchair;
- getting in and out of a wheelchair;
- getting up after a fall;
- leaving the house in case of danger;
- fully dressing and undressing;
- eating and drinking;

<sup>17</sup> This condition applies to EU and non-EU nationals as well as to people with refugee status.

- going to the toilet without help;
- putting on an orthopaedic apparatus (if required).

Supporting evidence: Self-assessment and medical notes.

Assessor: The CPAM medical officer directly determines whether the person is eligible.

Decision-maker: CPAM.

Critical analysis: Not documented.

### c) Benefit entitlements

Level of the benefit: The amount of the PCRTP varies depending on the assistance requirements, in other words the number of everyday activities that the person cannot carry out alone, from €563.17 per month (where they need assistance from a third party for three or four activities) to €1,689.58 per month (where they need help for at least seven activities, or if they present a danger to themselves or others due to a neuro-psychic condition).

The amount of the PCRTP can be revised following changes in the disability rate or in the number of activities for which the person needs assistance.

Duration of the benefit: The PCRTP may be paid for life in the case of a sufficient need for assistance to undertake everyday activities.

Cumulation with other benefits: The PCRTP<sup>18</sup> is paid in addition to the permanent incapacity annuity, provided the eligibility conditions are fulfilled.

Challenges: No evidence (reports, papers...) was identified on adequacy challenges related to this benefit.

## 1.2 Disability-specific old-age pension schemes

In France there is no legal disability-specific old-age pension scheme. People with disabilities who have reached the legal retirement age can receive the same pension as people without disabilities (Section 2) under the notion of loss of independence. However, private sector employees with disabilities can apply for early retirement (Section 1.2.1).

### 1.2.1 *Retraite anticipée pour handicap pour les salariés du secteur privé* (Early retirement for disability for private sector employees)

#### a) Eligibility conditions

Disability-related qualifying criteria: Private sector employees can request early retirement if they have a permanent disability of at least 50% recognised by the CDAPH of the MDPH (see Section 1.1.1) and have, since the recognition of the disability, completed a minimum period of total pension insurance and a minimum period of insurance contributions (which vary according to the year of birth and the age at which the person wishes to take early retirement).

Age: Below the legal retirement age.

Nationality and/or residency: None (i.e. there are no nationality or residency requirements for accessing this benefit<sup>19</sup>).

Waiting period: None (i.e. it is granted from the moment the disability is certified).

<sup>18</sup> In 2006, the PCRTP replaced the *allocation compensatrice pour tierce personne* (compensation allowance for third parties – ACTP), although beneficiaries of the ACTP prior to 2006 can continue to receive it if they fulfil the eligibility conditions and express their choice each time their rights come up for renewal.

<sup>19</sup> This condition applies to EU and non-EU nationals as well as to people with refugee status.

Contributory history: Since the recognition of their disability, the person must have clocked up a full retirement insurance duration and paid contributions for the minimum insurance period, which varies depending on birth year and age<sup>20</sup>.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: Must be an employee in the private sector.

Gaps and/or obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

#### **b) Disability assessment framework**

Type of assessment: The type of assessment does not correspond to any of the categories proposed by the typology of the Academic Network of European Disability Experts (ANED) report on disabilities assessment (ANED, 2018). It is based on the examination of an administrative file which summarises the medical and social information concerning the applicant.

Responsible authorities: CPAM.

Method: Documentary evidence.

Supporting evidence: Medical notes.

Assessor: An administrative agent for social security system.

Decision-maker: Social security system.

Critical analysis: Not documented.

#### **c) Benefit entitlements**

Level of the benefit: The amount of the retirement pension is calculated on the basis of the full rate. This amount may be increased<sup>21</sup> if: the person has worked beyond the legal retirement age, has at least three children, or requires assistance from a third party to carry out everyday activities.

Duration of the benefit: The retirement pension is paid for life.

Cumulation with other benefits: The disability pension can be cumulated with the AAH, but the amount of the pension will be deducted from the AAH.

Challenges: No evidence (reports, papers...) was identified on adequacy challenges related to this benefit.

### **1.3 Income support aimed at covering disability-related healthcare and housing expenses**

#### **1.3.1 Healthcare**

The *prestation de compensation du handicap* (disability compensation allowance – PCH) constitutes the main financial benefit (Section 1.3.1.1). Other occasional benefits are available, such as to purchase or adjust a hearing aid, which are a social right (and not social assistance) but will not be addressed here.

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<sup>20</sup> <https://www.service-public.fr/particuliers/vosdroits/F16337>

<sup>21</sup> <https://www.service-public.fr/particuliers/vosdroits/F19643>

### 1.3.1.1 *Prestation de compensation du handicap* (Disability compensation allowance)

a) Brief description: The PCH is a financial benefit paid out by the *département*<sup>22</sup> and allocated by the CDDP of the MDH. It is designed to reimburse expenditure related to loss of independence for people with disabilities who live at home or with a family carer. This benefit is personal and takes into account the individual's needs. It is broken down into six types of assistance, each of which is calculated differently:

- human assistance, to remunerate a service in the home or compensate a family carer;
- technical assistance, used to finance the purchase or rental of equipment to mitigate disability;
- housing adaptation assistance, to finance work to adapt housing when the individual's activity limitation is likely to last for at least one year;
- transport assistance, in order to finance adaptation of a vehicle and excess expenditure on journeys;
- specific or exceptional assistance, in order to finance permanent, predictable expenditure related to disability not taken into account by the other PCH items, such as wheelchair maintenance, and occasional expenditure such as repairing a medical bed; and
- animal assistance, to finance the purchase and upkeep of an animal, trained by qualified trainers, that contributes to the independence of the person with disabilities.

The amount of PCH depends on the individual's income:

- if the income is not more than €27,033.98 per year, the maximum PCH coverage rate is 100% of the threshold amounts per type of assistance;
- if the income is above €27,033.98 per year, the maximum PCH coverage rate is 80%.

The thresholds are established in hours, based on the hourly rate for human assistance, and in euro for the other types of assistance.

Since 1 January 2022, the maximum duration for granting the PCH has been extended to 10 years, or for life if the disability is not likely "to evolve positively".

b) Main gaps/obstacles: The specific calculation methods for each type of assistance are complex, making it difficult to establish which assistance individuals can claim. This complexity can discourage people with disabilities and their carers from applying for the PCH (Aubin and Daniel, 2020).

## 1.3.2 Housing

### 1.3.2.1 *Majoration pour la vie autonome* (Independent living supplement)

a) Brief description: The MVA is a monthly financial benefit paid out automatically by the CAF or the MSA, in addition to the AAH (Section 1.1.1) or ASI (Section 1.1.4). The allowance is fixed at €104.77 a month and can be granted to people with disabilities with a disability rate of at least 80% if they do not receive earned income, live in independent housing, and receive housing benefit. The MVA is designed to encourage independent living by financing everyday expenditure on housing such as **the cost of adapting housing to the individual's disability** (installing a chair lift, transforming a bath into a shower, etc.). This benefit is no longer granted to beneficiaries when they return to work, or if they are hospitalised or accommodated in a medical-social facility

<sup>22</sup> Administrative areas specific to France, situated between municipalities and regions, with specific jurisdictions in terms of social action; similar to provinces in Spain and Italy, and counties in the United Kingdom.

to which they have been referred by the CDAPH, or imprisoned, for stays of over 60 days.

On 1 December 2019, the MVA replaced the income supplement (Section 1.1.2). However, the income supplement continues to be paid out to people who received it for 10 years up to that date, provided they fulfil the eligibility conditions. These two benefits have different objectives: whereas the income supplement was designed to ensure guaranteed income for people no longer able to work, the MVA is aimed at encouraging autonomous living in independent housing, by financing housing adaptations to mitigate disability.

- b) Main gaps/obstacles: The amount of the MVA is fixed and does not take into account the total amount of expenditure generated by adapting housing to mitigate disability. The amount of the MVA is less than the income supplement, and fairly low compared with the costs generated by housing adaptations.

## 2 Access to some key general social protection cash benefits

In France, people with disabilities can also have access to regular benefits aimed at older people (Section 2.1) and the unemployed (Section 2.2), and to social assistance for people on low incomes (Section 2.3).

### 2.1 Old-age benefits

To make it easier for older people to remain living at home, the main benefits in terms of amounts are:

- benefits designed to cover a specific need, such as expenditure generated by needs in the case of loss of independence, including the *allocation personnalisée d'autonomie* (personal independence benefit – APA) (Section 2.1.1) and *aide sociale à l'hébergement* (social housing benefit – ASH) (Section 2.1.3); or
- benefits aimed at providing a minimum income to ensure a decent standard of living, mainly the solidarity allowance for older people (Section 2.1.2).

People with disabilities can apply for other allowances and services targeting older people at risk of losing their independence, but they will not be addressed here in order to avoid making the report too long. These include: meals on wheels, transport assistance, and house-cleaning assistance (either in kind or financial) through the *allocation représentative des services ménagers* (house-cleaning services allowance) to carry out everyday tasks (washing, shopping, meal preparation, etc.). These allowances can be granted by the *département* as social benefits, or by pension funds<sup>23</sup>. The national pensions fund (*Caisse nationale d'assurance vieillesse*) and complementary pension funds can also provide other financial and material assistance (e.g. financing technical aids such as support bars or slip-resistant steps, and remote support) or a minimum pension for those on low-level pensions in the private sector, including farmers or self-employed people. The CAF can also provide assistance in the form of *aide personnalisée au logement* (personal housing benefit – APL), *allocation de logement familiale* (family housing benefit), or *allocation de logement sociale* (social housing benefit). Since 2017, hiring someone to help in the home also entitles the employer to tax deductions and credits.

<sup>23</sup> Pension funds manage the old-age branch of the social security system. They receive contributions from working people and pay out retirement pensions. The main pension schemes are the national pension fund (CNAV, CARSAT) for private sector employees, and the agricultural social mutual fund (*mutualité sociale agricole*) for farm employees and farmers; the state sector has its own pension funds.

### 2.1.1 *Allocation personnalisée d'autonomie (Personal independence benefit)*

The APA is a financial social benefit paid out by the *départements* to older people aged at least 60 who are at risk of losing their independence – in other words, they require assistance to carry out everyday activities (e.g. getting up, eating, washing, getting dressed). The benefit is designed to help them pay for (all or part of) the expenditure required to remain at home (**APA à domicile – APA in the home**), or to pay the dependence tariff (*tarif dépendance*) in a care home (**APA en établissement – APA in a care home**). On 31 December 2019, APA was paid out to 1,333,541 older people (7.6% of those over 60), of whom 59% were living at home and 41% in a care home (CNSA, 2020). The budget for the APA amounted to €6 billion in 2019, of which €3.5 billion was for the APA in the home and €2.5 billion for the APA in a care home.

#### a) Eligibility conditions

No differences in eligibility conditions for people with disabilities compared with people without disabilities.

#### b) Additional amount/compensation included and adequacy issues

Older people with disabilities aged over 60 can choose between the APA (for all older people) and the PCH (specifically for people with disabilities). The two benefits cannot be cumulated.

#### c) Gaps/obstacles

- Two different types of APA with different allocation rules and amounts exist: APA in the home and APA in a care home. This diversity is a source of confusion, which can discourage people with disabilities from claiming the benefit.
- Different processing times depending on the *département*. People with disabilities receive the benefit more quickly in some *départements* than in others.
- Online application for the APA is not possible in most *départements*. People with disabilities must obtain a paper application form for the APA from one of the authorised institutions (departmental services, CCAS<sup>24</sup>, etc.), which may discourage some people with disabilities from applying.
- The APA cannot be cumulated with numerous other benefits (PCH, social assistance from the *département*, assistance from pension funds for house-cleaning services, and PC RTP). This can discourage people with disabilities from claiming the benefit.

### 2.1.2 *Allocation de solidarité aux personnes âgées (Solidarity allowance for older people)*

The ASPA, formerly called the *minimum vieillesse* (minimum old-age pension), is a benefit paid out by the pension funds (CNAV, MASA, etc.) to retired people who have paid in little or nothing to the retirement fund, in order to guarantee them a minimum income. On 31 December 2020, 635,300 people received the ASPA in France (Drees, 2021).

#### a) Eligibility conditions

Age: 65 and over (people with disabilities can claim the ASPA as soon as they have reached the legal retirement age and been recognised as having a fully reduced working capacity and definitively subject to a disability rate of 50%; or have a permanent disability rate of at least 50%; or receive an early pension for disability).

Level of financial resources: The benefit is means-tested. The examination of income also includes the AAH for people with disabilities, with regard to the income thresholds.

<sup>24</sup> Local municipal social action centre (*centre communal d'action sociale*).

## b) Additional amount/compensation included and adequacy issues

Unlike other older people, who must be at least 65, people with disabilities can claim the ASPA as soon as they reach the legal retirement age.

Since 1 January 2017, AAH beneficiaries with a disability rate of at least 80% who have reached age 62 are not obliged to apply for the ASPA, which is less advantageous. They can continue to receive the AAH.

## c) Gaps/obstacles

The CAF sometimes requires retired AAH beneficiaries to shift to the ASPA, which is an additional source of confusion. Unlike the AAH, on the death of an ASPA recipient, the pension fund (or the state) recovers from the inheritance the sums received by the deceased as ASPA, within certain limits. This can discourage people with disabilities from claiming the benefit, to avoid reducing the legacy they will leave to their family.

### 2.1.3 Aide sociale à l'hébergement (Social housing benefit)

The ASH is a financial social benefit paid out by the *départements* to older people or adults with disabilities who have low incomes, to help them pay (totally or partially) their accommodation costs in a facility (e.g. a care home, an independent residence or a long-term care unit) or in a host family. At the end of 2018, 122,000 people aged 60 or over received the ASH to help cover accommodation fees (Drees, 2020).

- **Eligibility conditions**

People with disabilities must also:

- have a permanent disability rate of at least 80% or have an RSDAE; and
- have obtained a decision from the CDAPH to be referred to a facility.

- **Additional amount/compensation included and adequacy issues**

Unlike in the case of older people, for people with disabilities who apply for the ASH, the participation of maintenance from family members (*obligés alimentaires*) is not taken into account in the assessment of income.

Older people, like people with disabilities claiming the ASH, must give 90% of their income to the *département* as a contribution towards their accommodation costs, and the remaining 10% is left at their disposal. However, for people with disabilities, the amount left at their disposal must be at least equal to 30% of the AAH (€271 a month). For older people who do not have disabilities, the amount left at their disposal is at least 1% of the annual amount of the ASPA, or €110 a month.

The amounts covered by the ASH can be recovered by the local council from the estate of a person with disabilities after their death. However, unlike in the case of older people, for people with disabilities the recovery from the estate is not implemented when the inheritors are the parents, spouse, children, or constant, effective providers.

Lastly, the sums covered by the ASH cannot be recovered during the lifetime of the person with disabilities in the case of an improvement in their financial situation, whereas they can for older people.

- **Gaps/obstacles**

- There are different payment rules in different *départements*. This diversity is a source of confusion, which can discourage people with disabilities from claiming the benefit.



- An additional interlocutor: ASH applications are made either to the CCAS<sup>25</sup> or at the applicant's local town hall. This complexity is a source of confusion which can discourage people with disabilities from claiming the benefit.
- Possible confusion with other benefits: The **ASH** is a financial benefit for accommodation in a facility, and should not be confused with the **APA**, which covers part of the "dependency cost" of a care home, or the **APL**, which covers part of the accommodation cost. Some people with disabilities do not claim one (or more) of these benefits because they may be getting them mixed up.
- The full income of applicants is taken into account, and that of their partners, as well as maintenance provided by family members (e.g. children and grandchildren). Access to the allowance does not only depend on the income of the person with a disability.

## 2.2 Unemployment benefits

### 2.2.1 Allocation d'aide au retour à l'emploi (Back-to-work allowance)

The ARE, also known as *indemnité chômage* (unemployment benefit), is a monthly financial benefit paid out by the unemployment insurance scheme (*Pôle Emploi*<sup>26</sup>), in order to guarantee a **replacement income for people who are out of work and have been affiliated with the scheme for a minimum duration**.

#### a) Eligibility conditions

No differences in eligibility conditions for people with disabilities compared with people without disabilities.

#### b) Additional amount/compensation included and adequacy issues

The first category disability pension (see Section 1.1.3) can be cumulated with the ARE. Second and third category disability pensions can be cumulated with the ARE if they were already cumulated with earned income opening up the right to the ARE: however, if they were not cumulated with earned activity giving the right to the ARE, their amount is deducted from the ARE. The CAF considers the amount of ARE to determine the amount of the AAH.

#### c) Gaps/obstacles

Applicants must be able to work in order to receive the ARE. Some people with disabilities are not able to work and cannot receive the ARE. ARE applications must be made to the unemployment insurance scheme, rather than the MDPH or CPAM. This multiplication of interlocutors is a source of confusion for people with disabilities.

### 2.2.2 Allocation de solidarité spécifique (Specific solidarity allowance)

The ASS is a monthly financial payment paid out by the unemployment insurance scheme to **unemployed people who have exhausted their unemployment rights**. At the end of 2020, 354,700 people received the ASS in France (Drees, 2021).

#### a) Eligibility conditions

No differences in eligibility conditions for people with disabilities compared with people without disabilities.

<sup>25</sup> CCASs are responsible for providing local social assistance for municipal residents. They participate in the allocation of legal social assistance and can propose specific assistance from the municipality (arrangements may vary between municipalities).

<sup>26</sup> *Pôle Emploi* is the public service responsible for paying out unemployment benefits to job-seekers and supporting them to find work. Unemployment benefit is financed by contributions paid in by employers to insure employees against unemployment. In addition, people with disabilities can be assisted by "*Cap Emploi*", which is a specialised body responsible for facilitating professional integration and maintaining employment for people with disabilities.

**b) Additional amount/compensation included and adequacy issues**

Since 1 January 2017, the AAH and ASS can no longer be cumulated. However, people who received both benefits before 2017 can continue to do so (provided they fulfil the eligibility conditions) for a maximum of 10 years.

**c) Gaps/obstacles**

No evidence is available on gaps/obstacles.

**2.3 Guaranteed minimum income schemes and other social assistance benefits****2.3.1 Revenu de solidarité active (Active solidarity income)**

The RSA is a financial benefit paid out by the CAF or the MSA, to **guarantee a minimum income for people on low incomes**. At the end of 2020, 2,058,100 people received the RSA in France, for an annual budget of €15 billion (Drees, 2021).

**a) Eligibility conditions**

No differences in eligibility conditions for people with disabilities compared with people without disabilities.

**b) Additional amount/compensation included and adequacy issues**

No additional amount/compensation is included in this benefit for people with disabilities compared with people without disabilities.

**c) Gaps/obstacles**

Beneficiaries must declare income quarterly. This can discourage people with disabilities from claiming the benefit, to avoid having to complete these complex formalities every quarter. An RSA assessment report by the Court of Auditors (*Cours des comptes*) published in January 2022 highlighted a dispersion of roles (professional support from *Pôle Emploi*, social support from the *département*, examination of applications and calculation of rights and payment by the CAF, etc.) (*Cours des comptes*, 2022). This makes the system difficult to understand for applicants and leads to co-ordination problems. The Court of Auditors observed that the RSA alone is insufficient to escape poverty because the amounts guaranteed by the benefit are too low to encourage people to get back into work, but do not protect against high levels of poverty. There is no evidence showing that this affects people with disabilities more severely. The reports of the Court of Auditors show that this affects people receiving the RSA in general.

**2.3.2 Prime d'activité (Activity bonus)**

The *prime d'activité* (activity bonus) is a financial benefit paid out by the CAF to workers on low incomes.

**a) Eligibility conditions**

No differences in eligibility conditions for people with disabilities compared with people without disabilities.

**b) Additional amount/compensation included and adequacy issues**

The CAF takes the AAH into account when calculating the activity bonus.

**c) Gaps/obstacles**

The bonus is paid quarterly, and beneficiaries must update their declaration of income every three months.

Applications for the activity bonus must be made online on the CAF website (or MSA website), making it difficult for people with little knowledge of, or access to, the internet.

In 2020, the National Digital Council published a report on the need to improve digital accessibility for people with disabilities (CNNum, 2020).

### 3 Provision of assistive technology and personal assistance

In France, to make it easier for older people with disabilities to remain living at home, multiple services and benefits exist in the home assistance and homecare sectors, as follows.

- Nursing services in the home (*Service de Soins Infirmiers À Domicile*) and multi-purpose assistance and care in the home services (*Services Polyvalents d'Aide et de Soins À Domicile*) offer both nursing care and assistance with everyday activities in the home. In 2020, 6,986 people benefited from these services according to CNSA data (CNSA, 2021a). These services are also provided to people with disabilities (and for people with chronic conditions or certain types of illness).
- The social support service (*Service d'Accompagnement à la Vie Sociale*) and medical-social support service for adults with disabilities (*service d'accompagnement médico-social pour adultes handicapés*) provided support for 55,000 adults with disabilities in 2020 (CNSA, 2021a). The service is provided only to people with disabilities.
- Professional preorientation and rehabilitation centres (*Centres de Préorientation et de Réadaptation Professionnelle*) and units for assessing social and professional reintegration and orientation (*Unités d'Evaluation de Réentraînement et d'Orientation Sociale et Professionnelle*) supported 11,091 people with their professional integration (CNSA, 2021a). The service is provided only to people with disabilities.
- 118,480 places in assistance and service centres helping people with disabilities into work (*établissements ou services d'accompagnement par le travail*). The service is provided only to people with disabilities.
- Assistance and support services in the home (*Services d'Aide et d'Accompagnement à Domicile*) can be public or private set-ups approved and authorised by the *département*, which provide household services and assistance for everyday tasks (they do not provide care) or assistance in carrying out social and everyday activities. The services are also provided to people with disabilities (and vulnerable families, and older people at risk of losing their independence).

These service-providers come under different legal regimes (regime for authorising care services and/or regime for approval or a simple declaration for social support), which is administratively and financially complex.

According to DREES<sup>27</sup> data, 550,000 people work in the home services sector in France and in home nursing services, and 85% of the beneficiaries are older people (CNSA, 2021a).

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<sup>27</sup> Directorate for Research, Study, Evaluation and Statistics (Direction de la recherche, des études, de l'évaluation et des statistiques).

## 4 National debates, reforms and recommendations

Since 2017, there have been no general reforms of social protection for people with disabilities, but instead specific reforms of certain measures (Section 4.2) and substantive debates (Section 4.1).

### 4.1 National debates

- A bill that proposed making the **AAH** an individualised benefit, in other words no longer taking into account the income of partners when its amount is calculated, has been rejected several times by deputies from the majority party at the National Assembly<sup>28</sup>, following bitter debates. This call for individualisation comes from all associations defending the rights of people with disabilities, with the support of the National Advisory Commission on Human Rights (*Commission nationale consultative des droits de l'homme*) and deputies from the opposition, because some people with disabilities have to choose between living in a couple and being at the risk of seeing their benefits fall, or retaining the AAH and renouncing their union in law. While the maximum amount of the AAH is €903.60 per month, it is reduced when the partner's income amounts to €1,126 (less than the minimum wage), and the AAH is totally discontinued if the partner's income reaches €2,200 per month. Thousands of AAH beneficiaries living in a couple therefore find themselves financially dependent on their partner, in addition to their disability dependence, making women with disabilities particularly vulnerable and sometimes subject to domestic violence.

Despite rare unanimity between all political parties on the need to adopt this measure, deputies in the majority party have been opposed, since they consider that an individualisation of the AAH “*would benefit couples with the highest incomes, without improving the condition of the most fragile beneficiaries*”. According to estimates by the DREES<sup>29</sup>, individualisation of the AAH would require an additional budget of €560 million a year. The government and the majority party consider that national solidarity should not take the place of solidarity between spouses, which is written into the civil code. They fear that such a change could lead all minimum social benefits towards individualisation, with considerable consequences for public finances. However, the AAH is different from other minimum social benefits, being primarily a replacement income for people who cannot work permanently; more than a form of social assistance, the AAH is also supposed to support the autonomy of people with disabilities. Since 1 January 2022, rather than individualisation, the government has opted for a lump-sum abatement of the spouse's income (see Section 1.1.1).

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<sup>28</sup> Three successive rejections in the space of a few months, as follows.

The bill was approved at first reading in the National Assembly on 13 February 2020, then in the Senate on 9 March 2021, but was rejected at the second reading in the National Assembly on 17 June 2021.

The question of individualisation of the AAH was rejected once again on 12 October 2021 by the National Assembly, despite strong mobilisation (an online petition on the Senate website received over 100,000 signatures, 22 associations were involved, and the demand was supported by the Defender of Human Rights and the National Advisory Commission on Human Rights).

The majority party in the National Assembly once more rejected the Bill on 2 December 2021 amid accusations of election tactics.

<sup>29</sup> <http://www.senat.fr/rap/a20-141-7/a20-141-72.html>

- The final observations of the UN Committee on the Rights of Persons with Disabilities following the hearing on France in August 2021<sup>30</sup> confirmed the demands made by associations representing people with disabilities, by highlighting **areas for improvement** in the implementation of Convention on the Rights of Persons with Disabilities (CRPD) in France, such as:
  - legislation and public policies based on a medical model were “recognised as discriminating”, by being based on the incapacity of people with disabilities;
  - there was excessively frequent placement in institutions of people with disabilities (adults and children) rather than maintenance in the home; and
  - there was a lack of participation by people with disabilities or their representatives on the National Consultative Council for People with Disabilities (*Conseil national consultatif des personnes handicapées* – CNCPH) and in the development of policies affecting them.

#### 4.2 Recent reforms and reforms currently in the pipeline

Several recent reforms are designed to improve support for people with disabilities and to promote accessibility to and maintenance in the home, including the following.

- The **creation of a fifth branch of the general social security scheme (regarding autonomy)** by the Act of 7 August 2020, managed by the CNSA (which thus becomes a national social security fund). Following on from the recommendations of the 2019 Libault Report, the creation of this new branch for autonomy recognises “the risk of loss of autonomy and the need for support for autonomy” as a right of social protection, by making it part of the social security financing laws. The social security financing bill anticipates €400 million of new measures in 2022 for this branch, and further measures are expected to reach €1.3 billion in 2025. During the debate on the 2022 budget bill in the National Assembly, opposition deputies described this fifth branch as an “empty shell”, while others considered it as a “dead branch because unfinanced”, deploring the absence of a dedicated law on older people, despite the law having been promised by the French President in 2018. The 2022 social security financing law of 23 December 2021<sup>31</sup> anticipated an estimated €0.5 billion deficit for the fifth branch in 2021 and €1.1 billion in 2022.
- The **Élan Act** of 23 November 2018 makes it obligatory to take measures to **ensure the accessibility of residential buildings** in the building permit applications process from 1 October 2019, according to which principle all new housing must be accessible (obligatory lift from the third floor, accessibility of rented accommodation, etc.). Article L. 162-1 of the housing and building code states that:
  - 20% of housing in a collective residential building must be accessible<sup>32</sup>; and
  - the remaining 80% must be adaptable: housing in which the living room and bathroom are designed so that they can be entirely accessible to people with disabilities following building work that is easy to carry out, with no impact on structural elements and certain pipes and cables enclosed in the walls.
- In February 2021, the **Steering Committee for Inclusive Housing (Comité de Pilotage de l’Habitat inclusif)** was launched. The announced aim is to “*make inclusive housing a pillar of housing policies for people who need support to live independently, and to include this objective in local policy strategies*”<sup>33</sup>. To achieve this aim, a new benefit was created by the social security financing law of 2021, The shared life allowance (*Aide à la Vie Partagée* – AVP) will be granted to all residents of inclusive

<sup>30</sup> The UN convoked France for a hearing for the first time following its ratification of the UN CRPD in 2010.

<sup>31</sup> <https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000044553428>

<sup>32</sup> While the 2005 law planned for 100% accessibility.

<sup>33</sup> Press release: [https://handicap.gouv.fr/sites/handicap/files/files-spip/pdf/24022021\\_-\\_cp\\_-\\_comite\\_de\\_pilotage\\_de\\_l\\_habitat\\_inclusif.pdf](https://handicap.gouv.fr/sites/handicap/files/files-spip/pdf/24022021_-_cp_-_comite_de_pilotage_de_l_habitat_inclusif.pdf).

housing for which the lessor or partner association has drawn up an agreement with the *département*. The AVP agreements signed with *départements* during this launch period will be co-financed up to 80% by the CNSA. In 2021, a budget of €4.5 million was made available for 400 projects concerning 2,800 residents. In an interministerial circular addressed to prefects and regional health agency directors, published on 25 October 2021, the government announced that “almost €50 million will be earmarked to support inclusive housing through a call for expression of interest in the 1,600 towns involved in the programme<sup>34</sup>” and encouraged prefects to ensure that inclusive housing projects were part of their local strategies. This interministerial plan to develop inclusive housing, stipulated in the circular, is inspired by the report “Tomorrow, I will be able to choose to live with you” (“*Demain, je pourrai choisir d’habiter avec vous*”) delivered on 26 June 2020 by Denis Piveteau and Jacques Wolfrom.

### 4.3 Good practice and recommendations on how to tackle gaps and obstacles

Among examples of good practice, in France the disability policy adopts **a global approach that covers multiple dimensions** (accessibility, housing, citizenship, employment, etc.). Although no major law on disability has been passed recently, France has instead opted to integrate the issue of disability into laws ostensibly relating to other subjects, so that disability features more systematically in each policy. Draft legislation is generally submitted in advance to the CNCPH for its opinion. This is illustrated by the interministerial committee on disability<sup>35</sup>, chaired by the prime minister, which gathers government members in a meeting every six months. In addition to the nomination of a secretary of state for people with disabilities, the question of disability is also promoted by high-level civil servants responsible for disability and inclusion in the different ministries<sup>36</sup>.

According to the code on social action and families<sup>37</sup>, the **MDPHs are a one-stop shop** “offering a single access to rights and benefits” to people with disabilities. The missions entrusted to the MDPHs are very broad: “to provide reception, information, support and advice for people with disabilities and their families and raise awareness of disability among all citizens”. But in reality, MDPHs are overwhelmed by an increasing number of requests. In 2019, MDPHs received 4.5 million applications (CNSA, 2020). Population ageing is accompanied by an increase in chronic diseases and disabilities, resulting in a sharp rise in the number of people recognised as having a disability in the last 20 years, and therefore more demands for measures and longer processing times (CNSA, 2020 and 2021b). MDPHs do not have the means to cope with these developments (Taquet and Serres, 2018). **An increase in human and financial resources for MDPHs is indispensable to allow them to provide people with adequate support.**

Despite the existence of the MDPH, many actors are involved in supporting people with disabilities (MDPHs, CCAS, CPAM, *Pôle Emploi*, etc.) which creates confusion for care-users. This high number of interlocutors is combined with multi-layered measures and a variety of benefits that people with disabilities are not always aware of. This lack of legibility and co-ordination generate unequal access to assistance and can disrupt rights and increase non-take-up rates (Aubin and Daniel, 2020). France is characterised by an extremely complex administrative system, as pointed out by the Gillot Report: “*The tangled web of institutions and measures is unfathomable for most people and tends to discourage and create unfair access to rights*” (Gillot, 2018). A high level of non-take-up of the various benefits is the result of: a fear of bureaucracy; the complexity of applications to be filled

<sup>34</sup> <https://www.legifrance.gouv.fr/download/pdf/circ?id=45238>

<sup>35</sup> “responsible for defining, coordinating and evaluating the policies undertaken by the state aimed at people with disabilities”.

<sup>36</sup> [https://www.gouvernement.fr/sites/default/files/contenu/piece-jointe/2021/05/trombinoscope\\_hfhi\\_12-05-2021.pdf](https://www.gouvernement.fr/sites/default/files/contenu/piece-jointe/2021/05/trombinoscope_hfhi_12-05-2021.pdf)

<sup>37</sup> [https://www.legifrance.gouv.fr/codes/article\\_lc/LEGIARTI000031728701/](https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000031728701/)

in (requiring numerous supporting documents), the administrative cost of which may seem disproportionate to the expected benefits; a lack of knowledge about social support; and the fear of the stigma associated with social assistance. According to one study, “*ten billion social benefits remain unclaimed by their potential beneficiaries each year in France*”<sup>38</sup>, and the rate of non-take-up of the AAH is estimated at 61%. The solution would be **to equip MDPHs with the means to more systematically inform people about their rights and support them in their applications.**

To reduce the bureaucratic layers, and thus make it easier to access benefits and services, since 1 March 2022 the law authorises: the automatic exchange of data between administrative bodies (in particular financial information) to allow the pre-completion of forms; the automatic payment of benefits; and the sending of text messages to French people to facilitate their applications. **Improved co-ordination between actors and a simplification of administrative procedures and applications appear indispensable** to combat non-take-up and provide an effective response to people’s needs. **Standardisation of MDPH practices** is necessary to “guarantee equal treatment for people with disabilities” (Taquet and Serres, 2018).

Each institution applies its own rules, and the procedures for assessing disability are highly diverse. The rate of disability following an occupational accident is evaluated by MDPHs (Section 1.1.1) as different from that estimated by CPAMs (Section 1.1.5).

Despite the use of the GEVA by the MDPHs, aimed at identifying requirements based on a multidimensional approach (Section 1.1.1), the other tools employed to evaluate disability (by MDPHs or the CPAM) are based on a purely medical approach, unlike the environmental approach introduced into the definition of disability in 2005.

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<sup>38</sup> <https://www.leparisien.fr/economie/votre-argent/aides-sociales-ces-francais-qui-oublent-de-reclamer-leurs-prestations-18-01-2022-M6KJLT4FK5FZLCXXVG37SPEWLI.php>

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