



COVID-19 and people with disabilities

Assessing the impact of the crisis and informing disability-inclusive next steps

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Table of contents

1	Executive summary	5
2	Disability-inclusive disaster and recovery planning	8
	2.1 Commitments to disability in disaster management and recovery strategies	8
	2.2 Involvement of people with disabilities in disaster management and recovery strategies	9
	2.3 Disability impact assessments and research to inform disaster management and recovery planning.....	9
	2.4 Use of disaster management and recovery planning funds	9
3	Mortality connected to COVID-19 among people with disabilities	11
	3.1 Are official statistics available concerning the overall mortality rate of people with disabilities?	11
	3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19?	11
4	Access to health.....	14
	4.1 Emergency measures.....	14
	4.2 Access to hospital treatment for COVID-19	14
	4.3 Treatment for COVID-19 in congregate settings.....	14
	4.4 Public health promotion and testing during the pandemic	15
	4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical or mental health conditions	15
	4.6 Vaccination programmes	16
5	Income and access to food and essential items.....	17
	5.1 Emergency measures.....	17
	5.2 Impact of the COVID-19 crisis	17
6	Access to transportation and the public spaces	19
	6.1 Emergency measures and Impact of the COVID-19 crisis.....	19
	6.2 Impact of the COVID-19 crisis	19
7	Involuntary detention or treatment.....	20
	7.1 Emergency measures.....	20
	7.2 Impact of the COVID-19 crisis	20
8	Violence, exploitation or abuse	21
	8.1 Emergency measures.....	21
	8.2 Impact of the COVID-19 crisis	21
9	Independent living	22
	9.1 Emergency measures.....	22
	9.2 Impact of the COVID-19 crisis	22
10	Access to habilitation and rehabilitation	24
	10.1 Emergency measures.....	24
	10.2 Impact of COVID-19 and/or emergency measures adopted	24
11	Access to justice	25
	11.1 Emergency measures.....	25
	11.2 Impact of the COVID-19 crisis	25
12	Access to education	26
	12.1 Emergency measures.....	26
	12.2 Impact of the COVID-19 crisis	27
13	Working and employment	29
	13.1 Emergency measures.....	29
	13.2 Impact of the COVID-19 crisis	31

14	Good practices and recommendations.....	34
14.1	Examples of good practice	34
14.2	Recommendations.....	35
14.3	Other relevant evidence.....	36

1 Executive summary

Background

As stated by the UN, persons with disabilities are particularly vulnerable in many areas as a result of the COVID-19 pandemic.¹ In France, the on-going health crisis does not allow for the provision of precise data on the situation, especially in relation to persons with disabilities, as measures and initiatives in response to the crisis are too recent to be evaluated accurately in terms of impact. Some are still on-going, and existing figures and data may not reflect the changes inherent in such a rapidly evolving context. However, the existing information allows for a description of initiatives and measures taken to safeguard the rights of persons with disabilities since the COVID-19 crisis started at the beginning of 2020.

This report builds on information and data provided by different sources including the various ministries (Ministry of National Education, Youth and Sports; the Ministry of Labour, Employment and Economic Inclusion; the Ministry of Solidarity and Health; and the State Secretariat for People with Disabilities), and:

- Policy-making bodies such as the National Advisory Council for Persons with Disabilities (Conseil national consultatif des personnes handicapées – CNCPH);
- The Court of Audit (Cour des Comptes);
- The Defender of Rights (Le Défenseur des droits) (the French ombudsperson) ;
- NGOs.

Information provided in this report also comes from reports provided by national data collection agencies such as:

- the National Institute of Statistics and Economic Studies (Institut national de la statistique et des études économiques – INSEE) of the Ministry of the Economy and Finance;
- the Directorate for Research, Studies and Statistics (Direction de l'Animation de la recherche, des études et des statistiques – DARES) of the Ministry of Labour, Employment and Economic Inclusion;
- the Directorate for Research, Studies, Evaluation and Statistics (Direction de la recherche, des études, de l'évaluation et des statistiques – DREES) of the Ministry of Solidarity and Health;
- the Directorate of Evaluation, Forecasting and Performance (Direction de l'évaluation, de la prospective et de la performance – DEPP) of the Ministry of National Education.

Data and information provided in this report also come from administrative bodies such as:

- Association for managing the fund for the employment of people with disabilities (Association de Gestion du Fonds pour l'Insertion Professionnelle des Personnes Handicapées – Agefiph);

¹ For example, see United Nations (2020), Policy Brief: Education during COVID-19 and beyond—August 2020.

- Fund for the inclusion of disabled people into the civil service (Fonds pour l'Insertion des Personnes Handicapées dans la Fonction Publique – Fiphpf);
- National Solidarity Fund for Autonomy (Caisse nationale de solidarité pour l'autonomie – CNSA).

Disability inclusivity in disaster and recovery planning

France's strategy for managing the health crisis has followed several paths, each of which included the issue of disability as part of an inclusive strategy. However, data on the impact of initiatives and measures taken in respect of disabled people is still lacking, and it is therefore difficult to offer an accurate view on this area.

The health axis is based on:

- a policy of testing aimed at identifying persons who have COVID-19;
- a hospitalisation strategy aimed at avoiding the overcrowding of emergency and resuscitation services through the use of social distancing;
- a vaccination campaign seeking to eradicate the contagiousness of the virus.

Although it has come a bit late, people with disabilities have been considered a priority group for access to testing, care and vaccination, on the same basis as dependent elderly people.

The social distancing axis has included phases of lockdown and curfew. People with disabilities were granted exemptions from curfew and lockdown in order to reduce the negative impact of such measures observed during the first lockdown, especially on persons with mental health or behavioural issues. A strategy was put in place to ensure the continuity of health and social care services.

The work and employment axis consists of generalising teleworking whenever possible. As described later in this report, specific efforts have been made to maintain the income of persons with disabilities as well as their employment opportunities.

The disability agenda seems to have been very strong in respect of the elderly and people with certain types of disabilities such as autism or motor impairment. However, a global approach to the accessibility of emergency facilities has not been developed.

The National Advisory Council for Persons with Disabilities (Conseil National Consultatif des Personnes Handicapées – CNCPH) and the State Secretariat for People with Disabilities have ensured that there has been dialogue with stakeholders during the crisis.

Impact of the virus on mortality among people with disabilities

In 2020, the mortality rate in France was higher than the average in previous years. The increase involved mainly elderly people living in specialised institutions and, to some extent, people with disabilities living in residential homes. Nevertheless, the absence of a specific evaluation of the situation of people with disabilities at the national level does not allow for precise conclusions to be drawn on this issue.

Outline of key concerns about a disproportionately negative impact of the COVID-19 crisis on people with disabilities

The protective measures taken in relation to the elderly and disabled in specialised institutions have proven to be a source of isolation. The Government's decision to allow visits from families again, in a country where the use of specialised institutions remains a frequent mode of intervention, appears to be a positive development.

Lockdown and social distancing measures have restricted access to education in many ways and as described later in this report, increased the inequalities to which the most vulnerable learners are exposed. Among those in that group, students with special educational needs have been particularly disadvantaged as a result of teachers' difficulties in managing distance learning and teaching as well as the difficulties in enabling support services to be physically present as usual.

The public data and impact assessments do not include specific indicators for people with disabilities, which hinders a good understanding of needs and the precise steering of public policies. As yet, the French Administration is not in a position to provide cross-cutting operational data on the situation of people with disabilities post COVID-19.

Examples of good practice

Communication initiatives for people with disabilities, including the production of all official documents and information sites in easy-to-read and easy-to-understand language.

Exemptions from curfew and lockdown measures, starting in the summer of 2020, allowing people with disabilities to continue to move around with ease in order to exercise their rights.

The establishment of departmental platforms for access to rights and home visits to promote the safety of isolated disabled people.

Recommendations and opportunities for change

Make a consistent effort to resolve the situation of the most vulnerable students, including students with disabilities. The intermittent closures of schools have generated an increase in school drop-out rates, which could now be corrected by increasing the level of accessibility in the education system as well as in support services.

Seize the opportunity of the health crisis to develop a real statistical monitoring system for people with disabilities, based on shared national indicators. This might help to promote the implementation of targeted and effective policies.

Strengthen preventative measures and health monitoring in specialised institutions for persons with disabilities as well as initiatives supporting the deinstitutionalisation process and access to common law.

2 Disability-inclusive disaster and recovery planning

[Article 11 – Situations of risk and humanitarian emergencies & Article 4\(3\) – involvement of persons with disabilities](#)

2.1 Commitments to disability in disaster management and recovery strategies

Crisis management is part of the legal framework of the law of 3 April 1955 relating to the state of health emergency. This law allows the Government to take exceptional measures to restrict freedoms and the organisation of civil life in order to prevent the spread of a health crisis. The state of health emergency was applied between 24 March and 10 July 2020, and then from 17 October 2020. It has now been extended until June 2021.

Under these provisions, the Government is empowered to issue decrees beyond the usual legal framework.

During the first lockdown, persons with disabilities, especially those with mental health or behavioural issues, appeared to be particularly affected by its negative consequences, and many French NGOs alerted the Government to this issue. The inaccessibility of public places reduced the possibility of going out, which was limited to one hour. The psychological consequences of the restrictions on going out were particularly marked for people with a behavioural or psychological disorder.

As a result, persons with disabilities and their support persons have, from 17 October 2020, been the subject of a specific exemption allowing them to move more freely than ordinary citizens under the curfew or lockdown. As emphasised by the website handicap.gouv.fr, the outings of persons with disabilities living at home, along with their parents or relatives are allowed, either alone or accompanied, and by car or other means, are not limited to one hour nor restricted to 1km away from home, in particular to allow them to go to a place of relaxation. The frequency and purpose of such outings is not regulated as long as the person in question, or the person accompanying him or her, can prove to the police that he or she is disabled.²

Several measures to support the economy and employment also explicitly include reference to people with disabilities.

The vaccination campaign prioritises so-called vulnerable persons, including persons with disabilities.

The various measures are explored in the following parts of the report.

² Government Decree No. 2021-31 of 15 January 2021 prescribing the general measures necessary to deal with the COVID-19 epidemic during the state of emergency (Décret n° 2021-31 du 15 janvier 2021 modifiant les décrets n° 2020-1262 du 16 octobre 2020 et n° 2020-1310 du 29 octobre 2020 prescrivant les mesures générales nécessaires pour faire face à l'épidémie de COVID-19 dans le cadre de l'état d'urgence sanitaire), available at: www.legifrance.gouv.fr/jorf/id/JORFTEXT000042993250.

2.2 Involvement of people with disabilities in disaster management and recovery strategies

The National Advisory Council for Persons with Disabilities (Conseil national consultatif des personnes handicapées – CNCPH) is a representative body created in 2005 to support the participation of persons with disabilities and their representatives in implementing disability policy in France. The CNCPH was consulted regularly throughout the epidemic crisis and issued several opinions on the implementation of public policies to adapt to the crisis.³

Local and departmental commissions on access to rights have also been brought together, especially through the use of ICT.

2.3 Disability impact assessments and research to inform disaster management and recovery planning

The French Government aims to monitor the situation of people with disabilities, especially those living in specialised institution. However, an assessment of the impact of the health crisis on people with disabilities is currently in progress and no precise data has been found yet.⁴ The existing initiatives in France are the work of networks of associations or activists, or university research units. A few examples are quoted for illustrative purposes in the footnotes to this report; these examples are neither exhaustive nor representative of any theoretical opinion on the part of the authors of this report.⁵

2.4 Use of disaster management and recovery planning funds

The recovery plan⁶ put in place by the French Government is worth EUR 100 billion. The three components selected are ecology, competitiveness and social cohesion. Under the social cohesion component, projects to support health and social facilities are directly linked to the quality of services provided to people with disabilities.⁷ From

³ See National Advisory Council for Disabled People (Conseil national consultatif des Personnes handicapées) (CNCPH), 'Travaux du CNCPH (avis, motions, contributions): 2020-2021', available at: www.gouvernement.fr/travaux-du-cncph-avis-motions-contributions-2020-2021.

⁴ Minister for Solidarity and Health/Secretary of State for People with Disabilities, 'COVID-19 – Actions pour garantir l'accès aux soins des personnes handicapées' (Actions to guarantee access to care for persons with disabilities), press release, 4 April 2020, available at: <https://handicap.gouv.fr/presse/communiqués-de-presse/article/covid-19-actions-pour-garantir-l-acces-aux-soins-des-personnes-handicapees>.

⁵ See the report Les impacts de la crise Covid sur le champ médico-social (The impacts of the COVID crisis in medical and social care), available on the Le Collectif Handicap 54 website: (<https://collectifhandicap54.org/2020/10/08/evaluation-des-impacts-de-la-covid-19-sur-le-champ-medico-social/>). See also examples of calls for papers and research proposals on the Calenda website, such as 'Les inégalités sociales de santé au temps du COVID-19 chez les immigré(e)s en France – postdoctorat' (Social inequalities in health in the age of COVID-19 among immigrants in France – postdoctoral position) (available at: <https://calenda.org/844281?lang=fr>) and 'Représenter le corps absent' (Representing the absent body) (available at: <https://calenda.org/834552>).

⁶ Ministry of the Economy, Finance and Recovery, 'Plan de relance' (national recovery plan), available at: <https://www.economie.gouv.fr/plan-de-relance>.

⁷ Association for managing the fund for the employment of people with disabilities (Association de gestion du fonds pour l'insertion professionnelle des personnes handicapées) (Agefiph), 'COVID-19: l'Agefiph prolonge ses mesures exceptionnelles jusqu'au 28 février 2021' (COVID-19: Special support measures prolonged until end of February), available at: <https://www.agefiph.fr/actualites-handicap/Covid-19-les-mesures-exceptionnelles-Agefiph>; Agefiph (2020), Emploi et chômage des

the recovery planning funds, the national agency for the employment of disabled people, Agefiph, was allocated EUR 40 million in addition to its annual budget to help maintain persons with disabilities in employment and to adapt workplaces in the context of the health crisis.

personnes handicapées (Employment and unemployment of persons with disabilities), available at: <https://www.agefiph.fr/sites/default/files/medias/fichiers/2020-11/Emploi%20et%20ch%C3%B4mage%20des%20personnes%20handicap%C3%A9es%20-%20tableau%20de%20bord%20national%20Novembre%202020.pdf>.

3 Mortality connected to COVID-19 among people with disabilities

[Article 10 – The right to life](#)

3.1 Are official statistics available concerning the overall mortality rate of people with disabilities?

The existing data does not allow for an accurate count of the overall mortality rate for people with disabilities. While deaths in specialised establishments are recorded, there is no specific accounting in relation to those who die while living at home.

In addition, French social law distinguishes between the category ‘disabled’ up to the age of 60, and measures relating to dependent elderly persons after the age of 60. This dual categorisation makes it impossible to produce an exhaustive and interactive account of the mortality of dependent persons. It does not allow for the identification of deaths caused specifically by COVID-19 among those living at home and those who are under the age of 60.⁸

According to Santé publique France (the French national public health agency), 540 persons with disabilities admitted to special institutions for persons with disabilities died from COVID-19 between 1 March and 14 March 2021.⁹

3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19?

Santé publique France provides weekly data on the pandemic. That includes data from the monitoring of special institutions belonging to the social and sociomedical sector, which is under the aegis of the Ministry of Solidarity and Health.

Only partial data are available on the mortality of persons with disabilities. The French Government’s accounting system distinguishes between dependent elderly people and people with disabilities under 60 years of age. Moreover, the accounting of infections and deaths in social and health institutions covers institutions for the elderly and institutions for persons with disabilities or with disabling health problems, as well as child protection facilities.

However, some of the data provided by Santé publique France allow for a distinction to be made between persons with disabilities living in residential homes and elderly people who live in this type of setting. According to the agency, as at 14 February 2021, 3 465,163 cases of COVID-19 had been recorded and the disease had caused 81 814 deaths, with 81 years as the median age of death.

⁸ Santé publique France (the French national public health agency), ‘COVID-19: point épidémiologique du 26 novembre 2020’ (COVID-19: epidemiological update of 26 November 2020), available at: <https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-et-infections-respiratoires/infection-a-coronavirus/documents/bulletin-national/covid-19-point-epidemiologique-du-26-novembre-2020>.

⁹ Santé publique France, ‘COVID-19: point épidémiologique du 18 mars 2021’, available at: <https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-et-infections-respiratoires/infection-a-coronavirus/documents/bulletin-national/covid-19-point-epidemiologique-du-18-mars-2021>.

The mortality rate in France in 2020 is 9 % higher than 2019, which represents 53 900 additional deaths.¹⁰ A survey of 90 000 people admitted to hospital, carried out by DREES in May 2020,¹¹ suggests that the mortality rate from COVID-19 among males and people over 75 is disproportionately higher. Another survey has revealed that co-morbidities are involved in more than 80 % of deaths.¹²

Data provided by CNSA has shown that people living in residential homes are overexposed to the risk of mortality: the death rate for persons with disabilities living in specialised institutions is 0.18 % (out of a population of about 150 000 people)¹³ compared with an average rate of 0.07 % in the overall population. In residential institutions for the dependent elderly (Etablissements d'Hébergement pour Personnes Agées Dependantes – EHPAD), the rate is 1.5 %.¹⁴

According to the Pasteur Institute,¹⁵ the COVID-19 mortality rate among the general population is 0.5 %, compared with 3.6 % in specialised institutions. These figures should be read in the context of strict lockdown measures since the data was gathered in May 2020.

According to the French Society for Emergency Medicine (Société Française de Médecine d'Urgence – SFMU),¹⁶ from 1 March 2020 to 10 January 2021, 23 414 reports of one or more COVID-19 cases were identified in social and medico-social establishments. Since the beginning of the epidemic, 29 514 residents of such establishments have died: 8 511 in hospital and 21 003 in in-patient recovery. Of the 21 003 deaths in institutions, 20 828, or 99 %, occurred in residential care facilities for the elderly.

As emphasised earlier, the existing data does not allow for the provision of accurate data on the number of disabled persons not living in special institutions who have died of COVID-19.

¹⁰ Santé publique France, 'COVID-19: point épidémiologique du 26 novembre 2020', (COVID-19: epidemiological update of 26 November 2020), <https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-et-infections-respiratoires/infection-a-coronavirus/documents/bulletin-national/covid-19-point-epidemiologique-du-18-mars-2021>.

¹¹ Directorate of Research, Studies, Evaluation and Statistics (Direction de la recherche, des études, de l'évaluation et des statistiques) (DREES), 'Chiffres clés mortalité COVID-19' (Key data on COVID-19 mortality), available at: <https://solidarites-sante.gouv.fr>.

¹² Ordioni N., 'La surmortalité masculine au COVID-19: quelques hypothèses interprétatives' (Excess male mortality from COVID-19: some interpretative hypotheses), University of Toulon, September 2020, available at: <https://www.univ-tln.fr/La-surmortalite-masculine-au-Covid-19-quelques-hypotheses.html>.

¹³ National Solidarity Fund for Autonomy (Caisse nationale de solidarité pour l'autonomie) (CNSA), 'Les chiffres clés de l'aide à l'autonomie 2019' (Key figures on autonomy aid 2019), available at: <https://www.cnsa.fr/node/5147>.

¹⁴ '270 personnes handicapées résidant dans les établissements spécialisés sont décédées du COVID-19' (270 disabled people in special facilities have died from COVID-19), Faire Face, 4 May 2020, available at: <https://www.faire-face.fr/2020/05/04/270-residents-handicapes-deces-covid-19/>.

¹⁵ Salje, H. et al, 'Estimating the burden of SARS-CoV-2 in France', Science, 10 July 2020, vol. 369, issue 6 500, pp. 208-211, available at: <https://science.sciencemag.org/content/369/6500/208>.

¹⁶ French Society for Emergency Medicine (Société Française de Médecine d'Urgence) (SFMU) 'Actualités de l'Urgence – APM, 15/01/2021', available at: <https://www.sfmu.org/fr/actualites/actualites-de-l-urgences/filtre/mois/page/11>.

INSEE¹⁷ notes that from March 2020 to January 2021, the mortality rate was consistently higher in the most densely populated areas. It should be noted that people with disabilities are represented in greater numbers in densely populated areas, due to the ease of access to services associated with these territories. However, we do not have precise figures on the distribution of deaths of people with disabilities. Densely populated cities have a mortality rate of 1.5 %, compared with a rate of 1 % for cities considered moderately dense according to the INSEE criteria.¹⁸

Places of death have only been counted globally. Thus, it is not possible to quantify precisely the place of death in relation to the reason for death. It is evident, however, that there is an increase in deaths in old people's homes. The number of deaths in hospitals is also increasing compared with the situation in 2019.

¹⁷ National Institute of Statistics and Economic Studies (Institut national de la statistique et des études économiques) (INSEE), 'Nombres de décès quotidiens' (Daily death count), available at: <https://www.insee.fr/fr/statistiques/4487854>.

¹⁸ See INSEE, 'La grille communale de densité' (Urban density indicator), available at: <https://www.insee.fr/fr/information/2114627>.

4 Access to health

[Article 25 – Health](#)

4.1 Emergency measures

The health crisis has put pressure on the capacity of intensive care units, although such units have benefited from a gradual increase in general hospitalisation capacity. Nevertheless, territorial inequality has resulted in the displacement of patients and the closure of certain French insular territories: as an example, the island of Mayotte and the islands of French Polynesia were closed for the first lockdown in order to protect the population of those territories, which are isolated and have lower hospital capacities. In Mayotte, the airports were officially closed.

According to the law of 11 February 2005, all patients, including persons with disabilities, should be given access to intensive care and other support on an equal basis. In order to facilitate access to care, the emergency call centres were made aware of the particular care required for certain types of disability, and they have benefited in particular from oversight and support by doctors who are specialists in addressing disability issues. The presence of a carer to accompany people with disabilities during their care was made possible on an exceptional basis and under strict safety conditions set by the health establishment.¹⁹

4.2 Access to hospital treatment for COVID-19

No specific measures for access to hospital care have been formulated concerning people with disabilities. The French strategy has consisted of strengthening the capacity of emergency services, which have a universal purpose.

4.3 Treatment for COVID-19 in congregate settings

According to Santé publique France, of the 8 844 residential facilities for people with disabilities, 3 078 (35 %) reported at least one COVID-19 outbreak since July 2020.²⁰

Additionally, from 1 March 2020 to 14 March 2021, 28 561 reports of one or more biologically confirmed or unconfirmed cases of COVID-19 in social and medico-social establishments were reported to Santé publique France via the Ministry of Health's national reporting portal. Of those, 27.6 % (7 901) were recorded in special institutions for persons with disabilities; 4.3 % (1 229) in special child welfare institutions; and 6.8 % (1 946) in other special institutions. Of the cases reported, 61.3 % (17 495) were recorded in special institutions for elderly people.

¹⁹ Minister for Solidarity and Health/Secretary of State for People with Disabilities, 'COVID-19 – Actions pour garantir l'accès aux soins des personnes handicapées' (Actions to guarantee access to care for persons with disabilities), press release, 4 April 2020, available at: <https://handicap.gouv.fr/presse/communiques-de-presse/article/covid-19-actions-pour-garantir-l-acces-aux-soins-des-personnes-handicapees>.

²⁰ Santé publique France, 'COVID-19: point épidémiologique du 18 mars 2021', <https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-et-infections-respiratoires/infection-a-coronavirus/documents/bulletin-national/covid-19-point-epidemiologique-du-18-mars-2021>.

Along with 7 901 reports in residential institutions for persons with disabilities, there were 21 798 confirmed cases of COVID-19 among residents.

4.4 Public health promotion and testing during the pandemic

General and appropriate communications on accessibility have been made throughout the pandemic by the Government and health actors. A policy of testing for both professionals and residents has been rolled out from November 2020 in residential homes receiving persons with disabilities or dependent elderly people.²¹

In September 2020, the French national health authority (Haute Autorité de Santé – HAS) recommended²² the use of, and reimbursement for, a specific test (rapid salivary test for COVID-19) for persons for whom the usual test was difficult or impossible to implement, such as persons with disabilities. HAS published specific recommendations for this group of people, describing:

- how best to engage with a disabled person while wearing a mask, a visor, gown, gloves, etc.;
- how to develop an environment in order to prevent anxiety in people with disabilities;
- how to reassure the person by taking more time with him/her;
- how to obtain his/her cooperation;
- what to do if anxiety persists.

The recommendations also include specific approaches that certain types of disabilities may require during the taking of the test. For example, professionals are advised to:

- give priority to translators and 3D supports to communicate with deaf and hard-of-hearing persons;
- check the level of accessibility of the premises for persons with a motor impairment;
- check if persons with autism are prepared for the test;
- use simple words with persons with an intellectual disability;
- describe precisely the process for blind persons;
- organise the test with the support assistant of someone with multiple disabilities;
- reassure persons with mental issues.

4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical or mental health conditions

At the worst moments of the health crisis, the Government decided to postpone all hospital, surgical and non-emergency healthcare operations in order to prioritise the care of patients with COVID-19.²³ However, initiatives were taken by the Ministry for Solidarity and Health to ensure access to health services for persons with disabilities

²¹ Ministry for Solidarity and Health, national recommendation for elder medical homes, available at: www.solidarites-sante.gouv.fr.

²² See https://www.has-sante.fr/upload/docs/application/pdf/2020-09/ac_2020_0047_remboursement_rt-pcr_salivaire_covid-19_cd_2020_09_18_vd.pdf.

²³ Ministry for Solidarity and Health, 'La gestion de crise des établissements de santé' (Crisis management protocol for healthcare facilities), available at: www.solidarites-sante.gouv.fr.

for whom health and paramedical consultations could not be postponed without endangering the quality of support provided to them. In addition, to avoid the spread of infection, the Ministry aimed to promote hospitalisation at home in order to allow for more reactive and frequent interventions, especially through telemedicine, tele-expertise and telemonitoring solutions.

Where hospitalisation was necessary, people with disabilities, and in particular ageing people with disabilities, were entitled to benefit from direct admission to hospital services, through a combination of short-stay hospital capacity such as follow-up and rehabilitation care services (*service de suite et de readaptation*), local hospitals and private establishments, as set out in the strategy for the care of the elderly. The presence of a professional or family carer to accompany the disabled person has been authorised on an exceptional basis and under very strict safety conditions where the health establishment is unable to provide the necessary support.

The Ministry of Solidarity and Health also extended the possibilities for special institutions which do not have the requisite health resources to benefit from support from mobile hospital hygiene teams to help with the implementation of barrier, hygiene and cleaning measures, as well as support from volunteer health professionals, including the health reserve and health students and, if necessary, if the difficulties cannot be resolved, by requisitioning health professionals.

4.6 Vaccination programmes

Starting on 18 January 2021, vaccination is open primarily to people with health-related vulnerabilities or disabilities. This concerns:

- 75-year-olds with pathologies leading to a high risk, including cancers, kidney diseases, transplants;
- chronic multiple pathologies, some rare diseases;
- persons with Down's syndrome;
- elderly people living in specialised institutions;
- people with a disability affecting several organic functions.

Vaccines are administered in specialised institutions for these groups or through the local healthcare network.²⁴

²⁴ Ministry for Solidarity and Health, 'La stratégie vaccinale' (Vaccination strategy), available at: www.solidarites-sante.gouv.fr.

5 Income and access to food and essential items

[Article 28 – Adequate standard of living and social protection](#)

5.1 Emergency measures

People receiving a housing allowance, which includes a significant number of people with disabilities (over a million in 2017)²⁵ could get complementary financial support of EUR 150.

Measures were taken to keep disabled workers in employment or maintain their income (see the section on employment). The social services were reorganised by Order No. 2020-313 of 25 March 2020 to guarantee access to emergency aid for all people in precarious social situations, including people with disabilities. This included the continuity of home assistance provision and the delivery of social and health care as well as addressing health access issues.

5.2 Impact of the COVID-19 crisis

Some representative associations have criticised a formal reduction in the frequency of visits from social workers, and the presence of health access issues, in some departments,²⁶ but we do not have any evidence-based conclusion on this matter at this point.

The national Inequalities Observatory (Observatoire des inégalités)²⁷ anticipates an increase in the poverty rate in France linked to the health crisis. For example, the increase in the number of people receiving the minimum income guaranteed by the state (*revenu de solidarité active*) is estimated at 10 % for the coming year. At the same time, France remains, along with Finland, the European country with the lowest poverty rate among the general population. The increase in poverty is nevertheless unevenly distributed, with a stronger effect on young people, isolated women, or people living in outlying areas. Although no specific data on disability are currently available, it is possible to admit that the COVID-19 crisis will reinforce the risk of overexposure to poverty among persons with disabilities.

A survey recently published by DREES suggests that persons with disabilities may be overexposed to the negative impacts of the COVID-19 crisis.²⁸ According to this

²⁵ National Family Allowances Office (Caisse nationale des allocations familiales) (CNAF), Chiffres-clés des prestations légales 2017 (Key figures for statutory benefits 2017), available at: [chiffres_cles_2017.pdf \(caf.fr\)](#).

²⁶ Le Collectif Handicaps, comprising 48 associations or federations, published a common appeal in the main national newspapers; see for example, 'L'alerte de 48 associations sur le sort des personnes handicapées, «oubliées de la pandémie» de coronavirus' (48 organisations issue warning about the fate of disabled people 'forgotten in the coronavirus pandemic'), Le Journal du Dimanche, 4 April 2020, available at: <https://www.lejdd.fr/Societe/lalerte-de-48-associations-sur-le-sort-des-personnes-handicapees-oubliees-de-la-pandemie-de-coronavirus-3959794> (includes a list of the 48 organisations.)

²⁷ 'Observatoire des inégalités: quels effets de la crise sanitaire et économique sur la pauvreté?' (Inequalities Observatory: what are the effects of the health and economic crises on poverty?), 26 November 2020, available at: <https://www.banquedesterritoires.fr/observatoire-des-inegalites-quels-effets-de-la-crise-sanitaire-et-economique-sur-la-pauvrete>.

²⁸ DREES, Comment vivent les personnes handicapées? Les conditions de vie des personnes déclarant de fortes restrictions d'activité (How are disabled people living? Living conditions of

survey, persons with disabilities are disproportionately affected by poverty, and by restrictions on social participation and social exclusion compared with the general population. Recent data from Agefiph shows that people with disability are also more exposed to unemployment (8.2 % of the total amount of unemployment in 2020; 61 % of them have been unemployed for more than three years).²⁹ (see Section 13.2 below).

people reporting severe restrictions on their activities), Les dossiers de la DREES, No. 75, February 2021, available at: <https://drees.solidarites-sante.gouv.fr/sites/default/files/2021-02/DD75.pdf>.

²⁹ Agefiph (2020), Emploi et chômage des personnes handicapées (Employment and unemployment of persons with disabilities), available at: <https://www.agefiph.fr/sites/default/files/medias/fichiers/2020-11/Emploi%20et%20ch%C3%B4mage%20des%20personnes%20handicap%C3%A9es%20-%20tableau%20de%20bord%20national%20Novembre%202020.pdf>.

6 Access to transportation and the public spaces

Article 9 – Accessibility

6.1 Emergency measures and Impact of the COVID-19 crisis

According to the national transport regulatory authority (Autorité de régulation des transports – ART),³⁰ the national railway company (SNCF) and the bus companies have modulated their transport offer according to containment measures. During the lockdown, the decline in traffic was as much as 70 % for some lines. During periods of curfew, the decline was as much as 30 %. No specific restrictions were applied to disabled passengers. All accessibility measures remained in place, and provisions for transportation on demand and health taxi services for people with disabilities, introduced by the departments, were not cancelled during the health crisis.^{31 32} Some exemptions from the rules on wearing face masks have been introduced for certain medical conditions.³³

To support the mobility of persons with disabilities, the French Government has allowed some exemptions for people with certain disabilities with regard to wearing face masks either on transport or in the public domain, under two conditions:

- being able to provide a medical certificate justifying their disability and the impossibility of wearing a mask;
- taking all possible sanitary precautions (wearing a visor if possible, respecting other barrier gestures, i.e., staying more than one metre away from each other, not touching their face and eyes, washing their hands very often, greeting people without touching them, coughing or sneezing into their elbow, using a tissue and throwing it away).

See also section 9 below.

6.2 Impact of the COVID-19 crisis

According to ART, in the major cities, public transportation continued to operate (e.g., over 65 % in the Paris transportation region during semester 1 of 2020).³⁴

³⁰ National transport regulatory authority (Autorité de régulation des transports) (ART), 'Bilan du transport ferroviaire lors de la crise sanitaire au 1er semestre 2020' (Rail transport assessment during the health crisis of the first half of 2020), available at: <https://www.autorite-transport.fr/wp-content/uploads/2021/01/plaquette-bilan-s1-2020.pdf>.

³¹ ART, 'Bilan du transport ferroviaire lors de la crise sanitaire au 1er semestre 2020', see footnote above for link.

³² 'Situation sanitaire Coronavirus' (Coronavirus health situation), available on SNCF (national railway company) website at: <https://www.oui.sncf/aide/situation-sanitaire-coronavirus>.

³³ Secretary of State for People with Disabilities, 'Le port de masques obligatoire dans tous les lieux clos: la dérogation pour les personnes en situation de handicap demeure valable' (Mask wearing mandatory in all enclosed spaces: exemption for disabled people still in place), 20 July 2020, available at: <https://handicap.gouv.fr/actualites/article/le-port-de-masques-obligatoire-dans-tous-les-lieux-clos-la-derogation-pour-les>.

³⁴ ART, 'Bilan du transport ferroviaire lors de la crise sanitaire au 1er semestre 2020' (Rail transport assessment during the health crisis of the first half of 2020), available at: <https://www.autorite-transport.fr/wp-content/uploads/2021/01/plaquette-bilan-s1-2020.pdf>.

7 Involuntary detention or treatment

[Article 14 – Liberty and security of person](#)

[Article 15 – Freedom of torture or cruel, inhuman or degrading treatment or punishment](#)

[Article 16 – Freedom from exploitation, violence and abuse](#)

[Article 17 – Protecting the integrity of the person](#)

7.1 Emergency measures

The pandemic reduced the level of independence of persons with disabilities and elderly people who live in special settings. These groups were affected by restrictions on visits during the first lockdown. In addition, residential homes were advised by the Ministry of Solidarity and Health to restrict the mobility opportunities of persons with disabilities within the facilities.

These measures were abolished after the first eight weeks of lockdown.

7.2 Impact of the COVID-19 crisis

Several studies have demonstrated the deleterious psychological and health effects of these measures of forced isolation.^{35 36} For example, according to DREES, the national data collection agency, the numbers of requests for care for stress, anxiety or depressive disorders were much higher in November and December 2020 than before the COVID-19 epidemic: 72 % of general practitioners consider that such requests are more frequent than usual and 16 % consider that the number of such consultations has increased by more than 50 %.³⁷

³⁵ Brooks, S. et al, 'The psychological impact of quarantine and how to reduce it: rapid review of the evidence', The Lancet, 14 March 2020, vol. 395, issue 10227, pp. 912-920, available at: [https://www.thelancet.com/article/S0140-6736\(20\)30460-8/fulltext](https://www.thelancet.com/article/S0140-6736(20)30460-8/fulltext).

³⁶ Gaborieau, B., 'Conséquences du confinement: le syndrome de glissement' (Consequences of lockdown: rapid deterioration syndrome), Repères en Gériatrie, May 2020, vol. 22, no. 185, p. 115, available at: https://geriatries.fr/wp-content/uploads/2020/05/GE185_P115_Actualite.pdf.

³⁷ DREES, 'Confinement de novembre-décembre 2020: une hausse des demandes de soins liés à la santé mentale' (Lockdown of November-December 2020: rising demand for mental health services), Etudes et résultats, no.°1186, March 2021, available at: <https://drees.solidarites-sante.gouv.fr/sites/default/files/2021-03/ER1186.pdf>.

8 Violence, exploitation or abuse

[Article 16 – Freedom from violence, exploitation and abuse](#)

8.1 Emergency measures

Intra-family violence increased in general terms during the periods of lockdown.³⁸ It can be deduced that all violence against vulnerable people living with their families or in private spaces has increased as a result of this unprecedented situation. Nevertheless, no data specific to disabled persons are currently available in France.

8.2 Impact of the COVID-19 crisis

No specific data for France have been produced at this time.

³⁸ 'Violences conjugales: l'effet "révélateur" du confinement' (Domestic violence: a revealing lockdown effect), French Government information website, 12 August 2020, available at: <https://www.vie-publique.fr/en-bref/275691-violences-conjugales-le-confinement-revelateur>.

9 Independent living

[Article 19 – Living independently and being included in the community](#)

9.1 Emergency measures

Certain measures restricting participation and social life have been waived for people with disabilities. For example, during curfews, persons with disabilities are allowed to travel before 6 am and after 6 pm, in contrast with the general population. Sports halls, which are closed throughout the country, are authorised to make provision for patients with a prescription for 'health sport' (*sport santé sur ordonnance*) from a doctor. The provision of a medical prescription for sports activity applies in particular to those with disabilities and long-term illnesses.

Access to basic services has not been the subject of a specific national organisation; local platforms, public authorities and associations, have been set up, as well as a national volunteer organisation (see good practices).

The CNCPH and the National Association of Regional Centres for Disabled Children and Adolescents (Association Nationale des Centres Régionaux pour l'Enfance et l'Adolescence Inadaptée – ANCREAI), under the aegis of the Secretary of State for People with Disabilities, and with the support of the General Secretariat of the Interministerial Committee on Disability (Secrétariat Général du Comité Interministeriel sur le Handicap), created an online platform called solidaires-handicaps.fr. The site aims to maintain contact between persons with disabilities and their carers, professionals and support services.

9.2 Impact of the COVID-19 crisis

The health crisis seems to have affected the overall quality of life of people with disabilities. APF France handicap, one of the main organisations representing persons with disabilities in France, has initiated an information campaign on the issues of isolation and non-participation.³⁹ Work is under way on the effects on mental health.⁴⁰ A national survey by DREES has shown that the practice of sport and cultural activities has shrunk in the population of those with disability, much more than the national average. They also experienced more difficult conditions of daily life in general.⁴¹

³⁹ APF France handicap (national association of people with motor impairment), 'Maintenant, vous savez' (Now you know), available at: <https://www.apf-francehandicap.org/maintenant-vous-savez-30725>.

⁴⁰ Institute for Research and Information in Health Economics (L'Institut de recherche et documentation en économie de la santé) (IRDES), 'ENQUÊTE COCLICO: Coronavirus containment policies and impact on the population's mental health', available at: <https://www.irdes.fr/recherche/enquetes/coclico-enquete-sante-mentale-coronavirus/actualites.html>.

⁴¹ DREES, Comment vivent les personnes handicapées? Les conditions de vie des personnes déclarant de fortes restrictions d'activité, (How are disabled people living? Living conditions of people reporting severe restrictions on their activities) Les dossiers de la DREES, No. 75, February 2021, available at: <https://drees.solidarites-sante.gouv.fr/sites/default/files/2021-02/DD75.pdf>.

In its annual report, the Defender of Rights (the ombudsperson) notes that it was informed of several instances in which people with disabilities who were accompanied were refused access to supermarkets to do their shopping.⁴²

⁴² Defender of Rights (Défenseur des droits) (French ombudsperson) (2021), Rapport annuel d'activité 2020 (Annual activity report 2020), available at: https://www.defenseurdesdroits.fr/sites/default/files/atoms/files/ddd_rapport-annuel-2020_25-03-2021.pdf.

10 Access to habilitation and rehabilitation

[Article 26 – Habilitation and rehabilitation](#)

10.1 Emergency measures

During the initial lockdown, social services that did not provide accommodation were closed. Services providing accommodation continued their activity with reinforced sanitary measures. In the case of dependent elderly people or people with severe physical disabilities, restrictions on visits and outings have been implemented.

10.2 Impact of COVID-19 and/or emergency measures adopted

The departmental houses for persons with disabilities (Maisons Départementales des Personnes Handicapées – MDPH) are the central link in the French system for the care of the disabled. In each department, these administrative one-stop offices guarantee access to the rights people are entitled to and the implementation of compensation policies. The Government has called for the continuation of MDPH service provision since the start of the health crisis.

However, the organisation of the delivery of services appears to be reduced. According to CNSA, there was, regrettably, a 92 % reduction in visits by carers to the homes of persons with disabilities in early summer 2020.⁴³ These restrictions presented the most dependent people with difficulties in accessing their rights. At the same time, more than 40 % of MDPH were not open to the public and only worked remotely. Here too, the digital divide generates a risk of inability to access rights under the law.

During the first lockdown, social and medico-social establishments and services that did not provide accommodation were closed. These include specialised day schools, day care centres and day hospitalisation services. According to CNSA, nearly 30 000 adults were thus temporarily deprived of support services. During the second lockdown, specific initiatives and measures were taken to avoid, as far as possible, interruptions in the provision of support.⁴⁴

During the second lockdown, all social and medico-social establishments and services maintained their activity with reinforced sanitary measures.

Access to technical aids was not formally interrupted during the health crisis. Nevertheless, according to Federation des PSAD (the French federation of home health care providers), difficulties in monitoring and medical prescription led to difficulties in the supply chain for many technical aids.⁴⁵

⁴³ CNSA, 'L'organisation des MDPH pendant le déconfinement' (Organisation of departmental homes for disabled people (MDPH) during the lifting of lockdown), 3 July 2020, available at: <https://www.cnsa.fr/actualites-agenda/actualites/lorganisation-des-mdph-pendant-le-deconfinement>.

⁴⁴ CNSA, 'COVID-19: les acteurs nationaux et locaux s'organisent pour soutenir les professionnels mobilisés' (COVID-19: national and local actors arrange support for professional workers), 24 November 2020, available at: <https://www.cnsa.fr/actualites-agenda/actualites/covid-19-les-acteurs-nationaux-et-locaux-sorganisent-pour-soutenir-les-professionnels-mobilises>.

⁴⁵ See Federation des PSAD website: <https://www.fedepsad.fr/>.

11 Access to justice

[Article 13 - Access to justice](#)

11.1 Emergency measures

During the health crisis, the justice system experienced a significant slowdown. It should be noted that there were difficulties with access to justice for people with disabilities in France even before the health crisis. For example, according to the Ministry of Justice, six million square metres of heritage (1 770 sites)⁴⁶ has yet to be made accessible. The Defender of Rights⁴⁷ points out, in its first assessment report on the implementation of the UNCRPD, the difficulties for people with disabilities in accessing justice.

During the initial lockdown, all judicial institutions were closed. Only emergency hearings relating to fundamental freedoms or personal safety were held.

During the second lockdown, judicial institutions resumed their work in accordance with strict sanitary measures. The organisation of the services of the Ministry of Justice has been moved to a teleworking basis, with a consequent reduction in the capacity of those services to receive the public.⁴⁸

We did not identify any specific measures relating to access for people with disabilities that have been formulated.

11.2 Impact of the COVID-19 crisis

We did not find specific and accurate data that have been produced to measure the impact of the COVID-19 crisis on persons with disabilities. However, among the general population, it may be assumed that there is a risk that inequalities will have increased.

In the context of the debates in Parliament on the adoption of a state of health emergency in March 2020, the Defender of Rights highlighted the importance of preserving the participation of all judicial actors in the hearings and stressed the need to ensure that the procedural adaptations do not undermine the right to a fair trial.⁴⁹

⁴⁶ 'Handicap: un accès à la justice semé d'embûches' (Disability: the obstacles in accessing justice), 24 July 2019, available at: <https://informations.handicap.fr/a-handicap-acces-justice-seme-embuches-12026.php>.

⁴⁷ Defender of Rights, 'CP: Premier rapport d'appréciation de la mise en oeuvre de la CIDPH: le Défenseur des droits dresse un bilan en demi-teinte des droits des personnes handicapées' (first assessment report on the implementation of the UNCRPD), available at: <https://www.defenseurdesdroits.fr/fr/communiquede-presse/2020/07/cp-premier-rapport-dappreciation-de-la-mise-en-oeuvre-de-la-cidph-le>.

⁴⁸ Ministry of Justice, circular, 'Conditions et modalités de mise en œuvre du télétravail au sein du ministère de la justice' (Conditions and methods for implementing remote working in the Ministry of Justice), available at: <http://www.justice.gouv.fr/bo/2020/20201030/JUST2028948C.pdf>.

⁴⁹ Defender of Rights, 'Avis 20-10 du 3 décembre 2020 relatif au régime juridique de l'état d'urgence sanitaire' (communication to Parliament on the legal basis of the state of emergency in health), 3 December 2020, available at: https://juridique.defenseurdesdroits.fr/index.php?lvl=notice_display&id=35504&opac_view=-1.

12 Access to education

[Article 24 – Education](#)

12.1 Emergency measures

According to DEPP, France counted 408 000 learners with disabilities at the beginning of the 2020 school year. Of these, 80 000 were cared for in social and medico-social establishments and services, and 337 800 were enrolled in mainstream settings.⁵⁰

The first lockdown resulted in the closure of schools, and staff in both mainstream and special settings were required to maintain a pedagogical link with learners and their families. Teachers, special teachers, special classes coordinators, supply teachers and staff in special settings were asked to promote distance learning and to supply learners and their families with accessible and adapted teaching aids and documents, if necessary, with the support of teaching support assistants (*assistants d'éducation pour élèves en situation de handicap*).

As emphasised by the Ministry of National Education, Youth and Sports,⁵¹ pedagogical continuity was supported by a digital platform called 'My class at home' (Ma classe à la maison), which was developed by its National centre for distance learning (Centre national pour l'enseignement à distance). This platform was aimed at allowing teachers to create a virtual classroom for their learners.

In addition, the Ministry of National Education developed a partnership with La Poste (the national mail company) to ensure that pupils who did not have the appropriate digital tools, or whose disability did not allow them to use such tools, were able to access their homework by mail.

According to the Ministry, each academy has a dedicated telephone number to answer any questions parents may have about educational continuity for their disabled child. Certain points concerning children with disabilities are also mentioned in the FAQs published on the Ministry's website, which are updated regularly to provide information on educational continuity and examinations. The adaptations and accommodations obtained during schooling within the framework of an educational plan will be implemented without any other opinion (medical or administrative), regardless of the examination procedures.

According to the Ministry, a set of initiatives and available educational resources for teachers and families have been grouped together on a digital platform called Eduscol to facilitate the implementation of educational adaptations at home. On the initiative of the Canopé network, a digital platform called Cap Ecole Inclusive was developed.

⁵⁰ Ministry of National Education, Youth and Sports (2019), Repères et références statistiques sur les enseignements, la formation et la recherche 2019 (Key statistical data on education, training and research), available at: https://www.education.gouv.fr/sites/default/files/imported_files/document/depp-rers-2019_1162516.pdf.

⁵¹ Ministry of National Education, Youth and Sports, 'COVID-19 – Une continuité pédagogique assurée pour les élèves en situation de handicap' (COVID-19 – continuity of teaching assured for pupils with disabilities), available at: <https://www.education.gouv.fr/covid-19-une-continuite-pedagogique-assuree-pour-les-eleves-en-situation-de-handicap-303402>.

In addition, the Ministry of National Education launched the Learning Nation operation to offer quality content in the national and regional media that is directly linked to the school curriculum. Through its programme 'La Maison Lumni', France 4 broadcasted daily lessons given by teachers from primary and secondary schools. All the programmes broadcast on air were available in teletext and were listed on the page of the Eduscol website dedicated to the Learning Nation programme.

The provision of pedagogical continuity also required an extension of the rights notified by the MDPH. For that purpose, the Order of 25 March 2020⁵² relating to the continuity of social rights made it possible to automatically extend, for a period of 6 months, rights notified by the MDPH that expire between 12 March and 31 July 2020, such as the disabled child education benefit (*allocation d'éducation de l'enfant handicapé*) and all notifications relating to schooling.

Schools have not been closed since the first lockdown. However, distance learning has been promoted in upper secondary education in schools, especially in those where positive COVID-19 cases were identified. Distance learning has been the rule in most higher education institutions since the first lockdown.

12.2 Impact of the COVID-19 crisis

We did not find accurate data on the impact on education for learners with disabilities. However, the UN asserts that existing educational disparities have been exacerbated, especially for vulnerable students, a group which includes learners with disabilities.⁵³ According to the Ministry of National Education, about 8 % of students will have dropped out of school.⁵⁴

Despite Government measures, the resumption of schooling for children with disabilities remains complex. The main representative association of parents of children with disabilities, UNAPEI, has launched a national campaign to identify problem situations.⁵⁵

Parents of children with disabilities have had to manage a new situation where their child is present at home full time. The national research project ECHO⁵⁶ (Enfants Confinement Handicap besOins), with a research base of 1 700 children, has shown that 71 % of parents were unsatisfied with medical and social supports provided during the closure of schools, and 49 % testified to a bigger mental load. Nevertheless, the experience of the children seems to be positive, with a large feeling of serenity and the improvement of autonomy skills at home. Over 29 % of children have stopped any practice of sport or physical activities during the lockdown.

⁵² Government order relating to the extension of deadlines during the period of health emergency and to the adaptation of procedures during this same period (Ordonnance n° 2020-306 du 25 mars 2020 relative à la prorogation des délais échus pendant la période d'urgence sanitaire et à l'adaptation des procédures pendant cette même période), 25 March 2020, available at: <https://www.legifrance.gouv.fr/loda/id/JORFTEXT000041755644/>.

⁵³ United Nations (2020), Policy Brief: Education during COVID-19 and beyond—August 2020.

⁵⁴ Ministry of National Education, Youth and Sports, 'La lutte contre le décrochage scolaire' (Tackling the school drop-out rate), available at: <https://www.education.gouv.fr/la-lutte-contre-le-decrochage-scolaire-7214>.

⁵⁵ See national information public website <https://marentree.org/>.

⁵⁶ See Enquête Nationale ECHO at: <https://enqueteecho.fr/>.

The impact on the educational success of children with disabilities and on the inequalities between children with disabilities and the average student remains to be assessed.

13 Working and employment

[Article 27 – Work and employment](#)

13.1 Emergency measures

In general, persons with disabilities are entitled to access to the same measures and initiatives as the general population. However, Agefiph is developing specific emergency measures until the end of February 2021. These measures include technical support for employers and funding of EUR 40 million to equip persons with disabilities for teleworking. The Government has also covered 100 % of the training costs to enable adaptations in crisis-related jobs in 2020.⁵⁷

With regard to civil servants and employees under contract in the civil service sector, Fifphp has taken similar measures on the adaptation of workplaces and the organisation of teleworking. Decrees have been issued to organise the portability of equipment at home and to facilitate the retention of disabled persons in employment.⁵⁸ These measures and initiatives were taken too recently to be evaluated.

In addition to funding for the provision of inclusive masks for disabled employees and their colleagues, support has been made available by Agefiph and Fifphp to make the necessary accommodations and adaptations needed for teleworking. Within six months of taking up the job, companies can receive aid of up to EUR 3 000 to facilitate the reception, integration and professional development of the employee.

This financial support is aimed at enabling recipients to meet the new needs that have arisen as a result of the health crisis: job changes, additional training for the employee, etc. The aid is granted on the basis of an action plan specifying the measures that firms intend to put in place to secure the taking up of their duties. This aid is in addition to the usual Agefiph support that is provided under ordinary law.

In addition to financial support, support schemes provided by the Cap Emploi schemes have remained operational during the health crisis. They keep a close watch on all disabled employees:

- placed in the 6 months preceding the COVID-19 crisis or supported in the last 12 months to maintain employment;
- and people considered to be vulnerable in employment and identified as being at risk of no longer being able to continue in their profession in view of the context.

⁵⁷ See Agefiph (2021), La demande d'emploi à fin décembre 2020, (the employment demand at the end of December 2020) DIES – 04-02-2021.

⁵⁸ Government Decree No. 2020-523 of 4 May 2020 relating to adaptations and exceptions for public officials with disabilities in competitions, recruitment procedures and examinations (Décret n° 2020-523 du 4 mai 2020 relatif à la portabilité des équipements contribuant à l'adaptation du poste de travail et aux dérogations aux règles normales des concours, des procédures de recrutement et des examens en faveur des agents publics et des candidats en situation de handicap), available at: <https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000041849871>.

These services check whether the changes in the working environment following the health crisis are still compatible with disability and, if necessary, propose the implementation of corrective actions.

Agefiph has also put in place exceptional aid to enable disabled employees to work in the best possible conditions despite the pandemic. This includes:

- coverage of the additional cost of specific prevention equipment (transparent mask, visor, etc.) made available to a disabled person and the work group;
- exceptional assistance in setting up teleworking (computer equipment, purchase of a seat, an office, etc.);
- Tailored assistance to facilitate job retention.

To encourage employers to maintain employment for one of their disabled employees whose employment has been disrupted by the events of the pandemic, Agefiph allocates a flat-rate grant of EUR 2 000 to:

- finance costs incurred in finding solutions (consultation time, meetings, etc.) previously financed by Agefiph, where this is made difficult by the health crisis.
- compensate for the extra time or difficulties encountered due to the health crisis (delivery times for compensatory equipment, financial difficulties) in the implementation of a job maintenance solution defined with Cap Emploi.

Since the beginning of the crisis, Agefiph has reinforced all of its assistance to support work-study programmes. This includes recruitment aid for work-study contracts. In addition to state aid, companies can also receive financial assistance from Agefiph to encourage them to hire disabled persons in apprenticeship schemes or supported employment schemes (*contrats de professionnalisation*). The amount is pro rata according to the duration of the contract.

Support provided to firms also includes provision for the continuation of a work-study contract that may be endangered by the crisis. Employers with less than 250 employees that are experiencing difficulties in continuing a apprenticeship or vocational training contract due to the crisis can receive assistance from Agefiph, with the amount of financial support varying according to the age of the trainee.

With regard to civil servants and contract employees in the civil service, Fifphp⁵⁹ has taken similar measures on the adaptation of positions and the organisation of teleworking.⁶⁰ Decrees have been issued to organise the portability of equipment at home and to facilitate the retention of disabled persons.⁶¹

⁵⁹ 'COVID 19 - Synthèse des dispositifs mis en place par le FIPHFP' (Summary of measures implemented by FIPHFP), available at: <http://www.fiphfp.fr/Actualites-COVID-19/Actualites-COVID-19/COVID-19-Synthese-des-dispositifs-mis-en-place-par-le-FIPHFP>.

⁶⁰ FIPHFP (2020), 'Actualités & Ressources sur le COVID 19', (news and resources on COVID-19) available at: <http://www.fiphfp.fr/Actualites-COVID-19>.

⁶¹ Government Decree No. 2020-523 of 4 May 2020 relating to adaptations and exceptions for public officials with disabilities in competitions, recruitment procedures and examinations, available at: <https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000041849871>.

People working in sheltered workshops, or work assistance establishments and services (Etablissements et Services d'Aide par le Travail – ESAT), have been able to benefit from financial compensation.^{62 63}

13.2 Impact of the COVID-19 crisis

The health crisis came at a time when France was experiencing a positive dynamic in employment for the disabled. As a result, the number of common-law employees with disabilities has increased by 30 % in five years. The direct employment rate of disabled workers has increased by 0.7 percentage points in five years. While the economic crisis associated with the health crisis could destroy up to 700 000 jobs, those changes relate in particular to fixed-term contracts and temporary work, an employment sector in which people with disabilities are less represented. The effects of the crisis in respect of the employment of people with disabilities in statistical terms now appear to be moderate. Nevertheless, people with disabilities still account for 8.2 % of job seekers in France. They are also over-represented among the long-term unemployed, with 61 % of unemployed people with disabilities having been unemployed for more than three years.⁶⁴

Before the health crisis and the period of unemployment linked to the coronavirus epidemic, the number of unemployed people with disabilities had fallen significantly. Despite this positive development, the unemployment rate for this group was still 18 %, compared with 9 % for the rest of the national population. Unemployment periods among people with disabilities were also longer, with 63 % of the unemployed in this category having been unemployed for at least one year, compared with 45 % of the rest of the population.⁶⁵

However, according to Agefiph,⁶⁶ the employment situation of persons with disabilities compared with the general population seems to be better in 2020 than it was in 2019. Indeed, the unemployment enrolment rates of persons with disabilities benefiting from the employment obligation went down in the second half of 2020 compared with the unemployment enrolment rates of the general population. The flow of registered unemployed persons fell sharply in 2020 among persons with disabilities (-16 % in one year), whereas it fell by only 5 % in all groups combined. Enrolment for unemployment

⁶² 'Les établissements et services d'aide par le travail (ESAT): étape 3 du déconfinement – les conditions de reprise d'activité et les mesures de soutien financier' (Sheltered work centres (ESAT): stage 3 of lifting the lock down – conditions for resuming work and financial support measures), available at: <https://solidarites-sante.gouv.fr/IMG/pdf/fiche-esat-covid-19.pdf>.

⁶³ Secretary of State for People with Disabilities, 'Coronavirus: mesures prises pour les ESAT et les travailleurs d'ESAT' (press statement on measures to support people working in ESATs), 23 March 2020, available at: <https://handicap.gouv.fr/presse/communiqués-de-presse/article/coronavirus-mesures-prises-pour-les-esat-et-les-travailleurs-d-esat>.

⁶⁴ Agefiph (2020), 'Emploi et chômage des personnes handicapées', available at: <https://www.agefiph.fr/sites/default/files/medias/fichiers/2020-11/Emploi%20et%20ch%C3%B4mage%20des%20personnes%20handicap%C3%A9es%20-%20tableau%20de%20bord%20national%20Novembre%202020.pdf>.

⁶⁵ Directorate for Research, Studies and Statistics (Direction de l'animation de la recherche, des études et des statistiques) (DARES), 'Situation sur le marché du travail durant la crise sanitaire: Au 24 novembre 2020 (Labour market situation during the health crisis up to 24 November 2020)', available at: <https://dares.travail-emploi.gouv.fr/publications/situation-sur-le-marche-du-travail-durant-la-crise-sanitaire-au-24-novembre>.

⁶⁶ See Agefiph (2021), 'La demande d'emploi à fin décembre 2020, (the employment demand at the end of December 2020) DIES – 04-02-2021.

social help following redundancies fell by 23 % in one year for persons with disabilities (-3 % for the general public). As in December 2020, people with disabilities represent 7.8 % of the unemployment enrolment rates, compared with 11.6 % the year before.

This may be linked to several factors:

- many of them have been able to continue their professional activity, especially through teleworking;
- The lack of prospects may have led many persons with disabilities to be discouraged from entering the labour market. In this respect, the declines (-15 % in one year for persons with disabilities) recorded in the first entries or resummptions of activity (return to the labour market after a long interruption due, in particular, to illness) are worrying indicators.

However, there are real concerns about the future.

- Persons with disabilities have fewer job re-entries under the beneficiaries of employment obligation (Bénéficiaires de l'Obligation d'Emploi – BOE).
- Long-term unemployment continues to persist. At the end of December 2020, 64 % of unemployed persons with disabilities were in long-term unemployment (+5 points in one year) compared with 50 % of unemployed people as a whole. Overall, 129 000, i.e., more than one in four unemployed persons with disabilities, have been registered for more than three years, and the number continues to increase.
- Persons with disabilities have particular employment difficulties resulting in particular from:
 - a high age: 242 000, i.e., 51 %, are 50 years old or older (compared with 26 % for the general public);
 - a low level of education: only 175 000, i.e., 37 %, have a level of education equal to or higher than the baccalaureate (compared with 54 % for the public as a whole);
 - a significant and growing number of years of enrolment in unemployment: the average length of enrolment is 908 days for an unemployed person with disabilities (compared with 853 days a year earlier), i.e., 235 days more than for the general public;
 - a high proportion of those unemployed – 124 000, or 26 % – are disability allowance beneficiaries, a number that has increased by 5 % in one year.

Employment difficulties may also be linked to the following factors:

- Small and medium-sized enterprises, where the majority of people with disabilities are employed, often face the most difficulties in starting up again.
- Workers with disabilities are often engaged in part-time and sometimes precarious jobs. The fear of losing their jobs is therefore very much present, and the future is a cause for concern.
- Digital inaccessibility may prevent people from teleworking appropriately.

This crisis could therefore exclude and further weaken this already weakened group of people.

At this stage, the crisis has had no effect on the collective perception of employment for the disabled. Despite the current economic context, business leaders are, for example, more favourable to hiring people with disabilities than in 2018 and 2019.⁶⁷

However, the widespread use of teleworking and restrictions related to lockdown and curfews may have had the effect of reinforcing the isolation of workers with disabilities.

These dimensions will be highlighted by the surveys on the mental health of French people after the lockdown phases are complete.

⁶⁷ See 'Baromètre Agefiph-IFOP: La perception de l'emploi des personnes en situation de handicap par les dirigeants, les salariés' (Perceptions of employing disabled people among managers and employees), November 2020, available at: <https://www.agefiph.fr/espace-presse/tous-les-documents-presse/barometre-agefiph-ifop-la-perception-de-lemploi-des>.

14 Good practices and recommendations

14.1 Examples of good practice

Information measure for people with disabilities

The right to clear and accessible information and the right to adaptation of administrative measures to the particular needs of a disability have been supported through specific communication aimed at people with disability and their families and standardisation of the accessibility of official documents.⁶⁸ The health crisis has generated an intense level of communication with the population. The rules concerning social distancing measures or restrictions have evolved over the weeks, and people's ability to access their right to information in an accessible way has been an issue. Some measures or documents could be difficult to access because they were written in very administrative French. The creation of simplified documents has been helpful in facilitating walks and social activities for people with disabilities.

Accessibility measures during the curfew and lockdown measures have also supported the right to have administrative measures adapted to the particular needs of a disability; the right to a decent and secure life; and the right to compensation measures to ensure equal opportunities, through:

- An accessible exemption certificate and mobility authorisation for people with disabilities.
- The development of local digital support platforms. Mobility certificates during lockdown were initially written in language that was not very accessible for many people. The production of easy-to-read and easy-to-understand documents with pictograms reinforced the feeling of legitimacy in claiming one's right to move about. Several local projects to organise home help or support for people with disabilities have been set up with this purpose.^{69 70}
- The development of support and self-help networks.
- Digital telephone or physical platforms have been organised to support isolated people.⁷¹

⁶⁸ Secretary of State for People with Disabilities, 'COVID-19: mesures concernant les personnes en situation de handicap et leurs aidants' (COVID-19 measures for disabled persons and their caregivers), 30 October 2020, available at: <https://handicap.gouv.fr/grands-dossiers/coronavirus/article/covid-19-mesures-personnes-en-situation-de-handicap-et-leurs-aidants>.

⁶⁹ CNSA, 'COVID-19: nombreuses initiatives pour maintenir le lien social, rassurer les personnes fragiles' (COVID-19: range of initiatives for maintaining social connections and providing reassurance to vulnerable people); 'COVID-19: les acteurs nationaux et locaux s'organisent pour soutenir les professionnels mobilisés', available at: <https://www.cnsa.fr/>.

⁷⁰ 'Épidémie Coronavirus (COVID-19) – Handicap: où trouver des informations et de l'aide?' (Coronavirus (COVID-19) epidemic – about disability: where is it possible to find information and help?), 6 April 2020, available at: <https://www.service-public.fr>.

⁷¹ See 'Coronavirus et autisme: une plateforme d'écoute renforcée' (Government press statement about specific measures for people with autism and their families), 19 March 2020, available at: <https://handicap.gouv.fr/presse/communiqués-de-presse/article/coronavirus-et-autisme-une-plateforme-d-ecoute-renforcee>.

- Pedagogical and technical resources for people with disability or their family^{72 73} have been shared via the internet.
- A citizens' reserve and volunteer initiatives by state services on a centralised basis⁷⁴ have been arranged, in order to organise a global and national mobilisation to aid vulnerable people during the crisis. More than 40 000 volunteers have been mobilised.

14.2 Recommendations

Improve the production of statistics and indicators for monitoring the situation of people with disabilities

The health crisis has highlighted the need for very strong political will to take disability into account in all components of public action, and many initiatives have been taken to ensure the rights of persons with disabilities. However, the production of more accurate data would allow for more efficient management and better allocation of priorities, as well as the evaluation and continuous improvement of the quality of these policies.

Improve the accessibility of the education system

Despite efforts by individual school stakeholders, the COVID-19 crisis has emphasised the difficulties schools have faced in ensuring pedagogical continuity and in using the diverse platforms that have been created. As the OECD has shown, French teachers are less likely to use ICT in education, and to be trained in such skills, compared with the OECD average.⁷⁵

It emphasised also their difficulties in developing flexible teaching and learning strategies. As the OECD has shown, teachers in France are less likely than the OECD average to teach learners with different abilities and to feel prepared for doing so.⁷⁶

Building a legal, secure and accessible framework for telework

During 2020, France has experimented with telework and distance learning on a large scale. This is an opportunity to develop the legal framework, the tools that are made available and the local resources to provide a real springboard for activity among people with disabilities.

⁷² Ministry of National Education, Youth and Sports, 'Continuité pédagogique pour les élèves à besoins éducatifs particuliers' (Continuity of teaching for pupils with special educational needs), available on eduscol portal at: <https://eduscol.education.fr/>.

⁷³ Groupement National centres ressources autism (GNCRA), 'COVID-19: Les Fiches du GNCRA' (a collection of tools and resources), available at: <https://gncra.fr/outils/outils-du-gncra/covid-19-les-fiches-du-gncra/>.

⁷⁴ See 'La Réserve civique' national volunteer service platform, available at: <https://www.gouvernement.fr/risques/la-reserve-civique>.

⁷⁵ OECD (2019), TALIS 2018 Results: Teachers and School Leaders as Lifelong Learners, available at: https://www.oecd-ilibrary.org/education/talis_23129638.

⁷⁶ OECD (2019), TALIS 2018 Results: Teachers and School Leaders as Lifelong Learners, available at: https://www.oecd-ilibrary.org/education/talis_23129638.

Increase efforts for educational inclusion and support for students

Lockdown and restrictive measures at the school level have created many difficulties for children with special educational needs and their families. An immediate effort is necessary to correct inequalities and prevent school drop-out.

Amplify the accessibility of public services

The health crisis seemed to reinforce the effects of exclusion linked to the lack of accessibility of public transports or services. The Defender of Rights has emphasised in particular the digital inaccessibility of many public services, which has deprived persons with disabilities of their rights.⁷⁷ According to its 2020 annual activity report, 21.1 % of the discrimination issues that were dealt with in 2020 were related to disability, and 5 % of all submissions filed concerning access to public services included a disability dimension.

Strengthen the access to health and social protection

According to the Defender of Rights,⁷⁸ health and social protection generated over 22 % of all the complaints dealt with by its agency. It emphasises the difficulties in accessing health services that French people may have experienced. It reports more specifically examples of persons with disability who were brutally deprived of their support services provided by medico-social care institutions as a result of the lockdown (especially the first one) or a lack of anticipation of their needs.

Fighting territorial inequalities

The situation of people with disabilities has differed depending on the region where they live. A precise evaluation of territorial inequalities in relation to health and accessibility would allow for improvements in territorial equity. Access to adapted housing and to local support everywhere in the country – as highlighted in the national EDE report for France 2021 – is a relevant axis to improve territorial equity.

14.3 Other relevant evidence

Not applicable.

⁷⁷ Defender of Rights (2021), Rapport annuel d'activité 2020 (annual activity report 2020), available at: https://www.defenseurdesdroits.fr/sites/default/files/atoms/files/ddd_rapport-annuel-2020_25-03-2021.pdf.

⁷⁸ Defender of Rights (2021).

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