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France

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

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

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1 Executive summary and recommendations

1.1 Key points and main challenges for France in 2022

Disability and the labour market

Disability among people aged 15-64 has been increasing, as well as their activity rate. Employment has become an increasing challenge. Policies focused on job retention, financial incentives and support for inclusion and awareness-raising have apparently succeeded in reducing disability gaps slightly. But access to the labour market remains more difficult for economically active people with disabilities and they face longer periods of unemployment. Incentives and subsidies present opportunities for persons with disabilities, and for others, to experience inclusion in the labour market, as long as competences are developed and inclusion is not only symbolised by de-segmentation of work environments but also supported by adapted accommodation and awareness-raising and adequate training for all relevant actors.

Disability, social policies and healthcare

The risk of poverty remains significant for persons with disabilities. Compensation of additional expenses due to impairment is addressed with alternative support. The main challenge lies in autonomy and in the social inclusion such support is intended to favour. Increasing accessibility has recently faced changes in regulations and policies in favour of deinstitutionalisation but also presents some regressions. Independent living has been partly achieved among constraints due to rationalisation and the need to support both limited resources and full inclusion.

Disability, education and skills

Despite data showing an increasing number of children with an official decision of support for them being in education in school, mainly based on a detection policy that could be improved as concerns autism, access to education has progressed slightly, particularly with regard to children and teenagers with multiple impairments. However, young people with disabilities tend to leave school earlier than their peers. More significantly, many children and teenagers are educated in special settings, and they tend to be directed to special settings as they age. Nevertheless, this phenomenon appears to be declining with time. Inclusive education requires a more adapted inclusive environment, which comprises trained teachers, stable teams of professional school assistants and support from the health and welfare sector that has to be transformed into service providers. Resources need to be organised to be allocated properly and efficiently.

Investment priorities for inclusion and accessibility

Investment should shift towards the re-organisation of the health and social care sector which should consist of services supporting the inclusion of persons with disabilities in a mainstream environment. These services should be organised at a regional level, allowing for a combination of proximity, efficiency and mobility for persons with disabilities in a mainstream environment, as well as to enable all stakeholders to act inclusively on daily basis.

1.2 Recommendations for France

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

Recommendation: Consider competences rather than disability and empower individuals to demonstrate them thanks to adequate accommodation and education, whatever the age, gender, type of impairment, etc. as well as awareness-raising, training and support for all types of actors in all environments.

Rationale: Persons with disabilities face difficulties finding jobs in accordance with their competences, it would be more appropriate to consider that persons with disabilities have competences than to focus on compensation policies. Specific competences need to be supported by aware and trained professionals in an environment that is inclusive of all actors.

Recommendation: Extend the assessment of the impact of new legislation on persons with disabilities to all existing legislation and take action to ensure it evolves.

Rationale: The Ombudsman condemned the fact that the principles of the UN Convention on the Rights of Persons with Disabilities (CRPD) were not sufficiently taken into account in the development of legislation and subsequent practices.

Recommendation: Harmonise channels and forms of legal remedy; favour collective legal remedies in case of discrimination.

Rationale: The access of persons with disabilities to their rights was said to be limited by the complexity of legal proceedings against discrimination.

Recommendation: Collect data by gender, age and disability about children with disabilities as a whole and provide data related to education in special provision of children with disabilities by age, gender and impairment to all types of education.

Rationale: It is difficult to assess children's access to education.

Recommendation: Decompartmentalise institutions and services as well as the financial support they provide. Actions to be taken:

- transform special schools and the health and social care sector into services in resource centres supporting mainstream settings;
- coordinate actions and information systems at a national level; and
- make housing more inclusive by the externalisation of services that could be organised at a local district level.

Rationale: A segmented approach of inclusion by multiple actors from different professional backgrounds restricts a global approach to inclusion. Shared services organised at the level of accommodation looks like specialised accommodation in a mainstream environment.

2 Mainstreaming disability equality in the 2022 Semester documents

2.1 Country Report (CR) and Country Specific Recommendation (CSR)

The following key points highlight where a disability perspective was considered, or should be considered, in the CR/CSR. We address the most relevant of these in the next sections.

A disability perspective is considered in the scope of employment, social policies and to some extent in the scope of education and skills.

The CR refers to measures aimed to upskill and re-skill workers in a context where the overall unemployment rate remains high and where employers face difficulties in finding people with the right skills to meet their needs. Persons with disabilities are addressed as a vulnerable group regarding employment, in the same way as low-skilled people and people with a migrant background. As such they are eligible for subsidised employment contracts. Persons with disabilities are not specifically considered as belonging to the category of low-skilled people or people needing to be re-skilled but the CR points out the fact that ‘equal access to education services for people with disabilities remains a challenge’ (p. 49) and refers to measures in favour of apprenticeship focused on them.

Otherwise, education is addressed as a persistent challenge and as having to be made disability-accessible in the scope of its deinstitutionalisation.

Disability is also addressed in terms of social policy and risk management linked with potential loss of autonomy and resulting needs. The CR refers to the Law on social debt and autonomy, which resulted in the creation of a new (fifth) branch of the social security system corresponding to that risk. The financing of this branch is also organised by the law.²

There was no direct reference to disability in the 2022 CSR but several of the general recommendations are highly relevant to people with disabilities, such as:

- targeted support for households most vulnerable to energy price hikes;
- investment in the green and digital transition;
- implementation of the RRP and previous CSRs, which include actions on the labour market, health and long-term care, sustainable transport, youth employment and education;
- reform of the pension system (unifying the rules of the different pension regimes); and
- raising the level of basic skills (work-based learning options adapting resources and methods to the needs of disadvantaged students).

² Law No. 2020-992 of 7 August 2020 on social debt and autonomy (*LOI n° 2020-992 du 7 août 2020 relative à la dette sociale et à l'autonomie*),
<https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000042219376/>.

We would recommend targeting people with disabilities in:

- digital transition that should take into account disability in the design of tools and support people with disabilities in the use of digital tools;
- measures that promote the development of competences by mobilising, adapting resources and methods to specific skills and enhancing them at the same time as raising the level of basic skills; and
- assessment of the implementation of the recovery and resilience plan and previous CSRs.

2.2 National Reform Programme (NRP) and Recovery and Resilience Plan (RRP)

The following key points highlight where the situation of people with disabilities or disability policies is relevant to the NRP/RRP. We analyse the most relevant of these in the next sections.

The NRP deals with disability in the scope of a general overview of the reforms implemented in France and more specifically in the way France is addressing the challenge of modernising the welfare state for a fairer society. This includes employment preservation as a lever for inclusion, in relation to which persons with disabilities are considered as ‘far from employment’, addressing disability as a factor of general exclusion, and vocational training.

In the context of the COVID-19 crisis, the issue of employment for persons with disabilities has been subject to a temporary measure, (*Aide à la mobilisation des employeurs pour l'embauche des travailleurs handicapés* – AMEETH) a specific tool³ aimed at supporting the employment of people with disabilities. Another listed reform concerning people with disabilities lies in the Law on the social debt and autonomy which includes financing the autonomy of persons with disabilities, and equity.

Regarding the challenge of modernising the welfare state for a fairer society, the following measures address persons with disabilities directly or indirectly:

Employment:

- AMEETH, which is assessed in terms of the number of allocations (12 500 in 2021);
- the Youth Engagement Contract aimed at young people aged 16-29 if they are recognised as workers with disabilities, are not students, not undergoing training and encounter difficulties in accessing long-term employment;

Social policies:

- the modernisation of welfare services for people with disabilities as part of an overall modernisation;
- the Law on social debt and autonomy, including a reform of the disability compensation allowance; and

³ AMEETH was actually designed as a temporary tool.

- the benefit that was created to compensate for additional expenses due to inflation and to which persons with disabilities receiving Disabled Adults Allowance (*Allocation aux adultes handicapés* – AAH)⁴ and earning less than EUR 2 000 per month are entitled.

Disability is also addressed in the scope of an assessment of progress in the achievement of sustainable development targets, combating inequalities and, more specifically, in the improvement of educational provision (which concerns, among others, persons with disabilities).

We note that disability is now addressed specifically in the plans for reforms dealing with employment and vocational training in the Recovery and Resilience Plan.

The RRP deals with the accessibility of mainstream services provided by *Pôle Emploi*, the National Agency for Employment, among others, via digitalisation and the improvement of access to digital services, and with special support planned to be provided to persons with disabilities to promote their access to the labour market. It also describes the country's engagement with equal access to employment in the civil service.

The proposed restructuring of the *Pôle Emploi*, which is alluded to in the NRP, is intended to address, among others, the recommendation made by the Commission to pay attention to persons with disabilities. It includes the disability accessibility of its services and translates into cooperation between the *Pôle Emploi* and specialised agencies.

Reforms dealing with employment and vocational training include simplifying the information to be dealt with by social security organisations, promoting apprenticeships for persons with disabilities, and reforming the sheltered employment and the ‘supported employment’ scheme (see report on ‘Actions to support and encourage employers to employ persons with disabilities, including reasonable accommodation’). An overview of the situation of persons with disabilities regarding employment is also presented.

Disability gaps in education are to be tackled by improving the access of pupils with disabilities to education.

A section devoted to the digitalisation of training alludes to persons with disabilities as a group it is likely to benefit.

The RRP also refers to the Law on social debt and autonomy, enacted in 2020, and describes measures linked with investment in health and social care infrastructure. Disability is addressed within the national reform strategy for the healthcare system which intends, among other things, to improve the accessibility of healthcare services for persons with disabilities.

⁴ Article L821-5 to R821-1 of the Code for Social Security,
https://www.legifrance.gouv.fr/codes/section_lc/LEGITEXT000006073189/LEGISCTA000006141693/#LEGISCTA000006141693.

We would recommend specifically including disability issues in the scope of:

- building renovation as a whole;
- modernisation of the rail network;
- evolution of the education system: digitalisation of primary and secondary schools, a more inclusive education system;
- jobs and training for young people, apprenticeships, hiring subsidies;
- investments in e-health; and
- evolution of the organisation of health and social care support for autonomy.

2.3 Semester links to CRPD and national disability action plans

It is important that Semester plans align with national disability strategy. In France, this refers to the Interministerial policy developed by the Interministerial Committee on Disability (CIH). Policy responsibility is devolved to each ministry and coordinated by this body, which means that disability policy is considered as a crucial part of every Ministerial or Interministerial policy as recommended in the European Union's strategy for the Rights of Persons with Disabilities. However, CIH provides general guidelines intended for all ministries. At the end of 2017, CIH published five priorities that meet the EU's strategic goals, although they are described and organised differently: These involve being able to:

- access one's rights more easily;
- be educated and supported from nursery to university;
- access the labour market and work like others;
- live at home and access healthcare; and
- participate and enjoy autonomy through new technologies: getting around, access to leisure, sports and culture.

Each of these priorities was given five-year targets⁵ that are progressively translated into objectives and measures presented every year by CIH. For example, in 2022 there were four objectives to:

- invest in young people with disabilities;
- simplify everyday life and empower people with disabilities;
- support independent living for all; and
- transform society.

National Action Plans are not mentioned in the 2022 NRP.

Generally speaking, all legislation should be analysed from a disability perspective. Yet the Ombudsman condemned the fact that this was not always achieved and that the principles of the CRPD were not sufficiently considered in the development of legislation and subsequent practices.

⁵ See: <https://handicap.gouv.fr/comite-interministeriel-du-handicap-2017>.

Relevant recommendations arising from participation in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) are highlighted in the following sections. The last UN CRPD Committee recommendations to France were in 2021, following the most recent submission by France in 2016.

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

In 2021, the UN CRPD Committee made the following recommendations to France:

Article 27 UN CRPD addresses ‘Work and employment’.

‘55. The Committee recommends that, in line with target 8.5 of the Sustainable Development Goals, the State party: (a) Move towards eradicating all forms of segregated work, strengthen measures to effectively abolish sheltered employment and adopt a time-bound policy and benchmarks to ensure that all persons with disabilities have access to work and employment in the open labour market, regardless of the type of impairment or level of support required, and their meaningful inclusion in work environments, in the private and public sectors; (b) Review the labour conditions of all persons with disabilities and ensure that persons with disabilities are not paid below the minimum wage; (c) Promote the employment of women with disabilities in the open labour market, ensuring that they are informed about and can effectively seek individualized support through the provision of reasonable accommodation, and have access to effective measures to balance work and family life; (d) Develop awareness-raising campaigns aimed at promoting the participation of women with disabilities in employment and at shifting attitudinal barriers to the recognition of the capacities of women with disabilities and their contribution to all domains of work in the open labour market, on an equal basis with others; (e) Ensure that persons with disabilities have access to general technical and vocational guidance programmes, vocational and continuing training, and to guidance towards employment on an equal basis with others, and adopt measures to support the careers of persons with disabilities who wish to work as researchers through multi-year planning in research establishments; (f) Ensure that the right to seek individualized support through the provision of reasonable accommodation in the workplace is recognized by employees in the public and private sectors, and strengthen measures to inform and facilitate the recognition of reasonable accommodation for employees in the workplace.’

3.1 Summary of the labour market situation of persons with disabilities

According to the Social Scoreboard indicator, cited in the Semester package, the disability employment gap in France is considered ‘To watch’.

Data from EU-SILC indicate an employment rate for persons with disabilities in France of 51.6 % in 2020, compared to 75.6 % for other persons. This results in an estimated disability employment gap of approximately 23 percentage points (estimated EU27 average gap 24.5, see Tables 2-4) or an employment chances ratio of 0.7. Statistics published on the Eurostat database indicate a disability employment gap of 23.7 percentage points in 2020, using a slightly different methodology, and rising to 24.2 points in 2021.⁶

The same data indicate unemployment rates of 16.5 % and 9.6 %, respectively in 2020 (see Tables 5-7) and the economic activity rate for persons with disabilities in France was 61.8 %, compared to 83.7 % for other persons (see Tables 8-10). These indications are broken down by gender and age in the respective tables in the Annex.

⁶ Eurostat, Disability employment gap by level of activity limitation and sex (source EU-SILC), 2022, https://ec.europa.eu/eurostat/databrowser/view/hlth_dlm200/default/table.

Due to the impact of the COVID-19 crisis on employment in 2020-2021, some caution is needed when interpreting trend data. There was also a time series break in the survey for France in 2020.

Data show that, whereas the activity rate of people without disabilities aged 20 to 64 in France is quite similar to the EU27 average, and with a lower gender gap, the activity rate of persons with disabilities is significantly above the EU27 average, especially for women. The disability activity gap is showing a tendency to decrease, linked with an upward trend in the activity rate. At the same time, the unemployment rate, which is just above the EU27 average in the non-disabled population, is a little bit lower for people with disabilities. These two factors result in a higher than average employment rate for people with disabilities in France and a lower disability employment gap. However, recent data for 2020-2021 suggest a deterioration in the situation following the onset of the COVID-19 pandemic.

Despite the disability unemployment gap increasing between 2013 and 2019, it has tended to decrease as concerns employment (but worsened in 2019, 2020 and 2021, according to Eurostat estimates). This may have been related to the increase in the activity rate which has been more significant than in the rest of the population, associated with a relative increase in the unemployed section of this increasing economically active population. Recent data published by the National Institute of Statistics and Economic Studies (*Institut national de la statistique et des études économiques* – INSEE) reveal an increase in the prevalence of both administrative recognition and self-reported limitation between 2020 and 2021. However, in percentage terms, the activity rate has continued to increase as well as the employment rate. Trends have followed those for the overall population; the increase in the employment rate has been even more significant for people with self-reported limitations.⁷

In spite of a relatively high activity rate among women with disabilities compared with the EU27 average, the fact that it remains below that for men coincides with a lower unemployment rate among women (which results in rather similar employment rates). Contrary to the gender gap in employment for the EU27 and in the general population, the gender gap in unemployment favoured women, who were less impacted especially if they were registered disabled, but the gap narrowed somewhat in 2021 in relation to a higher increase in the activity rate for women with disabilities.

The gender gap in employment lies mainly in activity rates: insofar as women tend to be less economically inactive, they are less often unemployed but a gender gap persists in the employment rate. A report published by the Ombudsman in 2016 revealed a gender gap in activity among persons with disabilities in spite of the fact that women with disabilities were more qualified than men with disabilities, in relation to a lack of support for their professional integration.⁸ In its report published in 2020, the Ombudsman pointed to the multiple discrimination ('intersectionality of discrimination') some people face when they belong to more than one discriminated

⁷ Table B, data to be compared with those for Semester 2021-2022.

⁸ Ombudsman, *Défenseur des droits, L'emploi des femmes en situation de handicap. Analyse exploratoire sur les discriminations multiples, rapport* (The employment of women with disabilities. Exploratory analysis on multiple discrimination, report), November 2016.

category, such as women with disabilities. However, recent data provided by INSEE show a narrowing of the gender gap among persons with disabilities as regards the employment rate, which was higher among women with administrative recognition than among men with a registered disability. At the same time, prevalence in administrative recognition has increased significantly among women; the improvement of the employment rate of women with disabilities might reflect status changes regarding disability among women in employment.

According to Agefiph, the number of persons who are eligible for employment under the quota (*bénéficiaires de l'obligation d'emploi des travailleurs handicapés* – BOETH) and registered as looking for work decreased by 2.2 % between June 2020 and June 2021. The number of those with no job decreased by 8 % in spite of the increase in the activity rate reported by INSEE between 2020 and 2021, as well as in the number of active people with disabilities. According to INSEE's criteria for employment (based on the ILO definition), the number of unemployed women with administrative recognition has increased, linked with the high increase in the number of those active, which resulted in a slight increase in their unemployment rate.

According to Agefiph, persons eligible for employment under the quota represented 8.3 % of all job seekers in June 2021, against 8.2 % in June 2020 and 7.8 % in December 2020. Beneficiaries of the employment obligation for workers with disabilities represent 6.5 % of the total population aged 15-64 (persons with disabilities remain overrepresented among job seekers and underrepresented amongst those hired, as counted by the Pôle Emploi). Moreover, the duration of unemployment remains above that of the overall population. In June 2021, 63 % of job seekers who are eligible for employment under the quota were long-term unemployed (61 % in June 2020) against 51 % for the overall population.

It is interesting to note that the reduction in hiring due to the second COVID-19 lockdown in October 2020 impacted persons eligible for employment under the quota less than the overall population and that the recovery was a bit later than for the overall population, followed by another earlier decline in summer 2021 and recovery following a similar trend. By September 2021, the hiring of workers with disabilities was 27 % higher than when the AMEETH was introduced, one year earlier (compared with 20 % for the population as a whole).⁹

According to Agefiph's data for the year 2020, people aged over 50 are overrepresented in the population of beneficiaries of the employment obligation in comparison with the overall population (45 % vs 30 %). In addition, people aged over 50 are overrepresented amongst unemployed people with disabilities benefiting from the obligation to employ workers with disabilities (51 %) in comparison with non-disabled employed people. Age is a general barrier in access to the labour market.

⁹ DARES, May 2022, '*In the fourth quarter of 2021, hiring exceeds pre-health-crisis levels*' (*Au quatrième trimestre 2021, les embauches dépassent leur niveau d'avant la crise sanitaire*), Subsequent mentions: DARES 2022, https://dares.travail-emploi.gouv.fr/sites/default/files/adc1945b425fb0b1d0379baac5569536/DI_MMO_2021T4.pdf.

According to the Directorate for the Animation of Research, Studies and Statistics (Dares), persons eligible for employment under the quota who were recruited between September 2020 and September 2021 were older than in the overall population. The proportion of them who were long-term employed was almost as high as in the overall population. An estimated 35 % benefited from the support of AMEETH.

In 2021, 32 to 34 % of employed persons eligible for employment under the quota were working part-time against 17 % in the overall population.

3.2 Analysis of labour market policies relevant to the Semester

For reference, see the 2022 National Reform Programme, the Recovery and Resilience Plan for France and the Interministerial policy priorities 2017-2022.

Over the years, the activity rate of persons eligible for employment under the quota has been increasing (more than in the rest of the population), which indicates that persons with disabilities are more encouraged towards the labour market. This makes a reduction in the unemployment rate of persons with disabilities more challenging.

Policies promoting equal access to the labour market are organised around promotion and support for employment inside companies, and hiring of persons with disabilities. They are aimed at both employees and employers (demand and supply side).

One of the levers for reducing the gap between the unemployment rate of people with disabilities and those without disabilities and even in wages is job retention. In addition, there is a general policy promoting access and return to employment, which was reinforced in 2018 around pathways within and into employment by mobilising the triptych of support, training and work experience. This addresses anyone facing particular difficulties in accessing the labour market. It is also organised around de-segmentation of measures in the scope of an overall inclusive perspective. Targeted measures include:

- services provided by the Pôle Emploi,¹⁰ which is in charge of public employment services (*Service public d'emploi* – SPE) and Cap Emploi,¹¹ which is a network of specialised placement organisations whose remit is the preparation, support, long-term follow-up and retention in employment of persons with disabilities;
- reform of adapted companies; and
- reform of the obligation for the employment of workers with disabilities (*Obligation d'emploi des travailleurs handicapés* – OETH),¹² which also aims to make the labour market more inclusive, as envisaged by the EU strategy.

¹⁰ See: <https://www.pole-emploi.fr/accueil/#>.

¹¹ See: <https://travail-emploi.gouv.fr/ministere/service-public-de-l-emploi/article/cap-emploi>.

¹² Obligation for the employment of workers with disabilities (*Obligation d'emploi des travailleurs handicapés*). See report ‘Actions to support and encourage employers to employ persons with disabilities, including reasonable accommodation’.

Both job retention and access and return to employment are subject to specific support from Agefiph and Cap Emploi, both to employees and employers. Incentives exist to promote the job retention and hiring of persons with disabilities as well as inclusion and mobility.

Training and experience are promoted through incentives promoting apprenticeship, professionalisation contracts and subsidised contracts. This is relevant in a context where persons with disabilities are less qualified than the overall population and where there is a skills mismatch or shortfall between the available active population and labour market needs. These actions respond to the EU's human resources (HR) strategy actions to boost the recruitment, effective employment and career prospects of staff with disabilities.

Finally, another lever for equal participation in the labour market is awareness-raising. While the group of persons with disabilities is less qualified than the overall population, on average, Agefiph notes that, as in Europe overall, they face difficulties in accessing jobs corresponding to their competences.¹³

According to CIH, the merging of the Pôle Emploi and Cap Emploi sought to provide personalised and more effective support for job seekers with disabilities. It has enabled Pôle Emploi advisors to develop their skills and the development of a common offer, making recruitment more inclusive. By January 2022, 73 % of the single support centres had been created (out of a total of 852 Pôle Emploi agencies).¹⁴ Agefiph organises and coordinates the mobilisation of the different actors in the regions.

After a decline in job placements and job retention in 2020, these picked up strongly in the first half of 2021, with growth rates of over 20 %. In particular, hiring of people with disabilities, which represents 4.3 % of all hiring recorded by the Pôle Emploi (and may seem weak compared with their weight in terms of the number of job seekers), increased by 26 % in one year.¹⁵ According to Agefiph, more than 22 300 workers with disabilities kept their jobs through Cap Emploi in 2021, which represents an increase of 14 % in one year.

At the end of December 2021, 5 000 persons with disabilities were benefiting from the 'supported employment' scheme designed to promote and secure their access to and retention in employment. This scheme consists of a health and social service to support occupational integration, including support for employers in making reasonable accommodations. The 'supported employment' scheme was launched in 2018 and was embedded in France's RRP.

¹³ Agefiph, 'Europe: the employment of people with disabilities, Panorama, issues and perspectives' (*Europe : l'emploi des personnes en situation de handicap, Panorama, enjeux et perspectives*), May 2022.

¹⁴ CIH, press kit 2022.

¹⁵ Agefiph, 'Employment and unemployment of people with disabilities, National Scorecard' (*Emploi et chômage des personnes handicapées, Tableau de bord national*), October 2021, Subsequent mentions: TB October 2021.

To support hiring by companies, in 2022 young people over the age of 16 and registered disabled will be automatically considered as beneficiaries of employment under the quota (*bénéficiaires de l'obligation d'emploi des travailleurs handicapés* – BOETH).

A temporary measure taken during the COVID-19 pandemic encouraged employers to employ persons with disabilities (*Aide à la mobilisation des employeurs pour l'embauche des travailleurs handicapés* – AMEETH). This is said to have generated 27 110 recruitments of people with disabilities in 2021: 65 % permanent contracts, 80 % in small and medium-sized companies and covering all age groups (34 % aged 25-39; 30 % aged 40-49 and 28 % aged over 50).¹⁶

In 2021, 4 828 new vocational training contracts were supported¹⁷ and there was a 79 % increase in the number of apprentices with disabilities in the private sector between 2019 and 2021 (+3 597 apprentices, 8 159 in 2021). This was boosted by the measures introduced by the public authorities and Agefiph since the beginning of the first COVID-19 lockdown. Apprentices with disabilities represent 4.8 % of apprentices in the public sector (with a recruitment objective of 1 800 apprentices in the State civil service over the two recruitment campaigns 2021-2022 and 2022-2023).¹⁸ The financial support for apprenticeship that was established during the COVID-19 crisis, open to persons with disabilities without age limit, was extended until 30 June 2022.¹⁹ Vocational training, especially professionalisation contracts, is used as a lever to combat overall long-term unemployment, as explained in the NRP. The hiring of persons with disabilities through such contracts is specifically supported in the scope of support for vocational training. The Youth Engagement Contract (*Contrat d'Engagement Jeune*) that was launched in March 2022 is based on the triptych of support, training and work experience.

Hiring of persons with disabilities is also promoted within ‘adapted companies’ (*entreprises adaptées*). The Minister of Labour and the Secretary of State with responsibility for people with disabilities signed a national commitment with the National Union of Adapted Companies (*Union nationale des entreprises adaptées* – UNEA) and organisations representing persons with disabilities, to create 40 000 additional jobs in adapted companies for people with disabilities by 2022. This implied doubling the number of jobs in adapted companies. The agreement resulted in a reform of adapted companies from January 2019. This involves a more inclusive perspective and the introduction of two types of financial support via a fund specifically for adapted companies: financial support allocated to adapted companies employing persons with disabilities and human support.²⁰ The reform of adapted companies²¹ is also focused on developing a more inclusive work environment.

¹⁶ CIH, press kit 2022.

¹⁷ Agefiph, *Rapport d'activité, Emploi des personnes handicapées : le bilan et les ambitions de l'Agefiph* (Activity report, Employment of disabled people: Agefiph's assessment and ambitions), Subsequent mentions: Agefiph_RA2021.

¹⁸ CIH, press kit 2022.

¹⁹ CIH, press kit 2022.

²⁰ See: https://travail.emploi.gouv.fr/IMG/pdf/engagement_national_cap_vers_l_entreprise_inclusive_2018-2022.pdf.

²¹ See: <https://www.unea.fr/mise-en-place-du-fonds-daccompagnement-la-transformation>.

Adapted companies are part of the ordinary labour market as regards work rights.²² The minimum proportion of persons with disabilities employed was reduced to 55 % in 2019. At the same time a reform was engaged to consolidate their model, making it possible to innovate and ease access to the mainstream work environment thanks to subsidised fixed-term contracts called 'stepping-stone short-term contracts' ('*Contrats à durée déterminée tremplins*' – CDD tremplins). This reform makes mainstream companies more inclusive and looks like a method to support the inclusion of workers with disabilities somewhere between a sheltered workshop and a mainstream work environment. It is financed by the fund for the transformation of adapted companies (*Fond d'accompagnement à la transformation des entreprises adaptées* – FATEA). According to CIH, 371 projects were funded in 2021 and 270 adapted companies were authorised to offer stepping-stone short-term contracts. Their number has doubled to an average of 1 200 short-term contracts per month. The measure was extended until the end of 2023.

At the same time, CIH declared that the rules applied to work in sheltered workshops were being harmonised with those of mainstream work environments (for example, concerning exceptional leave, etc.) and the empowerment of persons with disabilities to act as agents of their professional careers was being reinforced. Cooperation and gateways are also being established between sheltered and mainstream environments with, for example, authorisation to combine part-time jobs in each environment, specific support for leaving a sheltered environment and entering a mainstream one, and a guarantee of freedom to choose to return to a mainstream environment independently of any decision by the Offices for Persons with Disabilities (*Maison départementale des personnes handicapées* – MDPH) responsible for organising the assessment of disability needs.

The inclusion of employees in mainstream companies is supported by the establishment of 'disability managers' (*référents handicap*) in companies whose function is recognised and professionalised.

DuoDays are organised to develop managers' and colleagues' awareness of disability within companies and to help employers to find employees with specific skills. They involve receiving pairs of people with and without disabilities in companies for one day. Duos are formed through an online platform. In 2021, 9 110 employers and 30 165 persons with disabilities registered and 17 000 duos were formed. CIH announced that 17 % of them resulted in professional integration (10 % in 2020: internships, fixed-term contracts, permanent contracts and apprenticeships).

Awareness-raising is also supported by the creation of an 'Employment and Disability' section on the government portal 'companies are committed', which enables private and public employers to publish their commitment to the inclusion of disability and to access resources, and by France's participation in the jobs' Olympiad organised jointly by WorldSkills and Abilympics.²³

²² Articles L5213-13, L5213-19 of the Labour Code,
https://www.legifrance.gouv.fr/affichCode.do?idSectionTA=LEGISCTA000006195890&cidTexte=L_EGITEXT000006072050.

²³ CIH, press kit 2022.

Agefiph's support offer to companies is being strengthened within the framework of the new three-year objective agreement with the State (2021-2023), which establishes a partnership with the State relying on Agefiph to implement its priorities for the employment of people with disabilities.²⁴

Attention was paid by CIH in its last press kit to the professional integration of incarcerated persons with disabilities by creating adapted companies in prisons.

²⁴ CIH, press kit 2022.

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

In 2021, the UN CRPD Committee made the following recommendations to France:

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

‘57. Taking into account the links between article 28 of the Convention and target 1.3 of the Sustainable Development Goals, the Committee recommends that the State party: (a) Assess the implementation of disability legislation and policies at the national and regional levels with the aim of ensuring equal access to support for persons with disabilities regardless of their age, and streamline procedures at the municipal level to provide persons with disabilities with support. The State party should provide persons with disabilities with information about their rights and entitlements in accessible formats, including Easy Read; (b) Review the provisions concerning the allocation and the amount of the adult disability allowance in consultation with organizations of persons with disabilities; (c) Streamline social security support systems to ensure that they are accessible to all persons with disabilities, as a measure to tackle poverty; (d) Design and implement programmes to establish accessible housing and reinforce human rights-based support schemes for all persons with disabilities to cover disability-related expenses and to enable them to gain access to an adequate standard of living.’

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

‘41. The Committee recalls its general comment No. 5 (2017) on living independently and being included in the community, and recommends that the State party, in consultation with organizations of persons with disabilities: (a) End the institutionalization of children and adults with disabilities, including in small residential homes, and launch a national strategy and action plans to end the institutionalization of persons with disabilities, with time-bound benchmarks, human, technical and financial resources, responsibilities for implementation and monitoring, and measures to support the transition from institutions to life in the community; (b) Ensure the implementation of the agreement concerning the moratorium on placing persons with disabilities in Belgian institutions, and strengthen measures to support families of children with disabilities and to uphold the right of persons with disabilities to live independently and in the community; (c) Recognize the right to live independently and to be included in the community in legislation and take measures to implement it, and develop awareness-raising measures, including campaigns, about it and about the harmful effects of institutionalization on persons with disabilities; (d) Ensure the availability of support to live independently and in the community, such as user-led budgets and personalized support, and enable persons with disabilities to exercise choice and control over their lives and to make decisions concerning where and with whom to live, as outlined in general comment No. 5 (2017); (e) Adopt measures to ensure the access of persons with disabilities to affordable and accessible housing on the basis of individual choice and outside any type of congregated premises; (f) Establish a time frame and benchmarks for achieving full accessibility for persons with disabilities to mainstream community services, such as education, health, work and employment.’

Article 25 UN CRPD addresses ‘Health’.

‘53. Taking into account the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee recommends that the State party: (a) Ensure priority and equal access for persons with disabilities and their networks to vaccines against COVID-19 and the accessibility of health services for persons with disabilities, particularly by developing public health programmes to reach out to the most marginalized persons with disabilities and by providing accessible transportation to health-care centres, including vaccination centres; (b) Ensure the development of and promote investment in universal design of medical devices, equipment and health-care facilities and reinforce measures to provide persons with disabilities with information about health care in accessible formats; (c) Ensure that plans for recovery include measures to guarantee the access of persons with disabilities to health care, paying particular attention to persons still in institutions and those in penitentiary facilities; (d) Provide women and girls with disabilities with appropriate and accessible sexual and reproductive health care, and consult with organizations of women with disabilities about gaps and measures to ensure progress in this regard; (e) Develop awareness-raising and training programmes, including in health-related higher education curricula, for medical and health administrative staff about diversity and the rights of persons with disabilities, in close cooperation with organizations of persons with disabilities.’

4.1 Summary of the social situation of persons with disabilities

Data from EU-SILC indicate the poverty risk rate for working age persons with disabilities in France was 19.4 % in 2020, compared to 12.6 % for other persons of similar age – an estimated disability poverty gap of approximately 7 percentage points (see Table 14). For people aged over 65, the disability poverty gap was 4.0 points (12.4 % for older persons with disabilities and 8.4 % for other persons of similar age). The tables in the Annex also indicate the respective rates of risk of poverty or social exclusion and break these down by gender as well as age. Recently updated data from Eurostat indicates that this relative risk was 20.3 % for the working age disabled population in 2020, rising to 22.9 %, and for the older age group (13.8 %) in 2021.²⁵

In spite of lower risks of poverty and social exclusion than the EU27 average, the risk of poverty for people with disabilities remains around 1.5 times to twice as high as that for the overall population, depending on the criteria. Here again the intersectionality between disability and gender makes women with disabilities even more vulnerable, as in the EU27 average. Single-parent families, single persons and couples with children are the most at risk.²⁶

For persons with disabilities of working age in France (aged 18-64) the risk of poverty before social transfers was 52 % and 20.3 % after transfers. The in-work poverty rate for persons with disabilities in this age range was 9.4 % in 2020, and 8.9 % in 2021.²⁷

²⁵ Eurostat, People at risk of poverty by level of activity limitation, sex and age, 2022, https://ec.europa.eu/eurostat/databrowser/view/HLTH_DPE020_custom_3348056.

²⁶ Drees, Baradji, E., Dauphin, L., Eidelman, J.-S. (2021) *Comment vivent les personnes handicapées* (How do disabled people live), *Les dossiers de la Drees*, <https://drees.solidarites-sante.gouv.fr/publications/les-dossiers-de-la-drees/comment-vivent-les-personnes-handicapees-les-conditions-de>.

²⁷ Eurostat, In-work at-risk-of-poverty rate by level of activity limitation, sex and age, 2022, https://ec.europa.eu/eurostat/databrowser/view/hlth_dpe050/default/table.

Of interest for health policy are the data on self-reported unmet needs for medical examination (too expensive or too far to travel or waiting list). Disability equality gaps are evident here too and, on this basis, the rate for persons with disabilities in France was 4.8 %, compared to 1.9 % for other persons.

According to unofficial sources, there is a significant failure to claim the Adult Disability Allowance (around 61 %) by people with an incapacity rate of over 50 %.²⁸ This is because of a lack of information in half the cases, the complexity of administrative procedures in 25 % of cases and because of the stigmatisation it generates in the remaining 25 % of cases.²⁹ As a reminder, persons with disabilities who are assessed as having a level of incapacity of between 50 % and 79 % are entitled to this allowance, if they experience particular difficulty in accessing employment, as assessed by the Commission for the Rights and Autonomy of Persons with Disabilities (*Commissions des droits et de l'autonomie des personnes handicapées – CDAPH*).³⁰ [Handicap.fr](https://www.handicap.fr), a website which provides information about disability, noted that, while nine persons out of ten knew about the allowance in 2017, other benefits were not well known by beneficiaries of the Adult Disability Allowance, especially supports regarding additional health expenses resulting from impairment and not covered by the health insurance fund of the social security system.³¹

In 2020, the Ombudsman noted the lack of accessibility of services and environments due to regressions in regulations over recent years (Elan law,³² ‘Programmes for planned accessibility’ (*Agendas d'accessibilité programmée – Ad'AP*).³³ Generally speaking, access for persons with disabilities to their rights is considered to be limited by complexity. This is especially linked to the fact that the legal remedies are different depending on the field in which discrimination arises, in spite of some harmonisation. According to the Ombudsman, the principles of the CRPD were not taken into account sufficiently in the development of legislation and subsequent practices.

4.2 Analysis of social policies relevant to the Semester

For reference, see the 2022 National Reform Programme, the Recovery and Resilience Plan for France and the Interministerial policy priorities 2017-2022.

As regards the standard of living and additional expenses associated with impairment, the Government has recently voted to disconnect the calculation of the means-tested non-contributory Adult Disability Allowance (*Allocation aux adultes handicapés – AAH*) from the income of the individual’s partner.³⁴ This meets the demands of the National Union of Associations of Persons with Mental Disabilities, their Parents and Friends (*Union nationale des associations de parents de personnes handicapées mentales et*

²⁸ See: <https://www.mes-allocs.fr/blog/barometre-le-non-recours-aux-aides-sociales/>.

²⁹ See: <https://www.ladepeche.fr/2022/06/08/prime-dactivite-apa-aah-rsa-ces-aides-sociales-que-les-francais-ne-reclament-pas-10345677.php>.

³⁰ See: <https://www.service-public.fr/particuliers/vosdroits/F12242>.

³¹ See: <https://informations.handicap.fr/a-non-recours-aides-sociales-aah-pas-concernee-11857.php>.

³² See Report living independently, 2018.

³³ See DOTCOM.

³⁴ See: <https://www.monparcourhandicap.gouv.fr/actualite/la-deconjugalisation-de-laah-votee-par-lassemblee-nationale>.

*de leurs amis – Unapei)*³⁵ for adults with disabilities to be supported towards greater self-sufficiency. Disability Compensation Benefit for Parents ('PCH parentalité'),³⁶ allocated to parents of children with disabilities, was implemented, making it possible for them to provide support to their children up to the age of seven. In order to improve compensation for psychological, mental, cognitive or neurodevelopmental impairment, and following a study carried out in three pilot regions (Ardennes, Gironde and Vosges), in 2022 changes were voted for regarding the reference system for access to disability compensation benefit (PCH). This created a new field in relation to personal assistance needs called 'support for autonomy', replacing the former 'supervision', and targeted at stress-management, empowerment in social interactions and management of daily-life activities. In parallel a training plan for (*Maison Départementale pour les Personnes Handicapées* – MDPH) professionals and support services was launched.³⁷ At the same time, deafblindness was recognised as a specific disability category and specific packages of PCH were implemented for personal assistance.

CIH also announced an investigation into possible improvements in the coverage by health insurance of expenses related to technical devices that support autonomy, within the framework of the list of reimbursable products and services (see previous ANED reports on Social Protection and Article 28) and the creation, as of 2022, of six reference centres for the loan of alternative and improved communication devices, as well as EUR 100 000 to support people in choosing and using them.

An agreement was made between the State and MDPHs to optimise the monitoring and functioning of the MDPHs. To simplify people's access to rights and to make it more effective and more equitable, indicators were established to measure the achievement of this goal. They are organised around five themes:

1. lifelong entitlement to the status of person with disability and to associated support;
2. improvement of the duration of entitlement to mainstream education and to associated support (personal assistants, material accommodations);
3. time required to process applications;
4. intensity of MDPH activity; and
5. satisfaction of people with their MDPHs.

According to data published by the National Solidarity Agency for Autonomy (*Caisse nationale de solidarité pour l'autonomie* – CNSA),³⁸ access to rights increased significantly between January 2019 and December 2020. The length of the assessment process tentatively began to reduce and the duration of entitlement to

³⁵ See: <https://www.adapei44.fr/pour-la-deconjugalisation-de-l-allocation-aux-adultes-handicapes/>.

³⁶ Disability Compensation Benefit (*Prestation de compensation du handicap* – PCH) established by Law 2005-102 of 11 February 2005. It provides individual budgets that are meant to compensate for additional living costs, namely for personal assistance.

³⁷ See: <https://www.service-public.fr/particuliers/actualites/A15248>.

³⁸ CNSA supports the implementation of the National Plan of Medico-Social Services, the evaluation of national centres responsible for assessments for technical devices for mobility, cognitive stimulation, communication interfaces and assistance robotics.

educational orientation and to attached supports increased slightly.³⁹ MDPHs presenting the longest processing times are being supported by CNSA to strengthen their staff and modernise their processes.

The increase in the enrolment capacity of health and social care facilities and services declared by CIH (11 250 places since 2016) is partly in line with the deinstitutionalisation recommended by the UN CRPD. Indeed almost 50 % of this capacity concerns services, but the rest concerns specialised facilities. On the other hand, specialised education facilities are cooperating more closely with mainstream schools (as shown later in Section 5). This is also one of the responses to adult placements in Belgian institutions, with which a process of agreement has been reached on the financing of these places (a moratorium) and to guarantee the quality of care (quality agreement).

As regards adults, France's policy appears to promote choice for persons with disabilities, without any clear renouncement of institutionalisation but with some differentiation and decentralisation of competences in 2022.⁴⁰ *Communautés 360* (Communities 360) have been established since June 2020 to address difficulties in access to care and respite solutions encountered during the initial COVID-19 lockdown, and these are currently being assessed.⁴¹ The assessment involves persons with disabilities, representative NGOs, MDPHs and Regional health agencies (*Agences Régionales de Santé* – ARS). According to CIH, these communities intend, ‘to ensure a reactive, individualised, and effective response to all people with disabilities. They will make it possible to support people in their choices, by mobilising all the opportunities existing in the territory, in the medico-social field as well as in the mainstream environment’. Professionals should be dedicated to ‘support the effective exercise of rights, to activate responses to people as quickly as possible and to avoid disruptions in the pathway’.⁴²

Concerning independent living, shared services organised at the level of accommodation look like specialised accommodation in a mainstream environment, which does not entirely seem to fulfil the recommendations made by the UN CRPD regarding the possibility of living independently outside any type of congregated premises, even if this accommodation ‘is absolutely open to all’.⁴³ A new type of benefit aimed at encouraging independent living was created in 2021, called ‘shared living benefit’ (*Aide à la vie partagée* – AVP). This was partly funded by the fifth branch of the social security system, aimed at ‘supported, shared and locally integrated’ housing⁴⁴ and was more specifically designed to fund the regulation, coordination and activities of community life and of services provided. Inclusive accommodation is

³⁹ Handirect, <https://handirect.fr/barometres-mdph-2022>, CNSA, <https://www.cnsa.fr/vous-etes-une-personne-handicapée-ou-un-proche/barometre-des-maisons-departementales-des-personnes-handicapées>.

⁴⁰ See: <https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000045197395>.

⁴¹ See: <https://handicap.gouv.fr/communautes-360-structuration-dun-reseau-de-professionnels-soutenant-les-parcours-de-vie-des>.

⁴² See: <https://handicap.gouv.fr/communautes-360-structuration-dun-reseau-de-professionnels-soutenant-les-parcours-de-vie-des>.

⁴³ See: <https://demarchesadministratives.fr/demarches/habitat-inclusif-et-aide-a-la-vie-partagee-avp>.

⁴⁴ See: <https://handicap.gouv.fr/laide-la-vie-partagee-une-mesure-phare-pour-accompagner-le-deploiement-de-lhabitat-inclusif>.

designed, through funded projects, as a mix between mainstream housing and adaptation to the needs of persons facing a loss of autonomy and as a complement to the health and social care services offer. The support takes the form of a benefit directly allocated to persons with disabilities and is considered as part of the empowerment of the individual as a user-controlled budget. Occupants can pool part of their PCH with other residents to subscribe to services that benefit everyone, such as the presence of a personal assistant. The benefit is linked with an agreement between the provider (landlord or association) and local authorities. Accommodation is designed for six to eight persons. A timeline was established with a provisional budget and pilot projects.

At the same time, access to health and social care facilities and services is being simplified and de-segmented (ending reference to 'disorder' type or level of severity, etc.). The right to live independently is not clearly expressed in Law No. 2005-102 of 11 February 2005 for equal rights and opportunities, participation and citizenship of persons with disabilities,⁴⁵ but the right to compensation is expected to enhance independent living.

With regard to the autonomy of persons with disabilities, CIH announced the development of support teams aiming to help people with disabilities choose and use technical devices.

In order to empower the families of persons with disabilities to be socially included, EUR 9 million was devoted to the development of respite solutions. This experiment was extended through 2022-2024.

Regarding access to health, CIH announced:

- the establishment of disability contact points in emergency medical and other healthcare facilities; and
- the establishment of the Handigynéco network to facilitate access to gynaecological follow-up and care for women with disabilities through the organisation of individual consultations and care pathways and training for professionals of health and social care facilities and services.

Financial support covering health expenses other than those linked with equipment related to impairment, and not covered by the health branch of the social security system, were simplified through a merger of two systems.

In its 2022 press kit, CIH made a balance sheet of Government actions and plans concerning the accessibility of establishments open to the public, policy information, administrative procedures, political life, communication tools, goods and services. It set a deadline for the transposition of the European Directive on the accessibility requirements for products and services (June 2022), with the objective of transmitting a preliminary draft by mid-March to organisations representing persons with disabilities and planned to 'provide tools for reflection on the possible schemes for regulating and monitoring accessibility with the help of an inspection mission'. These tools 'could also propose to rethink the administrative organisation, at the national and territorial level,

⁴⁵ See: <https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000000809647/>.

to monitor the ‘Programmes for planned accessibility’ (*Agendas d’accessibilité programmée – Ad’ap*)⁴⁶ which must be completed by 2024’.

Measures were taken to improve the accessibility of cultural settings and activities and access to sport (for example Handiguide) for people with disabilities.⁴⁷ CIH declared that the accessibility of online administrative procedures and information provided by the Government has kept improving.

The Ombudsman highlighted a persistent issue whereby inclusion policies take a compensatory perspective targeting the consequences of an impairment. This perspective hinders the development of policies which aim to prevent the disablement process persons with disabilities are exposed to or to adequately address their difficulties.⁴⁸

⁴⁶ A tool intended to plan the accessibility of the built environment and to make it possible to delay the accessibility of public-access buildings beyond 2015. See DOTCOM.

⁴⁷ See Report on Digitalisation.

⁴⁸ Ombudsman, 2020, *La mise en oeuvre de la Convention relative aux droits des personnes handicapées (CIDPH), Face au droit, nous sommes tous égaux* (The implementation of the Convention on the Rights of Persons with Disabilities (CRPD), We are all equal before the law), <https://www.defenseurdesdroits.fr/sites/default/files/atoms/files/rap-cidph-num-16.07.20.pdf>, Subsequent mention: Ombudsman 2020.

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

In 2021, the UN CRPD Committee made the following recommendations to France:

Article 24 UN CRPD addresses ‘Education’.

‘51. The Committee recalls its general comment No. 4 (2016) on the right to inclusive education and targets 4.5 and 4.a of the Sustainable Development Goals, and recommends that the State party strengthen measures to attain quality, inclusive education for all children with disabilities, including in the overseas territories. The State party should promptly implement the recommendations issued by the Special Rapporteur on the rights of persons with disabilities in this regard. The Committee also recommends that the State party:

- (a) Develop systems to collect data on children with disabilities disaggregated by age, place of residence, sex and ethnic background, including information about the percentage of enrolment in and attendance at school, and ensure that Roma, asylum-seeking and refugee children with disabilities and children with disabilities who are in an irregular migration situation have effective access to education;
- (b) Adopt systems for parents and legal tutors to complain and seek redress in cases of refusal to admit their children to a school on the basis of disability;
- (c) Develop a framework recognizing the right of children with disabilities to seek individualized support through the provision of reasonable accommodation to meet their individual educational requirements, including accommodations in the context of examinations for children with disabilities, particularly autistic children and children with Down syndrome;
- (d) Adopt programmes at the municipal level and involving public and private actors to provide support for children with disabilities in the context of the COVID-19 pandemic;
- (e) Ensure that education in French Sign Language is provided at early stages of education and promote the deaf culture in inclusive educational environments;
- (f) Ensure the effective learning, teaching and use of Braille and Easy Read for persons who are blind and visually impaired and persons with intellectual disabilities;
- (g) Take measures to eliminate abuse against and bullying of children with disabilities in schools;
- (h) Adopt programmes with specific goals and time frames in order to promote the access of persons with disabilities to higher education, ensuring that young persons with disabilities can seek individualized support through the provision of reasonable accommodation in tertiary education, including to facilitate their international mobility, and access to sign languages.’

5.1 Summary of the educational situation of persons with disabilities

The number of schools for children with disabilities has been continuously increasing over the years, following an increasing detection of learning needs that were said by the Ombudsman to need addressing.⁴⁹ However, on the basis of data provided by the Directorate for Research, Studies, Evaluation and Statistics (*Direction de la recherche, des études, de l'évaluation et des statistiques* – DRESS), the proportion of children supported by health and social care facilities (excluding hospitals) or services between the ages of 6 and 15 who were out of school has decreased only slightly since 2010 (8 % in 2018, compared to 10 % in 2010). Children with multiple disabilities are particularly likely to be excluded from school education despite some progress (69 % in 2018, 76 % in 2014, 94 % in 2010).⁵⁰

⁴⁹ Ombudsman 2020.

⁵⁰ Directorate for Research, Studies, Evaluation and Statistics (*Direction de la recherche, des études, de l'évaluation et des statistiques*, DRESS), May 2022, Studies and results, n° 1231, ‘Nearly 170 000 children and teenagers supported by dedicated structures at the end of 2018’, Subsequent: Studies and results, n° 1231.

No reliable data exist on the number of children and teenagers with disabilities who are out of any form of institutional (specialised or mainstream) general education.

The EU-SILC 2020 estimates concerning educational attainment should be treated with caution due to relatively wide confidence intervals but they consistently indicate disability equality gaps (an average of 2-3 years provides a more stable indication). Table 16 indicates early school leaving rates disaggregated by disability status in France. Young people with disabilities (aged 18-24) tend to leave school early significantly more than non-disabled peers of the same age groups (and this is reinforced by widening the sample size to age 18-29).

According to data provided by the Directorate of evaluation, prospects and performance (*Direction de l'évaluation, de la perspective et de la performance* – DEPP) of the Ministry of Education, concerning two cohorts of pupils born respectively in 2001 and in 2005, we can see that:

- 5 % of the children born in 2005, who were at school at the age of 8, were not in a school or institution in France when they reached the age of 14;
- 20 % of those born in 2001, who were at school at the age of 12, were out of school education at the age of 18 (6 % at the age of 17; 4 % at the age of 16). This suggests that less than 80 % of young people with disabilities were in school education at the age of 18 (79 % in the overall population);
- 2 % were in other situations (e.g. educated at home, abroad or deceased).⁵¹

The estimated proportion of young adults (over the age of 18) still in school education confirms that young people with disabilities (aged 18-24) still tend to leave school early significantly more than their non-disabled peers, even if this seems to have been a lessening phenomenon.

As for the right to an inclusive education, the number of pupils being schooled in specialised institutions has been relatively stable over the years.

The DEPP data show that 21 % of the children born in 2005 who were still in education at the age of 14 were in specialised institutions (including hospitals) against 13.6 % at the age of 8 for the same cohort. This was also the case for 21 % of the cohort of children born in 2001, that is to say 26 % of those still in education in 2019-2020 at the age of 18, against 21.9 % at the age of 12. This shows that young people tend to be directed more to specialised institutions as they get older, because secondary mainstream education has adapted more slowly to their needs. At the same time, comparisons between the two cohorts suggest that this phenomenon has continued to decline.

⁵¹ *Repères et références statistiques* (Statistical benchmarks and references), 2022,
<https://www.education.gouv.fr/reperes-et-references-statistiques-2022-326939>.

As regards children and teenagers supported by health and social care facilities (excluding hospitals) or services, data published by DRESS for 2018 showed that schooling in a mainstream environment had been increasing in comparison to schooling within health and social care facility or service (36 % in 2018 compared to 45 % in 2010).⁵²

Table 17 shows completion rates of tertiary education disaggregated by disability and age group. Persons with disabilities (aged 30-34) are less likely to complete tertiary education than their peers (and this is reinforced in the wider age range 30-39). At the start of the 2020 academic year, 39 786 students with disabilities were registered in public higher education institutions under the supervision of the Ministry of Higher Education, Research and Innovation and in higher education programs in public and private high schools under contract. In one year, the number of students with disabilities increased by 6.1 %, (+2 284). A very high proportion of them (88.2 %) are enrolled at university and benefit from disability-related support. On average, the number of students with disabilities at university has increased by 12.1 % per year since 2005. The distribution of students with disabilities by degree (bachelor's, master's and doctoral programs) differs from that of the overall student population. They are concentrated in bachelor's degree programs and become less numerous as they progress through the university system. Nevertheless, the gap between the distribution of students with disabilities and that of the total population has narrowed significantly over the last few years.⁵³

5.2 Analysis of education policies relevant to the Semester

For reference, see the 2022 National Reform Programme, the Recovery and Resilience Plan for France and the Interministerial policy priorities 2017-2022.

Education is considered as a lever for sustainable development and the fight against inequalities in the NRP. At the same time, the CR suggests that it must be offered on a basis of equal access, in inclusive environments, and of quality, which can be linked with reasonable accommodation recommended by the CRPD.

Generally speaking, at the same time as the number of children and young adults registered as disabled has been increasing, the proportion of them having access to a mainstream school environment has also been increasing. France's policy mainly relies on an increase in the early identification of difficulties, which explains the increasing number of children in education identified with disabilities over the years. The health and social care sector plays an important role; access to an inclusive environment is supported by the training of mainstream schoolteachers (at least 25 hours since 2021), personal assistants, assistive devices, special classes within mainstream schools that support inclusion in mainstream classes and strengthening cooperation between the Ministry of Education and the health and social care sector.

⁵² Studies and results, n° 1231, <https://drees.solidarites-sante.gouv.fr/sites/default/files/2022-05/ER%201231%20Structures%20Me%CC%81dico-sociales%20pour%20enfants%20et%20ado%20-%20BAT.pdf>.

⁵³ See: https://publication.enseignementsup-recherche.gouv.fr/eesr/FR/T243/les_etudiants_en_situation_de_handicap_dans_l_enseignement_superieur/.

One of the challenges to quality lies in the stability and competences of school assistants.⁵⁴ France has engaged in a policy of professionalisation of school assistants since 2016.⁵⁵ Two statuses currently coexist for school assistants: as contract civil servants or employees under private law contracts. The latter should disappear in the future. CIH announced 4 000 additional school assistants at the beginning of the school year 2022/23. However, the Government is committed to reforming the entire recruitment and management system for assisting students with disabilities, which is criticised both by families and by school assistants themselves as failing and costly for the State (as pointed out in great detail by the Court of Auditors).⁵⁶ Sixty hours of training are provided to newly recruited contract civil servants, whereas employees under private law contracts are recruited through a pathway of ‘skills-employment’ (*Parcours emploi compétences* – PEC) that targets the most disadvantaged people with regard to the labour market, such as long-term jobseekers or disadvantaged young people and for whom hiring and support is supervised and financially supported by the State.⁵⁷ Now, 125 500 school assistants are permanent employees of the Ministry of Education and support 230 000 pupils.⁵⁸

CIH refers to 1 300 special classes that were created in 2021, probably mainly in secondary schools as suggested by the increase in the number of pupils being educated in these classes. An increasing proportion of the pupils enrolled at specialised institutions are being schooled in mainstream schools, which may illustrate the increasing role of health and social care facilities in the inclusion of children and teenagers in mainstream schools in addition to the development of specialised services provided. Nevertheless, the proportion of pupils being schooled in an institutional environment (specialised and mainstream) compared with the total number of pupils with disabilities has been relatively stable, due to an increase in both types of education (shared and mainstream).

Measures have recently been taken to improve the education of children with multiple disabilities through the development of adapted units. CIH also talks about localised inclusive support centres (*pôles inclusifs d'accompagnement localisés* – PIAL) that promote the coordination of resources to support mainstream environments.⁵⁹ This organisation, which was necessary regarding the multiplicity of resources,⁶⁰ is designed at the level of an area covering several schools.⁶¹ An unofficial website,

⁵⁴ Ministère des solidarités et de la santé, Minsitère de l'Education nationale, Ministère de l'enseignement supérieur, de la recherche et de l'innovation, *Evaluation de l'aide humaine pour les élèves en situation de handicap* (Ministry for Solidarity and Health, Ministry of Education, Ministry of Higher Education, Evaluation of human assistance for pupils with disabilities), 2018, Subsequent mention: ‘*Evaluation de l'aide humaine pour les élèves en situation de handicap*’, <https://www.education.gouv.fr/evaluation-de-l-aide-humaine-pour-les-eleves-en-situation-de-handicap-4958>.

⁵⁵ Circular n° 2016-119, 25 August 2016, http://www.education.gouv.fr/pid285/bulletin_officiel.html?cid_bo=105526.

⁵⁶ See: <https://infos.emploipublic.fr/article/devenir-accompagnant-des-eleves-en-situation-de-handicap-aesh-eea-7055>.

⁵⁷ See report ‘Actions to support accommodation’.

⁵⁸ CIH, press kit 2022.

⁵⁹ See also ‘*Evaluation de l'aide humaine pour les élèves en situation de handicap*’.

⁶⁰ Released through the report ‘*Evaluation de l'aide humaine pour les élèves en situation de handicap*’. Rapport IGEN-IGAENR-IGAS n° 2018-055, juin 2018

⁶¹ See: https://cache.media.education.gouv.fr/file/23/38/1/ensel816_annexe_1135381.pdf.

providing information about public employment, reports that this is criticised by trade unions as lacking efficiency in the allocation of resources and preventing overall support in daily life at school.⁶² Mobile health and social care support teams for the schooling of children with disabilities were created to support education professionals who were facing difficulties in ensuring the schooling of pupils at risk of disability and disruption of their school career.⁶³

CIH also alludes to the continued development of autism teaching units in primary schools to promote the education of autistic children in a mainstream environment, with a target of at least 380 units by 2022.

As regards tertiary education, 85 % of universities have adopted a disability guidance scheme. In total, 26 institutes are involved in the ‘Aspie Friendly’ programme⁶⁴ dedicated to the inclusion of students with autism. In order to make tertiary education more accessible, CIH announced:

- the doubling of the resources devoted to support students with disabilities (from EUR 7.5 to 15 million) as of 2022;
- the doubling of the number of students benefiting from tutorial support targeting students with disabilities;
- the mapping of adapted student accommodation;
- the enrichment of the content of the ‘higher education’ section in the web platform ‘My disability journey’ (*‘Mon parcours handicap’*) of the French government;⁶⁵
- support for entry into higher education in relation to disability points of contact in higher education institutes; and
- the establishment of test disability advisors in the embassies in Berlin and Lisbon to support the international mobility of students with disabilities.

Note that CNSA⁶⁶ provides data about the processes of applications from parents for support. These data are an indicator of the flows of identification of disabilities. However, no data are available about the number of children with disabilities that could be compared with the numbers who are in special settings, benefitting from tailored medical and social support, or having access to hobbies. Therefore is it not possible to analyse levels of access to rights by age, gender and disability.

⁶² See: <https://infos.emploipublic.fr/article/devenir-accompagnant-des-eleves-en-situation-de-handicap-aesh-eea-7055>.

⁶³ Circulaire N° DGCS/SD3B/2021/109 du 26 mai 2021 relative au cahier des charges des équipes mobiles d’appui médico-social à la scolarisation des enfants en situation de handicap (Circular N° DGCS/SD3B/2021/109 of 26 May 2021 relating to the specifications of mobile medical and social support teams for the education of children with disabilities).

⁶⁴ See: <https://handicap.gouv.fr/aspie-friendly>.

⁶⁵ See: <https://www.monparcourshandicap.gouv.fr/>.

⁶⁶ See Section 4.2.

6 Investment priorities in relation to disability

While monetary redistribution provides short-term protection against the risk of poverty, investments should be directed towards empowerment by supporting the individual's competences within and moving into an inclusive environment with appropriate incentives, training, consultancy and accommodation, as well as in supporting awareness-raising that should also emerge from an inclusive environment. Support for awareness-raising should include training for people involved in the production process of goods and services, especially digital tools, and adequate training for people with disabilities in the use of digital tools.

The transformation of the health and social care sector into a resource for mainstream settings should be developed, well-funded and provide professionals, persons with disabilities and their families with adequate training opportunities.

A study carried out by Agefiph in 2021 about the perception of disability revealed that employers were requesting support from specialist organisations to help them learn more about disability and how to adapt workstations (financial support, training, assistance in design and implementation). The study also brought to light the fact that, in spite of difficulties experienced in hiring persons with disabilities, their presence in companies was seen as an opportunity to implement new ways of doing things, opening up the working environment to new profiles, or to benefit from greater solidarity among employees. In addition, employers who had received support were more likely to recruit workers with disabilities and fewer of them considered this to be difficult.

Investment should also shift towards the reorganisation of the health and social care sector which should consist of services to support the inclusion of persons with disabilities in a mainstream environment. This process should complement what has been initiated to support people with disabilities in employment and mainstream schooling.

Concerning education, investment must be made in training mainstream teachers as coordinators of the different measures to support inclusion. This should be reinforced by a reorganisation of the resources and support provided both by the health and welfare sector and by personal assistants, assistive devices or financial support for greater inclusion in mainstream schools. The geographical organisation of services must achieve a balance between the needs for rationalisation and effective inclusion.

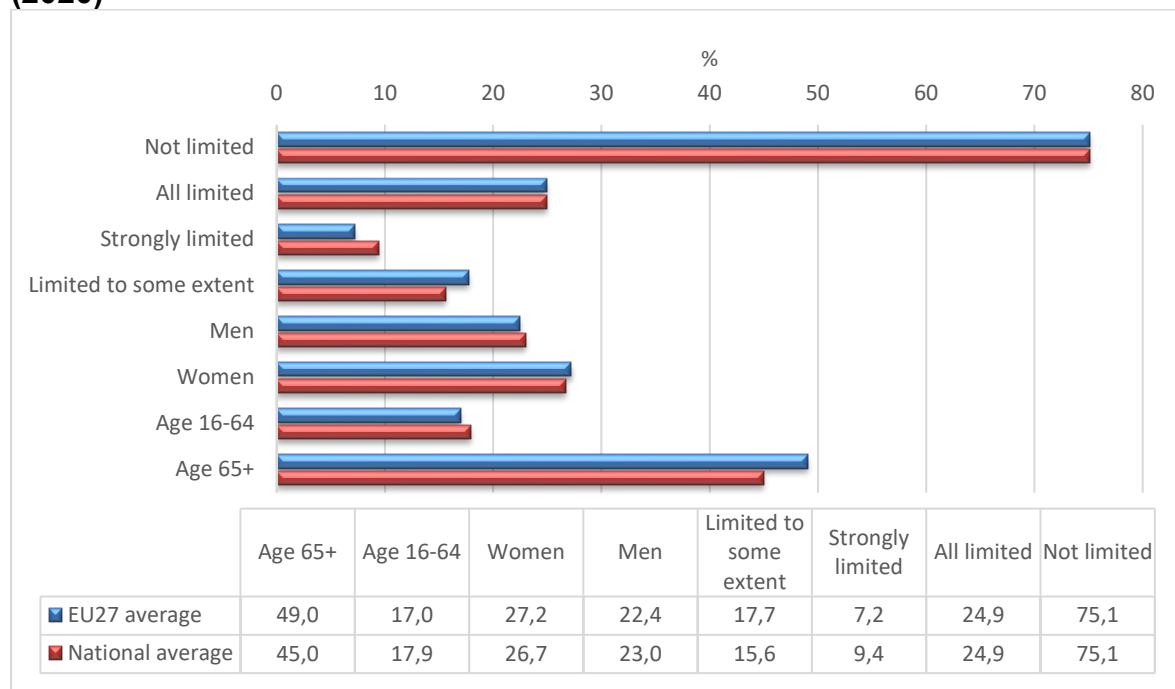
7 Annex: disability data relevant to the Semester

See also disability data published in the Eurostat database⁶⁷ and statistical reports.⁶⁸

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

The proxy used to identify people with disabilities (impairments) is whether ‘for at least the past 6 months’ the respondent reports that they have been ‘limited because of a health problem in activities people usually do’.⁶⁹

Table 1: Self-reported ‘activity limitations’ as a proxy for impairment / disability (2020)



Source: EU-SILC 2020 Release April 2022

In subsequent tables, these data are used to indicate ‘disability’ equality gaps and trends relevant to the analytical sections – for the labour market, social policies and healthcare, and education – by comparing outcomes for persons who report and do not report ‘activity limitations’.⁷⁰ National estimates for France are compared with EU27 mean averages for the most recent year.⁷¹

⁶⁷ Eurostat Health Database: <https://ec.europa.eu/eurostat/web/health/data/database>.

⁶⁸ Eurostat (2019) Disability Statistics: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics.

⁶⁹ The EU-SILC survey questions are contained in the Minimum European Health Module (MEHM), [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_\(MEHM\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_(MEHM)).

⁷⁰ This methodology was developed in the annual statistical reports of ANED, available at: <http://www.disability-europe.net/theme/statistical-indicators>.

⁷¹ The exit of the United Kingdom from the EU changed the EU average. EU27 averages have also been affected by time series breaks in other large countries, such as Germany.

7.1 Data relevant to disability and the labour market

Table 2: EU and France employment rates, by disability and gender (aged 20-64) (2020)

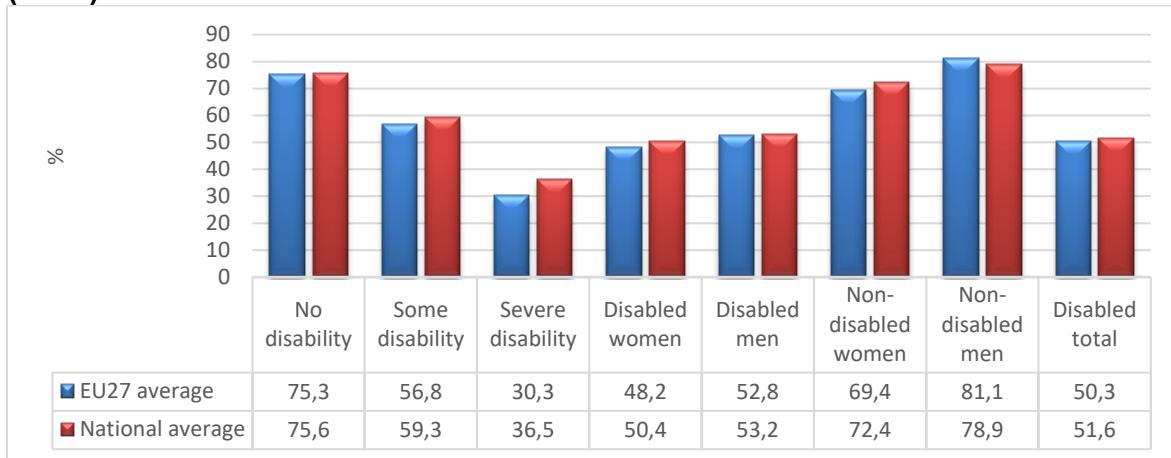


Table 3: Employment rates in France, by disability and age group (2020)

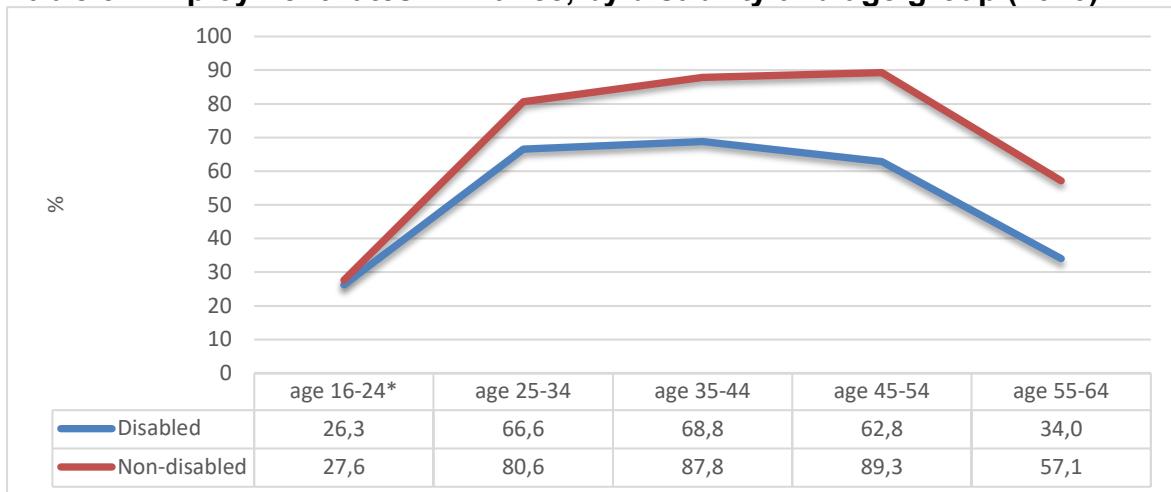
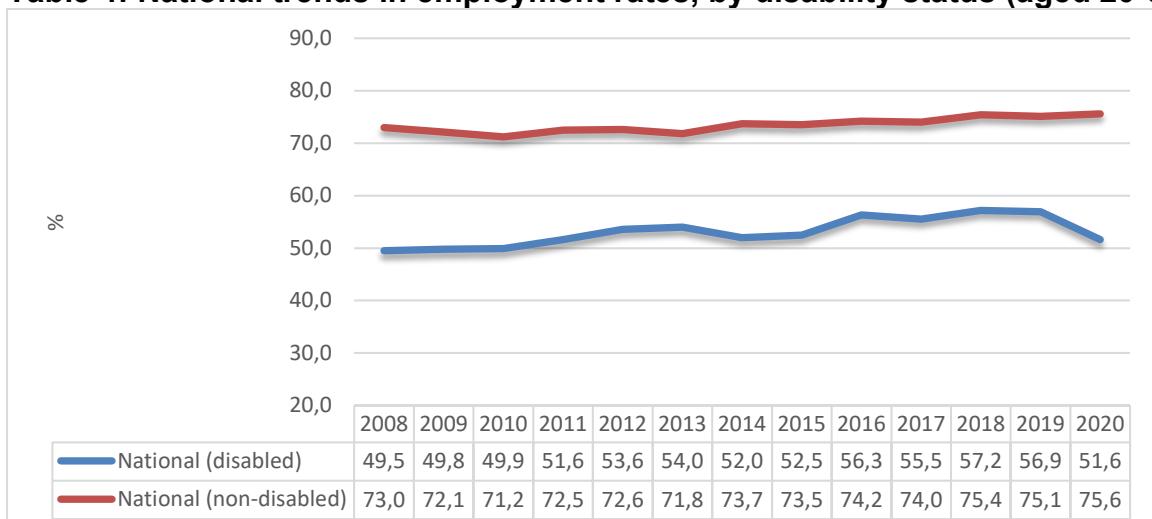


Table 4: National trends in employment rates, by disability status (aged 20-64)



Source: EU-SILC 2020 Release April 2022 (and preceding UDBs)

Note: Microdata concerning employment status was not available for Germany and Italy in this data release, which affects the EU27 average (which is therefore estimated).

7.1.1 Unemployment

Table 5: Unemployment rates by disability and gender (aged 20-64) (2020)

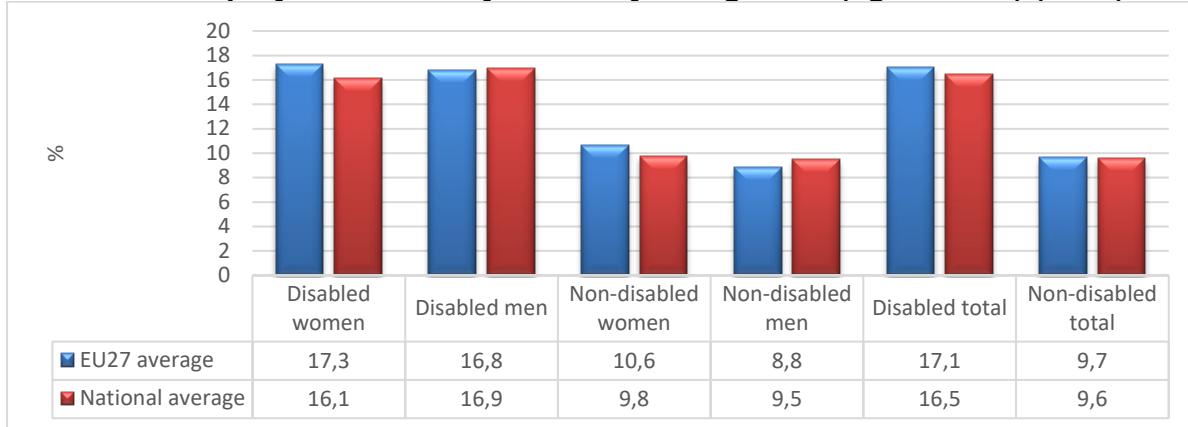


Table 6: Unemployment rates in France, by disability and age group (2020)

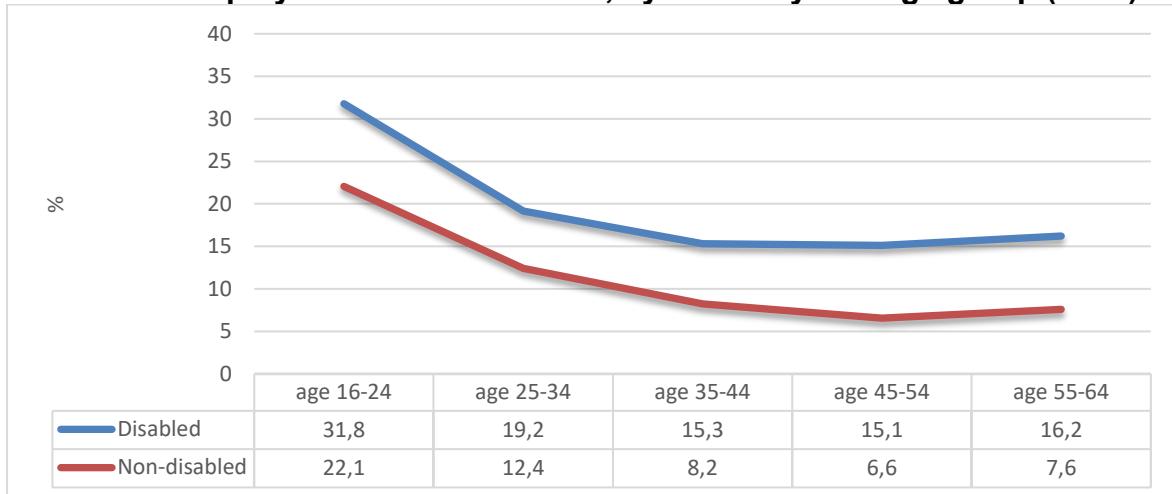
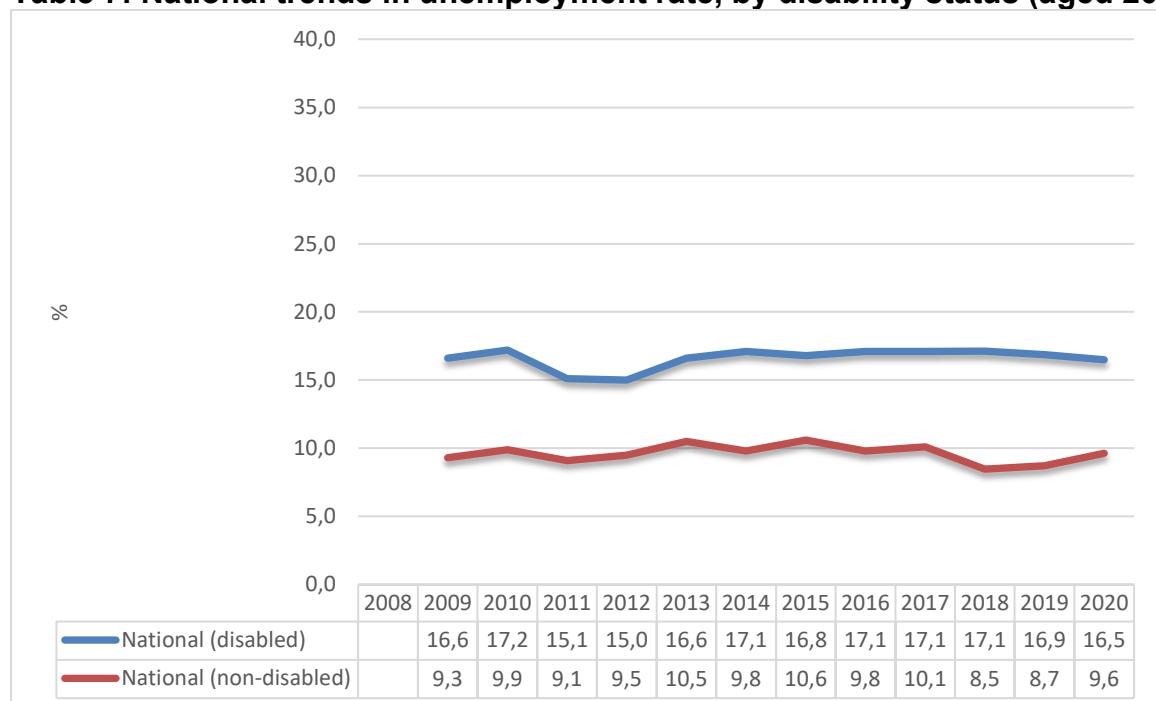


Table 7: National trends in unemployment rate, by disability status (aged 20-64)



Source: EU-SILC 2020 Release April 2022 (and preceding UDBs)

7.1.2 Economic activity

Table 8: Activity rates in France, by disability and gender (aged 20-64) (2020)

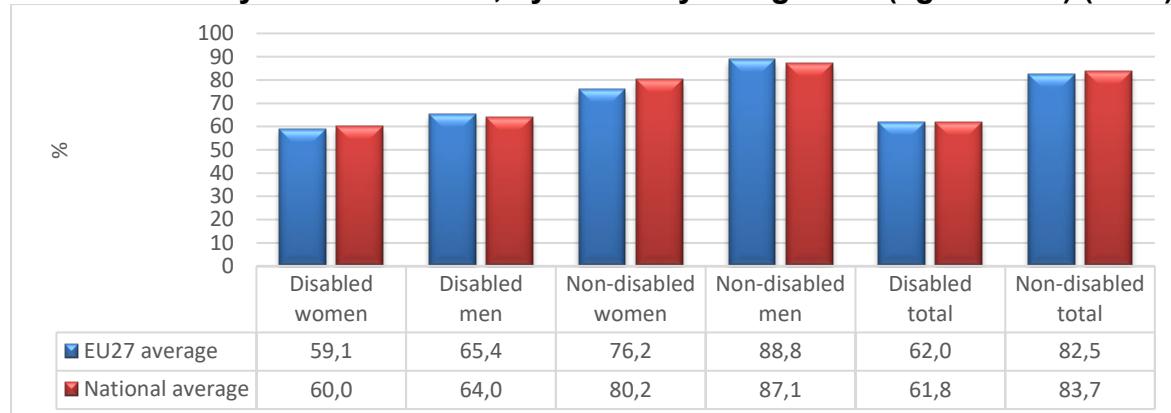


Table 9: Activity rates in France, by age group (2020)

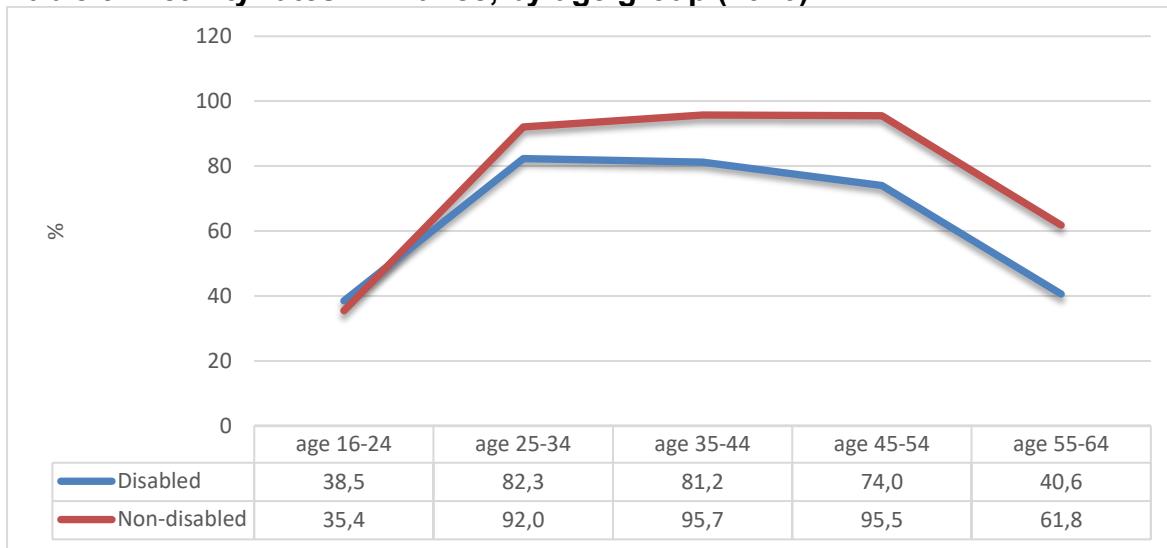
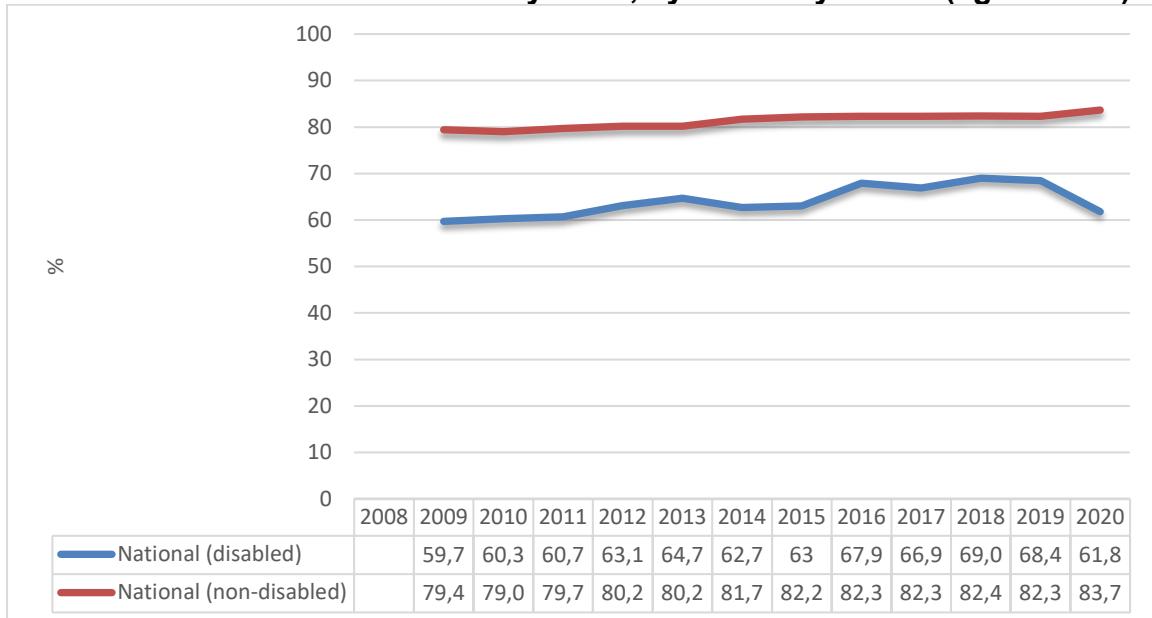


Table 10: National trends in activity rates, by disability status (aged 20-64)



Source: EU-SILC 2020 Release April 2022 (and preceding UDBs)

7.1.3 Alternative sources of labour market data in France

Disability data are not yet available from the core European Labour Force Survey but labour market indicators for France were disaggregated from specific surveys ad hoc modules conducted in 2001 and 2011. These can be found in the Eurostat disability database.⁷²

⁷² Eurostat Health Database: <https://ec.europa.eu/eurostat/web/health/data/database>.

Table A : Characteristics of persons with disabilities in employment in 2021

	With a registered disability	Self-reported limitation	Overall employed population
Number (thousands)	1 103	2 939	27 274
Women (in %)	54	55	49
Men (in %)	43	45	51
15-24 years (in %)	3	4	9
25-39 years (in %)	20	22	34
40-49 years (in %)	27	26	26
50-64 years (in %)	50	48	31
Farmers, craftsman, merchants and business owners	5	7	8
Executives	10	13	22
Intermediate professions	21	22	25
Employees	35	33	26
Workers	29	25	19
Full-time	66	73	83
Part-time	34	21	17

Source: INSEE, *Enquête Emploi 2021 (Employment survey 2021)*⁷³

Table A: Activity rate, employment rate and unemployment rate of people with disabilities in 2021

	With a registered disability			Self-reported limitation			Overall population		
	Women	Men	All	Women	Men	All	Women	Men	All
Activity rate	45	44	44	55	56	55	70	76	73
Employment rate	39	37	38	49	49	49	65	70	67
Unemployment rate *	14	15	15	11	12	12	8	8	8
Total 15-64	1,537	1,376	2,913	3,301	2,699	6,000	20,705	19,854	40,559

* The unemployment rate is calculated in reference to the population aged over 15.

Field: France excluding the Department of Mayotte, population aged 15-64, living in mainstream housing.

Source: INSEE⁷⁴

⁷³ ‘Employment, unemployment, income’ (*Emploi, chômage, revenu du travail*), 2021, <https://www.insee.fr/fr/statistiques/5392045>. Subsequent mention: Insee 2021.

⁷⁴ Insee 2021.

7.2 EU data relevant to disability, social policies and healthcare (2020)

Table 11: People at risk of poverty or social exclusion, by disability and risk (aged 16-64)⁷⁵

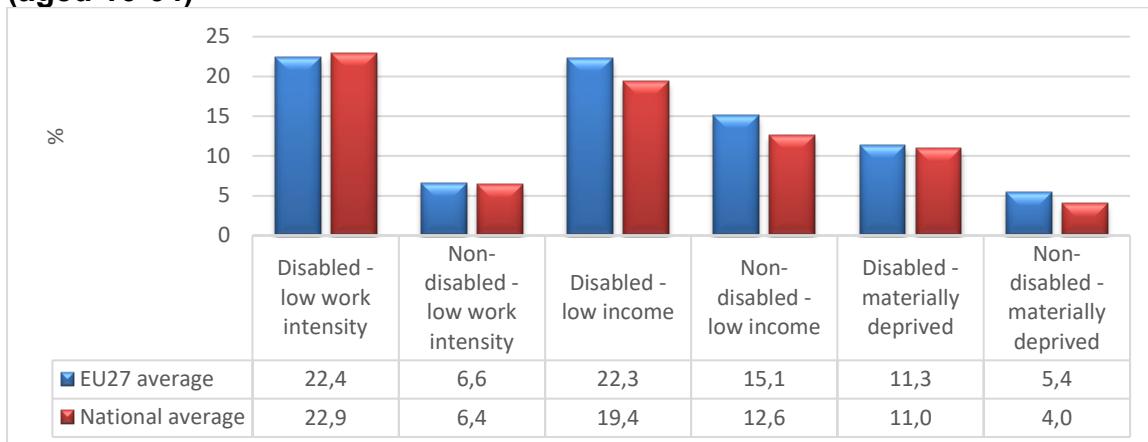


Table 12: People at risk of poverty or social exclusion, by disability and gender (aged 16+)

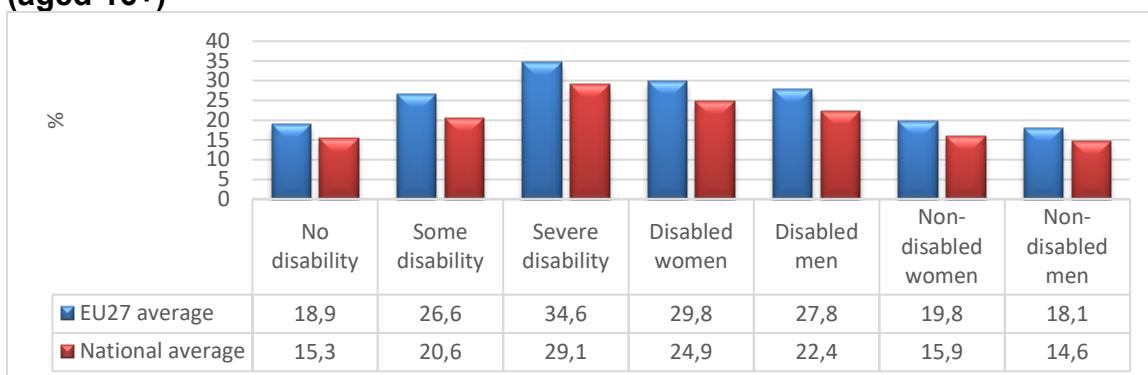
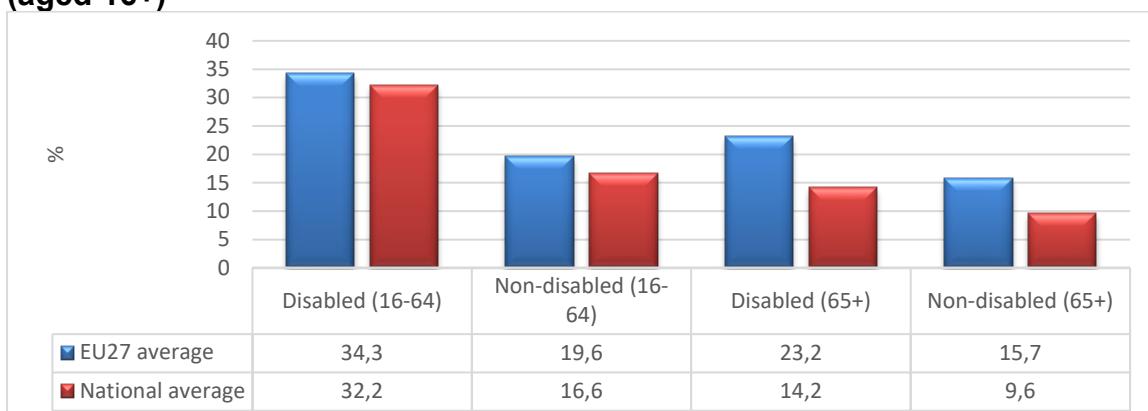


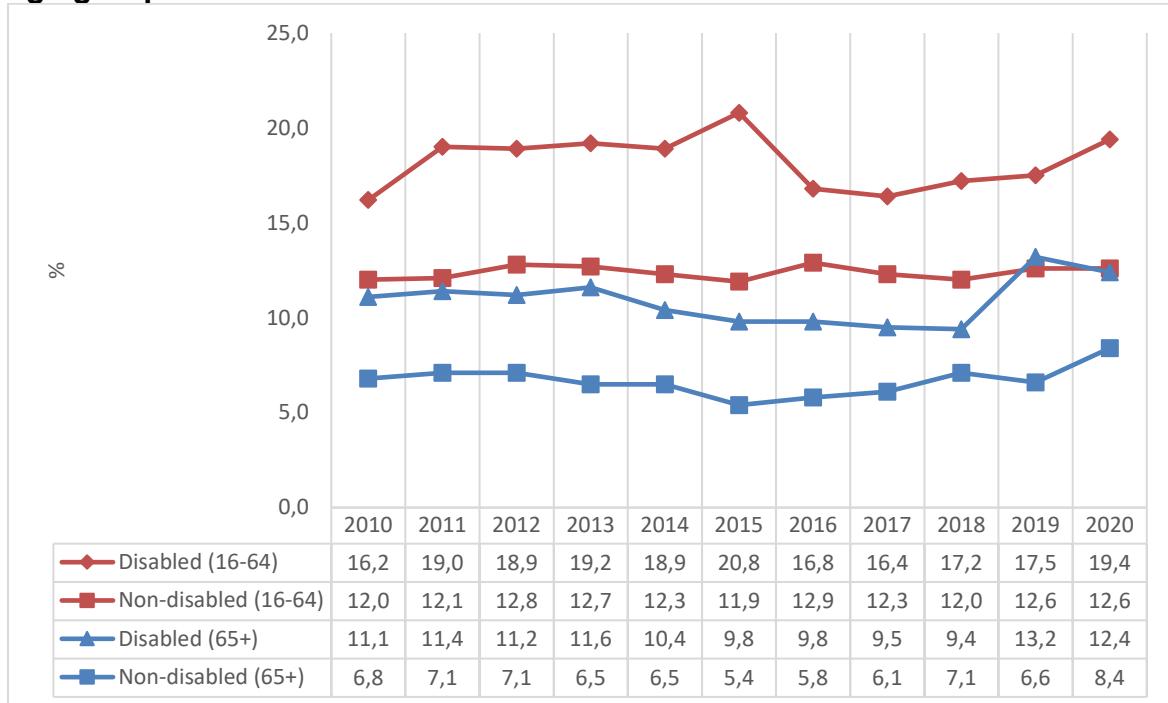
Table 13: Overall risk of household poverty or exclusion by disability and age (aged 16+)



Source: EU-SILC 2020 Release April 2022 (and previous UDB)

⁷⁵ Aged 16-59 for Low work intensity.

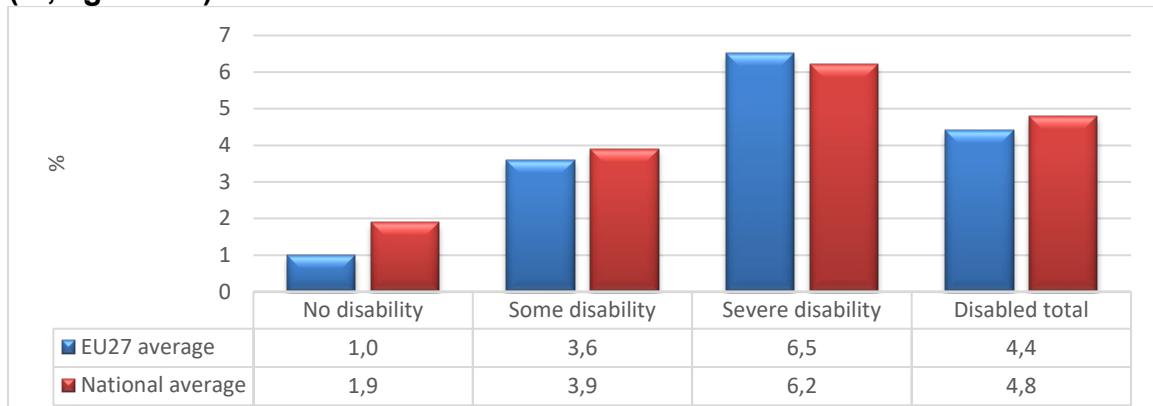
Table 14: Trends in the risk of poverty after social transfers, by disability and age group



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

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

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



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

Note: Due to large variations an average of three years is indicated. EU mean averages are also skewed by high values in a minority of countries within disability groups but median averages for the total disability and no disability groups in 2020 are consistent with the three-year mean values.

7.2.1 Alternative sources of poverty or healthcare data in France

The EU-SILC data provide a comprehensive and reliable source concerning poverty or social exclusion rates. In addition to the summary tables presented so far, the Eurostat disability database also contains breakdowns concerning disability and poverty before and after social transfers, as well as in-work-poverty.⁷⁶

7.3 EU data relevant to disability and education

Table 24: Early school leaving rates, by disability status (aged 18-24 and 18-29)⁷⁷

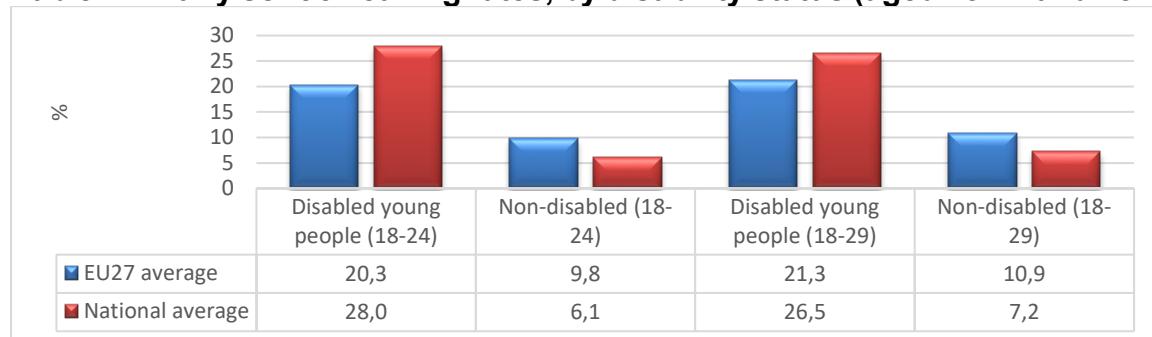
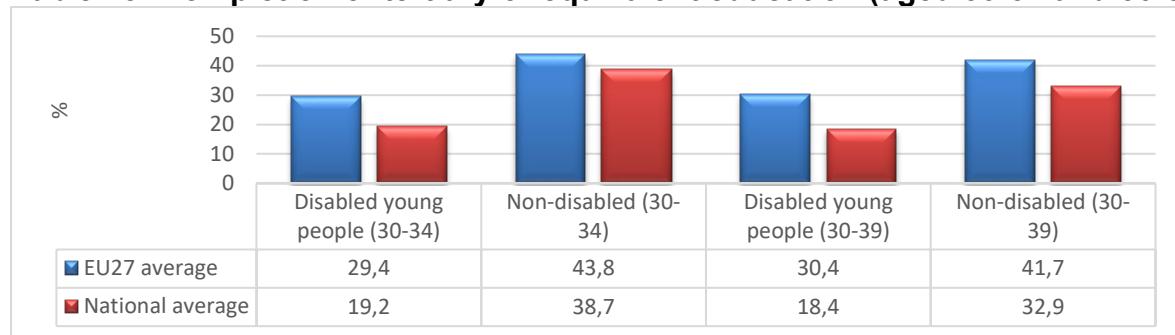


Table 25: Completion of tertiary or equivalent education (aged 30-34 and 30-39)



Source: EU-SILC 2020 Release April 2022 (and preceding UDBs)

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

⁷⁶ Eurostat Health Database: <https://ec.europa.eu/eurostat/web/health/data/database>.

⁷⁷ There was a change from ISCED 1997 to ISCED 2011 qualification definitions in 2014, although some Member States continued to use the older definition after this time.

7.3.1 Alternative sources of education data in France

Table C: Part of the cohort schooled in a specialised institution in %

Academic year	2013-2014	2017-2018	2018-2019	2019-2020
2011 cohort	22	24	25	21
2055 cohort	14	18	20	20

Source: DEPP-MENJS, *Cohorts of pupils with disabilities born in 2001 and 2005. Aggregated data.*⁷⁸

Table D: Schooling of children with disabilities – Aggregated data for selected years

	2008	2014	2019	2020
Primary school	114 482	151 412	194 494	200 421
Mainstream class	74 251	103 908	142 026	147 365
Specialised class	40 231	47 504	52 468	53 056
Secondary school	60 191	108 529	166 680	183 619
Mainstream class	45 697	75 941	118 310	130 689
Specialised class	14 494	32 588	48 370	52 930
Mainstream school	174 673	259 941	361 174	384 040
Specialised institutions	75 504	77 962	77 338	77 503
<i>shared schooling</i>	6 209	7 656	10 690	10 533
All	243 968	330 247	427 822	451 010

Field: France including overseas, public and private sector, data from DEEP-RERS files.⁷⁹

Source: MENJS-MESRI-DEPP, MENJS-DGESCO

⁷⁸ See: <https://www.education.gouv.fr/reperes-et-references-statistiques-2022-326939>.

⁷⁹ See: <https://www.education.gouv.fr/reperes-et-references-statistiques-2022-326939>.

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