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ESPN Country Profile

France

2021-2022

Le Bihan B., Huteau G., Legros M., Valdes B.
June 2022



EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion

Directorate D — Social rights and inclusion

Unit D.2 — Social protection systems

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European Social Policy Network (ESPN)

ESPN Country Profile

France

Blanche Le Bihan, Gilles Huteau, Michel Legros, Claude Martin, Béatrice Valdes

2021-2022

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

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

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

For more information on the ESPN, see: <http://ec.europa.eusocialmain.jsp?catId=1135&langId=en>

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1 Executive summary

During the period 2017-2020, the French configuration knew the main following developments.

Concerning childcare and child and family income support (section 2 of the report), a plan to train 600,000 early childhood professionals was initiated by the 2020 Finance Act, while the project to create an additional 30,000 kindergarten places is moving slowly forward: the accent is on achieving greater equality between families by allocating financial bonuses to kindergartens that accept children from low-income families and disabled children, or that are established in areas with high needs. The 2020 Finance Act supports several programmes aimed at families: set-up of a new service for recovering child alimony payments, and financing of leave for family carers allowing a temporary halt to professional activity to take care of a disabled person or a person subject to particularly acute loss of autonomy.

Concerning minimum income (section 3), at the end of 2019, 4.3 million people received one of the minimum social benefits, which when including partners and dependents amounted to 6.9 million people (10% of the population). Despite regular increases, minimum social benefits remain well below the poverty line. Announced in 2017 during the presidential election campaign, and confirmed in 2018 in the national poverty action strategy, a major reform of minimum income protection was due to be implemented. This reform was postponed due to the health crisis. During the 2022 presidential campaign, the project returned to the political agenda.

Concerning self-employed status (section 5), several groups of studies have been initiated in France on a revision of this status. With an annual growth rate of 2.2% since 2008, self-employed workers make up a heterogeneous group of about 3.2 million people, of whom 2.8 million have a single activity, totalling 10% of the labour force. The many measures aimed at improving the social protection of these workers do not however eradicate the large differences between full-time employees and other groups when it comes to compensation for loss of income due to work stoppage for illness, maternity or occupational accidents.

Concerning unemployment (section 6), in the first quarter of 2022, the French unemployment rate based on the ILO definition was 7.3% of the active population. This is its lowest level since early 2008. This positive situation has not however seen an improvement for two recurrent weak points in France: a stable, but constantly high level of long-term unemployment, and high unemployment among young people.

Concerning pension schemes (section 7), during the period from 1 July 2017 to 1 July 2020, no new reforms of the pensions system were adopted. However, this should be viewed in the context of a deep-seated reform initiated by the government in September 2017. The aim is to move to a "universal pension scheme" which, the government argues, will be simpler and fairer than the system in place because everyone will be subject to the same contribution and pension rules. This project nevertheless came up against strong opposition in May 2019 from both trade unions and a large share of the population concerned by its impact and was postponed.

Concerning Long term care policy (section 8), major guidelines of a deep-seated reform were presented in a report dating from March 2019 – the Libault Report. A major step was made with the Act of 7 August 2020, which opened up social security coverage of a new "autonomy" risk. This new social security branch is managed by the CNSA and its funding is included in the Act on financing social security, adopted annually. The organisation of this new social security branch, which groups the sectors of disability and old age, is specified by the technical order of 1 December 2021.

Concerning healthcare and sickness benefit (section 9), the cost of healthcare and health goods subject to co-payment by patients amounted to 15 billion euros in 2019, which is 7% of the consumption of medical care and goods. While complementary health plans and

the solidarity complementary health plan cover 96% of the population, high co-payments continue to be observed.

Concerning disability policy (section 10), there have been no general reforms of social protection for people with disabilities since 2017. France has instead opted to integrate the issue of disability into laws ostensibly relating to other subjects so that disability features more systematically in each policy. Several recent reforms aim to improve support for people with disabilities and to promote accessibility to and maintenance in the home.

Concerning housing policy (section 11), despite massive intervention from public authorities amounting to 1.6% of GDP, the increasing demand for housing is not being met, in particular in areas under pressure. The last *Plan quinquennal pour le Logement d'abord et la lutte contre le sans-abrisme 2018-2022* [five-year housing and homeless action plan] has been implemented. However, in 2022, emergency reception, shelter and housing solutions are saturated in almost all large cities. The most satisfying point is the launch of the energy renovation campaign, although financial support is mainly aimed at simple measures that have little general impact when they only concern isolated cases.

Concerning stakeholders involvement in social policy making (section 12), the rate of abstention in the ensuing local elections and the emergence of the "Yellow Jackets" movement made this question all the more acute in the period running from 2018 to the 2022 presidential elections. In response to increasing abstention and defiance among French citizens vis-à-vis institutions, the Prime Minister commissioned a report, which was published in February 2022 and points to a "democratic recession" in France.

2 Childcare and support for children (Pillar 11)

2.1 Early childhood education and care (ECEC)

2.1.1 Main features of the current ECEC structure, including programmes and supports

A social policy ensuring protection and assistance to children and their families was developed in France from the second half of the 19th century: creation of *écoles maternelles* [pre-elementary classes], and in 1874 the *Protection Maternelle et Infantile* - PMI [mother and infant welfare services], which put in place a prevention policy from conception until three years old. This service, which still exists, also helps to monitor kindergartens, drop-in centres and childminders looking after children in their homes. Along with these actions, a significant, mostly association-based sector has developed to take care of children whose diseases or disabilities make it difficult for them to receive education in an ordinary environment. The creation of the family branch of the social security system in 1946, cash benefits and benefits in kind widely open to all, completes this general scheme. Local authorities also play a crucial role in developing these actions and services.

France offers a developed, diverse range of care solutions, including: places in *établissements d'accueil de jeunes enfants* – EAJE [early childcare establishments]; allowances devised to reduce the cost of having children cared for by a registered childminder, or by a home-based childminder of their choice, called *complément de libre choix du mode garde* - CMG [partial remuneration of a freely chosen registered childminder]; obligatory preschool from the age of three and sometimes two and a half in nursery schools; and the possibility of taking parental leave, often compensated by the *prestation partagée d'éducation de l'enfant* – PreParE [shared child-rearing benefits].

In 2020, the family branch of the social security and local authorities devoted over 32 billion euros to funding childcare for children aged 0 to 6. This amount is divided between care for the under threes (14.7 billion euros), essentially financed by the family branch of the social security system, and care for three to six-year-olds (17.5 billion euros), mostly financed by the Ministry for Education and local authorities. This expenditure covers both operating and investing in individual and collective formal childcare (including pre-

elementary school and recreation facilities without accommodation), and benefits for parents that reduce or stop their work activity.

ECEC is currently organised as follows:

- Registered childminders, who since 2009 can care for up to four children at once in their home. Approval is granted by the *Protection Maternelle et Infantile* – PMI [mother and infant welfare services] based on a set of criteria, primarily concerning the habitat and environment. Parents who employ registered childminders receive an allowance, the CMG, which is part of the *Prestation d'accueil du jeune enfant* - PAJE [early childcare allowance] (see below). In the 1990s, the *Caisse nationale des allocations familiales* - CNAF [family branch of the social security system] developed *Relais Assistante Maternelle* – RAM [childminder networks] as part of “childhood” contracts, “leisure time” contracts, and then “children and young people” contracts. The objective is to improve the quality of childcare.
- Childcare in the home: Parents can opt to employ a childminder to care for their child or children in their home. In both cases, direct employment by parents opens the right to the CMG, which is part of the PAJE. The amount of the benefit varies depending on the age of the youngest child and household income. As private employers, parents also benefit from a tax reduction of 50% of the cost (capped).
- Collective crèches provide regular day care for the under-threes. This includes traditional neighbourhood crèches (capacity restricted to 60 places per unit, daytime opening for 8 to 12 hours, closed at night, on Sundays and public holidays), company crèches (capacity restricted to 60 places per unit, opening times adapted to company or administration timetable), and parent-run crèches, which require time input from parents (maximum capacity 20 places).
- Drop-in childcare centres provide occasional care for children under age six. They include traditional neighbourhood drop-in centres (maximum 60 places per unit) and drop-in centres run by parents (maximum 20 places, 25 with special authorisation).
- *Jardins d'enfants* [kindergartens] provide regular care for children aged two to six. Their capacity can reach 80 places per unit.
- Multi-childcare establishments group different forms of childcare for the under-sixes within the same structure: regular or occasional care, full- or part-time care. Their capacity is 60 places if they are organised in a traditional way and 20 to 25 places when run by parents. Some establishments that provide collective and family childcare can reach a maximum overall capacity of 100 places.
- *Services d'accueil familial* [family crèches] gather registered childminders who look after children in their homes but also attend a collective establishment for various activities. They are managed in a similar way to collective crèches, and the childminders who work there are paid by the local authority or by the private organisation that employs them. The maximum capacity of these units is 150 places.

Preschools or nursery schools come under the ministry for education and can enrol children who are aged two at the start of the academic year “within the limits of available places... on the condition that they are physically and psychologically ready to attend” (practical guide for parents, *Votre enfant à l'école maternelle*, 2010–2011).

In 2019, the take-up rate of ECEC was 59.8%. Children under three were split as follows:

- 33.0% in registered childminders' homes, which remain the first formal childcare arrangement.
- 20.9% in collective creches.
- 3.7% in preschools.

- 2.1% by childminders at the family home.

2.1.2 Policy developments and main challenges

For childcare, a plan to train 600,000 early childhood professionals was initiated by the 2020 Finance Act, while the project to create an additional 30,000 kindergarten places is moving slowly forward: the accent is on achieving greater equality between families by allocating financial bonuses to kindergartens that accept children from low-income families and disabled children, or that are established in areas with high needs.

The proposals put forward by President Macron for his second presidential term include the creation of an enforceable right to childcare for the under-threes. Single-parent families will also have priority, with the following three measures:

- Increase the amount of minimum alimony payments and family benefits by 50%. The ASF will rise from 116 euros/month/child to 174 euros/month/child.
- Make single-parent families a priority to benefit from staggered shifts for childcare.
- Extend individual childcare beyond the age of six and up to 12 with the CMG to guarantee 50 hours of support a week, or two and a half hours every evening after school. This reform is expected to cost 300 million euros.

2.1.3 Some key data

In 2020, France belonged to the group of EU countries with a high proportion of children (aged 0 – 3) in formal childcare (57.2% compared to 32.3% for the EU-27, after Denmark, the Netherlands and Luxembourg) (Table A2.1, Annex 1). This percentage increased in 2020 compared to the three previous years. Due to the early development of preschool (*école maternelle*) in France the proportion of children in preschool aged between 3 and the start of compulsory education (age 6) is also very high (97%) (Table A2.2, Annex 1).

2.2 Child and family income support

2.2.1 Main features of the system, including current provision of benefits/allowances

Allocations familiales [family benefits] were created in 1916 and extended to the general population in 1932, making this the longest-standing family allowance delivered by the family benefit fund and agricultural mutual insurance funds. In 1945, the funds that pay out the benefit became part of the social security system. The allowance is paid out to physical persons who effectively and permanently support at least two children aged under 20. Until recently the amount was identical for all families, the only difference being the number and age of children. These benefits cannot be seized except to recover benefits paid unduly. On 1 April 2021, a family with two children received family benefit amounting to a maximum 132 euros, 300 euros for 3 children, and 170 euros more for each additional child. The allowance increases by 66 euros for children over 14.

In addition to this benefit, which was not means-tested until 2015, families may receive several other types of allowance:

- *Prestation d'accueil du jeune enfant* (PAJE) [early childhood benefit] paid out for children born or adopted from 1 January 2004. It comprises a birth or adoption premium paid to households or individuals whose income does not exceed a threshold for each child born or due; it is paid at the 7th month of pregnancy or when an adopted child arrives in the home. The amount of the benefit varies depending on the age of the youngest child and household income. As private employers, parents also benefit from a tax reduction of 50% of the cost (capped).
- *Complément de libre choix d'activité* – CLCA corresponding to the right to parental leave and a benefit at either the full or a part rate. Although fathers only represent

3.7% of the beneficiaries of CLCA, 71% of them claim it on a part-time basis, compared to 45% of mothers.¹

- PreParE (*prestation partagée de l'éducation de l'enfant*) [shared child-rearing benefit] is aimed at parents of children under three who work part time or have stopped working (provided they were previously in employment) to take care of their child(ren). The benefit applies until the first birthday of a first child, or up to the third birthday of the last child when parents have several dependent children. Couples are encouraged to share this benefit. This sharing incentive consists in "reducing" the total allowance period if both parents do not individually claim a share of the benefit.
- *Complément familial* (CF) [family supplement] granted to households or individuals whose income does not exceed a threshold and who support a number of children all of whom are at least of the age above which early childhood benefit cannot be extended.
- *Allocation d'éducation de l'enfant handicapé* (AEEH) [disabled child education benefit] designed to compensate the cost of educating disabled children under 20.
- *Allocation de soutien familial* (ASF) [family support benefit] to raise children deprived of support from one or both of their parents, either because the child is an orphan, or because the other parent no longer participates in supporting the child or stops paying child maintenance.
- *Allocation de rentrée scolaire* (ARS) [back-to-school benefit] paid on a means-tested basis for children under 18 who are still in school or on an apprenticeship that pays less than 55% of the minimum wage.
- *Allocation de logement à caractère familial* (ALF) [family housing benefit] paid to households and families depending on their income, household hygiene conditions and the number of household members.
- *Allocation de logement à caractère social* (ALS) [social housing benefit] paid to those not eligible for APL or ALF depending on their income, household hygiene conditions and the number of household members.

In parallel, action targeting families in the greatest difficulty was organised by the state as part of *Protection Judiciaire de la Jeunesse* - PJJ [judicial protection for juveniles] and by local authorities as part of the *Aide Sociale à l'Enfance* - ASE [child social assistance services]. This action ranges from supporting parenthood to permanently placing children in facilities. In addition to these measures aimed specifically at children, family-focused policies offer personalised aid to families, from social worker services to collective facilities like kindergartens, drop-in centres, nursery day centres and bridging classes.

2.2.2 Policy developments and main challenges

Although the parental leave solution may be viewed as "sacrificing" professional life for the sake of the family, or the pursuit of a family-focused approach that strengthens the model of a mother-carer in the home, it can also be a way for both mothers and fathers to achieve greater flexibility between these two spheres of their lives following the birth of a child (or children). However, a better balance between work and care requires a range of better-paid, part-time or short-term parental leave packages that are in particular more evenly shared between mothers and fathers. In this respect, France is clearly less advanced than some other countries, since it does not offer paid parental leave based on a replacement rate of parents' former wages. The French system tends to send those women who are

¹ The amount of the benefit varies according to the level of time, with three levels: from 50% (part time) to full time with an intermediary level for those working between 50% and 80% (Boyer, 2016).

badly positioned in the labour market into inactivity, thus reducing the level of unemployment among mothers.

The other area where France lags behind is in promoting role sharing between mothers and fathers, so that more equal male and female career paths can be accompanied by a new male–female sharing of household chores and childcare. A positive reform has been implemented recently in that perspective. Since 1 July 2021, the duration of paternity leave and childcare has been doubled: it is now 28 days compared to 14 days previously, including the three days of birth leave financed by the employer, which are added to the 25 days paid by the social security system. The implementation of the PreParE in January 2015 also certainly gives parents an incentive to share this right to a financial benefit when they stop or cut down on work, by playing on the duration of payment. However, in comparison with the replacement of former wages or the quota rule applied in other countries, this reform does much less to encourage fathers to take advantage of their right to paid leave. Despite the country's relative lateness in replacing income for parental leave and promoting male–female equality in household chores and childcare, when it comes to quotas for fathers and parental leave specific to fathers, France still ranks relatively high in a European context. It offers the possibility for both mothers and fathers to stop their activity or reduce their working time when their children are under three years old.

Significant efforts have been made concerning governance and coordination. New bodies have been created: at the national level, the National Council for Child Protection and the High Council for Family, Childhood and Ageing. Previously organised around family issues only, this institution has divided the field and created a specific childhood section, whose objectives include promoting children's participation in decisions that concern their everyday life. In 2018, a new objective and management contract was adopted that considers parenting support as one of the new pillars of French family policy. At the local level, the *schémas départementaux des services aux familles* [local plans for services to families] date from 2014: after a joint diagnosis of needs, local actors (public, non-governmental and private) define a development plan and service priorities for families (childcare, parenting support, information and advice, etc.). The national strategy to prevent and combat poverty includes the creation of 30,000 additional places in formal childcare by 2022, and 300 new childcare services to help parents return to employment in the most deprived areas.

Despite significant improvements, to fulfil the EU Commission's recommendations, France needs to improve on some points: it should use the replacement rate of parents' former wages to calculate the level of paid parental leave (also the best way to improve the proportion of fathers taking parental leave and getting involved in childcare activities at home); and it should develop a strategy to reduce the level of inequalities at school and improve coordination between social workers and teachers, social and family policies and education policy.

The 2020 Finance Act supports several programmes aimed at families: set-up of a new service for recovering child alimony payments, and financing of leave for family carers allowing a temporary halt to professional activity to take care of a disabled person or a person subject to particularly acute loss of autonomy. Maternity leave is now granted to women in salaried work and self-employed women on the same conditions. Family associations recognise the pertinence of these measures while regretting the decrease in child benefits, the end of the higher daily allowance granted to large families in the case of sick leave, and more generally the lack of ambition of family policy in a country where the birth rate, while still high, is starting to go down.

2.2.3 Some key data

In 2020, 3,084,000 children (aged under 18) were living in a household at risk of poverty and/or severely materially and socially deprived and/or (quasi-)jobless (Table A2.4 – Annex 1). This number represents 22.6% of all children, which is slightly below the EU average (23.8%) (Table A2.3, Annex 1). The situation improved by 2 percentage points compared to the two previous years (2018 and 2019).

In 2020, 17.9% of children (aged under 18) were living in households with an equivalised disposable income below 60% of the national median equivalised disposable income, which is slightly below the EU average (18.9%) (Table A2.5, Annex 1). 16.6% of children also suffered from material and social deprivation (slightly above the EU average of 14.2%, see Table A2.6, annex 1) and 8.4% from severe material and social deprivation.

3 Minimum income (Pillar 14)

3.1 Minimum income protection

3.1.1 Main features of the system

Until 1975, minimum income protection was granted to older people who had no access to a pension scheme or were unable to work due to disability (*minimum invalidité* and *Allocations aux Adultes Handicapés* - AAH [disabled adults allowance]). From 1976 to 1980, two new minimum social benefits were created aimed at people made vulnerable by family breakdowns, the *allocation veuvage* [widowhood allowance] and the *allocation de parent isolé* - API [one-parent family allowance]. In 1979, minimum income protection took a totally new turn with the creation of the *Allocation de solidarité spécifique* - ASS [specific solidarity allowance], aimed at people who had exhausted their entitlement to unemployment benefit, and the *Allocation d'insertion* - AI [integration allowance] granted to people released from prison, refugees, and asylum seekers. In the mid-1980s, the rise in unemployment led local authorities to experiment *Compléments Locaux de Ressources* [local income supplements], which led to the creation of the *Revenu minimum d'insertion* - RMI [minimum income allowance] in December 1988. This minimum allowance was aimed at people of working age, and was related to a social and occupational integration contract. From the start, the number of RMI beneficiaries steadily increased. Criticisms of the measure were numerous, such as the lack of consistency between RMI and other minimum social benefits, insufficient integration measures, beneficiaries' low level of return to employment, and the risks of disincentivising access to work. In 2008, the *Revenu de solidarité active* - RSA [active solidarity income] was created, combining the RMI and API. This new minimum social benefit comprised a lump sum equivalent to the former RMI and took into account part (62%) of income from work. The RSA thus provided supplementary income to workers on low pay. The coexistence within the same measure of a minimum social benefit (called the RSA-socle) and an incentive to work (*Revenu social d'activité* - social activity income) ended in 2016 with the creation of the *prime d'activité* [activity bonus].

At the end of 2019, 4.3 million people received one of the minimum social benefits, which when including partners and dependents amounted to 6.9 million people (10% of the population). In addition to minimum social benefits, several non-contributory benefits provide income to households and thus help reduce poverty: 6.54 million households receive housing benefit; 4.5 million receive the activity bonus; 6.77 million receive family benefits; and 6.91 million people are granted *complémentaire santé solidaire* [solidarity complementary health coverage]. In addition, 5.54 million households received an energy cheque in 2020 (DREES 2021).

On 30 May 2022, the list of minimum social benefits in France comprised:

- **Revenu de solidarité active** - RSA [active solidarity income]. This differential benefit is paid by the *Caisses d'allocations familiales* - CAF [family benefits funds] and the *Mutualité sociale Agricole* [agricultural social mutual fund]. Beneficiaries of RSA must be aged at least 25 or be responsible for at least one born or due child, and reside in France. Since September 2010, young people under 25 who have worked at least two years during the last three years can claim RSA. When beneficiaries are unemployed or if their income from work during the last three months is less than an average of 500 euros a month, they are obliged to make efforts to find work in exchange for support from *Pôle Emploi* [job centre] or another organisation.

- **Allocation de solidarité spécifique** – ASS [specific solidarity allowance]. ASS is aimed at jobseekers who are no longer eligible to claim unemployment benefit, and can demonstrate five years of paid activity (full time or part time) during the ten years preceding the termination of their work contract. At the end of 2019, 351,500 people received ASS.
- **Allocation aux adultes handicapés** – AAH [disabled adults allowance]. Aimed at disabled people aged at least 20 who cannot claim a retirement pension, invalidity benefits, or an occupational accident pension. AAH is means tested and based on medical criteria. At the end of 2019, 1.22 million people received AAH.
- **Minimum vieillesse** [old age minimum income]. People aged at least 65 (or who have reached the minimum legal retirement age in case of incapacity to work) are ensured a minimum income with this allowance. Two types exist: the *allocation supplémentaire vieillesse* [supplementary old age allowance] and *allocation de solidarité aux personnes âgées* [solidarity allowance for older people]. At the end of 2019, 601,600 people received this allowance.
- **Revenu de solidarité outre-mer** [overseas territories solidarity income] can be claimed by people receiving RSA who live in a French overseas territory, are aged 55 to 65, do not receive a full pension, and agree not to carry out an occupational activity. This allowance concerns a little under 10,000 people.
- **Allocation pour demandeur d'asile** [asylum seeker's allowance]. Paid out to asylum seekers, non-nationals covered by temporary protection, and non-nationals who are victims of procuring or human trafficking. Applicants must be aged 18 or over and be in possession of an asylum application or a residence permit. At the end of 2019, 108,200 people received this allowance.
- **Allocation veuvage** [widowhood allowance]. Paid out for two years maximum to the spouses of insured deceased people. Beneficiaries must satisfy age and income criteria, not live in a couple, and reside in France. At the end of 2020, 4,700 people received this allowance.
- **Allocation supplémentaire d'invalidité** – ASI [supplementary invalidity benefit]. This means tested benefit is paid out to people incapable of working subject to a reduction of at least two-thirds of their work or earning capacity, who live in France and receive one of the following benefits: invalidity benefit, survivor's pension, widowhood allowance, early pension (due to a long career, a disability, permanent incapacity, or eligible due to arduous conditions as created by the pensions reform of 2014). The benefit is paid out until the minimum legal retirement age. At the end of 2019, 81,600 people received this benefit.

3.1.2 Policy developments and main challenges

Announced in 2017 during the presidential election campaign, and confirmed in 2018 in the national poverty action strategy, a major reform of minimum income protection was due to be implemented. The idea was to move towards a *Revenu Universel d'Activité* [universal activity income] with a set of measures that could comprise the RSA, the activity bonus, the ASS, personal housing benefits and ASI. This draft reform responded to three objectives: make benefits clearer; simplify similar benefits and make them fairer while applying very different allocation rules; and reinforce the incentive to work. Consultations were pursued until 2020 but were discontinued due to the health crisis. During the 2022 presidential campaign, the project returned to the political agenda, and President Macron announced that RSA beneficiaries could be obliged, in return for their benefit, to devote 15 to 20 hours a week to an activity "*leading them towards professional integration*".

Despite regular increases, minimum social benefits remain well below the poverty line. On 1 April 2022, the RSA-socle lumpsum payment amounted to 575.52 euros a month for a single person without children, while the poverty threshold was 1,102 euros.

3.1.3 Some key data

11.2 million people were at risk of poverty or social exclusion in France in 2017, and by 2020 this figure had increased by 880,000 to reach 12.1 million (Table A3.1, Annexe 1). This increase was slightly higher for men than for women. The rise cannot be explained by demographic change alone, since during the same period the French population only rose by 500,000 people. This 1% increase comes at a time when the EU-27 saw its poverty rate drop by 0.9%. While the difference in averages between France and Europe used to be 4.5 points to France's advantage, this gap was only 2.6 points in 2020. Germany is one of the only EU-27 countries to have undergone a similar development. The increase concerns the whole French population but is greater for non-nationals. An examination of the at-risk-of-poverty 60% threshold rate shows a similar evolution, with the poverty rate increasing by 0.5 points from 2017 to 2020, impacting women more than men. Once again, this situation is specific to France, since the EU-27 average dropped 0.3 points from 2017 to 2020 (Table A3.4, annexe 1). The deprivation rate (Severe material and social deprivation indicator) followed a similar trend (Table A3.6, Annexe 1)

While it remains slightly better for France than for the EU-27 as a whole, the rate of coverage of the minimum income in relation to the poverty threshold dropped slightly from 2017 to 2020, by 0.6 points, whereas it rose 0.8 points during the same period for the EU-27 (Table A3.7, Annexe 1) The drop is even greater when the minimum income is compared to the lowest wage level and reaches +0.2 point for the EU-27 from 2016 to 2019 and -4.0 points for France during the same period. (Table A3.8, Annexe 1).

3.2 Social inclusion services

3.2.1 Overall organisation of social inclusion services (at national, regional and local level) and types of services provided

Almost 1.5 million people work directly or indirectly in the personal social services sector in a social or medico-social capacity. In addition, the sector comprises a significant voluntary input in about 200,000 social associations. 33% of these employees work in services and employment integration for disabled people, 21% in general social services and the same percentage in the home care sector, 20% work with the elderly, and another 8% work in early childcare. The biggest changes over the last decade have affected the home care and early childcare sectors. These professions are mostly occupied by women (79%). While most employees are on permanent contracts, short-term contracts are increasingly common. Outlook studies on professions and qualifications up to 2022 indicate that employment rates in these personal social services are likely to increase at a faster pace than for professions as a whole (Pôle Emploi, 2018). In addition to the private sector, the social branch of public local authorities concerned 9.6% of French civil servants in 2015, which is about 187,300 people, along with 94,000 personnel in the medico-social sector.

The type of qualification, the activities developed, and the regional divisions are extremely heterogeneous in this sector, which proposes both general and highly specific services.

General services mainly concern the public sector. They mostly include social services in the *départements* (administrative areas) and local sector-based social services. At the time of the two decentralisation phases in 1983 and 2003-2004, the state transferred to the *départements* almost all social missions concerning action against poverty and exclusion, support for the elderly, child support and support for disabled people.

Dating back to very old forms of social assistance developed after the French Revolution, the social assistance bureaux became *Centres communaux d'action sociale* (CCAS) [municipal centres for social action] in 1986. These public administration establishments are obligatory in all municipalities with over 1,500 inhabitants, and otherwise optional. The 4,000 CCAS in France are presided over by municipal mayors.

In the private sector, **charities** like the *Secours Catholique*, *Secours Populaire*, French Red Cross, *Petits Frères des Pauvres*, Salvation Army, *Entraide Protestante*, and many others

charities offer a wide range of support to people in need of housing, food aid, health assistance, school support and family support.

Specialised services are numerous and cover diverse social situations. They may be managed by the public sector or carried out directly by associations.

- In the childhood sector, the **Protection Maternelle et Infantile** - PMI [mother and infant welfare services] are free public health care centres where pregnant women and mothers with children up to age six can receive advice and medical care, medical check-ups and vaccinations.
- The *services départementaux de l'aide sociale à l'enfance* [services for social assistance to children] specialise in care in the home or in institutions, or come under the state as part of **Protection Judiciaire de la Jeunesse** - PJJ [judicial protection of minors]. They provide material, educational and psychological support to young people and their families following a request from the families or a children's judge.
- Created by the act of 11 February 2005, the *Maisons Départementales des Personnes Handicapées* - MDPH [local centres for disabled people] have a mission to receive, inform, support and advise disabled people and their families.
- The **Centres Locaux d'Information et de Coordination gérontologique** - CLIC [local centres for gerontological information and coordination], established in 2001, carry out three missions: providing neighbourhood outreach; facilitating access to rights; and fostering network action by gathering information and coordinating the work done by all bodies.
- In the health sector, the multiple services available to people in difficulty are coordinated regionally through **Programmes Régionaux d'Accès à la Prévention et aux Soins des personnes les plus démunies** - PRAPS [regional programmes for access to prevention and care for the most deprived], created by the 1998 Act for combatting exclusion. PRAPSs bring together health plans, health insurance organisations, professional bodies, associations, local authorities and state services to improve access to prevention and care for people living in precarious conditions.
- In addition to social and health sectors, personal support also involves **vocational training for unemployed and working people**. Each year, 17 million employees take advantage of training courses funded 45% by companies, 4.3% by individuals, and 50.7% by public authorities. This type of training is mainly taken up by employees working in the private sector (43%), public sector (17%), young people (24%) and jobseekers (15%).

3.2.2 Policy developments and main challenges over the past year

The general situation regarding social work was raised by the French President at the opening of the congress of the *Fédération des acteurs de la solidarité* – FAS [federation of actors of solidarity] on 6 January 2022. His observation reflected the shortages affecting this employment sector: *"Let's be clear, these lines of work are undergoing a crisis. They are no longer attractive, fewer people have the vocation [...] Social workers are essential actors on the field for our country [...]. They don't get enough recognition, career prospects are unattractive, and job conditions are difficult."*

Few changes are currently underway in this sector, apart from a 183-euro monthly wage increase, which is part of the Ségur health plan and only concerns people working in the social education part of the three civil service branches (territorial, hospital, and state). People working in the non-profit private sector will have to wait for the outcome of negotiations between trade unions and employer organisations, which include the creation of a single collective agreement.

The reform of education leading to these professions, which began in 2015, is being put in place slowly. It should lead to more standardisation of these jobs in terms of Bachelor's and Master's degrees and, in the longer term, a pay rise.

3.3 Integrated delivery of social inclusion services

3.3.1 Type of integrated delivery of social inclusion services

The multiple objectives of the services briefly mentioned in the previous section, the diversity of the establishments responsible, the heterogeneity of the professionals that provide them, and their unequal distribution over the country make it particularly difficult to integrate these services in an overall, consistent way. Nevertheless, numerous efforts at standardisation and some very successful local initiatives show that it is not an impossible task.

A breakdown by category of population and by specific problem encountered has over the years led to a **stove-pipe organisation** in which individual professionals and institutions implement the responses available in their sector rather than finding a comprehensive solution. When the 1998 founding legislation on combatting exclusion was implemented, politicians had clearly identified the need to connect back-to-work and social support action as closely as possible, to the point of bringing *département* employment services and social action services closer together. This approach was implemented for the first two years, but then gradually diminished. In the same sectors, while the *Revenu Minimum d'Insertion* - RMI [minimum income allowance] took a very comprehensive view to professional integration, the development of the *Revenu de Solidarité Active* (RSA) [active solidarity income], which is aimed at getting people back into employment, led to the demise of a broader social support perspective.

The lack of integrated services delivery can also be put down to a phenomenon of institutional jumbling. Housing is the responsibility of municipalities except for homeless people who come under state procedures; poverty action is generally the business of *départements*; the regions take care of training and health, while education is national; transport comes under the municipalities, the state and the regions. These institutional divisions do not make cooperation easy. While the decentralisation measures of 1982-1983 and 2004 were devised to put an end to cross-financing, over the years the institutional system has become increasingly complex.

The development of types of public action management in the form of programmes with their own specific funding and governance, contrary to expectations, has not really reduced this stove-pipe organisation. Instead, it has contributed to generate uncertainty regarding the continuity of programmes and long-term action, and created a divide between those populations that are cared for and those that remain outside of the programme. It is here that urban policy, once a source of hope for integration, comes up against one of its greatest obstacles.

Although the above remarks give little cause for optimism, several examples do indicate real progress towards better integration in the management of personal social services. Over the last decade, a number of policies have been established with the aim of organising services in a more consistent and integrated way in the same field of intervention. The local centres for disabled people (MDPHs) mentioned above work on a "one-stop shop" principle devised to simplify procedures for disabled people. Whatever the disabled person's age and situation, access to services takes place at once: reception, listening, information, support and advice. Thanks to this multiple approach, MDPHs consider individuals as a whole.

While recognising that social policies had succeeded in containing the increase in poverty in the crisis years, the 2018-2022 programme aims to draw lessons from these policies, which have struggled to stem the causes of poverty and make it possible to move forward into better situations. The strategy announced, following the fairly standard pattern of the last two presidential periods, puts the focus on getting out of poverty through access to

work. What is new, however, is the strong accent on social investment, putting action against child and young people's poverty at the centre of the project.

3.3.2 Policy developments and main challenges over the past year

This paradigm shift is translated by measures that make a priority of promoting equal chances from early childhood: development of childcare systems, improved education quality and care for very young children, and parenting support. The programme insists on the everyday guarantee of children's basic rights, including sheltering children in the street and access to food for children from poor families. Action against early school leaving and leaving school with no diploma should take the form of obligatory training up to age 18. This strategy integrates simplified access to social rights, and the evolution of minimum welfare towards a universal minimum income that should group minimum benefits that have been juxtaposed since the 1960s.

The current evaluations of the national poverty action strategy show that this policy has only been partially implemented, mainly due to the health crisis. Of the 35 anticipated measures, the committee responsible for the evaluation observed in April 2021 that only four had been totally implemented: the increase in the activity bonus, the implementation of the *complémentaire santé solidaire* [solidarity complementary health coverage], the renewal of the latter for beneficiaries of RSA, and the opening of 400 financial guidance points. Two measures have been dropped, which are support from local authorities in 60 priority urban neighbourhoods, and experiments aimed at diversifying operators and ways of implementing the *Garantie jeunes* [young people's guarantee]. The remaining measures have been launched but with very different progress made: for example, the *mixité* [social mix] bonus had almost reached its 2022 target by 2019, while none of the training courses anticipated in the plan have been set up for social workers or early childhood professionals (France stratégie, 2021).

4 Access to services (Pillar 20)

4.1 Access to quality essential services by low-income people

In 2020, with a view to strengthening the European Semester's contribution to mainstreaming the UN Sustainable Development Goals and to developing the European Pillar of Social Rights (EPSR) Action Plan, the Commission asked the ESPN national experts to describe and analyse existing measures, policy frameworks and reforms aimed at helping people on low incomes to access the six essential services listed in Principle 20 of the EPSR (water, sanitation, energy, transport, financial services and digital communications). The purpose was to improve the understanding of Member States' action aimed at ensuring effective access to these services for people on low incomes. The 35 country reports as well as the Synthesis Report summarising and putting in perspective their main results are available on the ESPN web-page.

5 Access to (adequate) social protection for the self-employed and those in non-standard forms of work (Pillar 12)

5.1 Social protection for the self-employed

5.1.1 Access to social protection by scheme/area

For a long time in France, most self-employed workers were non-salaried farm workers, small retailers or members of the professional class, who possessed sufficient funds to face up to a cessation of activity and were rarely affected by unemployment. Times have changed. The creation of the *"autoentrepreneur"* micro-enterprise status in 2009 and the development of services that often take the form of sub-contracted activities have created a new generation of self-employed people whose work status is often simply a default

option to access employment. With an annual growth rate of 2.2% since 2008, self-employed workers make up a heterogeneous group of about 3.2 million people, of whom 2.8 million have a single activity, totalling 10% of the labour force.

With the aim of guiding undeclared workers towards wage labour, the *Chèque Emploi Service* - CESU [service employment pay cheque] was created in 1994 by the URSSAF network. It simplifies employee-employer relations for activities carried out in the employer's home (housework, academic support, small gardening jobs, assistance for the elderly and disabled). In 2019, the *Observatoire de la Fédération des particuliers employeurs de France* [observatory of the federation of individual employers in France] indicated that 3.3 million individuals employed 1.4 million employees for a total of 1.5 billion remunerated hours, constituting a net wage bill of 8.7 billion euros. During the health crisis that began in 2020 with a first lockdown, these employees benefited from a job retention scheme, which allowed them to continue to receive an income during the pandemic.

These procedures do not however eradicate the large differences between full-time employees and other groups when it comes to compensation for loss of income due to work stoppage for illness, maternity or occupational accidents.

Throughout the health crisis, the pandemic had the effect of amplifying and revealing previous difficulties: social protection that is too partial and limited for the self-employed, and a work status that is too precarious for workers who do not have long-term contracts. In both cases, trade union organisations were either too weak or insufficiently concerned to create a more favourable power relationship for these workers.

Instituted by the act entitled "For the freedom to choose one's professional future" dated 5 September 2018 and by two decrees dated 26 July and 20 September 2019, the *allocation des travailleurs indépendants* – ATI [self-employment allowance] was devised to adapt the French system to the diversification of work and employment, secure the professional transition of self-employed people by creating a safety net, encourage entrepreneurship, and reduce disparities between employed and self-employed workers.

To be eligible for this benefit, which came into force on 1 November 2019, claimants must simultaneously meet with the following five conditions:

- They must have worked in a self-employed capacity continuously for at least two years in a single company.
- The activity must have ceased following a court decision (liquidation or receivership).
- They must be able to prove that they have actively searched for employment and have signed up at the job centre (Pôle Emploi).
- Their annual income must have been at least 10,000 euros during the two years preceding the cessation of activity.
- Their personal resources – income and benefits – must amount to less than the) *revenu de solidarité active* [active solidarity income benefit (RSA), or 575.52 euros per month for a single person.

The lump-sum ATI allowance of 26.30 euros per day is paid out by Pôle Emploi for a maximum, non-renewable duration of 182 calendar days. It is allocated with no requirement to have paid in contributions on income from the self-employed activity. The allowance is financed by the totality of the resources of the unemployment insurance scheme (Unedic): unemployment insurance paid in by all employers on remuneration of employees, and a fraction of the *contribution sociale généralisée* - CSG [general social contribution]. Although this benefit is paid out by Unedic and dependent on signing up with Pôle Emploi, its lump-sum nature, the lack of requirement for prior contributions, and its relation to previous income make it closer to a minimum income allowance than a social insurance allowance related to employment. The alignment between the different schemes largely remains to be established. While estimations prior to adopting this measure pointed

to a target of 25,000 to 30,000 potential beneficiaries and a take-up rate of 60%, figures discreetly released a year after the measure's implementation report a 10% rate with 800 to 1,000 applications accepted and as many rejections. There are three possible explanations for the failure of the scheme:

- The level of support provided during the COVID-19 crisis was higher than the ATI, dissuading self-employed people from claiming the allowance.
- Access conditions are highly restrictive, i.e. the need to have filed for bankruptcy and to have earned income of at least 10,000 euros for the previous two years.
- The low amount of the allowance and its short duration do not make it attractive.

Self-employed people (tradespeople, artisans and members of the liberal professions) are not obligatorily insured against the risk of occupational accidents and diseases. They may however sign up for voluntary individual insurance against this specific risk, in which case they pay a health insurance contribution calculated on the basis of their turnover. They can then benefit from coverage of health expenditure by the Assurance Maladie only. For agricultural employees, obligatory insurance of against occupational accidents and disease is managed by the social agricultural mutual fund (MSA).

In general, the rights acquired by self-employed people entitle them to lower pension benefits than employed people under the general scheme. This is balanced by the lower contributions required from self-employed people. However, recent years have seen self-employed contributions follow a rising trend that has taken them closer to the level of contributions paid in by salaried workers. People working on non-standard contracts can also legally obtain an insurance pension — old-age insurance — as long as they satisfy either of the following insurance pension rules: they must have completed 150 hours of employed activity in order to obtain one quarter of insurance, or they must have paid a specified amount of social contributions in line with the current rules set out in the Social Security Act.

The convergence between measures affecting “standard” employees and “non-standard” and self-employed workers is greater in the healthcare system by the adoption of the principle of universal social protection. Initiated by Act No. 2015-1702 on financing the social security system for 2016, this reform aimed to remedy situations of interruption of rights and to guarantee the continuity of rights to avoid changes in the regime penalising people insured by the social security system. The health insurance system for self-employed people has been part of the general health insurance fund since 1 January 2018. Since 1 November 2019, the *couverture maladie universelle complémentaire* (CMU-C) [complementary universal health coverage] and *aide au paiement d'une complémentaire santé* (ACS) [aid to pay for complementary health coverage] have been replaced by *complémentaire santé solidaire* [solidarity complementary health coverage].

These procedures do not however eradicate the large differences between full-time employees and other groups when it comes to compensation for loss of income due to work stoppage for illness, maternity or occupational accidents.

This evolution, although accelerated by the pandemic, follows a trend towards standardisation that has been taking place for several years. Although these measures have widely benefited non-standard workers and the self-employed, they do have limitations. The first concerns some of the criteria for eligibility. For example, when solidarity fund support is calculated on the basis of the whole of 2019, it excludes all microentrepreneurs who started their activity during that year. And while 272,000 entertainment workers exist in France, only 117,000 (43%) can justify a sufficient number of hours to fully benefit from this status.

As a result of these limitations, the measures have turned out to be less effective for poorer communities and precarious workers. This insufficiency is apparent in a great number of these people's accounts of the living conditions they endured during the health crisis (Lambert, 2020).

The Social Security Financing Act for 2018 abolished the *Régime social des indépendants* – RSI [social scheme for the self-employed] and transferred the management of social protection for the self-employed to the general scheme. Since 1 January 2019, maternity leave for self-employed people has been extended to eight weeks, of which two weeks prior to giving birth, with a minimum payment duration of 112 days. These women can also claim adoption leave and a lump-sum maternal rest allowance equivalent to a twelfth of the annual social security ceiling (PASS). For birth and maternity benefits, self-employed mothers have the same rights as employees.

5.1.2 Policy developments and main challenges

Without explicit reference to the Council recommendation of November 2019, several groups of studies have been initiated in France on a revision of the self-employed status. A first set of remarks was produced by the *Haut Conseil du Financement de la protection sociale* (HCFiPS, 2020) [high council of financing for social protection], whose latest report dated May 2020 indicates different potential and recommended avenues for change. The first concerns simplification and more equal treatment between employees and the self-employed. This equity should involve a revision of the income tax base, given that self-employed people are currently mainly taxed via a generalised social contribution that provides them with no direct compensation in terms of social rights. In addition, the self-employed declare low incomes and are subject to high levels of social contributions. This situation is all the more unfair given that employers of low-income employees benefit from numerous exemptions from social contributions, while the self-employed do not. Pursuing this hypothesis of bringing the self-employed closer to the general social security scheme, the authors of the report observe that it would be possible, without modifying the status of self-employment, to incorporate a large number of platform workers into the general scheme. This incorporation could concern social coverage only, with no impact on employment legislation. The recent example of the administrative switch from the *Régime Social des Indépendants* [social scheme for the self-employed] to the *Régime général de Sécurité sociale* [general social security scheme] demonstrates the feasibility of this integration: an integration that would be improved if the health insurance scheme provided self-employed people with a higher-quality service.

The second report (Frouin, 2020), relating more directly to self-employed workers linked to the development of digital platforms, examines different hypotheses, including a maintenance of the status quo but with the acceptance of court rulings, which are likely to re-evaluate employment contracts in self-employment situations. An example is the Uber Decision made by the Court of Cassation on 4 March 2020 which re-evaluated the relationship between a chauffeur and a platform as an employment contract. Among other hypotheses, the report examines and dismisses the application of employee status to all platform workers. The report also dismisses the hypothesis of creating a new status in between those of employee and self-employed, due to a risk of levelling down and returning to the former special service agreements, whose disadvantages are well known and rejected. The report includes the proposal of an innovative compromise, which would involve generalising platform workers' use of a third party to provide them with a salary. This option already exists in the form of umbrella companies and employment and activity cooperatives. In such cases, platform workers receive a salary from the umbrella company and access the general social security scheme, unemployment insurance, and all employee rights and advantages (e.g. permanent contracts are required to access rented accommodation in large cities). They also access the job retention scheme and measures like the *compte pénibilité* [arduous work account] now known as the *compte professionnel de prévention* [occupational prevention account]. Along with these guarantees, self-employed workers signed up with umbrella companies retain their flexibility and autonomy: there is no subordinate relationship, and they remain free to organise their work as they please. Faced with the unilateral power of platforms and collective initiatives on the field, the organisation of collective relations between workers and platforms also emerges as a consensual solution for regulation.

The Senate's social affairs commission (Forissier, 2020) is also favourable to exploring more constraining regulation of platforms than the current charters, and points to the more promising avenue of making working people's social rights more universal beyond their occupational status. This is already the case for the coverage of healthcare expenditure and could for example be applied to the right to training and holidays. The experiment of implementing a right to unemployment for the self-employed would have been a step in this direction if the constraints imposed had not led to the failure of this reform. Its forthcoming re-examination could be the starting point for a broader reform of social protection.

5.1.3 Some key data

From 2017 to 2021, the percentage of self-employed among employed people as a whole rose from 11% to 12.7% in France. In comparison to this 1.7% increase, the average for EU-27 countries, while remaining higher, dropped by 0.6 points (Table A5.1, Annexe 1). With the exception of people in employment, whose poverty rate remained stable from 2017 to 2020, a slight increase in poverty concerned all other types of employment, whatever the indicator used (Table A5.2, Annexe 1).

Part-time work slightly decreased from 2017 to 2020 for France in similar proportions to the EU-27, and also for temporary jobs. Concerning temporary work, the rate of poverty risk rose sharply, from 11.3% in 2017 to 16.4% in 2020 (Tables A5.5 and A5.6, Annexe 1). This increase in France should be compared to a 1.3-point decrease for the EU-27 as a whole. A comparison of the poverty rates of people working full time and part time indicates a significant difference to the detriment of the latter. This difference has risen steadily over time, with a 4.2-point increase for part-time workers compared to a 0.3-point decrease for full-time workers (Tables A5.7 and A5.8, Annexe 1).

5.2 Social protection for those in non-standard forms of work

The distinction between non-standard workers and the self-employed is not particularly obvious in the French system, which makes more of a legal distinction between self-employed workers, i.e. with no employment contract whose self-employment is gauged solely by their absence of subordination, and workers subject to an employment contract, whatever the organisation, duration, or remuneration provided for in that contract. While statistical data indicate that 3.2 million people have self-employed status, we do not have any concise data on non-standard forms of work. As an illustration of this point, the French national plan on implementing the recommendation of November 2019 makes no distinction between these two types of worker (Plan national, 2021).

5.2.1 Access to social protection by scheme/area

The law on student guidance and educational achievement abolished the student health insurance scheme on 31 August 2019, organising an automatic transfer towards the obligatory health insurance scheme (for most people, the general or agricultural schemes). Despite this change, student mutual insurance funds still exist. Students remain free to sign up to a complementary health plan to ensure better reimbursement of medical co-payments. All of these changes have led to an additional seven million people coming under the general health insurance scheme.

Student interns can apply for sick pay if they fulfil the same eligibility conditions as employees. This thus depends on the duration of their internship, since the condition of having worked 150 hours during the previous three months can only be met by students on long-term internships. In addition, the fact that interns come under an internship agreement rather than a work contract means that they do not benefit from the unemployment insurance scheme.

5.2.2 Policy developments and main challenges

See previous sub-section.

5.2.3 Some key data

See section 5.1.3.

6 Active support into employment, and unemployment benefits (Pillars 4 and 13)

6.1 Main features of the system

6.1.1 Unemployment benefits

The French employment insurance scheme dates from 1958. It took over from different welfare, professional or company societies followed by the national unemployment fund, which subsidised local authorities supporting the unemployed. Established outside of the social security framework, the unemployment insurance scheme was jointly run by employers and labour trade unions in the form of a private-law association called the *Union nationale interprofessionnelle pour l'emploi dans l'industrie et le commerce* – UNEDIC [National Professional Union for Employment in Industry and Trade]. Unemployment insurance is an obligatory insurance scheme that all private-sector employers must pay into to protect their employees should they lose their job. Since 2019, self-employed people can also access unemployment insurance subject to very restrictive conditions. Public sector workers are not covered by the scheme, since the public sector acts as its own insurer. From its creation, the founders considered that in addition to compensating employees, unemployment insurance should help them find work. The result was the creation of the National Employment Agency (ANPE) in 1967, a public administrative body. In 2008, this body became Pôle Emploi, which registers unemployed people, accompanies them in their job-seeking efforts, and helps companies recruit. A three-party agreement between the state, UNEDIC and Pôle Emploi defines Pôle Emploi's concrete operating modes. Pôle Emploi is financed by the state as part of the employment policy and receives 11% of unemployment insurance contributions

Beneficiaries of unemployment compensation receive 72% of their former salary on average during a period which depends on the age and previous duration of work but may not exceed two years. Unemployed people receiving compensation have the possibility of working. In 2018, 47% of beneficiaries worked while the remainder signed up with Pôle Emploi, compared to only 22% in 1995. These beneficiaries only receive a share of their unemployment compensation. In 2018, the average monthly allowance paid to non-working beneficiaries amounted to 1,010 euros and 540 euros for those in work, usually part time.

Only a small share of unemployed people signed up with Pôle Emploi are eligible for unemployment benefit. Since the convention of 2017 and until the reform of 2019, to be eligible to claim the *Allocation d'aide au retour à l'emploi* - ARE [unemployed peoples' allowance] (paid out as unemployment insurance), unemployed people must fulfil seven criteria. Unemployed people who fulfil these criteria are eligible for unemployment benefit. The UNEDIC activity report for 2018 published in 2019 indicates that 60.5% of unemployed people were eligible for unemployment benefit on 30 June 2018, which is 3.45 million people. If not eligible for unemployment benefit, unemployed people may be eligible for specific solidarity allowance (ASS). This benefit is paid out for a renewable period of 6 months, and amounts to 17.21 euros a day.

The fact of being eligible does not necessarily mean that a jobseeker receives a benefit. In 2018, 73.6% of eligible people actually received unemployment benefits from Pôle Emploi. The difference can be put down to a number of factors, i.e. the time lapse for receiving the benefit once rights have been established, coverage by the health insurance system, or in most cases, the fact of taking on a new job at a wage too high to be eligible for unemployment benefit. Each month, 47% of unemployment insurance beneficiaries (1.74 million) work while signed up with Pôle Emploi. Of these beneficiaries in work, on 30 June

2018, 49% or 847,000 cumulated benefits with a salary and only received a share of their benefits, while 893,000 received no benefits at all.

6.1.2 Activation support to the unemployed

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

Pôle Emploi carries out numerous one-off activities, and provides personal support for finding a job, transportation assistance, and childcare assistance. Initiated in 2014 and revised in 2017, Pôle Emploi and local administrative areas (*départements*) have developed a global approach to supporting the most vulnerable jobseekers. This approach, which is in the process of being made more general, consists in simultaneous support for jobseekers from local social workers and Pôle Emploi agents.

The development of individualised approaches in offering support and guidance to jobseekers has been on the rise, particularly for the people most estranged from employment. When jobseekers sign up at a job centre (Pôle Emploi), they receive an initial interview and diagnosis within 10 days of registration. This interview is used to calculate their benefit entitlement and draw up a *Projet Personnalisé d'Accès à l'Emploi* – PPAE [individual jobseeking plan]. Jobseekers are obliged to work with their advisor to draw up their PPAE and keep it updated. This plan describes the person's characteristics and determines the jobseeking action to be carried out. The plan has to be updated every three months, and is required of all jobseekers.

Training rights acquired during active employment remain attached to the working person, including when that person becomes a jobseeker: each individual maintains the tally of euros saved on their personal training account. Jobseekers can benefit from professional development guidance, which aims to increase their aptitudes, skills and qualifications. To increase their chances of finding work, jobseekers can also ask to have their professional competencies recognised with a view to certification. Lastly, as part of their personalised social and/or professional support, jobseekers can request a placement in a professional environment to discover a trade or business sector, confirm a vocational project, initiate a recruitment application or take part in the “collective operational preparation for employment” scheme. During their training, jobseekers are remunerated and continue to receive benefits within the limits of their claiming rights.

6.2 Policy developments and main challenges

In the first quarter of 2022, the French unemployment rate based on the ILO definition was 7.3% of the active population. This is its lowest level since early 2008. This positive situation has not however seen an improvement for two recurrent weak points in France: a stable, but constantly high level of long-term unemployment, and high unemployment among young people. In addition, some sectors are subject to acute recruitment difficulties, such as the hospitality, construction, health and social sectors. This has led the government to develop and intensify several programmes.

A plan to improve recruitment shortages with a budget of 1.4 billion euros was announced on 27 September 2021 with three priorities: make it easier for employees to change career to avoid the risk of downgrading or long-term unemployment; increase training for jobseekers in response to business needs; and get long-term jobseekers back into work and direct them to high-growth trades.

For long-term jobseekers, 35,000 actions to get back into the job market are proposed. These actions are based on the sectors currently recruiting and are designed to: identify the trades for which jobseekers possess the right skills; carry out an objective evaluation of their technical skills; build up their professional expertise; help them acquire digital skills; and prepare them for training. The next step can be a regional training course. For very long-term unemployed people (out of work for over two years), Pôle Emploi will offer a more intensive "*parcours de remobilisation*" [back to work plan].

The reform of unemployment insurance established by the Act on "the freedom to choose one's professional career" of 5 September 2018 and its implementation decrees make quite significant changes to the way in which unemployed people are compensated. Following the breakdown in negotiations between social partners, which had begun in 2019, the government took back in hand the transformation of the unemployment benefit system. Two decrees were published during the summer of 2019. These texts anticipate changes whose entry into force was initially planned from 1 November 2019 to 1 April 2020. While some of these measures did come into force on 1 November 2019, the health and economic crisis triggered by Covid-19 upset the calendar.

After several postponements due to the health crisis, almost all of the items of this reform came into force on 1 October 2021.

Firstly, the reform modifies the eligibility conditions. Unemployed people must have worked for at least 6 months, and no longer 4 months, during the reference eligibility period, which has decreased from 28 months to 24 months. This measure will reduce the number of unemployed people entitled to claim their rights and, in addition, will reduce the duration of the right to claim for some unemployed people due to the fact that work contracts from the 25th to the 28th month are no longer considered. The reform also modifies the daily reference wage, which is used to calculate the amount of the allowance. This will result in longer rights for people who have worked discontinuously, but a reduction in the daily reference wage and thus in the daily benefit.

Following consultation of social partners by the government during the first two months of 2021, the change to the way that the reference daily pay is calculated to determine the amount of Aide au Retour à l'Emploi (ARE) [back-to-work allowance] came into force on 1 July 2021. In addition, the degressive allowance mechanism applying to people under 57 who receive at least 4,500 euros gross a month, and stricter conditions for receiving unemployment benefit (minimum work period extended to 6 months over the last 24 months instead of 4 months over 28, except for the over-53s) came into force in October 2021 at the earliest, once the indicators show that the job market situation has improved. Taxation of the abusive use of short-term contracts by companies will come into force in July 2022 at the earliest, following a one-year observation period starting in July 2021. Unions were opposed to this measure, which could represent an average drop of 17% in their benefits for 1.15 million future jobseekers according to estimations by Unedic,

Lastly, Decree No. 2019-797 of 26 July 2019 establishes degressive benefits for incomes higher than 3,500 euros net per month. The law also establishes compensation for employees who resign if their resignation is part of a professional project. This measure should impact 17,000 to 30,000 resigning unemployed people. The law also anticipates a new form of replacement income for self-employed people. The amount of this new benefit is likely to be 800 euros per month during 6 months and should concern around 30,000 beneficiaries out of a potential target of 3.3 million people.

6.3 Some key data

In 2021, the unemployment rate in France stands at 7.9 %, slightly higher than the EU-27 rate (7.1%). This rate is higher for 15-24 years old (18.9%) and for non-European foreigners (14.0%) and roughly equal for men and women. (Table A6.1, Annex 1). The long-term unemployment rate this year 2021 stands at 29.4% of the active population and reaches 33.5% for foreigners outside the EU-27 (Table A6.2, Annex 1). In 2020, the at-

risk-of-poverty rate of 7.5% for the working population is 18% among the inactive and reaches 38.6% for the unemployed population. (Table 5.3, Annex 1).

From 2017 to 2021, unemployment statistics show an improvement in France of about 1.5 points, across all ages and both genders. However, the gap in unemployment figures between people aged 15 to 24 and 25 to 64 remains almost constant, with a nearly threefold difference (Table A6.1, Annexe 1).

Concerning long-term unemployment statistics, the downward trend is difficult to explain, in particular considering the health crisis.

7 Old age income and pensions (Pillar 15)

7.1 Main features of the pension system

The French pension system comprises two main parts: (Huteau, 2020)

Statutory pension schemes: These are integrated into the social security organisation set up by the state. They include the general scheme (which covers two-thirds of the working population), the agricultural scheme, schemes for self-employed people, and specific schemes for some types of employees (train drivers, civil servants, etc.).

Occupational pension schemes: These schemes are known as AGIRC (for managers) and ARRCO (for non-managers). They were created by social partners aimed at private-sector employees and can amount to an average 40% of the total pension (Social Security accounts, 2019). Overall, for 2018, occupational-scheme pensions represented 24.5% of the total pension entitlements paid out by obligatory schemes (Court of Auditors, 2020).

Affiliation to the statutory and occupational pension schemes is a legal obligation, unlike the third, much less common system in France: personal pension schemes, which can be put in place as part of a company's social protection package.

Financing of the statutory and occupational schemes is based on a pay-as-you-go system, i.e. the contributions paid in by employers and employees are used to fund pensions paid out during the same period. Personal pension schemes, on the other hand, are financed by funded pension plans, in other words, by the savings constituted from the collected contributions. The statutory and occupational pension schemes are based on a proportional principle, by which retired people receive a pension calculated as a percentage of the remuneration of their former activity. Pensions are thus proportional to the contributions paid in during working life.

In the general scheme, the pensionable age is 62, yet obtaining a full pension (50% replacement rate), which is calculated based on the average annual salary of the best 25 years, requires a contribution duration of between 163 and 172 quarters of insurance, depending on the year of birth. If this condition cannot be met, it is still possible to retire at 62, but only on a reduced, "discounted" pension. In contrast, a higher, "premium" pension is available to those who continue working beyond 62 if they have already paid in the required amount of contributions. Pension contributions are capped. People covered by the social insurance system pay contributions up to a gross pay threshold known as the "social security ceiling" (3,428 euros gross a month in 2020). Only pay below this ceiling is taken into account to calculate the statutory retirement pension (apart from special schemes).

People who can justify either having worked for a certain number of years before the age of 20, or a specified permanent level of incapacity to work, can retire at age 60. In addition, workers exposed to arduous conditions meeting criteria established by the arduous conditions account can retire up to two years early. Statutory pensions are updated each year on 1 October according to the consumer price index.

However, people belonging to special employee schemes benefit from more favourable rules in terms of retirement age and, especially, the way that pensions are calculated (75%

replacement rate, consideration of salary of the last six months, and no ceiling), and for this reason they are not obliged to pay into an occupational scheme in order to supplement the statutory pension.

In the occupational schemes, the retirement age is also 62. Pensions are calculated according to the number of retirement points acquired in exchange for contributions paid in, multiplied by the value of the point retained to calculate the pension. Each year workers accrue points in proportion to their gross pay. It is possible to cumulate a retirement pension and paid work, but further contributions into the system cannot be used to acquire new pension rights.

In general, self-employed people acquire rights to lower pension benefits than employed people under the general scheme. This is balanced by the lower contributions required from self-employed people. However, recent years have seen self-employed contributions follow a rising trend that has taken them closer to the level of contributions paid in by salaried workers. People working on non-standard contracts can also legally obtain an insurance pension —old-age insurance—as long as they satisfy one of the following insurance pension rules:

They must have completed 150 hours of employed activity in order to obtain one quarter of insurance, or they must have paid a specified amount of social contributions in line with the current rules set out in the Social Security Act. Thanks to its combination of statutory and occupational schemes, the French pension system is able to ensure a 67% net replacement rate of pay.

The rate of monetary poverty of people in a position to claim a retirement pension is on a steady downward trend. In 2018, 10% of retired people aged 75 were considered to be at risk of poverty (9.1% for men, 6.5% for women), compared to 8.3% of those aged 65 and over (7.5% for men, 8.9% for women). In comparison, the rates for the whole population amounted to 13.6% and 11.9% respectively in 2008 (EU-SILC 2018).

7.2 Policy developments and main challenges

During the period from 1 July 2017 to 1 July 2020, no new reforms of the pensions system were adopted. However, this should be viewed in the context of a deep-seated reform initiated by the current government in September 2017. The aim is to move to a “universal pension scheme” which, the government argues, will be simpler and fairer than the system in place because everyone will be subject to the same contribution and pension rules. This project nevertheless came up against strong opposition in May 2019 from both trade unions and a large share of the population concerned by its impact. It has been criticised for raising significant questions about pension rights for future retirees. In order to maintain national unity during the current pandemic situation, President Macron has postponed the adoption of this overhaul of the pensions system to an unspecified date.

More recently, in May 2022, during the presidential election campaign, President Macron agreed to drop the move to a universal pension scheme and instead implement a reform centred on extending the duration of work. The new target is to extend the legal retirement age from 64 to 65, shifting it by four months a year. The president nevertheless promised compensations for employees who have had long careers, in other words who started work before age 20, and those employed in arduous trades. In addition, the minimum retirement pension could be increased to 1,100 euros for employees who can demonstrate a full insurance duration.

The only concrete measures adopted since 2020 concern farmers and their families. The Act of 3 July 2020 made effective from 1 November 2021 that the minimum agricultural pension is now 85% of the minimum wage (i.e. 1,046 euros a month). Extending the previous law, the Act of 17 December 2021 increases the lowest agricultural pensions by an average 100 euros a month, i.e. those of spouse co-workers and family helpers, whose monthly pension was formerly around 600 euros. Over 210,000 pensioners, 67% of them women, are affected by this reform since 1 January 2022.

7.3 Some key data

Persons ages 65+ are less exposed to the risk of poverty and social exclusion in France (10.9% in 2017 and 13.2% in 2020) than in EU Member States on average (18.5% in 2017 and 20.2% in 2020). As in other Member States, this risk is greater for women than for men, with an average difference of 3% (Table A.7.1, Annex 1).

8 Long-term care (Pillar 18)

8.1 Main features of the long-term care system

Traditionally characterised by a “familialist” approach to elderly care, with the legal obligation for families to care for their older parents, France has developed several LTC policy measures and evolved towards a mixed model, combining public measures and family care. LTC policy in France cuts across different policy sectors – health, social and medico-social² – and involves several levels of governance: the state, regions, *départements* and municipalities. Regional and local administrations execute national health policies defined at the central level by the government, whereas the decentralised French local authorities – *départements* – are responsible for social policy. They have a key role in LTC regulation: they define local policy orientations in their territory; finance and manage the national *Allocation personnalisée d'autonomie* - APA [personal autonomy allowance; and regulate care services. Although the different schemes and measures have a precise national framework, the implementation can introduce some territorial disparities. In addition, municipalities can develop specific voluntary support measures. Along with this complex territorial organisation, two major institutional actors are involved: the *caisse nationale de solidarité pour l'autonomie* - CNSA [national solidarity fund for autonomy], created in 2004, which is a national institution responsible for implementing policy measures aimed at older and disabled people³; and the *agences régionales de santé* - ARS [regional health agencies], introduced in 2009. They are the regional representative of central government, extending the regional agencies' traditionally health-sector-only intervention to the social care sector.

The LTC policy involves a wide range of funding (health insurance system, pension funds, the *départements*, the CNSA and central government) for equally wide-ranging expenditure, combining a health insurance system and a tax-based system for the funding of the APA. In 2016, LTC public spending represented 1.7% of GDP. Considering national data, and extending the figure to include costs covered by households, LTC represented 1.4 of GDP in 2014, and thus constitutes a major, though fragmented, financial investment in France (Roussel-2017).

Considering social protection provisions, different schemes can be identified, each with its own characteristics depending on the system (health or social care) it relies on.

A first group of schemes corresponds to “social assistance schemes” which are managed by *départements* and/or pension funds

- *Aide sociale à l'hébergement* - ASH [social assistance for accommodation]: paid out by the *départements*; devised to cover expenditure for the accommodation of people aged 65+ residing in France and with income below the cost of the accommodation (the income of close relatives is also taken into account).
- Financial support to pay for home helps: granted depending on conditions of age and income of old people with the lowest level of dependency.

² A specifically French sector along with the health and social sectors, whereas common English usage only distinguishes 'health care' and 'social care' sectors.

³ The funds of the CNSA combine different sources (CNSA, 2019): a transfer of part of the sickness branch of the social security system (20.4 billion euros); taxes (2.7 billion euros); and a social contribution (2.4 billion euros).

The corner stone of the social care policy is based on a specific policy measure: the *Allocation personnalisée d'autonomie* - APA [personal autonomy allowance].

Introduced in the late 1990s and focused on situations of 'dependency', this benefit aimed at meeting the needs of elderly people who were not covered by health insurance, by helping them identify their needs and pay for social care services. It was reformed in 2002 and became the APA. Managed by the *départements*, the APA is paid – at home or in institutions – to any person aged 60 or over who needs assistance to accomplish everyday activities or who needs to be continuously watched over. Each level of dependency – according to the AGGIR Grid⁴ – gives access to a maximum amount, which is then adjusted according to the recipient's needs and level of income. In 2019, for a GIR 1 the maximum amount of the allowance is 1,713 euros; 1,375 euros for GIR 2; 931 euros for GIR 3 and 662 euros for GIR 4.

At home, the allowance is paid to finance a specific 'care plan' elaborated by a multidisciplinary team (health and social professionals from the *départements*) after an assessment of needs. The use of the benefit is controlled and the multidisciplinary teams are in charge of following up on the situation. The APA represents over 5 billion euros of expenditure, of which 65% comes from the *département* and 35% from the CNSA (CNSA, 2019). The APA was allocated to 1,285,500 elderly people in December 2016 (7.6% of people aged over 60), of whom 60% in the home and 40% in institutions.

Employing a care worker in the home also opens up the right to fiscal deductions and, since 2017, tax credits.

A final category of schemes concerns informal carers, with two different types of leave:

- carer's leave: granted for three months or a part-time period, renewable up to one year. A financial compensation was voted in October 2019 (from 42 euros to 55 euros per day from October 2020);
- family solidarity leave to assist a dying relative: granted for three months, renewable once and can be used for a part-time period. Daily allowance of 55 euros for a maximum of 21 days.

Supply of services:

A wide range of services in the social and health care sectors propose solutions for both home care and residential care, as well as supplementary options. They depend on different regulations (related to health or social care systems), which create financial and administrative complexity.

Services de soins infirmiers à domicile - SSIAD [Home care nursing services] and *services polyvalents d'aide et de soins à domicile* [Home social and healthcare services]: proposing 125,733 places in 2019 (CNSA, 2019). Health care services are provided by salaried nurses and auxiliary nurses paid on a fee-for-service basis. Total expenditure on this type of care rose by 2.7% in 2017, amounting to about 1.6 billion euros (DREES, 2018).

Services d'aide et d'accompagnement à domicile - SAAD [home help and support services], which constitutes a highly complex sector (El Khomri, 2019), including non-profit organisations and public social care services requiring quality certification by the *départements*. Based on an analysis of APA recipients, their number is estimated at 7,000.

Private for-profit organisations in the personal services sector, which require specific quality certification. Their prices are established freely. In 2008, they represented only 4% of social care workers for elderly people (Marquier, 2010).

Etablissements d'hébergement pour personnes âgées dépendantes - EHPAD [residential care homes]: France features 7,438 residential homes (EHPADs), offering 98 places per 1,000 people aged 75 and over (Bazin, 2018). In 2015, these institutions cared for 10%

⁴ The AGGIR Grid distinguishes 6 levels of dependency, from GIR1, the highest, to GIR 6, the lowest.

of elderly people aged 75 or more and one-third of those aged 90 or more. The average cost of EHPAD accommodation ranges from 51 to 71 euros per day (Muller, 2017). These institutions take different forms (Libault, 2019): private for-profit EHPADs (22% of places), private not-for-profit EHPADs (28% of places) and public EHPADs (50% of places). The latter may or may not be hospitals. Despite an increase in staff-to-patient rates from 2011 to 2015 (from 59.7 to 62.8 full-time employment (FTE) for 100 places (Bazin et al., 2018), the number of professionals remains insufficient to ensure quality care.

In 2015, 728,000 elderly people lived in residential care, an increase of 4.8% compared with 2011 (Muller et al. 2017). The recent *Capacités, Aides et Ressources des seniors* (CARE) survey (Brunel- Carrère, 2017), estimates the number as being between 0.4 million (including only high-level dependency cases) and 1.5 million (also including mid-level dependency cases). Concerning the balance between formal and informal carers, the CARE survey established that almost 50% of the elderly in need of care receive support from their relatives and 20% only receive professional support. A third get both formal and informal support (Brunel, 2019).

8.2 Policy developments and main challenges

Since 2017, France has faced numerous challenges concerning: the development of coordination between social, health and medico social sectors; access and affordability of LTC; increased measures aimed at informal caregivers; an improvement in the quality of care delivered at home or in institutions; and the funding of the LTC policy (with the baby boomer generation reaching old age).

The *Acte d'adaptation de la société au vieillissement* – ASV Act [act on adapting society to an ageing population] (in force since January 2016) is the latest general reform to date. Although criticised for mobilising insufficient financial resources (Le Bihan, 2016), it has led to progress:

- Concerning access and affordability, the ASV Act has enabled to upscale the APA and reduce the number of people subject to co-payment. It has thus led to a +6.5% increase in APA expenditure.
- The ASV Act has highlighted prevention and coordination with the introduction of a special body – the *Conférence des financeurs de la prévention de la perte d'autonomie des personnes âgées* [funders' conference to prevent loss of autonomy for older people] – to manage coordination at *département* level.
- Concerning informal care, the ASV Act it has proposed a formal definition of carers including friends and neighbours, introduced a right to respite (with financial support of up to 500 euros per year), and created special centres for the elderly and their carers (*Maisons des aînés et des aidants*), a kind of one-stop shop that provides information, administrative support for users, and support to organise the coordination of social and health care responses.
- Concerning quality, the ASV Act has made multiannual contracts (CPOM) general practice to regulate all social care facilities.

The major guidelines of a deep-seated reform were presented in a report dating from March 2019 – the Libault Report. Although this reform has not yet been released, different measures have been implemented.

- Special attention has been given to informal caregivers with:
 - The Act of 22 May 2019 making it easier to take leave and securing carers' rights.
 - The adoption in October 2019 of an allowance for recipients of carer's leave, aimed at encouraging carers to make take up the leave.

- A national strategy to encourage support for carers.
- A specific measure aims to improve quality, access and affordability: the Act of 24 July 2019 on the transformation of the health system, establishing the integration of existing coordination measures into complex pathways (MAIA, PTA, PAERPA, networks) within a single support measure (DAC).

More recently, a major step was made with the Act of 7 August 2020, which opened up social security coverage of a new “autonomy” risk. This new social security branch is managed by the CNSA and its funding is included in the Act on financing social security, adopted annually. The organisation of this new social security branch, which groups the sectors of disability and old age, is specified by the technical order of 1 December 2021. In a highly symbolic move, it transfers to the social action and social security code many of the provisions relating to the CNSA that were previously contained in the social action and family code. Signed in March 2022 for five years, the recent “agreement of objectives and management” identifies three priorities:

- Guarantee the quality of the public service of autonomy for elderly people, people with disabilities and their relatives, by simplifying procedures.
- Guarantee support adapted to the needs of people who want to live at home, in their own environment.
- Organise and equip the new autonomy branch to ensure more efficient services and resources provided for the benefit of people.

The 2022 budget amounts to 34.4 billion euros, broken down as follows:

- 28.6 billion euros: establishments and services;
- 5.4 billion euros: individual assistance;
- 0.4 billion euros: miscellaneous expenses.

This change in direction does not however bring the debate to an end: the autonomy issue clearly brings together a variety of existing financing measures aimed at elderly and disabled people, thus making public investment more transparent in this sector, but it has very few resources of its own. Moreover, while the political framework in terms of autonomy has now been laid out, the content – based on the recommendations of the Libault Report – remains to be defined, as well as how the main sources of support provided by public authorities and the family will interconnect (Le Bihan, Martin, 2021 b).

8.3 Some key data

Statistics show that the 65 years old and over represent 21.1% of the population and that LTC public spending is increasing in France, representing 1.9% of GDP in 2019 (Table A8.7, Annex 1).

In France, LTC system proposes both home based care and residential care with 4.8% of the over-65s cared for in institutions compared to 6.2 in their homes (Tables A8.4 and A8.5, Annex 1). It covers a large part of the needs, with only 38.7 % of population 65+ in need of LTC with a lack of assistance in personal care or household activities (Table A8.3, Annex 1).

Finally, according to national statistics, the French cash for care scheme (the APA) is allocated to 7.6% of people aged over 60, of whom 60% in the home and 40% in institutions⁵.

⁵ « L'allocation personnalisée à l'autonomie », in DREES, *L'aide et l'action sociale en France*. Paris, DREES, édition 2020.

9 Healthcare (Pillar 16) and sickness benefits

9.1 Healthcare

9.1.1 Main features of the healthcare system

In France, the supply of health care is partly private (primary or ambulatory health care, some hospitals and clinics, around 20% of beds), and partly public (80% of hospital beds, but very few primary health care centres). This set-up guarantees the patient's free choice of doctor, as well as the private practice of medicine. In France, ambulatory care includes both general practitioners and specialists. 49% of doctors in the ambulatory care sector are specialists. The number of hospital beds remains high in France: 5.3 curative care beds per 1,000 people, which is twice the OECD average of 2.6.

Expenses are mainly covered by the different health insurance funds and financed by social contributions and a specific tax, the *Contribution sociale généralisée* - CSG [generalised social contribution]. The 19 basic sickness insurance funds include the *Caisse Nationale de l'Assurance Maladie* - CNAM [national health insurance fund], providing means-tested health insurance. Sickness insurance covers insured parties and their children under 18. To qualify for sickness insurance, the insured party must have worked a minimum number of hours in salaried employment during the period preceding the treatment. Individuals must be registered with the health insurance fund corresponding to their occupation. In 2016, coverage was universally extended with *Protection Universelle Maladie* - PUMA [universal health protection], which recognises the right for all 18-year-olds and over to claim their own health expenditure coverage on the condition that they have stable, regular residence in France.

Benefits in kind are paid out by sickness insurance schemes in the form of reimbursements for medical and pharmaceutical expenses, the costs of dental treatment, dentures, artificial limbs, etc., and directly for hospital expenses. For ambulatory health care, costs are covered on a fee-for-service basis. The fees for medical care and treatment are decided through agreements negotiated between the social security agencies (or funds) and medical practitioners' professional organisations.

For medical and pharmaceutical expenses, the insured party pays directly and is then partly reimbursed. Medical care and treatment are reimbursed by an average of up to 70%. The remainder (co-payment), known as the *ticket modérateur*, or user fee, varies from 20% to 85% of the total expense and must be paid by the patient. This system is supposed to encourage people to scale down their demands. However, complementary insurance plans most often reimburse the cost of the user fee. Currently, 95% of the population are covered by complementary health care insurance (ACS). A further 7% receive *Couverture Maladie Universelle Complémentaire* - CMUc [free means-tested complementary insurance].

When hospital care is required, the insured party pays a daily fixed amount to cover the cost of food and accommodation. Doctors in private clinics are paid on a fee-for-service basis and doctors' services are included in the public hospitals' budget. Public hospitals receive funding based on their activity from the Regional Health Agencies and the social security to cover their medical expenses. The creation of the CMU-c on 1 July 2000 removed a considerable number of financial obstacles likely to block access to care for those on the lowest incomes. CMU, which takes the form of a subsidy and requires regular residence in France and income below a certain threshold (8.593 euros per year), has made a significant contribution to opening up equal access to care.

9.1.2 Policy developments and main challenges

Between 2017 and 2019, following the significant failure of the ACS, in particular due to its high non-take-up rate (60% to 70%), the 2019 Act on financing social security has extended the CMU-c to cover people currently eligible for aid to pay complementary health insurance. Starting from 1 November 2019, this measure has enabled free coverage within

the limit of the CMU-c income ceilings, subject to financial participation according to age up to the ACS ceiling.

Dental and optical care are the primary types of treatment concerned, which can be explained by the difference between the reimbursement tariffs applied by the sickness insurance system and those actually practised, as well as the disparity of complementary health coverage. On the other hand, few people avoid seeking general medical care (1% for general practitioners, 2% for specialists). However, households in the first income decile devote a greater share of their income to healthcare than richer households. The debt-to-income ratio ranges from 2.3% for households in the first decile to 0.5% (2018). Overall, the French system has the advantage of generally swift access to care, extensive freedom of choice and a degree of user comfort for patients.

To remove the financial obstacles to accessing certain types of care (glasses, dental prostheses and hearing aids), the 2019 Act on financing social security established full coverage of care and equipment in the "100% health" basket. The corresponding offer was set up in stages up to 1 January 2021 and is accessible to all insured parties through a twofold mechanism:

- An increase in the basic social security reimbursement rate.
- Fixing of price ceilings.

During the Covid-19 crisis, social distancing and confinement have led to considerable relaxation of the rules for the use of teleconsultation. Thus the number of teleconsultations reached 4.52 million in April 2020 against 29,000 in December 2019. In the hospital domain, negotiations on budgets opened as part of the so-called *Ségur de la Santé* health agreements (July 2020). The procedure appears to catch up on delays rather than to open new perspectives to transform the healthcare system, even though a reform of this kind appears increasingly inevitable, for example concerning relations between hospital and non-hospital healthcare.

An ambition to increase the emphasis on the prevention of occupational accidents and diseases in public health led to the adoption of an Act on health in the work place on 2 August 2021. This law has been in force since 31 March 2022 and includes psycho-social risks in evaluations of risks facing employees.

In addition, in January 2022 the *Haut conseil pour l'avenir de l'assurance maladie* – HCAAM [high council for the future of the health insurance system] published a report commissioned by the minister of health aimed at answering the following question: how can we guarantee everyone access to a healthy environment and to quality prevention and treatment in the face of an ageing population? The HCAAM identified several scenarios. The one that drew the most attention was the creation of a "*Grande Sécurité sociale*" [greater social security system], which would cover 100% of a set of health care and goods, determined according to objectives of equity and access to care or public health.

The question of how to finance the healthcare system remains to be solved. What future resources can be mobilised to deal with an ageing population and the rise in chronic diseases?

9.1.3 Some key data

Self-reported unmet for medical care concerns 2.6% of the population aged 16 years old in 2020 against only 1% in 2017. There are no significant variance between men and women (Table A9.1, annex 1)

Pursuing a constantly rising trend, life expectancy at 65 increased in France from 2017 (21.8 years) to 2019 (22.0), bearing in mind that the Covid-19 crisis led to the first slight downturn compared to 2019 (21.2 years in 2020). This rate is higher than the European average (19.9 years in 2017 and 19.3 in 2020) (Table A9.2, Annex 1).

Healthy life expectancy based on self-perceived health remains stable between 2017 and 2021 (74 years old between 2017 and 2019, 73,6 years old in 2020) against both for men and women (Table A 9.3, Annex 1).

9.2 Sickness benefits

9.2.1 Main features of the sickness benefits scheme

Sickness insurance includes benefits in kind, covering all or part of the cost of care and medical goods, and cash benefits (daily allowance), designed to compensate the loss of earnings caused by stopping work due to illness. Unlike benefits in kind, which are open to anyone legally residing on French territory, cash benefits can only be claimed by social security contributors, excluding their beneficiaries, provided they can justify a minimum period of activity or a minimum amount of contributions. Benefits in kind mainly correspond to covering medical and paramedical fees, the costs of false teeth, medication, medical material and equipment, optical items, medical tests, medical transportation and thermal cures and hospitalisation costs.

To be covered by the insurance system, medical acts, services and health goods delivered in the non-hospital sector must feature on lists established by the state. Individual medical and paramedical acts come under a nomenclature associated with a rate reflecting their technical nature, and a monetary value decided by conventions negotiated between the national sickness insurance organisation (UNCAM) and trade union organisations representing self-employed health professions. The amount of the cost of a drug that the national sickness insurance covers corresponds to a price fixed by an agreement between the pharmaceutical laboratory and a state body, the Economic Committee for Healthcare Products.

Beneficiaries' participation in paying a share of their healthcare expenditure is one of the basic principles of the sickness insurance scheme, although in the majority of cases this is mostly covered by one of the increasingly popular complementary health insurance schemes. The *ticket modérateur*, or user fee, is the main feature of this financial participation, although some categories of care and people are exempt (e.g. intensive care, people with long-term sickness, pre- and post-natal women, etc.). Other forms of participation also exist, such as a fixed contribution of 1 euro per medical act, 0.50 euro deducted per box of medication and 2 euros per medical journey, which cannot be covered by complementary health schemes that operate "responsible contracts", which is almost always the case.

Cash benefits or daily allowances compensate loss of earnings when sickness prevents beneficiaries from working. They take the form of a daily allowance at a fixed rate of 50% of the social beneficiary's daily income, after a deferral period of three days and limited to 360 allowances over a three-year period. Employers may top up the benefits to match their employees' wages (depending on the result of collective bargaining).

9.2.2 Policy developments and main challenges

Remote consultations, which rose sharply during the Covid-19 crisis, have been covered by the *Assurance Maladie* since September 2018. All doctors, whatever their speciality and sector, can now offer remote rather than face-to-face consultations to their patients for all medical situations that they deem appropriate.

In 2019, the cost of healthcare and health goods subject to co-payment by patients amounted to 15 billion euros, which is 7% of the consumption of medical care and goods. On average, the co-payment left to patients following the payment by the *Assurance maladie* was 670 euros per year, and 210 euros after complementary health plan coverage. While complementary health plans and the solidarity complementary health plan cover 96% of the population, high co-payments continue to be observed, for three possible reasons: an absence of complementary coverage; individual complementary health

coverage with low guarantees; healthcare and goods (hearing aids, dentures, glasses) that cost significantly more than the reimbursement tariffs.

However, following the implementation of the “100% santé” measure from 2020, the co-payment of healthcare expenditure on hearing aids and dentures for insured parties has decreased by 10%, which has improved take-up rates.

In response to a problem highlighted during the pandemic, the social security financing Act for 2022 established coverage of the cost of psychologist consultations by the *Assurance maladie*, provided they follow a medical prescription and respect the regulatory fees.

10 Inclusion of people with disabilities (Pillar 17)

10.1 2022 ESPN Thematic Report on Social protection for people with disabilities

Principle 3 of the EPSR guarantees the right to social protection for all, while Principle 17 specifically emphasises that “People with disabilities have the right to income support that ensures living in dignity, services that enable them to participate in the labour market and in society, and a work environment adapted to their needs”. In line with Article 1 of the UN Convention on the Rights of Persons with Disabilities (CRPD), “people with disabilities” are to be understood as people “who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”. Paragraph 2 of Article 28 of the CRPD sets out that States Parties should ensure that people with disabilities enjoy the right to social protection without discrimination on the basis of disability, and should safeguard and promote the realisation of this right via a range of measures (see [here](#)). In 2022, the Commission asked the ESPN national experts to describe and analyse some important cash and in-kind social protection provisions available to people with disabilities aged 18 or above. Section 1 of the report maps and assesses access to disability-specific cash benefits/pensions, distinguishing between: those available to working age people; old-age pension schemes; and income support for specific, disability-related healthcare and housing costs. Section 2 describes the access of people with disabilities to social protection benefits for risks other than disability, focusing on eligibility conditions, disability assessment (if any) and entitlement conditions; it examines old-age benefits and unemployment benefits as well as guaranteed minimum income schemes and other social assistance benefits. Section 3 analyses provision of assistive technology and personal assistance. Section 4 describes national debates and reforms and makes recommendations. There are of course other important provisions available to adults with disabilities in areas not covered in these 35 ESPN national reports.

10.2 Main features of the social protection available to people with disabilities

According to a press release published by the interministerial committee on disability in July 2021, 12 million people with disabilities and 8 million carers live in France (Comité interministériel du handicap, 2021). The annual budget devoted to public policies on disability in France amounts to 51 billion euros, or 2.2% of the annual wealth produced, according to government statements in 2021. France thus ranks 3rd in Europe, behind Sweden and Denmark.

In France, specific disability benefits are split into two types. On the one hand, the *allocation aux adultes handicapés* [benefit for adults with disabilities] and the *complément de ressources* [income supplement] are disability assistance schemes, allocated by each *Maison départementale des personnes handicapées* - MDPH [local centre for people with disabilities] following assessment by the *Commission des Droits et de l'Autonomie des Personnes Handicapées* - CDAPH [Commission on the Rights and Independence of People with Disabilities], in order to guarantee a minimum income for people with disabilities. On the other hand, benefits designed to compensate the loss of capacity for work are disability

insurance schemes, paid out by the social security, mostly in the form of the *pension d'invalidité* [disability allowance] and the *allocation supplémentaire d'invalidité* [disability supplement] when the loss of capacity to work results from a non-occupational disease or accident; or the *rente d'incapacité permanente* [permanent incapacity annuity] and the *prestation complémentaire pour recours à tierce personne* [supplement for third-person assistance], which aim to compensate the loss of income of individuals following an occupational disease or accident. However, the MDPHs and the social security system use different means to evaluate disability. The rate of incapacity evaluated by MDPHs is different from that estimated by the *Caisse primaire d'assurance maladie*⁶ - CPAM [primary health fund] following an occupational accident. Despite the use of GEVA by the MDPHs, aimed at identifying requirements based on a multidimensional approach, the other tools employed to evaluate disability (by MDPHs or the CPAM) are based on a purely medical approach, unlike the environmental approach introduced into the definition of disability in 2005.

In France, people with disabilities can also have access to regular benefits, aimed at elderly people, the unemployed, and social assistance for people on low incomes.

In addition, multiple services and benefits have developed to make it easier for elderly people with disabilities to remain living in the home. The main benefits in terms of amounts are:

- benefits designed to cover a specific need, such as expenditure generated by needs in the case of loss of independence, including the *allocation personnalisée d'autonomie* [personal independence benefit] and *aide sociale à l'hébergement* [social housing benefit];
- or benefits aimed at providing a minimum income to ensure a decent standard of living, mainly the *allocation de solidarité aux personnes âgées* [solidarity allowance for the elderly].

People with disabilities can apply for other allowances and services targeting older people losing their independence. These include: meals on wheels, transport assistance, and house-cleaning assistance either in kind or financial through the *allocation représentative des services ménagers* [house-cleaning services allowance] to carry out everyday tasks (washing, shopping, meal preparation, etc.). These allowances can be granted by the *département* as social benefits, or by pension funds⁷. The *Caisse nationale d'assurance vieillesse* [national pensions fund] and complementary pension funds can also provide other financial and material assistance, e.g. financing technical aids such as support bars or slip-resistant steps, remote support, etc., or a minimum pension for low-level pensions in the private sector, farmers or self-employed people. The CAF can also provide assistance in the form of *aide personnalisée au logement* - APL [personal housing benefit], *allocation de logement familiale* - ALF [family housing benefit], or *allocation de logement sociale* - ALS [social housing benefit]. Since 2017, hiring someone to help in the home also entitles the employer to tax deductions and credits.

People with disabilities can also access multiple services and benefits in the home assistance and home care sectors:

- *Service de Soins Infirmiers À Domicile* - SSIAD [nursing services in the home] and *Services Polyvalents d'Aide et de Soins À Domicile* - SPASAD [multipurpose

⁶ In the social security system, the *Assurance Maladie* (health insurance scheme) manages the occupational disease and accident branches of the general scheme (i.e. not the special or agricultural schemes). It guarantees access to rights and healthcare.

⁷ Pensions funds manage the old-age branch of the social security system. They receive contributions from working people and pay out retirement pensions. The main pension schemes are the national pensions fund (Cnav, Carsat) for private-sector employees and the *mutualité sociale agricole* (agricultural social mutual fund) for farm employees and farmers; the state sector has its own pension funds.

assistance and care in the home service] offer both nursing care and assistance for everyday actions in the home.

- The *Service d'Accompagnement à la Vie Sociale* - SAVS [social support service] and *service d'accompagnement médico-social pour adultes handicapés* - SAMSAH [medical-social support service for adults with disabilities] provided support for 55,000 adults with disabilities in 2020 (CNSA, 2021).
- *Centres de Préorientation et de Réadaptation Professionnelle* - CRP and CPO [professional preorientation and rehabilitation centres] and *Unités d'Evaluation de Réentrainement et d'Orientation Sociale et Professionnelle* - UEROS [units for assessing social and professional reintegration and orientation] supported 11,091 people in their professional integration in 2020 (CNSA, 2021).
- 118,480 places in *établissements ou services d'accompagnement par le travail* - ESAT [assistance and service centres helping people with disabilities into work].
- *Services d'Aide et d'Accompagnement à Domicile* - SAAD [assistance and support services in the home] provide household services and assistance for everyday tasks (they do not provide care) or assistance in carrying out social and everyday activities.

According to DREES data, 550,000 people work in the home services sector in France and in SSAIDs, and 85% of the beneficiaries are old people (CNSA, 2021).

10.3 Policy developments and main challenges

Since 2017, there have been no general reforms of social protection for people with disabilities, France has instead opted to integrate the issue of disability into laws ostensibly relating to other subjects so that disability features more systematically in each policy. Draft legislation is generally submitted in advance to the National Consultative Council for People with Disabilities (CNCPH) for its opinion. This is illustrated by the interministerial committee on disability⁸, chaired by the prime minister, which gathers government members in a meeting every six months. After the nomination of a secretary of state for persons with disabilities in 2017, in May 2022 a Minister for Solidarity, Autonomy and Disability was designated.

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

The **creation of a fifth branch of the general social security scheme regarding autonomy** by the Act of 7 August 2020, managed by the *Caisse nationale de solidarité pour l'autonomie* - CNSA [national solidarity fund for autonomy] (which thus becomes a national social security fund), recognises "the risk of loss of autonomy and the need for support for autonomy" as a right of social protection, by making it part of the social security financing laws.

The **Élan Act** of 23 November 2018 makes it obligatory to take measures to **ensure the accessibility of residential buildings** in building permit applications from 1 October 2019, by which principle all new housing must be accessible (obligatory lift from the third floor, accessibility of rented accommodation, etc.). Article L. 162-1 of the Housing and Building Code states that:

20% of housing in a collective residential building must be accessible⁹; the remaining 80% must be adaptable: housing in which the living room and bathroom are immediately designed so that they can be entirely accessible to people with

⁸ "responsible for defining, coordinating and evaluating the policies undertaken by the state aimed at people with disabilities".

⁹ While the 2005 law planned for 100% accessibility.

disabilities following building work that is easy to carry out, with no impact on structural elements and certain pipes and cables enclosed in the walls;

In February 2021, the **Comité de Pilotage de l'Habitat inclusif (steering committee for inclusive housing)** was launched. The announced aim is to "make inclusive housing a pillar of housing policies for people who need support to live independently, and to include this objective in local policy strategies¹⁰". To achieve this aim, a new benefit was created by the social security financing law of 2021, *Aide à la Vie Partagée - AVP* [shared life allowance], granted to all residents of inclusive housing for which the lessor or partner association has drawn up an agreement with the *département*. The AVP agreements signed with *départements* during this launch period will be co-financed up to 80% by the *CNSA*.

- Main challenges:

Despite several recent reforms which aim to improve support for people with disabilities and to promote accessibility to and maintenance in the home, the final observations of the UN Committee on the Rights of Persons with Disabilities following the French hearing in August 2021¹¹ highlighted areas for improvement in the implementation of the International Convention on the Rights of Persons with Disabilities in France, confirming the demands made by associations representing people with disabilities, such as:

- legislation and public policies based on a medical model "recognised as discriminating" that centres on the incapacity of people with disabilities;
- excessively frequent placement in institutions of people with disabilities (adults and children) rather than maintenance in the home;
- lack of participation of people with disabilities or their representatives on the *Conseil national consultatif des personnes handicapées - CNCPH* [national advisory council for people with disabilities] and the development of policies affecting them.

Allocating greater human and financial resources to MDPHs is indispensable to ensure that people are more systematically informed about their rights and to support them in their applications to make those rights more effective. Improved coordination between actors and a simplification of administrative procedures and applications appear indispensable to combat non-take-up and provide an effective response to people's needs.

10.4 Some key data

In 2020, 12.9 % of the population is at risk of poverty in France (Table A10.2, Annex 1)). But this rate varies considerably according to the level of activity limitation: 11.8% of people with none activity limitation are exposed to the risk of poverty, whereas this rate is higher for people with activity limitations (Table A10.2, Annex 1).

The rate of people at risk increases with the level of activity limitation, as in 2020 : 14.7% of people with some activity limitations are exposed to the risk of poverty; 16.1% of people with some or severe limitations; 18.5% of people with severe activity limitations.

The rate of people at risk of poverty has particularly increased for people with severe limitations since 2017, rising from 15.1% in 2018 to 17.7% in 2019 and 18.5% in 2020.

The indicator measuring the rate of people at risk of social inclusion in addition to the risk of poverty, shows more pronounced variations according to the level of activity limitation between 2017 and 2020 in France (Table A10.1, Annex 1). The rate of people at risk of poverty or social exclusion is 17.4% of the total population in 2020. But this rate varies

¹⁰ Press release:

https://handicap.gouv.fr/sites/handicap/files/files-spip/pdf/24022021_-_cp_-_comite_de_pilotage_de_l_habitat_inclusif.pdf

¹¹ The UN convoked France for a hearing for the first time following its ratification of the International Convention on the Rights of Persons with Disabilities in 2010.

considerably according to the level of activity limitation: 15.3% of people with none activity limitation are exposed to the risk of poverty or social exclusion, whereas this rate is nearly double for people with severe limitations.

The rate of people at risk increases with the level of activity limitation, as in 2020 : 20.6% of people with some activity limitations are exposed to the risk of poverty or social exclusion ; 23.8% of people with some or severe limitations; 29.1% of people with severe activity limitations.

The rate of people at risk of poverty or social exclusion has particularly increased for people with severe limitations since 2017, rising from 24.4% in 2018 to 27.1% in 2019 and 29.1% in 2020.

11 Housing and assistance for the homeless (Pillar 19)

11.1 Housing

11.1.1 Main features of the current framework for tackling homelessness and housing exclusion

The housing situation in France is paradoxical. Residential conditions have improved in the country over the years. The average surface area of primary residences rose from 72 m² in 1973 to 91 m² in 2013, while the average household size went down. The number of owners continues to grow, from 45.5% in 1973 to 57.9% in 2013. INSEE's housing surveys show that the percentage of households claiming to be satisfied with their housing conditions went from 52.1% in 1973 to 76.7% in 2013. At the same time, the housing crisis has been a recurring topic since the appeal made by the activist priest Abbé Pierre in the winter of 1954.

This housing crisis primarily concerns a share of the population, estimated in Fondation Abbé Pierre reports as about 4 million "badly housed" people, and 12.1 million living in vulnerable housing situations: these are people who do not benefit from a general improvement in housing conditions, and, in overcrowded conditions, whose situation is getting worse.

It also relates to the more fragile financial situation of households, since the average affordability ratio, which has been stable since the 1980s, actually dissimulates considerable disparities between owners no longer repaying a mortgage and families on low incomes, young people and single-parent families who are private sector tenants, and even first-time buyers. Rather than access to housing, for them the challenge is accessing and then staying in housing that has become unaffordable. Although rents have risen little recently, this has not always been the case, since from 2000 to 2016 rents went up by 38%, at a faster pace than gross disposable income (30%).

Lastly, the housing crisis is very uneven around the country. Over the years, the drop in interest rates and the extension of loan durations have contributed to an increase in prices with no incidence on the monthly payments of purchasers and a disconnection between local situations and the prices charged. The gaps have widened between regions and towns, accentuated by strong disparities for new buildings.

Published in October 2018, the "five-year plan to implement housing first and combat homelessness" is not just another general plan to tackle substandard housing or lack of housing, but rather a plan that closely targets people without shelter, more than those with no housing or in substandard housing. The plan constitutes a genuine paradigm shift in which the priority of public action moves from shelters and temporary accommodation towards direct access to housing.

The core component of this plan, which includes five priorities broken down into sixteen work areas, resides in the affirmation that the priority should be to direct homeless or disadvantaged people towards regular housing. The scope of this programme is people

living in the street or in hostels, slums and squats; asylum seekers; female victims of violence; and young adults leaving institutions. In addition to the announcement of this key principle, the programme defines the tools and methods capable of ensuring the success of this transformation. The measures can be grouped into three types:

The first relates to housing supply. If no housing is available, then “housing first” is nothing more than a slogan. The social housing stock should feature sufficient residences available at accessible rents to people on low incomes. To achieve this, the programme has set the target of financing 40,000 PLAI-type dwellings (the cheapest category of social housing). It has been pointed out that such housing appears to still not be accessible to poorest households whose access to social housing is often refused. The strategy does not abolish emergency shelters, but reduces them to an immediate, unconditional response in distress situations. This involves transforming part of social establishments into ordinary housing and, for people in major difficulty, proposing the development of long-term housing solutions in boarding houses and social dwellings (10,000 places over five years). After five years, the emergency shelter stock should be reduced by 20,000 places.

Although no national survey on the number of homeless people has been carried out for almost a decade, the Cour des comptes [court of auditors] (Cour des comptes, 2021) and the Fondation Abbé-Pierre (Fondation Abbé-Pierre, 2021) both indicate a figure of 300,000 people. In addition, about 100,000 people live in makeshift accommodation (temporary constructions, slums and squats). An identical figure is estimated for those living permanently in mobile homes and campsites. An estimated 590,000 adults aged over 25 live with their parents because they are unable to move out. A little more than one million people are therefore without personal accommodation. Substandard housing also includes people living in very difficult conditions due to a lack of comfort (2 million people) or significant overcrowding (934,000), which is a sub total of 2.9 million people, added to which are 208,000 “travellers” subject to inadequate housing conditions and 23,000 residents of degraded migrant worker hostels, constituting a kernel of 4.1 million people suffering from substandard housing in France.

Beyond this kernel, the Fondation Abbé-Pierre has identified a very wide circle of people made fragile by their housing conditions, often because they live in moderately overcrowded conditions (one room less than required by housing standards). They represent 4.3 million people, 1.2 million of whom face unpaid rent or charges and are exposed to eviction, and an identical number of property owners living in substandard condominiums. In its 2021 report, the Fondation Abbé-Pierre highlights the excessive financial burden on households renting private property, who devote over 35% of their income to housing. An estimated 5.7 million people are in this situation. In addition, the Fondation observes about 3.5 million people subject to excessive energy expenditure or living in insufficiently heated property. In total, the Fondation Abbé-Pierre estimates that the number of people living in substandard housing is about 15 million, which is over 20% of the French population.

This situation has been doubly impacted by the health crisis, which has affected the entire housing sector and its inhabitants, mainly during the successive lockdowns.

Concerning the housing sector, all objectives converge on the need to build 500,000 dwellings per year to deal with an increasing population and changes in household composition. Yet this level has not been achieved since 1975, not even in 2006 which was nevertheless a record year for construction (about 494,000 housing starts). From 2012 to 2016, fewer than 400,000 housing starts were recorded per year. The trend then improved (close to 429,000 housing starts in 2017), before dropping again in 2018 (-3%) and 2019 (-1%). In 2020, the number of housing starts dropped sharply due to the Covid crisis: 381,900 house starts between December 2019 and November 2020, which is a decrease of 24,200 (-6%) compared to 12 months previously. At the same time, 389,000 dwellings were authorised for construction, which is 51,500 fewer than during the previous 12 months (-12%). The number of low-cost social dwellings financed in 2020 is around 95,000, which is lower than the 105,000 to 125,000 financed annually since 2016. A similar downturn has affected private housing, with a 33% decrease in new build sales (and 45%

in the Paris region) during the first 11 months of 2020 compared to the same period in 2019. In total, the number of house starts has dropped back down below the 400,000 level and the forecast for 2021 is not good, since the number of house starts authorised has dropped even more sharply (-15% in 2020).

The crisis has also had the effect of reducing departures from social housing, slowing down the freeing-up of housing and thus restricting the supply available for new applicants, since about 85% of housing allocations follow the departure of a tenant. The number of allocations granted in 2020 will be lower than the 500,000 granted regularly since 2011. Taking a social housing stock of about 5 million dwellings, a 1% decrease in the rotation rate leads to an annual decrease of 50,000 dwellings made available for rental.

The first lockdown and the ensuing restrictions in the form of curfews and restricted movements have had a strong impact on inequalities between those obliged to endure difficult housing conditions and those enjoying comfortable accommodation or able to access housing with private outside areas (courtyards, balconies, gardens). The Coconel Survey (Lambert, 2021 b) shows that the number of square metres per person in housing during lockdowns varied from 36 to 67 depending on age and socio-professional category. When accommodation is permanently occupied, overcrowding becomes unbearable, in particular when the home is turned into a place of teleworking or schooling for children and students.

11.1.2 Policy developments and main challenges

Contrary to numerous fears expressed during the first lockdown, the health crisis was not compounded by a housing crisis: unpaid rents remained stable and evictions did not increase. The job retention scheme, along with 40,000 additional shelter places, limited the impacts of the health crisis on housing. However, both the Fondation Abbé Pierre (2022) and the Institut Montaigne (2022) observe that previous housing shortages have not been absorbed.

Concerning homeless people, in 2022, emergency reception, shelter and housing solutions are saturated in almost all large cities. Since 2017, the *Plan quinquennal pour le Logement d'abord et la lutte contre le sans-abrisme 2018-2022* [five-year housing and homeless action plan] presented by the French President has been implemented. The government reports that 280,000 people living in the street have been housed in three years, 60% of them in social housing. Clear progress has been made in several areas, such as rental intermediation, family guest houses, slum clearance, and more social housing granted to homeless people. In its latest report of February 2022, the Fondation Abbé Pierre observed that these measures are too isolated and experimental to reduce the number of people living in the street, still an estimated 300,000.

Housing shortages also impact people on low incomes and young people moving into the property market, coupled with the increase in rents in areas with insufficient housing. The decrease in construction rates observed in 2020 continued in 2021 – 98,700 social housing places were approved in 2020 compared to 125,000 in 2017. The Fondation Montaigne indicates that from 2005 to 2020, the price per metre squared of new apartments rose from 2,757 euros to 4,318 euros, which is a 57% increase in 15 years. The supply shock that was expected to lead to a pick-up in construction never happened, while at the same time the price of existing housing went up by 23%.

Despite massive intervention from public authorities amounting to 1.6% of GDP, the increasing demand for housing is not being met, in particular in areas under pressure. The measures adopted since 2017, like the lump-sum drop of 5 euros in housing benefits, or almost no increase from 2017 to 2019 due to the withdrawal of the *aide au logement pour l'accès à la propriété* [support to access property], generated savings of 4.2 billion euros for 2022, which generally affected the people on the lowest incomes. The deduction of 1.3 billion euros a year from social housing organisations has had an impact on the production of social housing, in particular since the increased production of so-called

“intermediate” housing has created even more shortages in the property market for low-income households.

Lastly, urban policy is subject to numerous obstacles, and local authorities have fewer resources due to the phasing-out of local residence tax. *La lutte contre l’habitat indigne* [action plan against substandard housing] has a relatively low impact (10,000 to 15,000 houses dealt with a year out of 600,000 concerned).

The most satisfying point is the launch of the energy renovation campaign, although financial support is mainly aimed at simple measures that have little general impact when they only concern isolated cases (new boiler, roof insulation, etc.). This energy renovation is developing significantly for social housing.

The recent presidential and legislative election campaigns have highlighted the need to relaunch the construction of housing, focusing on areas suffering from shortages and targeting social housing towards people on the lowest incomes in key sectors.

11.1.3 Some key data

The proportion of owners at risk of poverty or social exclusion has remained stable since 2017, with a rate of 7.8% for owners with mortgage or loan and 10.9% for owners with no outstanding mortgage or housing loan in 2020 (Table A11.1, Annexe 1).

In contrast, this rate is between three and four times higher for tenants than for owners. The rate for renters has varied significantly since 2017:

- For tenants renting at market price, there was a considerable increase in the rate between 2017 and 2019, followed by a very sharp decrease, from 41.3% in 2019 to 25% in 2020.
- For tenants renting at reduced price or free, the rate has risen sharply from 32.8% in 2019 to 43.7% in 2020.

The proportion of people only at risk of poverty is almost four times higher for tenants than for owners, and has remained stable since 2017 (Table A11.2, Annexe 1).

This disparity according to tenure status is even more marked for the rate of Persons suffering from material and social deprivation: this rate of deprivation is five to six times higher for tenants than for owners (Table 11.3, Annexe 1).

Deprivation concerns 5.6% of Owners with mortgage or loan and 4.3% of owners with no outstanding mortgage or housing loan, in a stable way.

By contrast, the share of deprivation has varied greatly among tenants:

- the share was relatively stable until 2019 among Tenant renters at market price and then fell from 31.2% in 2019 to 18.6% in 2020.
- Among tenants renting at reduced price or free, the share of deprivation was stable until 2019, but rose sharply between 2019 and 2020, from 24.1% to 36.3%.

11.2 Assistance and services for the homeless

In 2019, with a view to strengthening the Semester analysis and improving policy guidance to Member States on effective strategies and investment gaps to support their efforts in eradicating homelessness and housing exclusion (HHE) in their territories, the Commission asked the ESPN national experts to describe and analyse existing evidence, policy approaches and overall strategic frameworks addressing HHE, and to assess their respective effectiveness. The 35 country reports as well as the Synthesis Report summarising and putting in perspective their main results are available on the ESPN webpage.

12 Social impact of fiscal policy/taxation

12.1 Policy developments and main challenges

French fiscal policy is traditionally used by the state to grant advantages to particular categories of the population without employing social benefits.

The main two social measures involved are the following:

-- the *quotient familial* [tax-free household allowance] on the income tax of physical persons.

Established by the 1946 finance Act, the *quotient familial* centres on the following principle: the tax unit is the household and not the individual who earns income.

According to this mechanism, the applicable tax rate is measured by dividing the total household income by the number of household shares, determined as follows: one share for each adult, half a share for the first two children, and one share for the following children; for lone parents, each parent counts as one share. Thus, the cost of a child is calculated not *in abstracto*, but according to the family's living standard, so that a child living in a wealthy family with a more costly living environment (such as in terms of housing) is calculated as having higher maintenance costs than another child.

The social advantage for families of the *quotient familial* (which cost 13 billion euros in 2019) increases in proportion to their income, which has an opposite redistribution impact to means-tested family benefits. As a result, to reduce preferential treatment for wealthy families, in 1982 the *quotient familial* was capped at 1,500 euros per child.

-- tax reductions for employing helpers in the home

This social measure is aimed at older people (65+) or people with disabilities who employ a home help. It corresponds to a tax reduction equal to 50% of annual expenditure made to this end, capped at 15,000 euros a year.

Childcare outside the home for children under six is also subject to a tax credit of 50% of the expenditure, with an annual cap of 1,150 euros. For a children cared for in the home, and children over six, the 50% tax credit is capped annually at 6,000 euros. The loss of state revenue amounts to 1.1 million euros.

13 Stakeholders' involvement in social policymaking

13.1 Description of the current situation

Citizen participation in public policies developed in France from the 1960s in several domains of public life, i.e. urban planning and town policy, the environment, public health, and social and medico-social policies. Triggered by local protest movements reacting to neighbourhood renovation, development and urban planning projects, a number of participative experiments emerged, culminating in the creation of participative measures established in legislation. Thus, the Act of 18 July 1985, then the town planning Act of 1991 and the Act of 13 December 2010 on urban solidarity and renewal, established obligatory forms of participation. These actions concern mostly urban policies on disadvantaged neighbourhoods. The Act of 21 February 2014 accentuates this participative requirement by putting the focus on new tools like citizens' advice, learning from experience, and training for residents.

In the environment field, the Acts of 2 February 1995 and 12 July 2010 established the practice of undertaking public surveys on programmes with an environmental impact. However, the fact that this type of participation occurs very late in the process is the subject of frequent criticism.

Following protests about coverage of medical costs due to nosocomial infections and in particular militant action on HIV, since the Juppé Ruling of 1996, users' representatives

have sat on the boards of healthcare facilities and regional conferences. This policy was reinforced by the Act of 4 March 2002 on the rights of patients and the quality of the health system, which includes a chapter on health democracy and gives an active role to healthcare user associations, especially at the National Healthcare Conference.

In the social sector, an attempt to boost user participation was implemented in the area of elderly people following the Act of 4 August 1982, which established the Departmental Committees for the Elderly and Retired. The Act of 2 January 2002 obliges all services and facilities that care for people in difficulty to employ social councillors to provide advice and opinions on the operations of the hosting facilities and services

One of the most interesting national initiatives concerning the combat against poverty and exclusion is the creation on 17 December 2013, within the national council for combating poverty and social exclusion, of a new body including people living in poor and precarious situations.

Ministerial departments working with the voluntary sector play an important role, yet fail to fully capitalise on these numerous experiences. It would, for example, be interesting to make public the results of national evaluation programmes and encourage greater sharing between the national level and the action undertaken by *départements* and towns.

Starting from mid-November 2018, thousands of people sporting the yellow jackets normally worn for traffic accidents and emergencies began demonstrating every Saturday in French cities and on roundabouts. Ranging from a peak of almost 300,000 people to a low of 30,000, participants went out onto the streets each week to express their strong feelings of injustice and to demand political responses. The “Yellow Jacket” movement generated considerable public debate all over the country. Political parties, the media and social scientists continue to comment extensively on this new movement, which is compared to older and more recent ones (Martin, 2019).

One of the political solutions implemented by the government was a “great debate” that was launched by a letter from the French president. The initiative involved almost 2 million online contributions, with over 16,000 municipalities establishing books for citizens to write their suggestions, and about 10,000 local meetings taking place, some of them in the presence of the French president himself. Although the key demands made by the “Yellow Jackets” included the creation of a wide-ranging citizens’ referendum initiative, the government is leaning more towards an extension of the shared referendum initiative established in the Constitution, a procedure that involves citizens and parliamentarians.

How can we achieve a 40% reduction in greenhouse gas emissions by 2030 in a spirit of social justice? This question, which was put to 150 randomly selected French citizens for the “Citizens’ Convention on Climate”, is in fact a response to three key cross-cutting challenges facing French society: i) the concerns expressed during the “Yellow Jackets” crisis (November 2018–March 2020), which erupted following the government’s decision to levy a carbon tax that would have put the onus of the ecological transition on the working and middle classes; ii) the new focus on public opinion following the “Great Debate” (a widespread consultation of citizens organised by the government from 15 January to 15 March 2019 in response to the “Yellow Jackets” crisis); iii) concerns raised by the risks and uncertainties of climate change. The social justice objective was expressed in the following initial intention: “Our proposals will aim to promote a circular, social and inclusive economy. The results of the Convention must allow all individuals to get involved to the extent of their capacities”. The 150 participants met seven times in Paris for three days, from October 2019 to June 2020. The project included a Governance Committee comprising three independent members of the government, three guarantors to check the independence of participants, observers from academic research, and “fact-checkers” from universities to provide answers to participants’ questions. A platform received contributions from the general public. Each session included hearings and exchanges of views. The final report, presented to the French President on 21 June 2020, further developed 146 proposals.

13.2 Policy developments and main challenges

A few months after the 2017 presidential election, Luc Rouban published a book with La Documentation Française entitled *La démocratie représentative est-elle en crise ?* [is representative democracy in a state of crisis?] (Rouban, 2018). The rate of abstention in the ensuing local elections and the emergence of the “Yellow Jackets” movement made this question all the more acute in the period running from 2018 to the 2022 presidential elections. In response to increasing abstention and defiance among French citizens vis-à-vis institutions, the Prime Minister commissioned a report from Pierre Bernasconi, former chairman of the Economic, Social and Environmental Council, to come up with ideas for improving participative democracy. The report, which was published in February 2022 (Bernasconi, 2022), points to a “democratic recession” in France based on three observations: the rise in abstention, an increasingly volatile electorate, and decreasing membership of political parties. To improve the way that the democratic system operates, the report recommends developing participative and deliberative measures. It underlines the key role played at the local level and the need to update local advisory bodies and involve the public more closely with decision-making. On the national level, the report recommends: lowering the thresholds of *référendums d’initiative partagée* - RIP [shared initiative referendums] to one tenth of members of parliament and one million voters; and transforming the *Commission nationale du débat public* - CNDP [national commission for public debate] into a *Haute Autorité de la participation citoyenne* [high authority for citizen participation] with a vocation to guarantee “the quality of participatory exercises”, by including other actors such as parliamentary representatives, representatives from the *Conseil économique, social et environnemental* - CESE [economic, social and environmental council], or associations of elected representatives. Among new measures, the report recommends allowing public authorities to initiate a “national deliberative movement” on issues affecting society or related to French economic, social or environmental policy. The report also suggests reinforcing the status of citizens drawn by lot to take part in a participatory or deliberative process established by law.

These ideas widely overlap a great number of proposals made by the different candidates at the presidential election. The French president himself announced in May 2022 the establishment of a new permanent great debate, with one of its first potential themes being the end of life. This proposal has nevertheless been greeted with some scepticism. Researchers (Le Bret, 2022) point out that no analysis has been carried out and made public based on the 400,000 pages of testimonials and comments that were gathered as a “*crisis response consultation tool*” to bring the “Yellow Jackets” movement to an end. The CNDP, whose mandate is to coordinate different types of participatory processes, lacks resources and clear targets. Lastly, the members of the Citizens Convention on Climate regret that only a small number of their suggestions have been taken up.

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Annex 1: Statistical annex produced by the ESPN Network Core Team

Annex 2: List of ESPN Thematic Reports

Country Thematic Reports

ESPN Thematic Reports on Access to social protection for young people	2022	EU-27 + AL, BA, ME, MK, RS, TR, UK, XK
ESPN Thematic Reports on Social protection and inclusion policy responses to the COVID-19 crisis	2021	EU-27 + AL, BA, ME, MK, RS, TR, UK, XK
ESPN Thematic Reports on long-term care for older people in EU Member States: The contributions of the 27 EU's ESPN Country Teams are not available as separate reports. They have fed into Volume II of the 2021 EU Long-term Care Report . ESPN Thematic Reports on long-term care in the 8 non-EU countries covered by the ESPN can be downloaded here: ESPN reports on long-term care for older people (non-EU countries)	2020	AL, BA, ME, MK, RS, TR, UK, XK
ESPN Thematic Reports on pension adequacy in EU Member States: The contributions of the 27 EU's ESPN Country Teams are not available as separate reports. They have fed into Volume II of the 2021 EU Pension Adequacy Report . ESPN Thematic Reports on pension adequacy in the 8 non-EU countries covered by the ESPN can be downloaded here: ESPN assessment of pension adequacy (non-EU countries)	2020	AL, BA, ME, MK, RS, TR, UK, XK
ESPN Thematic Reports on Access to essential services for low-income people	2020	EU-27 + AL, BA, ME, MK, RS, TR, UK, XK
ESPN Thematic Reports on Financing social protection	2019	EU-28 + AL, BA, ME, MK, RS, TR, XK
ESPN Thematic Reports on National strategies to fight homelessness and housing exclusion	2019	EU-28 + AL, BA, ME, MK, RS, TR, XK
ESPN Thematic Reports on In-work poverty	2018	EU-28 + CH, IS, LI, MK, NO, RS, TR
ESPN Thematic Reports on Inequalities in access to healthcare	2018	EU-28 + CH, IS, LI, MK, NO, RS, TR
ESPN Thematic Reports on Challenges in long-term care	2018	EU-28 + CH, IS, LI, MK, NO, RS, TR
ESPN Thematic Reports on pension adequacy in EU Member States: The contributions of the 28 EU's ESPN Country Teams are not available as separate reports. They have fed into Volume II of the 2018 EU Pension Adequacy Report . ESPN	2017	CH, IS, LI, MK, NO, RS, TR

Thematic Reports on pension adequacy in the 7 non-EU countries covered by the ESPN can be downloaded here: ESPN assessment of pension adequacy (non-EU countries)		
ESPN Thematic Reports on Progress in the implementation of the 2013 EU Recommendation on "Investing in children"	2017	EU-28 + CH, IS, LI, MK, NO, RS, TR
ESPN Thematic Reports on Access to social protection of people working as self-employed or on non-standard contracts	2017	EU-28 + CH, IS, LI, MK, NO, RS, TR
ESPN Thematic Reports on Retirement regimes for workers in arduous or hazardous jobs	2016	EU-28 + CH, IS, LI, MK, NO, RS, TR
ESPN Thematic Reports on Work-life balance measures for persons of working age with dependent relatives	2016	EU-28 + CH, IS, LI, MK, NO, RS, TR
ESPN Thematic Reports on Minimum income schemes	2015	EU-28 + CH, IS, LI, MK, NO, RS, TR
ESPN Thematic Reports on Long-term unemployment	2015	EU-28 + CH, IS, LI, MK, NO, RS, TR
ESPN Thematic Reports on Social investment	2015	EU-28 + CH, IS, LI, MK, NO, RS, TR

Synthesis Reports

[Ghailani, D., Peña-Casas, R., Coster, S. and Regazzoni, P. \(2021\), "Access to social protection for young people. An analysis of policies in 35 countries", European Social Policy Network \(ESPN\), Luxembourg: Publications Office of the European Union.](#)

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Annex 3: Country-specific statistical annex**Table B3.1 Revenu de solidarité active RSA - Evolution of the amount of the RSA minimum income (RSA socle)**

Year	Amount per month in Euros
2017	536.78
2018	550.93
2019	559.74
2020	564.78
2021	565.34
2022	575.52

Source : Cnaf. Définition : Amount of RSA socle

For one person in Metropolitan France (1 April of the year).