



Eurofound

Active inclusion of young people with disabilities or health problems

National report – France

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Research project: Active inclusion of young people with disabilities

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Current status of the target groups

Because the meaning of the word ‘disability’ is socially, culturally and legally constructed, there is no single way of describing the social situation of young people with health problems or disabilities in France. According to the 2007 Labour Force Survey (LFS), out of 7,285,000 young people (aged 15–24 years), only 62,540 (0.86%) were recognised by the administration (according to legal provisions) as having a disability. This recognition may refer to the award of disability benefits by social security committees as a result of work injuries, occupational diseases or disabling illnesses, or by the Committee of rights and autonomy for people with disabilities (CDAPH), which is responsible for determining the degree of disability in the case where a person has not worked before or where their disability is not covered by social security rules. A total of 1,813,000 people aged 15 to 64 years benefited from recognition in 2007; only 3.45% of them were less than 25 years of age.

Reference to this limited group of people with administrative recognition of their disabilities is insufficient to capture the general approach with regard to employment and disability policy. Many people have impairments that hinder them from getting or keeping adequately remunerated employment, but which are not severe enough in terms of their impact on daily life activities to justify administrative recognition. Several population surveys take into account whether or not people with disabilities are recognised by the administration by using screening questionnaires that cover the activities where functional problems can affect employment opportunities. In applying this extended definition, the Labour Force Survey (2007) estimated that out of a total of 39,390,000 French people of working age (15–64 years), 9,595,000 people reported having a disability (24.4%). 863,550 participants aged under 25 reported having a disability (this amounts to 11.9% of this age group and 9% of all people with disabilities).

The employment situation of young French people with health problems or disabilities is similar to that faced by all young people in France. According to a recent study (INSEE, 2011, 4.6 *Emploi par âge*, pp. 54–55), the employment situation of young people in general in France has become worse than that of other age groups. Firstly, younger people are more likely to be studying than participating in the labour market. Those who are already working logically have lower levels of qualification than other workers. The economic crisis increased unemployment in all age groups, but more so among younger people; for example, in 2009 the average rate of unemployment was 23.7% for people aged 15–24 years (20.4% for all age classes). A total of 2,070,000 young people (15–24 years) have work contracts; this is a low figure considering that a total of 25,691,000 work contracts were given in 2009 (young people have 8.1% of all contracts). About 84% of all subsidised work contracts are signed by people under 26. In addition, 1.4% of all the contracts signed for young people are for apprenticeships. Many young people are employed by temping agencies: 5.2% vs. 1.6% for all people of working age. They are also more likely to have fixed-term contracts (27.3% vs. 8.2%), and less permanent contracts (49.3 vs. 77.9%).

In general, young people with health problems or disabilities have to face the same challenges as young people without disabilities when attempting to access employment. While the employment rate of the general population was approximately 65% in 2007, only 35% of people with administrative recognition of disability had obtained a paid job. Using the extended definition, this disadvantage disappears with an employment rate of 65%.

Unfortunately, there are no recent published data on employment rates by age group. Referring to less recent data (LFS, 2002), the effect of disability on the employment rates of young people in France is clear only if the disability is severe or very severe. The higher employment rate for young people labelled ‘lightly disabled’, in comparison to their non-disabled peers, can be explained by their early exclusion from further and higher education, thrusting them onto the labour market with low or no qualifications.

How societal and individual needs are currently addressed

There has been a continuous focus on the inclusion of people with disabilities since 1987, even though the achievements have been modest. Improving the quality of life and conditions experienced by people with disabilities has been declared a political ‘priority’ by the French President and it has been an important item on the political agenda of French governments since as early as 2003, when a procedure for the revision of laws was planned. Currently, the main topic is a follow-up of the implementation of the new (2005) legal framework which covers almost all aspects of the lives of people with disabilities. Employment remains one of the key priorities. More recently, regional plans for the integration of workers with disabilities in the labour market are being developed (Circulaire DGEFP n° 2009-15 du 26 mai 2009 relative aux Plans Régionaux d’Insertion professionnelle des travailleurs handicapés (PRITH)).

At least in formal terms, irrespective of whether it has been put into practice, French legislation has reached a sort of maturity, and the policy of systematic consultation that has accompanied its implementation has encouraged wide acceptance of the principles. This may not, however, translate to effective deployment in the field for individuals with health problems or disabilities.

One of the main inadequacies of the French system is its shortcomings in relation to school integration. A recent law aimed to bridge the gap between theory and practice in this area, but it will be difficult to make school buildings and educational methods accessible in the near future. As a result, many school children are, and will continue to be, educated in segregated settings (such as special schools or special classes within mainstream schools). The initial training of young people with disabilities is thus severely restricted, and people’s choices are reduced. The French university system is also very patchy in terms of provision for people with disabilities, and the participation rate of students with disabilities is relatively low. Similarly, mainstream vocational training institutions are not explicitly welcoming of disabled trainees, and they redirect many people with disabilities towards specialist training centres.

In spite of compelling and binding legislation, and perhaps sometimes as a result of it (disincentive effects), employers in France have remained uninvolved in the issue of disability and employment. Employers tend to be focused not the advantages of hiring people with disabilities but rather on the need to fulfil a legal commitment under the quota-levy system. As a consequence, many employers have sought to evade this obligation. In addition, the French trade unions have been slow to mobilise in relation to the issues of disability and employment (with the exception of workers with occupational injuries).

The employment difficulties of young people with health problems or disabilities persist despite the existence of the quota scheme that places an obligation on employers to ensure that 6% of their employees are people with disabilities. Two main types of measures can change this situation. One is the development of school integration (mainstreaming), which would open new vocational training opportunities for young people with health problems to improve their access to employment. The other type of measure is the more frequent use of apprenticeships because young people with health problems or disabilities often have literacy problems and find it difficult to follow standard learning programmes. Apprenticeships may be a more suitable option for some people.

In order to enhance the living conditions of people with disabilities in France, in 2009 the Government adopted a National Employment Pact for People with Disabilities (Pacte national pour l'emploi des personnes handicapées). The measures set out in this document were focused on changing the labour market environment and improving interventions for job seekers. From a systems perspective:

- the number of disability and employment agreements (accords) in companies are to be increased and the results in terms of employment, working conditions, wages, and training for people with disabilities are to be published;
- the social partners are to be provided with better information on future-orientated disability management techniques;
- the accessibility of workstations and the creation of accessible areas is to be addressed in partnership with disability organisations;
- means of access and devices for telephone communication are to be explored;
- administrative procedures for employers and people with disabilities are to be simplified and the services supplied by Cap emploi (a specialist support service for job seekers with disabilities) are to be enhanced (these services include recruitment advice, partnership with other services and work agreements with the public employment services (Pôle emploi)).

Other system measures require the improvement of recruitment processes in the public sector (long-term planning) to promote the employment of civil servants with disabilities and a reform of AAH (non-contributory disability benefit) which will, in combination with wages, be payable up to an amount of 1.35 of the minimum wage (SMIC). Moreover, an increase of 25% in AAH is planned between 2009 and 2012. From the perspective of the job seeker with a health problem or disability vocational assessment methodologies for people with disabilities are to be improved, and intensive plans for the training of people with disabilities are to be introduced at regional level. A formal requirement has also been introduced to enhance opportunities for work experience in the open labour market for disabled workers in sheltered workshops.

Status of active inclusion in national and sectoral policy

According to the common rules in France, a person is officially recognised as ‘disabled’ if he/she is officially designated as being in need of financial, technical or human support as a result of impairment or disability. There is no single definition of disability, but there are many ways to be entitled, depending on the circumstances in which the impairment or disability arose (through war, at work, at home, in a road accident, etc.), and on the choices made historically by French society for covering such risks.

With respect to the inclusion of people with disabilities into working life, French policy was developed by incorporating particular groups of people over time: first people with war injuries (1916), then those with work injuries and occupational diseases (1930), followed by people with disabilities that were the result of other causes such as accidents, illness (1957), and finally, people who acquired their disability very early in their life, for example at birth, in childhood or adolescence (1975).

The main measures used to promote the employment of people with disabilities were functional and vocational rehabilitation programmes, an employment quota scheme, sheltered work, and, if none of these were successful, disability benefits.

In 2010, France made a commitment to active inclusion in a seminar titled ‘Active inclusion – the key to success’. Active inclusion, citizenship and governance and local partnerships were the priorities to guide the government’s activities in the fight against social exclusion and poverty. However, there is little evidence that the concept of active inclusion has been considered in French disability policy.

Disability policy in France is implemented under the disability framework law (Act 2005-102) which covers combining employment with income support, addressing the lower qualification levels of people with disabilities, defining eligibility criteria for benefits in terms of ‘employability’ and ‘non-employability’ and changing the grounds and the way in which the employment quota system operates. Quota funds finance direct services to people with disabilities (vocational guidance, employability assessment, training, stages, support for apprenticeships, workplace adaptations, technical devices) or to their employers (subsidies for work accommodation and workplace accessibility, information, training for executives etc.), and also finance a specific employment service network: Cap emploi, the specialist support service for job seekers with disabilities, works with Pôle emploi (the public employment service) to facilitate access to work for people with disabilities.

The network consisted of 118 Cap emploi offices in 2010. People under 25 account for only 1.87% of those benefiting from the quota. The proportion of people under 25 who benefited from the quota scheme was stable at around 2% between 2002 and 2006. On the other hand, about 26% of the 109,091 disabled workers in the sheltered workshops (ESAT) were young people with disabilities (under 30) in December 2006.

The law of 11 February 2005 reinforces actions promoting the schooling of disabled children and adolescents undertaken by the Ministry of Education, and implements the right to mainstream schooling for disabled pupils through three main principles – mandatory registration in a mainstream school closest to the child’s home; design of an individual education plan; and the involvement of parents in the design of plan. This law represents a real turning point in French policy for young people with disabilities. The right to learning opportunities extends beyond compulsory education age, and personal and technological assistance to participate can be financed by the disability compensation benefit at any age. The mainstreaming solution has expanded by 80% since 2005 although the proportion of pupils with disabilities in mainstream education declines with age. The Centres de rééducation professionnelle (CRP) are specialist training centres financed by social security that provide places and educational methods specifically for people with disabilities. In 2008

a total of 88 CRPs offered about 13,000 training places. The more important mainstream training institution for adults, the Association nationale pour la formation professionnelle des adultes (AFPA), also planned to spend €100 million in training people with disabilities.

Since May 2009, the regions have taken greater responsibility for vocational training in France. Consequently the new regional plans for the integration of disabled workers into the labour market (PRITH) place an obligation on regional authorities to carry out an evaluation of the employment situation and to draw up a 'roadmap' for the future. The regional PRITH should be divided into departmental (PDITH) and local (PLITH) levels. The plans should include targets in precise figures; action plans by operational area; descriptions of the means by which these plans will be put into action, and follow-up and assessment exercises. A budget has been made available for funding the development of the plans.

As a consequence of the implementation of the new disability frame law (Act 2005-102; Loi du 11 février 2005 pour l'égalité des droits et des chances, la participation et la citoyenneté des personnes handicapées), an extensive debate has taken place between the government and organisations for people with disabilities on the issues of employment and income. A report of the CNCPH (Comité National Consultatif des Personnes handicapées – National advisory committee of disabled persons), produced in May 2011 (CNCPH, 2011), highlighted that people with disabilities are still more frequently unemployed than other job seekers (19.1% versus 9.5%), and have a lower level of education (81% have qualifications below Baccalauréat level).

The government decided to transform the system of benefit allocation, mainly the Allowance for Disabled Adults (Allocation aux adultes handicapés – AAH). Previously, the eligibility criteria were based mainly on incapacity level, but in the future the government intends to define eligibility criteria on the basis of 'employability' and 'non-employability'.¹ However, a task force which was organised on this topic found it impossible to state objective criteria to take decisions. A real reform of AAH has occurred since January 2011, which allows people to earn more income from work activities while retaining a proportion of the benefit. In 2009, the government continued to increase AAH. By 2012, the AAH should be increased by 25% (€777 monthly).

The 2010 national budget plan (Loi de finances 2009) stated that there will be systematic examination of the capacity to work of every new AAH claimant and of those re-applying for the allowance. The commission of the CNCPH disputes whether this examination can be systematic. While the government has clearly affirmed its will to implement measures intended to encourage people with disabilities to work and to facilitate their professional integration, a number of measures do not support this in practice.

Indicative statistics

Data on the status of young people with health problems or disabilities are derived from those registered on the administrative recognition procedure or from surveys at national or local level either on people with health conditions or on the general population, with filter questions to identify those people with disabilities or disabling conditions. This second method was used by Eurostat for the 2002 Labour Force Surveys in most European countries (Table 1).

¹ French President's speech at the National Conference on disability, June 2008.

Table 1: *Percentage distribution of activity status by severity of disability and age group (Eurostat 21 October 2010)*

Activity status	Employed			Unemployed			Inactive population		
	16–24	25–34	Total	16–24	25–34	Total	16–24	25–34	Total
Total	33.5	77.9	64.6	8.0	8.5	6.3	58.5	13.5	37.1
Without disability	33.2	79.3	67.4	7.6	12.5	6.1	59.2	12.5	26.5
lightly disabled	42.1	84.2	72.2	10.4	7.6	5.7	47.5	8.2	22.1
with some disability	38.7	74.2	63.3	8.3	10.4	8.5	53.0	15.4	28.2
with severe disability	18.2	54.9	45.0	16.3	18.6	8.6	65.5	26.6	46.4
very severe disability	19.4	27.6	20.2	11.7	9.5	6.1	68.9	62.9	73.7
All degrees of disability	35.7	71.6	56.0	10.8	10.0	6.8	53.5	18.4	37.1

It should be noted that young people with disabilities less often remain at school after the legal school leaving age of 16, especially young people with light learning disabilities who are preferably placed on apprenticeships or in jobs in the open labour market. That is why, being less often inactive, they show a higher employment rate than other young people. Moreover, data for the 25–34 age group show that it is relatively difficult for French young people without disabilities to find jobs after school, let alone young people with light disabilities. Young people with disabilities who do get a job find one sooner than for non-disabled young people. This is not because young people with disabilities have better chances on the job market, but because they tend to have learning or other disabilities that prevent them from staying in school longer and/or gaining higher qualifications. Otherwise, disability clearly expresses its effects on employment opportunities when it is severe or very severe.

The core administrative data on disability in France are from the non-contributory disability benefit register (AAH), which shows a regular increase of 35% in claimants since 1998 and an 11% increase between 2005 and 2009 (Table 2).

Table 2: *AAH recipients between 1998 and 2009*

Year	Total
1998	629,803
1999	656,487
2000	674,423
2001	697,992
2002	716,784
2003	732,839
2004	752,988
2005	768,414
2006	772,296
2007	781,972
2008	817,851
2009	851,316

People of working age with disabilities

According to a supplementary survey to the 2007 Labour Force Survey (Table 3), among 39.4 million people of working age (15–65 years), 1.8 million people lived in the community and had a disability status that allowed them to benefit from the employment quota scheme, if they so wished. However, some people who reported a disability or a disabling health condition did not claim any kind of social support. This second definition is used by the research service of the Ministry of Labour (Direction de l'animation de la recherche et des études statistiques – DARES) as a wider or extended definition of disability, which can, for example, be taken into account for accessibility and non-discrimination issues. Based on this more extensive definition, about 9.6 million people in France have health problems or disabilities.

Table 3: Numbers and proportions of people with disabilities according to the administrative definition and the wider definition of disability, by gender and age group

			Age class					
			15–24	25–39	40–49	50–64	Total	
Wider definition	Male	No.	397,350	1,280,350	1,103,750	1,633,550	4,415,000	
		%	9	29	25	37	100	
	Female	No.	466,200	1,398,600	1,346,800	1,968,400	5,180,000	
		%	9	27	26	38	100	
	Total			863,550	2,678,950	2,450,550	3,601,950	9,595,000
	Administrative recognition	Male	No.	29,940	199,600	269,460	499,000	998,000
%			3	20	27	50	100	
Female		No.	32,600	138,550	244,500	399,350	815,000	
		%	4	17	30	49	100	
Total			62,540	338,150	513,960	898,350	1,813,000	
General population		Male	No.	3,699,300	6,035,700	4,283,400	5,451,600	19,470,000
	%		19	31	22	28	100	
	Female	No.	3,585,600	6,175,200	4,382,400	5,776,800	19,920,000	
		%	18	31	22	29	100	
	Total			7,284,900	12,210,900	8,665,800	11,228,400	39,390,000

Source: Amira and Yaala, 2009, p. 11

According to the 2007 Labour Force Survey, out of 7,284,900 young people (15–24 years) in France, only 62,540 (0.86%) were recognised by the administration (according to legal provisions) as having a disability. However, using a wider definition, there were approximately 863,550 young people with disabilities, making up 2.2% of young people under 25.

In both definitions, people with a disability are significantly older than the general population. Accidents and diseases due to work activities and disabling illnesses occur more frequently after 25 years of age (with the exception of road accidents or early impairments). Young people (under 25 years), who represent about 19% of the general population, account for only 4% of people who have an administrative recognition of their disability. With the extended definition, they account for 9%.

Schooling and vocational training of children and adolescents with disabilities

The Commission for the rights and independence of people with disabilities (CDAPH) decides about the educational modalities for children with special needs. It recognises three types of schooling: (1) individual inclusion in mainstream classes in mainstream public or private schools, with or without the support of a personal assistant (Auxiliaire de Vie Scolaire – AVS); (2) attendance in special classes in mainstream schools (Classes pour l’inclusion scolaire – CLIS, for primary education; Unités localisées pour l’inclusion scolaire – ULIS, for secondary education); (3) attendance in special schools, with the possibility of part-time participation in mainstream education, if the child can benefit from this.

According to the most recently published data from the Ministry of Education, about 52,000 children were schooled in type (1), about 50,000 in type (2), and 115,000 in type (3), representing 17% with partial or full-time schooling in ordinary settings, 58% completely educated in special schools and 25% attending a special institution which provided no formal educational activity at all (just care and basic education to statutory school standards) (Lacerda et al., 2011). This supports the view that special education is a dominant practice in the schooling of children with disabilities in France, and especially for children with intellectual disabilities.

The majority of pupils with disabilities in primary education have an intellectual impairment or mental health difficulties (54%). In secondary education, a large majority of disabled pupils have physical (motor or sensory) impairments (91% in high schools) (Lacerda et al., 2011).

If the numbers of students with disabilities in higher education seem very low, it should be stressed that this number doubled between 1998–99 and 2007–08 (Table 4). Some years showed an increase of 20% or more.

Table 4: *Evolution of the number of students with disabilities in higher education*

	Numbers	% increase
1998–99	5,230	5.8
1999–2000	6,470	23.7
2000–01	7,029	8.64
2001–02	7,145	1.7
2002–03	7,650	7.1
2003–04	7,548	-1.3
2004–05	7,557	0.1
2005–06	8,411	11.3
2006–07	8,783	4.4
2007–08	10,544	20.00

Source: *Barral and Velche, 2010*

People with disabilities living in institutions

The breakdown of people with disabilities living in institutions is presented in Table 5. In December 2006, about 37,618 people lived in special hostels (Foyers d’hébergement); 43,225 attended day care centres for people with disabilities (Foyers occupationnels/Foyers de vie); 19,458 people with severe impairments resided in centres with medical support (Maisons d’accueil spécialisé – MAS) and 13,518 people with severe disabilities lived in mixed medical/social centres (Foyer d’accueil médicalisé – FAM). Two other types of institutions can be added: 8,035 trainees were present in centres de rééducation professionnelle (CRP) and 109,091 disabled workers were working in sheltered workshops known as Etablissement et services d’aide par le travail (ESAT).

Table 5: Age breakdown of people with disabilities in institutions

		Number	Age category (%)			
			< 20	20–24	25–29	30–34
Sheltered workshops	ESAT	109,091	0.7	11.8	13.5	14.6
Centres for vocational retraining	CRP	8,035	0.9	8.6	12.7	16.3
Special hostels	FH	37,618	0.5	10.6	11.2	12
Day care centres	FO-FV	43,225	0.5	9.5	11.5	12.3
Medico-social centres	FAM	13,518	0.7	7.9	11.6	13
Medicalised centres	MAS	19,458	1	8.7	11.9	12.9

Source: *Makdessi and Mainguené, 2010*

Young people (under 30 years) make up about 20–21% of residents in these institutions, and up to 26% in the ESAT.

Occupational and educational outcomes

The Labour Force Survey of 2007 illustrates the clear disadvantage of the 1.8 million people with disabilities registered for administrative recognition and measures of support. This group had a 35% employment rate (while that of the general population was 65%), a 19% unemployment rate in comparison to 8% for the general population and a 44% activity rate compared to 71% for the general population.

On the basis of the extended definition of disability, these rates were 65%, 7% and 70% respectively – in other words, very close to those of the general population (Table 6).

Table 6: Activity, employment and unemployment rates according to the administrative vs extended definition of disability in 2007

	Extended definition	Administrative recognition	General population
Activity rate	70%	44%	71%
Employment rate	65%	35%	65%
Unemployment rate	7%	19%	8%
Numbers	9,595,000	1,813,000	39,390,000

Source: *Amira and Yaala, 2009*

Comparing these data for 2007 with those presented in Table 1 for 2002, it is evident that the employment rate for the overall population was about 65% in both cases. In 2007, this rate was 65% for people fitting the extended definition of disability (but disabilities only), and only 35% with an administrative definition. The unemployment rate was about 56% for people of all degrees of disabilities in 2002, but this included disabling health conditions as well as disabilities per se. The target population, the definitions of disabilities, and the questionnaires used for the surveys were so different that it is not possible to compare the data collections.

Table 7 provides a breakdown of these figures by age. The majority of people with disabilities who were inactive in 2007 were over 50. Between 60% and 64% of people with disabilities were in this age category compared to 43% of the general population. About 38% of inactive people are under 25, but the share of this figure is just 14% for people with an extensive definition of disabilities, and 2% for people with an administrative recognition of their disability. This shows that young people make up a small minority of people with disabilities.

Table 7: *Inactivity levels according to the administrative vs extended definition of their disability by age group, 2007*

	Extended definition %	Administrative recognition %	General population %
< 25	14	2	38
25–39	12	12	12
40–49	14	22	7
50 +	60	64	43
Total Number	2,992,000	1,019,000	39,390,000

Source: *Amira and Yaala, 2009, p. 26*

The unemployment rate for people with an administrative recognition of disability was very high in 2007. However, it should be emphasised that people who need support (for example from AGEFIPH or Cap emploi) in order to benefit from the 6% employment quota, are required to register with the public employment service (Pôle emploi) as job seekers in any case (Table 8). In the general population many people seek employment on their own and are not registered as unemployed.

Table 8: *Unemployment rate according to the administrative vs extended definition of disability, by gender and age group, 2007*

Age	Extended definition %			Administrative recognition %			General population %		
	All	Male	Female	All	Male	Female	All	Male	Female
All age	7	6	8	19	18	21	8	7	9
15–24	15	9	22	n.a.	n.a.	n.a.	20	17	23
25–39	8	8	7	18	17	20	8	7	10
40–49	6	6	6	16	17	16	6	5	6
50–64	6	5	6	19	18	20	5	5	6

Source: *Amira and Yaala, 2009, p. 63*

The unemployment rates of people with an extended definition of disability are below the average for the general population. This does not mean that the employment situation of the members of this group, which includes people with an administrative recognition of their disabilities, was better than for the general population, but probably that a proportion of them had already abandoned hope of finding jobs and became inactive.

Job seekers with disabilities are older than job seekers in the general population (Table 9), and young people are underrepresented among them.

Table 9: *Age breakdown of job seekers with and without disabilities, December 2007*

Age	Job seekers with disabilities %			Job seekers without disability %		
	Male	Female	Total	Male	Female	Total
<26	5	5	5	21	20	21
26–49	65	63	64	63	64	63
50 +	30	32	31	16	16	16
Total	100	100	100	99	100	100

Source: *Amira and Yaala, 2009, p. 65*

In 2007, new registrations of disabled job seekers stood at 18,318, which represented 4.65% of the 394,144 new job seekers who registered in December 2007.

In December 2009, during the economic crisis, 250,256 people with disabilities were registered as job seekers; they made up about 6.05% of the 4.14 million job seekers in France. Job seekers with disabilities were older than job seekers in general. This represented an increase of 9.5% on 2008 figures, which was only half that of all job seekers (18.2%) (see Table 10). It is not clear whether this difference can be explained by a better employment situation for people with disabilities (because of the quota scheme) or because some of them abandoned hope of finding a paid job.

The unemployment figures published by the national employment service (ANPE) for December 2008 showed that there were 207,209 job seekers with disabilities, with an annual increase of 0.7% as compared to 8.3% for all French job seekers enrolled. Moreover, the proportion of people with disabilities who were unemployed for more than one year increased from 39% in 2007 to 47% in 2008, whereas during the same period the proportion was nearly stable for all unemployed (28% vs. 27%).

Table 10: *Age breakdown of job seekers with or without disabilities at the end of December 2009*

Age	Job seekers with disabilities		All job seekers		Change 2008/2009	
	Number	%	Number	%	PwD %	All %
Male <26	5,334	2.1	404,728	9.8	9.6	25.0
Female <26	3,610	1.4	368,756	8.3	8.3	15.2
Total	250,256	100	4,139,879	100	9.5	18.2

Source: AGEFIPH, 2009

At the end of June 2011, however, the tendency was reversed, with an annual increase of 13.9% (compared with 4.3% for all job seekers), to reach a total of 273,308 disabled job seekers (AGEFIPH, 2011).

Employment and disability quota scheme

The 159,300 people who were recognised as ‘disabled workers’ represent the main group of people who benefited from the employment quota scheme. The second group is the group of employees with work injuries or occupational diseases. Fewer than 1% of young people fall into this second group (see Table 11).

Table 11: *Age breakdown of people who benefited from the employment quota scheme, according to the type of administrative recognition of their disability*

	RQTH %	AT-MP %	PI & other recognised %
< 25	3	0	1
25–49	64	44	39
50 +	33	56	60
Number	159,300	48,200	25,700

Source: Amira and Yaala, p. 36

According to the results of the Santé et itinéraire professionnel (SIP) survey carried out in 2006, young people were underrepresented among the group of people entitled to benefit under the compulsory employment provision (to be hired under the quota scheme), (Table 12). This is partly because employees with work injuries are still an important group of potential beneficiaries of this policy.

Table 12: Age breakdown of people with disabilities by entitlement to compulsory employment (quota scheme)

Age range	Entitled %	Non-entitled %
20–29	6	17
30–39	16	25
40–49	26	25
50–64	52	32

Source: Amrous, 2011, p. 2

About 50% of those entitled to the compulsory employment provision (being hired under the quota scheme) had work histories characterised by at least 10% inactivity periods lasting more than one year (compared with only 24% of non-entitled people – in other words, people without disabilities plus people with disabilities but lacking recognition relevant for the compulsory employment law) (See Table 13). The difference is greater in the case of young people (SIP survey, 2006).

Table 13: Proportion of people with at least 10% inactivity periods of more than 12 months in their work history

Age range	Entitled %	Non-entitled %
20–29	44	14
30–39	46	21
40–49	43	22
50–64	55	34
All	50	24

Source: Amrous, 2011, p. 2

In 2006, a total of 163,860 people with disabilities were employed in regular jobs in the three public sectors: the state (88,405), local authorities (44,058) and hospitals (31,397). The beneficiaries were younger in the state public sector and older in the health public sector (Table 14).

Table 14: Age breakdown of people who benefited from the employment quota scheme in the different public sectors

Age	State		Local authorities		Hospital		Total	
	Number	%	Number	%	Number	%	Number	%
15–24	1,812	2	632	1	518	2	2,962	1
25–39	22,207	25	8,821	20	5,024	16	36,052	22
40–59	63,526	72	33,233	76	25,337	81	122,096	75
60+	852	1	1,243	3	471	2	2,566	2
N.A.	8	0	129	0	47	0	184	0

Source: Amira and Yaala, 2009, p. 46

Employment in the public sector is more controversial because the employment rates are very different depending on the ministries, administrations and public bodies concerned. A total of 175,820 disabled workers were employed in the public sector in 2009 (38% for the state, 24% in public health, and 38% for local authorities). This figure was lower than in 2007 (185,646 in 2007), while the number of civil servants as a whole increased from 4,661,252 in 2007 to 4,691,350 in 2009. As a result, after a real increase in the general rate of direct employment (excluding alternatives) (3.79% in 2006, 3.98% in 2007 and 4.15% in 2008), this rate fell to 3.75% in 2009. This may be the result of the retirement of

older civil servants with disabilities who were never replaced (present crisis policy), but this is not good news for people with disabilities, especially considering that the public sector is generally more welcoming of people with disabilities.

Sheltered work

About 120,000 people with disabilities are working in sheltered workshops in France. As Table 15 shows, their average age is increasing. This reflects the fact that a few workers from these sheltered workshops leave to take up employment in the open labour market.

Table 15: *Age breakdown of 'disabled workers' in CAT sheltered workshops (Centres d'aide par le travail) in 2000 and 2005 (%)*

Age	2000	2005
< 26	14	12
26–44	68	61
45+	18	27

Source: *Amira and Yaala, p. 57*

Finances allocated to disability

The total value of resources committed to disability in France in 2007 was calculated at €36.1 billion (Bourgeois and Duée, 2009). This was divided between the state (28.9%), the departments (12.1%) and the social security system (59.0%).

The National Solidarity Fund for Autonomy, CNSA (Caisse nationale de solidarité pour l'autonomie) has allocated €1.9 billion since 2005 to the opening of new places in specialist institutions and services for people with disabilities (+30,000). €1.3 billion were allocated to finance the compensation benefit system, the PCH (Prestation de compensation du handicap).

The government's long-term plans for creating places will cost €1.5 billion up to 2014. When considering the financial support for effective employment of people with disabilities on the open labour market, the law of 2005, in removing the weighting of disabilities in the calculation of the quota reached by a private employer, increased by €330 million from 2006 the amount of the total payments to AGEFIPH by employers who did not meet their obligation. For example, an employer who hired a person with a severe disability could count this person for 2.5 beneficiaries before 2005. From 2006, this employer can count his/her employee only for one beneficiary. He/she has to pay for the difference, the missing 1.5 beneficiaries.

National policies and programmes

Adequate income

Income support for young people in education or training

Students with disabilities can benefit from financial supports such as scholarships, subsidies for accommodation and food and other financial aids. A reform in 2008 created a simpler and more transparent aid system based on three types of aid: (1) simpler social criteria (income, size of the family and distance from home to school); (2) a new national emergency aid fund based on social criteria (parents losing their job; students moving away from family); and (3), facilitated access to loans (without parental guarantee). For students with disabilities the age limit of 28 years that is applied to other students is not imposed if they have a permanent functional limitation or if they are acknowledged by

the CDAPH as requiring permanent assistance. In 2008–2009, 524,618 students were granted a scholarship. No disability-specific data are available (Barral and Velche, 2010).

Apprentices in vocational training centres (CFAs) and apprentices with disabilities in special vocational training centres (CFASs) receive wages, but these are lower than the minimum wage (SMIC). The rate depends on the age and education level of the trainee (there is a progressive scale).

Students with disabilities are entitled to the disability compensation benefit (*prestation de compensation du handicap*) (see below). A budget is provided by CDAPH to students aged 18 years and over, based on the assessment of their human and material needs and according to their life plan.

Income support related to disability

In France, disability-related income supports for people aged 20 and over are provided through five different systems: (1) war invalidity pensions (PMI); (2) work injuries and occupational diseases benefit (RAT-MP); (3) invalidity pension (contributory benefit) (PI); (4) means-tested non-contributory disability benefit (AAH); and (5) disability compensation benefit (CPH). The conditions for eligibility within the different systems depend on the source and severity of the injury or impairment.

The war invalidity pension applies to very few young people; for example orphans and injured soldiers involved in recent military operations. The pension is awarded after an evaluation of the severity of the injury by the Direction interdépartementale des Anciens combattants (DIAC), which ranges from 10% to 100%. In January 2011, the value of such pensions ranged from €665.28 to €13,860 a year.

The work injury benefit (RAT-MP) covers hospitalisation, treatment, and transportation by ambulance, as well as prosthetic and assistive devices and functional and vocational rehabilitation. The medical assessor (*Médecin conseil*) assesses the level of a permanent partial incapacity (*Incapacité partielle permanente – IPP*) using an official guide, which was reviewed in 1996. The RAT-MP benefit is calculated according to IPP: a lump sum of IPP ranging from 1% (€378.27) to 9% (€3,781.38) is paid in one instalment. The monthly allowance is calculated by applying the following formula to the wage: $IPP < 50\% / 2 + IPP > 50\% * 1.5$.² There are about 950,000 beneficiaries of RAT-MP, at a total cost of €2.6 billion.

Employees who meet the eligibility criteria for social security are entitled to the contributory invalidity pension (PI) if their work capacity is reduced by two-thirds as a result of an accident or an illness not related to work activities. Three categories of this benefit are granted on the basis of decisions made by medical assessors following assessments conducted without the use of a rating list. The circumstances of the claimant, especially those concerning their work aptitude and qualifications, are taken into account as much as health conditions.

Category 1 relates to claimants who are still able to work. They receive 30% of their former wage (minimum €270.69, maximum €883.80 monthly as at 1 January 2011); Category 2 relates to claimants who are unable to work. This group receives 50% of their former wage (maximum €1,473.00 per month). Category 3 relates to claimants who are unable to work and are in need of personal assistance for everyday living activities. They receive 50% of their former wage plus an attendant supplement (minimum €1,330.85, maximum €2,533.16 as at 1 January 2011). The PI can be combined with

² If $IPP=30\%$, then $RAT=15\%$ of the wage; if $IPP=75\%$, then $RAT=62.5\%$ of the wage ($25\%+(1.5*25\%=37.5\%)$)

the non-contributory disability benefit (AAH) up to the full amount of AAH as a maximum, where the amount received is very low and when work was part time. In 2006, the PI was provided to 580,000 people at a cost of €5.2 billion. There are 1.05 million beneficiaries of all social security regimes (some economic branches have their own social security regimes).

There are not many young people with disabilities in receipt of work injuries and occupational diseases benefits (RAT-MP) or invalidity pensions (PI), as such benefits require previous contributions. To have the required contributions would mean that a person would have to have a significant work history, but this is rare for young French people in general.

People who acquire a medical condition, impairment or disability early in life and have not worked long enough to be entitled to social security protection are entitled to a means-tested, non-contributory disability benefit (AAH). This non-contributory benefit is a minimum social income which is provided by CDAPH. The amount of AAH has been €743.62 per month for a single person since 1 September 2011.³ In comparison, the Revenu de solidarité active (RSA), which is aimed at working people on low wages to encourage activity, is €466.00⁴ and the net minimum wage (SMIC) has been €1,073 since 1 January 2011. The ceiling on AAH was set at €8,731.32 for a single person in January 2012.

The amount of AAH awarded depends on the rate of incapacity of the individual as assessed using a rating list. The benefit is automatically provided if the incapacity rate is at least 80%. Provision of the benefit is discretionary if the incapacity rate is between 50% and 80% when the person is unable to find paid work. Since 2005 it has been possible to combine AAH and some income from work.

There are additional allowances available to people with severe disabilities. Income supplement (Complément de ressources – CR) is granted if the claimant's work capacity is lower than 5% and independent living supplement (Majoration pour vie autonome – MVA) is offered to support autonomy in the community. CR amounts to €179.31 per month and MVA adds €104.77 per month. In 2009, a total of 824,400 people with disabilities received an AAH, with the average amount being €587 per month. According to data collected from July 2005 to June 2006, approximately 32% of the 120,000 adults who claimed an AAH for the first time were under 36 years of age. This represented an annual inflow of 38,400 young new claimants. These claimants were refused the AAH less frequently than those in the other age groups; 21% of applicants under 20 and 46% of applicant between 21 and 35 were refused the benefit compared to 52% of all claimants (DREES, 2011a).

The last important measure available for people with disabilities is the disability compensation benefit (Prestation de compensation du handicap – PCH). The PCH is a non-contributory benefit rather than an income support and it only provides compensation for the costs related to disabilities. PCH is provided by the Commission des droits et de l'autonomie des personnes handicapées (CDAPH) after an exploration of the needs to be addressed by an individual compensation plan (PPC). The PCH is allocated to people with disabilities who have an 'absolute difficulty' in relation to one activity, or a 'severe difficulty' for at least two activities, within a list of four domains: (1) Mobility; (2) Personal care; (3) Communication; and (4) General tasks and requirements including relationships with others. In June 2011, about 124,000 people with disabilities received a PCH (DREES, 2011b).

Following the implementation of the new disability frame law (Act 2005-102), an extensive debate has taken place between the government and representative organisations of people with disabilities on the issue of income.

³ Décret n° 2011-658 du 10 juin 2011 relatif à la revalorisation de l'allocation aux adultes handicapés

⁴ <http://www.rsa.gouv.fr/Quel-est-le-montant-du-rSa.html>

A report of the CNCPH, produced in April 2007, highlighted that people with disabilities who were willing to work had difficulties accessing training and employment. It emphasised the low level of income of all people with disabilities and the necessity to distinguish between income and financial assistance provided to compensate for the additional costs incurred as a result of impairment. It also raised the question of discrimination between the different pensions or benefits. Finally, the report put forward some recommendations for the provision of adequate income to people with disabilities. In relation to the different levels of resources, it recommended creating a unique life income equal to the guaranteed minimum wage. Observing that the amount paid to a person living in an institution was too low, the report recommended for the ‘pocket money’ of people in institutions an increase of 30% of the guaranteed minimum wage. The report also noted that people with disabilities who work sometimes have a lower income than when they do not work and recommended an improved system whereby wages and pensions/benefits can be drawn at the same time.

At the end of 2008, the debate was focused on the issue of the relationship between work and disability. The government decided to transform the system of benefit allocation, and in particular the AAH. Currently, the eligibility criteria are based primarily on incapacity level; however, in future the government intends to define eligibility criteria on the basis of ‘employability’ and ‘non-employability’.⁵

In relation to the issue of resources, the CNCPH made several criticisms of the government’s report on disability policy (Winance and Ravaud, 2009). The commission considered that the government did not tackle all aspects of the resource issue. It did not examine the issue of invalidity and industrial injury pensions, or the problem of the resources of people working in sheltered settings. The commission noted that the resources available to all people with disabilities, across all social protection schemes, required harmonisation. The 2010 national budget plan (Loi de finances 2009) claimed that there was a systematic examination of the capacity to work of every new applicant for AAH and of those applying for a renewal of the allowance. The commission of the CNCPH disputed whether this examination was very systematic. While the government clearly affirmed its intention to implement measures intended to encourage people with disabilities to work and to facilitate their professional integration, a number of measures do not support this, such as the reduction of the right to draw a salary and receive the AAH at the same time to six months from 13 or 24 months.

Inclusive labour participation

Officially, support to job seekers with or without disabilities is provided by the French public employment service (PES). The PES has three elements:

1. The mainstream service delivered by Pôle emploi.
2. Specific services provided for specific populations, including young people under 26 years, local services (missions locales) and contact, information and guidance services (Permanences d’accueil, d’information et d’orientation – PAIO), as well as Cap emploi for people with disabilities and financed by the two funds associated with the employment levy (AGEFIPH and FIPHFP).
3. A managed vocational training system (AFPA) and other contracted training centres.

Overall, Pôle emploi is by far the largest provider in terms of the number of clients served. The missions locales are the main provider of employment services (vocational guidance, information on vocational training opportunities, and support for job seeking) for young people at a community level, while Cap emploi are the main providers of service specifically to people with disabilities. In some cases, private employment service providers such as temporary employment agencies (agences d’intérim) support the national public employment policy under contracts from the state.

⁵ President’s speech at the National Conference on disability, June 2008.

Young people with health problems or disabilities can apply for support in finding a job from any of the three options: Pôle emploi, mission locale or PAIO or Cap emploi. If the young person's impairment or disability is severe, the Cap emploi service is most likely to be appropriate.

French policy retains a significant role for sheltered work. Sheltered work programmes continue to expand. Between 2008 and 2010 4,400 places were financed, and 1,000 new places were planned for 2011 (at a cost of €11,900 for each place). In 2011 there were 117,211 places that cost approximately €1.398 million compared to €1.383 million in 2010.⁶

There are two types of institutions involved in the provision of sheltered work options. Firstly, adapted companies (Entreprises Adaptées – EAs) offer work options to people who are unable to work in companies in the open labour market without unreasonable accommodations. Adapted enterprises are required to have a workforce that comprises 80% people who have a disabled worker status (RQTH). Secondly, organisations and support services for work (Etablissements et services d'aide par le travail – ESAT),⁷ cater for people with a working capacity that is below 30% of the French standard of productivity for the same work position. Young people (under 30) represented approximately 26% of the 109,091 disabled workers in the sheltered workshops in December 2006.

The new 2005 law on disability updated French disability and employment policy. It strengthens the compulsory employment measures and it reforms the non-discriminatory measures, including the prohibition of indirect discrimination. Since 2005, employers can include the provision of work experience to young people with disabilities as a fulfilment of their obligatory employment quota of 6%. This measure offers young people with disabilities training opportunities and a first step towards real working life.

The historical quota policy in operation since World War I was reformed by the 'Loi du 10 juillet 1987 en faveur de l'emploi des travailleurs handicapés', which introduced an obligation to publish results rather than just opportunities, as had previously been the case. It introduced the alternative for employers to pay a 'voluntary contribution' to a fund named AGEFIPH, which finances affirmative action for promoting the employment of people with disabilities in the private sector. In 2005, the latest law created a similar fund for the public sector: the 'Fonds pour l'insertion professionnelle des personnes handicapées dans la fonction publique' (FIPHFP)

The law on the disability employment quota proposes many alternatives for employers who do not succeed in reaching their quota of 6% of disabled workers in their workforce. One of these alternatives is the payment of a 'voluntary contribution' into one of two parallel funds: the AGEFIPH for private employers and the FIPHFP for public employers. Because the percentages of people with disabilities working effectively in the private and public sectors (respectively 2.7% in 2009 (Amrous, 2011b) and 4.5% in 2008 (Handirect, 2008) are far below the target of 6%, these funds are substantial. This enables them to finance specific actions to promote the employment of people with disabilities. The funds finance direct services to people with disabilities, such as occupational guidance, employability assessment, training, staged support in job seeking, apprenticeship support, workplace adaptation and technical devices), or to their employers, including subsidies for work accommodation and workplace accessibility, information and training for managers. It also finances a specific employment service network, the Cap emploi, which works closely with the public employment service (Pôle emploi) to facilitate access to work for people with disabilities. In 2010 the network consisted of 118 Cap emploi offices. These services, which are managed by disability NGOs or by local associations, are financed by AGEFIPH, and since 2008 by FIPHFP and Pôle emploi as well.

⁶ Circulaire N°DGCS/SMS3b/2011/260 du 24 juin 2011 relative à la campagne budgétaire des ESAT pour l'exercice 2011.

⁷ The introduction of the term 'service' opens up the possibility of supported employment provisions outside of the workshop building itself.

Young people (under 25) entitled to be included in the employment quota scheme are more likely to be eligible for disabled worker status under the Reconnaissance de la qualité de travailleur handicapé (RQTH) procedure or the non-contributory benefit AAH, than as a result of work injury or occupational diseases benefit (RAT-MP) or invalidity benefit (PI). However, people under 25 represent only 1.87% of the beneficiaries of the employment quota law; slightly down from the figure of 2% between 2002 and 2006 (Amira and Yaala, 2009, p. 35). In 2006, people under 30 with a work injury accounted for 12% of the beneficiaries of the quota scheme, and people under 30 with an occupational disease accounted for 1% (Amira and Yaala, 2009, p. 20).

A non-discriminatory measure was introduced in 1990 (Loi du 12 juillet 1990 relative à la protection des personnes contre les discriminations en raison de leur état de santé ou de leur handicap), but this did not allow for reasonable accommodations which would combat indirect discrimination. In line with EU Directive 2000/78/EC, the law of 2005 introduced the concept of ‘reasonable accommodation’ as a means to combat discrimination. This law placed the onus on the employer to prove that all reasonable measures had been taken to adapt the workplace, or in the recruitment process, to ensure that the person with a disability had the same opportunities as others to succeed. Exceptions to the legal requirement are based upon the technology available and the costs, which must not impair the economic health of the company. The law also introduced an obligation for all employers to negotiate annually measures relating to access to work, training, promotion, and retention of people with disabilities. The negotiation should also address issues such as working conditions and promoting awareness of disability among all the employees of the company.

Other actors also provide supports for effective job seeking for people with disabilities including providing information and advice on vocational services and vocational training opportunities. One example is the Centre d’information et de documentation Jeunesse (CIDJ) in Paris, which supports young people in general in accessing the labour market. However, it acts as a mainstreaming location where young people with disabilities can also get information about the diverse training opportunities and courses available.

The CIDJ addresses many of the specific requirements of young people with disabilities in terms of determining which training schools or courses are accessible to them given the type(s) of functional impairments that they have. Based on a systematic survey of about 100 institutions that carry out training in a range of areas such as banking, finance and insurance which assessed the level of accessibility according to the type of disability (motor, visual, auditory, learning, mental), a young person with a disability can select his/her criteria for vocational training and can view the accessibility points of the different vocational schools on the CIDJ website. This initiative also aims to raise public awareness of all people with disabilities and the problems that they are likely to encounter.

An association of students and young professionals called ‘Starting-Block’ was established in 1998 with the primary aim of promoting collective solidarity projects for and with young people. Since 1999, it has organised joint activities for young people with and without disabilities, as well as seminars on disability awareness which, in 2006, became an annual national campaign called ‘Handivalides’. In 2011, the campaign organised workshops on the experience of people with various impairments including sensory and mobility impairments, as well as round tables and conferences in 45 universities or grandes écoles. Since January 2010, Handivalides has provided tutorial guidance for young students with disabilities. In 2011, Starting-Block published a book on the shared experiences of students with disabilities (Le Petit livre des Grandes Initiatives – 16 projets étudiants autour du handicap).

Other associations providing inclusive labour market services include Droit au Savoir,⁸ which promotes the development of work experience schemes for students with disabilities from the age of 16 to enable them to gain a better knowledge

⁸ Droit au Savoir was created in December 2001. It brings together 40 organisations (associations, mutual insurance companies, foundations) in order to advance non-compulsory education and vocational training for young people. It includes people with disabilities among the beneficiaries of its action.

of the work environment, and to explore vocational options. It provides support during vocational training and runs an association (Association pour faciliter l'insertion professionnelle des jeunes – AFIJ) that helps young people who have just graduated to find a job. AFIJ organises employment days and work experience specifically for young people with disabilities. Businesses from across France attend these meetings. In 2008, a support programme was put in place specifically for young people, with and without disabilities (Accompagner la Réalisation de Projet d'Etudes de Jeunes Elèves et étudiants Handicapés – Arpejeh). More than 1,300 young students have benefited from Arpejeh employment programmes including promotion of work experience, discovery workshops, preparation to work, visits to enterprises, and tutorial support. In addition, there are many web-based employment platforms for people with disabilities, including

- Travaillensemble.net (managed by l'ADAPT (Association pour l'insertion sociale et professionnelle des personnes handicapées – a mixed organisation with volunteers and professionals which manages many services and establishments for young people and adults with disabilities throughout France);
- Youjob Handicap, managed by the online journals 01.net;
- Handicquesta, managed by M2 interactive a web communication operator;
- Handi-cv.com, an independent website created by a job counsellor and a webmaster;
- Handiplace, the website of the Directh idee resource centre in the Rhône-Alpes region;
- Handipole, the website of Practhis, a private specialised job centre in Ile-de-France supported by the state, AGEFIPH and FIPHFP;
- Yanous, the website of a francophone bimonthly news journal that specialises in disability.

Social health care and social care services

Housing

As a result of the difficulties experienced in finding landlords who were prepared to rent out a flat to a person with intellectual disability, even if that person was able to live independently, in the early 1970s associations of parents created services (Appartements associatifs) which pay the rents to the landlords and rent the flats to people with disabilities (Cagniard, 2006). There are no aggregated data on people living in these facilities, which are now spread across France.

According to CDAPH, the best way for some adults to live in the community is to live with a host family (Famille d'accueil). This is regulated by Article L. 444-1 to L 443-12 of the Code for social action and families (Code de l'action sociale et des familles). This provision has existed since the eighteenth century, but became professionalised on 17 May 1977 under the 'Loi n° 77-505 du 17 mai 1977' and received its judicial framework on 12 July 1992 (Loi n° 92-642 du 12 juillet 1992). The latest law was enacted in 2005 (Loi n° 2005-706 du 27 juin 2005). It allows for this provision even if the person's own family is still alive.

For people with intellectual disabilities, who cannot secure their own accommodation either with or without financial support, NGOs in the disability sector operated by the parents' associations or local authorities have created different types of housing facilities. These include community housing (Foyers d'hébergements – FH), occupational community homes (Foyers occupationnels – FO) and community residential setting (Foyers de vie – FV) for people labelled as unable to work, even in sheltered workshops, but who do not require medical monitoring. In the FH facilities, people under 30 years with disabilities accounted for 22.3% of the 37,618 residents in December 2006; in other words, 8,389 residents. In FO-FV, they accounted for 21.5% of the 43,225 residents; in other words, 9,293 residents.

Young employees with disabilities can also be accommodated in young workers' hostels (Foyers de jeunes travailleurs – FJT) for up to two years maximum. There are no data available on the number of young people with intellectual disabilities among residents of FJTs.

Social support

Home support services to help people with disabilities participate in a meaningful way in the community are provided by the support service for social life (Services d'accompagnement à la vie sociale – SAVS) and the medical-social support service for disabled adults (Services d'accompagnement medico-social pour adultes handicaps – SAMSAH). These services help people with disabilities to carry out activities of daily living such as house cleaning, shopping and cooking, as well as administrative duties. SAVS provides support for independent living to adults with intellectual disabilities. SAMSAH supplements the support of SAVS by coordinating medical care. People who need support from medical-social services (SAVS and SAMSAH) make an application to the CDAPH. There are no data available on the age groups of people who benefited from these services.

Access to health services

A number of studies provide information about access to care for people with disabilities. They highlight the difficulties these people encounter in getting basic healthcare such as dental or gynaecological care. For example, only 20% of disabled women gained access to gynaecological care compared to 80–90% of the general population. This is partly due to the inaccessibility of services and the lack of appropriate treatment devices (Chauvin and Parizot, 2005a).

People with intellectual impairments living independently use the same health services as the rest of the general population. Generally, the medication related to their impairment is free as it is paid for by social security. People living in institutions do not have to pay. However, some difficulties have been reported where medical professionals, who are not at ease with clients with disabilities and do not know how to respond, reduce the access of people with disabilities to health services that they require. However, there are no data to support this contention.

A report published by the French National Authority for Health documented the current problems (HAS, 2008). Some solutions were proposed by professionals working in the health, medical-social and social rights domains (Ceccotto et al., 2008). According to a survey (68 questions) carried out in 2002 among 600 general practitioners (Verger, 2008, p. 19), 73.7% of GPs said that they were involved in protecting the rights to health of people with disabilities because their evaluation of the needs of these individuals determines their access to health services. There were some problems in dental care for people with severe intellectual disabilities. In the past, some dentists performed extractions or other procedures under general anaesthetic, which is recommended for people who cannot cooperate with them (Hennequin, 2008, p. 74) but sometimes healthy teeth were also extracted (Tézenas du Montcel, 2008, p. 8). Currently, better communication prevents such abuses (UNAPEI, 2010a). The right to good dental care for people with intellectual disabilities is respected, and there has been an increase in knowledge relating to their special needs.

Young people who do not attend ordinary schools, special schools or institutions, are provided with social care by the support services for social life (SAVS) and the medical-social support service for disabled adults (SAMSAH). SAVS provides support with independent living for adults with intellectual disabilities, and SAMSAH provides more medicalised support, including support for people with mental health problems. The decision to offer support is taken by the CDAPH. Nevertheless, there are some families with severely disabled adolescents who do not find a residential place. For example, in August 2010 the national organisation of families with children, adolescents and adults with intellectual disabilities (UNAPEI) reported that among their members, 5,000 children or adolescents did not have a

placement in schools or in institutions in France. It added that the National Solidarity Fund for Autonomy (CNSA)⁹ estimated that 13,000 children and adolescents up to 20 years of age, often with autistic spectrum disorder or multiple disabilities, spend their life at home without any form of schooling (UNAPEI, 2010b).

Lifelong learning including further education and training

The unemployment rate of young people with health problems or disabilities in France is high and this is partly due to a lower than average qualification level. A number of mechanisms have been put in place to respond to this concern.

One issue that has been addressed is segregated schooling. The new French policy of school integration does not aim to dismantle the special disability sector but rather to facilitate a transition. Thus, if registration in ordinary schools is mandatory, parents may also simultaneously register their disabled child in a special institution, if they so wish. This transition mechanism creates a challenge for the implementation of full inclusion but is a step towards bringing the special education sector and mainstream schools closer together. Traditionally, these two educational sectors and cultures have been rigidly separated. Under the new arrangements they have to follow a number of collaborative procedures as defined in the implementation guidelines for the schooling of disabled children and young people and for cooperation between schools and special services and institutions.

Mandatory schooling (*obligation scolaire*) for all French children used to be understood as ‘mandatory education’ (*obligation éducative*) for children with disabilities. Previously, many children and adolescents were excluded from schooling altogether. ‘Education’ in French terms means training in and adaptation to all aspects of life, which does not necessarily include academic learning. As a consequence mandatory education did not necessarily imply that children in special institutions should be taught and should learn in the academic sense. One effect of this was that a number of special institutions provided an inadequate curriculum with respect to the official national school syllabus, or no basic academic teaching at all. This lack of a requirement for formal education represented a barrier to participation in mainstream schooling and served to channel young people with disabilities more clearly along a special education pathway from childhood to youth and to adulthood. The law of 2005 removed this notion of ‘mandatory education’ and reaffirmed ‘mandatory schooling’ for all children. It is interesting to note that the data on students in higher education show an increase in overall numbers between 1998–99 and 2008–09.

The law of 11 February 2005 reinforces actions promoting the schooling of children and adolescents with disabilities under the auspices of the Ministry of Education, and implements the right to mainstream schooling for pupils with disabilities under three main principles. These are mandatory registration in a mainstream school that is closest to the child’s home; the design of an adapted schooling plan; and involving parents in the design of an individual educational plan. This law represents a real turning point in French policy for young people with health problems or disabilities.

The legislation and regulations emphasise the requirement to provide support and adaptations for the schooling of children and young people with disabilities in terms of adapted learning materials and human support. Distinctions are made between the materials provided by schools and those acquired personally by the disabled child or young person in receipt of a personal budget (disability compensation benefit) and those provided by the primary, secondary and post-secondary education administrations. The disability compensation benefit can be used to support the right to learning opportunities for people with disabilities beyond the compulsory schooling age through procuring the individual technical and human aids required for learning, regardless of age.

⁹ The CNSA (National Solidarity Fund for Autonomy) was created in France in 2004 following the events linked to the 2003 heatwave and in connection with the new disability bill, voted in 2005. These events highlighted the need for more modern social and medical residential facilities and support services for the elderly and people with disabilities, which requires increased funding.

Adapted learning materials in primary and secondary education (schools, colleges and high schools), are financed by the Ministry of Education, and in universities by the Ministry of Higher Education and Research. Since 2005 the Ministry of Education has allocated a dedicated budget for adapted learning materials (computers, Braille keyboards, specific software and so on) in primary and secondary schools. Each school submits a funding application for adapted materials to the regional public education administration.

The practice of mainstreaming has increased by 80% since 2005. However, the proportion of pupils with disabilities in mainstream education declines with age. In 2010–2011, 201,400 disabled children were attending mainstream schools: 35,000 in preschools, 91,000 in primary schools, 63,000 in junior high schools, 5,600 in high schools, and 6,400 in vocational schools. Only 9,291 disabled students were studying in French universities (HALDE, 2011 p. 11). There are no data on the proportion of adolescents and young adults with disabilities currently in the school system.

Apart from accessibility, higher education legislation stipulates that students with disabilities should benefit from human and material assistance. It is the responsibility of universities to define their financial needs in terms of collective accommodations and services and submit an application to the Ministry of Higher Education and Research for funding (University Disability Charter, art. 5). Examples of such accommodations and adapted materials include tutoring and other forms of individual support and aid (note taking, assistance with examinations, assistance with documentation search; adapted examinations conditions; sign language interpreters; adapted computers and Braille transcription).

According to the association *Droit au Savoir* the graduation rate of students with disabilities in bachelor degree programmes is 20% compared to 80% of non-disabled students in higher education. However, progress in integrative schooling has allowed for about 11,000¹⁰ disabled students in higher education. The situation has become more complex because of the entry of post-bachelor students with more severe disabilities. Since 2007, the Ministry of Education has planned for an increase of 1,000 additional students with disabilities each year in higher education.¹¹

In parallel with the quota scheme, France developed a countrywide system of functional and vocational rehabilitation centres. The vocational retraining centres (*Centres de rééducation professionnelle – CRP*), established between the two World Wars, are specialist training centres financed by social security for employees who acquired work injuries or occupational diseases and for people entitled to disabled worker status (*RQTH*). They provide places and educational methods which are tailored specifically to people with disabilities in a way that the other ‘mainstream’ training centres are, at present, unable to provide. Their main role is to facilitate an efficient return to work after injury or a disabling disease. In 2008 a total of 88 CRPs offered about 13,000 training places.

The most important mainstream training institution for adults, the national association for vocational training (*Association nationale pour la formation professionnelle des adultes – AFPA*), has allocated €100 million to training people with disabilities.¹² These training provisions play a decisive role in the success or failure of reintegrating employees who have acquired work injuries or occupational diseases. Reintegration is a compulsory duty for employers unless they are advised otherwise by an occupational physician. AFPA is a national tripartite, not-for-profit association, which means it includes social partner involvement. Its role is to develop the national training policy element of the

¹⁰ The figure was 8,500 in 2006.

¹¹ L’Edito de Valérie Pécresse, *Officiel du Handicap*, 13 juillet 2011; ONISEP 2007-2008.

¹² *Projet de rapport du Gouvernement au Parlement relatif au bilan et aux orientations de la politique du handicap*. Secrétariat d’Etat chargé de la Solidarité, 15 janvier 2009.

national employment policy. AFPA contributes to the public employment service in the domains of vocational guidance and training, and certification. It tries to adapt its provisions to changes that occur in the labour market, and to follow the needs of its clients: employees, job seekers, employers and partners. A new law (24 November 2009) incorporated the role of AFPA into the general policy for employment, which goes beyond the usual goal of a training provider. There are no data available on young people attending training courses in AFPA centres.

Representative organisations of people with disabilities in France are lobbying for policy changes to promote equality in education as well as other areas of social life. Besides lobbying, parents of children with special educational needs and some professional organisations (such as APAJH) have been particularly active in providing individual support in mainstream schools for children, along with the 'Handiscol Plan'. Since 2004, CNCPH, which has a number of committees and working groups on specific matters including education and training, has played an important monitoring role in ensuring that legal provisions related to equality in all domains are respected. The CNCNDH and the French national anti-discrimination authority (HALDE) are also important stakeholders, providing critical reports such as the CNCNDH 2008 notice on disabled children's schooling (Barral and Velche, 2010, p. 12).

Social partner initiatives

Trade unions, as members of the CNCPH, and the regional advisory boards of people with disabilities (CRCPHs), are involved in monitoring the French disability policy, at the national and regional levels. All legal measures which may affect people with disabilities are examined by these councils before being adopted by the government.

With regard to the quota scheme, two types of direct involvement by trade unions can be observed. They negotiate the 'enterprise or group agreement' (accords d'entreprise ou de groupe) when the employer chooses this alternative to manage employment. Instead of looking at legal obligation to reach a quota in the workforce, such an agreement allows the employer to commit to a progressive increase in the number of employees with disabilities over a period of two or three years. These 'accords' are negotiated with trade unions and agreed by the Ministry of Labour. This does not happen very often and such agreements covered only 9% of employers in 2009 (6% in 2006). A more frequent occurrence is the implementation of a new measure introduced by the Law of 2005, which requires that every three years each company must organise a debate between the social partners on the situation of people with disabilities.

At the individual level of the company, trade unions have no power to control the recruitment of people with disabilities. They play a more important role in the redeployment of employees with work injuries or disabling conditions/diseases.

The main national employers' organisation MEDEF (Mouvement des entreprises de France) participates on the board of directors of AGEFIPH and is very involved in the training and employment policy of this organisation at the national and regional level. MEDEF created a 'Trophée pour l'insertion' ('trophy for integration') to reward enterprises that have a progressive hiring policy towards people with disabilities and especially young people with higher education and diplomas, or enterprises that have good policies to retain employees with disabilities in their jobs. In the regions, the local branches of MEDEF often create 'clubs' of employers to facilitate the connections between job seekers with disabilities and employers.

However, there is no specific involvement by the social partners in the case of young people with disabilities.

Case study 1: SARAH Alsace

SARAH Alsace is a regional service supporting apprentices with disabilities in the Alsace region. The service is based in Strasbourg and has supported more than 570 young people with health problems or disabilities (65% with learning disabilities) in their path towards apprenticeship training and job seeking. It provides guidance in vocational orientation, preparation for acceptance in the apprentices' vocational centre and in companies, individual job coaching, coordination of stakeholders (employers, apprenticeship masters, teachers, families, social workers, doctors, speech therapists, psychologists, etc.), and job coaching. Young people who benefit from SARAH Alsace's support attain a high level of success; most obtain their standard diploma and many also find a job at the end of this process. They experience the same working conditions as the other apprentices; in other words a contract, a reduced salary (depending on age), social insurance cover, alternation between school and on-the-job training. There is no age limit for people with disabilities.

How the project started

SARAH Alsace was created in 2003 with the support of a non-profit organisation that monitors the quality of services provided by medical-social institutions in the region (the Centre Régional pour l'Enfance et l'Adolescence Inadaptée – CREAI). The organisation benefited from cooperation between the Alsace region and AGEFIPH (the organisation that collects fines from employers who did not meet their 'quota' of employees with disabilities).

Aims and objectives

The mission of SARAH Alsace is to improve the access of young people with disabilities to vocational training through apprenticeship.

Intended beneficiaries

SARAH Alsace supports people aged over 16, who have a disability as verified by CDAPH, the specialised committee which deals with the administrative recognition of people as disabled persons, and their eligibility for related benefits and different types of supports.

The applicant should have an apprenticeship contract or at least a plan designed for obtaining such a contract.

According to records, as at December 2010, 43% of young people supported by SARAH Alsace had intellectual disabilities, 22% had a specific learning disability, 9% suffered from mental health problems or behavioural disturbances, 8% experienced sensory impairments, 7% had motor impairments, and 6% had developed disabling diseases.

Relevance to the needs of beneficiaries

Young people with disabilities have difficulty accessing employment in France because of a lack of qualifications, due to poor integration into mainstream education programmes. Apprenticeships could be the best solution to reducing this educational disadvantage because of the practical learning associated with such programmes. It could also be beneficial to adapt the content of the theoretical courses to suit the learning abilities of these young people.

Activities and processes

SARAH Alsace provides:

- Support for vocational guidance;
- A preparation for the induction of the young person with disabilities to the company, by the organisation itself or by the CFA (Centre de Formation d'Apprentis) (Training centre for apprentices who provide an alternative workplace / classroom training) for training the person;

- Individualised support for the apprentice into the CFA or the company;
- Coordination of all partners involved in the training path of the apprentice, including employers, apprenticeship trainers, education teams of CFAs, families, social workers, doctors, speech-pathologists, psychologists;
- Active transition from apprenticeship to work integration.

Relationships with other service suppliers

The main partners of SARAH Alsace are the CFA and the employers. In 2010, 35% of the apprentices were sent to SARAH Alsace by the CFA, 33% by medical-social institutions such as IMPro (Instituts médico-professionnels; special schools for adolescents with intellectual disabilities), IEM (Instituts d'éducation motrice; special schools for adolescents with motor impairments), IES (Instituts d'éducation sensorielle; special schools for adolescents with sensory impairment), ITEP (Instituts thérapeutiques, éducatifs et pédagogiques; special schools for adolescents with behavioural disorders), 12% by chambers of commerce and industry, 8% by educational institutions such as secondary schools, 8% by personal contacts, and 4% by missions locales (vocational guidance services for school leavers).

SARAH Alsace is also a partner with the Maison de l'Adolescent and the Orientoscope, both of which are involved in the promotion of vocational inclusion of adolescents in the workforce, as well as the Centre Resource Autisme, a service which specialises in providing support for children and adolescents with autism and their families.

SARAH Alsace also works in full cooperation with the region's department for people with disabilities (MDPH), enabling better access to compensation if needed.

Role of social partners

There is no direct involvement of social partners at this point. Indirectly, employers' organisations contribute to vocational guidance and identifying companies through the chambers of commerce and industry.

Connection to policy or legislation

The legal framework is law no. 2005-102 of 11 February 2005 on equality of rights and opportunities, participation and citizenship of people with disabilities.

Some regulations of the disability apprenticeship contract were adjusted in order to facilitate the vocational training of young workers with disabilities. The duration of the apprenticeship contract was extended from three to four years, and the age limit was increased from 25 to 30. The use of adapted teaching aids was also permitted.

The legal framework provides for a number of financial supports:

- For employers:
 - Lump sum grant of €3,400 for each 12-month period;
 - Premium of €1,600 for each hiring decision at the end of the apprenticeship contract;
 - Premium of €1,600 for a permanent contract;
- For young apprentices with disabilities:
 - Lump sum grant of €1,700 for an apprenticeship contract of over six months' duration; €3,400 for a contract of over 12 months.

Inputs

Since June 2010, the CREA I Alsace has provided a project leader close to the missions locales to help young people with disabilities gain access to mainstream training courses. This service is financed by the Regional Department of Enterprise, Competition, Consumer Affairs, Labour and Employment (DIRECCTE).

SARAH Alsace has six staff:

- three in the Lower Rhine department (two in charge of coordination; one in charge of relations with enterprises)
- two in the Upper Rhine department (one in charge of coordination; one in charge of relations with enterprises)
- one in charge of coordination and leadership for the network of disability referees.

Outputs and evaluation

In 2010, 576 young people with disabilities, compared to 297 in 2005, benefited from the support system to enable them to develop a plan of professional qualification and/or gain access to the financial supports needed in the context of their apprenticeship.

Of the service users, 81.6% had an apprenticeship contract. By the end of 2010, 35% had been trained in the hotel trade/catering, 18% in building, 11% in agriculture, 19% in office work, 5% in industry, and 10% in the food industry.

About 51% of apprentices were trained in the handicraft environment in very small companies.

In 2010, of the 223 young people who received support from the SARAH Alsace service and came to the end of their two or three years' apprenticeship training, 47 had found employment (34 in 2009), while 52 were job seekers and were referred to Cap emploi or missions locales. Only nine young people were redirected to sheltered workshops because they were not yet ready for an apprenticeship. Very few dropped out of the programme (4%).

In terms of qualifications, 81% of SARAH Alsace's candidates obtained their diplomas on completing the training (70.5% in 2009). However, because SARAH Alsace's support stops after the exams, there are no data available on the numbers of graduates who enter the labour market after completing the course.

Good practice in active inclusion

A high number of adolescents benefit from the support of SARAH Alsace. The results of this support are encouraging, and there has been a steady increase of good outcomes since development of the initiative. From the perspective of active inclusion for young people the project focuses on the transition of young people from school to work by providing access to lifelong learning opportunities which are delivered through an individual support plan. It also provides access to inclusive labour market measures and helps participants access the financial compensation required to participate effectively in apprenticeship.

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<http://www.creaialsace.org/SARAH/1-Offre%20de%20service.htm#section1>

Content

Skill-building (including VET and further education)	✓
Job placement (such as supported employment)	✓
Self-employment	
Activation	✓
Condition relevant (including mental health difficulties)	✓
Other:	

Approach

Proactive: reaching out to the target groups	✓
Focus on an individual pathways approach (open employment as the goal)	✓
Targeting the individual and the community (including parents and employers)	✓
Empowerment processes (e.g. decision-making, self-advocacy)	✓
Partnership, networking and links (to other agencies and private companies) that assist in achieving the goals	✓
Links to national policy or programmes	✓
Training and support for staff	✓
Social partner involvement	✓
Monitoring and measurement (i.e. data on output, impact or cost effectiveness and individual benefits)	✓
Regional or local sphere of activity	✓
De-institutionalised and community focused	✓

Case study 2: ALFAH

This service is based in Hérouville-Saint-Clair (a northern suburb of Caen, Normandy) and was established in 2001. ALFAH stands for ‘Alternance Formation Apprentissage Handicap’, and the organisation provides support for young people with severe behavioural problems during apprenticeship training. Its main aim is to coordinate and mobilise partners in order to facilitate the training of the young people. These partners include medical–social establishments (IME, ITEP), follow-up and social guidance services (SESSAD), and mainstream (PAIO or missions locales) or specialised (Cap emploi) vocational guidance services.

How the project started

ALFAH is a non-profit association created in 2001 by the initiative of AGEFIPH, the state, and the Lower Normandy Region.

Aims and objectives

ALFAH’s main aim is to help young people who have learning disabilities to gain access to training leading to qualification and certificates. ALFAH provides back-up and support during apprenticeship training and an alternative qualification for young people with disabilities through an apprenticeship work contract. It covers the three departments of the Lower Normandy Region: Calvados, Manche and Orne.

Intended beneficiaries

According to ALFAH's statutes the initiative has the following conditions:

- Beneficiaries should be young people aged 16 to 26 years:
 - With administrative recognition by the CDAPH of the status of 'disabled worker', or in the process of recognition by CDAPH, and
 - With an apprenticeship (alternation enterprise/training centre) work contract signed by an employer;
- Stakeholders (the young disabled person, his/her family, the employer, the CFA or the training centre, the other support services, etc.) must agree with the different forms of intervention by ALFAH.

According to ALFAH's activity report, between 2009 and 2010 about 172 young apprentices were supported by this provision. This number included 79 new recruits and 93 people who had already been involved in the programme for one or two years. Some of these had already signed a new contract with another employer.

172 apprentices received 'disabled worker' status. Of these, 95 (55%) were confirmed cases, while 77 individuals were in the process of gaining this status (45%) on 30 September 2010. This group represented 1.55% of the 11,080 apprentices in Lower Normandy. Of these apprentices, 85% were male. The majority (71%) were aged 17 to 19 years; 16% were 16 and 13% were over 20.

The programme participants had different types of impairments, including the following:

- 83 young apprentices had intellectual disabilities (48%; in 2007–2008 the figure was 65%);
- 36 young apprentices had dyslexia (21%; in 2007–2008 the figure was 6%);
- 9% experienced associated disabilities (multiple disabilities);
- 8% suffered from behavioural problems (in 2007–2008 the figure was 12%);
- 5–6% of beneficiaries had auditory impairments (10 persons);
- a minority of participants had motor impairments, disabling diseases, visual impairments and other learning disabilities.

Beneficiaries may have one of two types of work contracts: (1) apprentice work contracts (91% in 2009–2010), and (2) work experience contracts (Contrats de professionnalisation) (9%). The latter form of contract is a subsidised contract that is available to people between 16 and 25 years receiving various different types of benefits.

Relevance to the needs of beneficiaries

The potential clients of ALFAH are young people with disabilities (with the confirmed status of 'disabled worker') who need support in order to carry out training in CFAs and to work in an ordinary company.

Activities and processes

The services are delivered by ALFAH's resource officers and coordinators.

About three-quarters of the trainees need learning support in order to follow the programme run by the CFA. This is provided during the working day in the company. The contributors use cognitive remediation, adjusted to be appropriate for young people with severe learning difficulties.

Because the disabilities of these young persons affect the acquisition of knowledge and competencies, most of these young apprentices (91%) went on to obtain Level V training (basic training level) with the CAP (Certificat d'aptitude professionnelle).

The apprentices were trained in 43 different vocational areas: 33% in building and civil engineering; 26% in the hotel businesses, catering and food; 20% in agriculture; 11% in mechanics, electricity or maintenance and so on.

Relationships with other service suppliers

Partners who obtained the support of ALFAH fell into the following categories:

- Special schools and services (45%): IME (special schools mainly for children and adolescents with intellectual disabilities), ITEP (special schools for adolescents with behavioural disorders), CROP (Regional centre for vocational guidance), SESSAD (service providing education or care at home or in the school), IEM (special schools for adolescents with motor impairments);
- The CFAs (vocational training centres for apprentices) (40%);
- Ordinary schools (5%) including collège (secondary schools), lycée (high schools), UPI (small classes with special needs teachers for adolescents with disabilities, educated in ordinary schools), SEGPA (special classes in ordinary secondary schools);
- The families or the young person with the disability (5%);
- The judiciary or PJJ (judicial protection service for young people) (1%);
- The SEMO (a home support service for children or adolescents with social difficulties) or SPMO (a service which finds host families for children or adolescents with social difficulties) (2%);
- Cap emploi and the MDPH (1%);
- A social service (1%).

The main partners of ALFAH that provided support included:

- 13 CFAs in Calvados, Manche and Orne;
- About 14 regional and local training organisations such as AFPA, GRETA, MFR, ACSEA formation, Promotrans, IREO d'Argentan (local training centre for vocational training in agriculture), and the vocational lycées.

ALFAH also provided support to eight young people who were schooled in another region, but had an employer in Lower Normandy.

To provide efficient learning support without consuming too many resources, ALFAH has built up a substantial network of training bodies in order to cover the support needs of each trainee, as close as possible to his/her place of work. This network includes most of the CFAs and other training centres involved in ALFAH's programme, but also other partners such as AFBs (basic training workshops) and local sections of the EPE (school of parents and teachers; a training body). In the activity report of 2009–2010, 23 bodies were listed as supports for learning activities.

Approximately 167 employers participated in on-the-job training between 2009 and 2010, in order to accommodate 172 young people with disabilities. These employers operated in both urban and rural areas. The majority of them managed small companies; 49% had fewer than six employees, 10% had between six and ten employees, and 6% employed

between 11 and 20 workers. This means that about 65% of disabled trainees had temporary work contracts in companies that were not liable for the quota scheme, because legislation stipulates the employment of at least 6% of disabled workers in the workforce for companies with 20 staff or more. Among employers who were covered by quota legislation, companies that employed 21 to 40 employees trained 5% of apprentices with disabilities, and those with more than 40 employees trained 8%. In 22% of cases, the size of the company was not recorded.

Role of social partners

Although the trade union movement is heavily involved in the training centres in France, there is no direct involvement of social partners in this programme other than the 179 companies that received support.

Connection to policy or legislation

This activity falls under the regional policy for the vocational training of people with disabilities (PRFPH). The PRFPH operates on behalf of the state, the Lower Normandy Region, the education authority, AGEFIPH, FIPHFP, Pôle emploi and ARS (Regional agency for Health) to implement a coordinated policy to allow access to training for people with disabilities with a view to integration in the open labour market.

Inputs

Six monitors follow and support the young trainees. They are paid by ALFAH.

Outputs and evaluation

Of the 77 young people who took the final exam in June 2010, the success rate was 60% (53% in 2009). Of the 46 people who attained their diploma, 15 were in the hotel, catering, and/or food business; 12 were involved in building and civil engineering; nine worked in agriculture; seven were employed in mechanics, electricity or maintenance positions, while others were employed in other domains.

Among the young people who found employment, 12 obtained a permanent work contract and nine retained a fixed-term work contract (six contracts under six months and three of more than six months' duration). Among the 27 job seekers (September 2010), many were employed at the time of the release of the activity report, according to the author.

Good practice in active inclusion

It is interesting that ALFAH works at the regional level, in accordance with the training and lifelong learning policy in France since decentralisation. The project is a particularly good example of how it is possible to deliver integrated services and supports by networking and partnership with other organisations. Twenty-three different organisations and bodies were involved in providing learning support to participants. The project bridges the gap between initial compulsory education and the workplace by putting together individual support plans. It also supports training in open employment situations. It is notable that so many small and medium-sized employers were involved.

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Content

Skill-building (including VET and further education)	✓
Job placement (such as supported employment)	✓
Self-employment	
Activation	✓
Condition relevant (including mental health difficulties)	✓
Other:	

Approach

Proactive: reaching out to the target groups	✓
Focus on an individual pathways approach (open employment as the goal)	✓
Targeting the individual and the community (including parents and employers)	✓
Empowerment processes (e.g. decision-making, self-advocacy)	✓
Partnership, networking and links (to other agencies and private companies) that assist in achieving the goals	✓
Links to national policy or programmes	✓
Training and support for staff	✓
Social partner involvement	✓
Monitoring and measurement (i.e. data on output, impact or cost effectiveness and individual benefits)	✓
Regional or local sphere of activity	✓
De-institutionalised and community focused	✓

Case study 3: SACFA and Pôle insertion

This service is managed by the ADPEP21 (Association départementale – Pupilles de l’Enseignement Public), based in Dijon (Côte-d’Or, East of France), as an extension of an educational institution named IME – SESSAD (Institut médico-éducatif – Service d’éducation spécialisée et de soin à domicile). It offers a two-pronged approach: institutional (through IME, a special school) and community-based (SESSAD). The aim is to provide educational support for very young children (before school age) and support in the classrooms for school-aged children. It is completely devoted to children and adolescents with intellectual disabilities, from three to 20 years of age.

This programme delivers at least three support programmes for youths with intellectual disabilities. The first step is ‘Banc d’Essai’, which provides a three-month trial period for training that simulates the actual conditions of apprenticeships in order to test the readiness of the students. The second step, ‘SACFA’ (‘service d’appui au CFA’) is a special support to apprentices with intellectual disabilities which helps them gain their standard diploma. The third step, ‘Pôle d’insertion’, focuses on work opportunities for people with intellectual disabilities in the competitive labour market or the social economy. This programme runs for two years and supports at least 36 young persons.

How the project started

In 2008, during the negotiation of the agreement between ADPEP 21 and the regional representative of the state, regarding the budget and the grant for the services provided by the association in the previous five years, the state administration stressed the need for support in relation to the integration of young people with disabilities who were progressing from the IME. Many young people over 18 had no solution after IME, meaning they had no job, no recognised qualifications and no support in relation to their needs. In order to respond to this situation and to the demands of the labour market, ADPEP21 created the Pôle d’insertion and the SACFA. These organisations are responsible for training and provide specific supports and backup (in schools, social environment, families, CFAs and companies) to young apprentices with disabilities.

Aims and objectives

The mission of the Pôle d'insertion service is to:

- Advance the integration of young people with disabilities in the ordinary or protected work milieu;
- Work on the employability of young people with intellectual disabilities, in conjunction with local companies and institutional partners (special committees, schools, other special schools or training centres);
- Assure mediation in close cooperation with companies that previously took on apprentices, in coordination with SACFA if necessary.

The aims of SACFA include:

- offering support to young apprentices with disabilities attending CFAs;
- assessment of the needs and priorities in the individualisation of support;
- mobilisation of the young person, if needed, on the training project.

Intended beneficiaries

The young people who benefit from the support of this two-pronged service are mainly adolescents (16–20 years) who were schooled in the IME of the association or in ordinary schools with the support of the SESSAD under the management of ADPEP21. Those involved in this programme have learning disabilities which prevent them from attaining a Diploma without personalised support.

Relevance to the needs of beneficiaries

Young people with disabilities have reduced access to employment in France due to a lack of qualifications and poor integration into mainstream education programmes. Apprenticeships offer a good solution to reducing this educational disadvantage, providing employers are willing to take a risk and adapt the content of the theoretical courses to the learning abilities of these young people.

Activities and processes

The steps in the support process include:

- Development of a network of employers who are prepared to offer employment to a young person who is involved in the process of learning, even if his/her abilities to learn are hindered by intellectual disabilities. The incentive for employers includes the support provided by SACFA to resolve the difficulties experienced by either the disabled candidate or by other people in the work environment, such as the company manager or co-workers.
- The preparation and assessment of trials (bancs d'essai) to help the apprentice to become familiar with the way the work-study programme is organised, to obtain practical experience working in the real world, and to refine his/her vocational project. The aim is to assess the apprentice's ability, to adjust to these requirements and address their support needs. The preparation is organised with the staff of IME and the trainer from the CFA.
- The choice of the CFA will depend on the sector (gardening, laundry, hotel business, catering, building, food industry, etc.) and the negotiation of a contract with the chosen local CFA.
- Support for the CFA and the employer in relation to the content of the training and guidelines on how to deal with potential problems.
- Participation in the final assessment.

Relationships with other service suppliers

The SACFA / Pôle insertion service coordinates its actions, upstream with the IME and the SESSAD, and downstream with the CFA and the companies (employers).

The Pôle d'insertion service is similar to public employment services (PES) at the regional and local levels, and works with the missions locales, Pôle emploi (main service providing benefits and support to job seekers), Cap emploi (specialist service providing support to job seekers with disabilities, granted by AGEFIPH), as well as all social/medical services or institutions.

Role of social partners

The local MEDEF (national employers' organisation) is a partner of the Pôle d'insertion.

Connection to policy or legislation

The legislation relates to law 2005-102 of 11 February 2005 on equality of rights and opportunities, participation and citizenship of people with disabilities.

This project utilises the same support as SARAH Alsace. To facilitate the vocational training of young workers with disabilities a number of regulations in the disability apprenticeship contract were especially adjusted. The duration of the apprenticeship contract was extended from three to four years and the age limit was raised from 25 to 30. The use of adapted teaching aids was also permitted.

Some financial supports are provided under legislation:

- For employers:
 - Lump sum grant of €3,400 for each 12-month period;
 - Premium of €1,600 for each hiring decision at the end of the apprenticeship contract;
 - Premium of €1,600 for permanent contracts;
- For young apprentices with disabilities:
 - Lump sum grant of €1,700 for apprenticeship contracts of more than six months duration; €3,400 if over 12 months duration.

Inputs

The six SACFA staff members are mostly technical special teachers with the following responsibilities:

- integration leaders develop the network of companies which will take on the disabled apprentices, and follow up on the progress of these young people;
- special teachers assure the social follow-up (accommodation, administrative approaches) of the young apprentices and prospective apprentices.

Outputs and evaluation

In 2010, approximately 100 companies were contacted by the Pôle d'insertion.

Three candidates were awarded the diplomas under certificate of vocational ability (Certificat d'aptitude professionnelle; CAP). For 2010 and 2011, 10 candidates in each year earned the diploma.

In terms of work contracts, nine contracts were obtained in 2009, including five for apprenticeships. In 2011 11 contracts were attained, including three for apprenticeships, three fixed-term agreements and three permanent contracts.

Thirty-seven young people underwent trials in 2010, and the same number in 2011.

Good practice in active inclusion

This project is a good example of an organisation that was traditionally involved in social care and support activities extending its remit beyond the boundaries of the organisation into the workplace. It has created a bridge from a sheltered setting to mainstream settings which combine work and learning based on on-site support and adapted learning materials.

Apprenticeship is one of the best ways for adolescents to gain qualifications that will be considered valuable in the labour market. However, young people with intellectual disabilities face significant difficulties in relation to ‘theoretical’ learning and written examinations. CFAs, which mainly train adolescents with standard school backgrounds, are not in a position to adjust their courses to suit people with learning disabilities. The SACFA provides support to the CFA in terms of specialised educational knowledge, which is tailored to the needs of each disabled candidate.

Moreover, very few organisations run by medical–social associations are directly involved in the vocational training and integration of adolescents with intellectual disabilities in such close collaboration with almost all local CFAs. They generally have their own logic and are not very well equipped for welcoming trainees with intellectual disabilities and meeting their educational needs.

Contact details

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Content

Skill building (including VET and further education)	✓
Job placement (such as supported employment)	✓
Self-employment	
Activation	✓
Condition relevant (including mental health difficulties)	✓
Other:	

Approach

Proactive: reaching out to the target groups	✓
Focus on an individual pathways approach (open employment as the goal)	✓
Targeting the individual and the community (including parents and employers)	✓
Empowerment processes (e.g. decision-making, self-advocacy)	✓
Partnership, networking and links (to other agencies and private companies) that assist in achieving the goals	✓
Links to national policy or programmes	✓
Training and support for staff	✓
Social partner involvement	✓
Monitoring and measurement (i.e. data on output, impact or cost effectiveness and individual benefits)	✓
Regional or local sphere of activity	✓
De-institutionalised and community focused	✓

Case study 4: SARAH Les Terrasses

This service is run by the Union for the Management of Institutions Health Insurance Fund (Union de Gestion des Etablissements des Caisses d'Assurance Maladie – UGECAM) which is located in Niort, Deux-Sèvres, in the Pays-de-Loire region of France. The programme is of benefit to young people with disabilities, aged between 16 and 20 years who are students in special schools for persons with learning disabilities (IMEs), or for young people with behavioural problems (ITEPs), as well as students supported by specialist services (SESSAD) while schooled in ordinary classes and schools. SARAH is operated by four local agencies in four departments of the Poitou-Charentes Region: Deux-Sèvres, Charente-Maritime, Vienne and Charente. The initiative helps young people with health problems or disabilities to draw up a vocational plan, to meet the challenges of the labour market and to acquire social skills in relation to this aim. This involves using two tools: the D'PARH and the 'Cellules d'appui et d'accompagnement des apprentis'. Since 2006, approximately 331 young people with disabilities (intellectual and behavioural) have been assisted by this service. On average, about 50% found an apprentice contract with an employer, 2% obtained paid employment and 7% entered vocational training sessions. Since the beginning of this initiative, approximately 150 young people have obtained an apprentice contract.

How the project started

The SARAH service (Service d'Appui Régional à l'Apprentissage des Handicapés) was created in August 2002 by the medico-social and training institution Les Terrasses, run by UGECAM, on request from the Conseil Regional (the political body that rules the region) and the Délégation régionale de l'AGEFIPH du Poitou-Charente, which administers the funds generated by the quota system for disabled workers.

Les Terrasses was asked to introduce a service to support young people with disabilities who wished to become apprentices. AGEFIPH financed the activities until December 2005. The DRASS (regional level of the Ministry of Social Affairs) then took on responsibility for funding. Since 2009 AGEFIPH has once again funded the project.

Aims and objectives

SARAH aims to integrate young people with disabilities by helping them to meet the conditions of apprenticeship contracts.

SARAH has two elements:

- D'PARH: 'a footbridge between the end of schooling and employment' (transition from school to work)
- Units of support and backup for apprentices (Cellules d'appui).

D'PARH is a kind of induction which provides an introduction to working life through apprenticeships over a seven-month period (November to June) with a work-study (alternation) programme comprising 480 hours in the education centre and 420 hours on the job in enterprises. The aim of this programme is twofold: the acquisition of practical experience through the apprenticeship, and the signing of an actual work contract with an ordinary enterprise.

The Cellules d'appui provides personalised support to ensure the success of a vocational training path through apprenticeship for young people with disabilities, or for those having difficulties in their vocational integration. They operate as resource services to the 18 training centres for apprentices (CFAs) that provide alternating workplace / classroom training in the region and organise collaborative work between actors (CFA, employers, trainees, family, etc.).

Intended beneficiaries

In order to benefit from the support of SARAH, the adolescents (over 16 years of age) or young adults should be registered as ‘disabled workers’ by CDAPH, and referred by the public employment services (PES), by the MDPHs, by specialised institutions, or by the mainstream educational system. Some young apprentices without administrative notification of disability can be supported by the Cellules d’appui (see below) because they experience learning or social difficulties when following apprenticeship training.

Relevance to the needs of beneficiaries

Young people with learning disabilities who end their schooling early may not be fully ready to access and follow apprenticeship training, especially as it is standardised in ordinary CFAs. Failure may be avoided if the relevant preparation is provided by D’PARH.

Activities and processes

The activities proposed by D’PARH involve three elements:

- A social-professional element
 - to support these young people in relation to building their vocational plan and helping them identify suitable jobs;
 - to facilitate the development, confirmation or redirection of the vocational plan;
 - to allow the young people with disabilities to explore and become integrated in their environment;
 - to assess and improve the ability of these young people in using different means of transportation;
- An educational element
 - to assess, update and develop the knowledge of these young people;
 - to help them acquire the prerequisites needed for apprenticeship training;
 - to offer opportunities for communication and obtaining information;
- A social-educational element
 - to help them to live a healthier life and to take health into account;
 - to train them in financial autonomy and managing money successfully;
 - to train them to accept individual or collective housing, and to become autonomous in everyday life activities (food, budget, laundry, etc.).

During the first weeks, young people explore different types of job options. They then draw up their vocational plan, which is discussed with the educational team who try to find employers who fit with the client’s preferences. The young person will be supported to help them adjust to the work environment, to acquire appropriate work habits, and to evaluate the relevance of their plan. A new plan can be drawn up if necessary. During the last three months, the aim is to sign a real apprenticeship contract with the employer.

For apprentices who have already obtained work contracts, the Cellules d'appui provides relevant solutions to overcome possible issues:

- problems of sociability and personal difficulties;
- lack of autonomy and stability in social life;
- learning and cognitive difficulties and disabilities;
- lack of knowledge in relation to everyday life abilities;
- misunderstanding of the social codes (language, dressing, behaviours, etc.).

Relationships with other service suppliers

The partners of D'PARH are mainly CFAs and enterprises. But they also have close interactions with the special schools, institutions or services (IME, ITEP & SESSAD), special classes in ordinary school systems (UPI/ULIS, SEGPA), special committees and organisations for vocational guidance (MDPH, CDAPH, Cap emploi), mainstream public employment services (Pôle emploi, missions locales), and other training centres (e.g. AFPA).

Role of social partners

D'PARH benefits from a regional network of about 300 companies, generally small ones (fewer than 20 employees, not covered by the quota). The list of organisations increases each year (more than a hundred new partners join each year).

Connection to policy or legislation

The French social cohesion plan includes:

- A federation of the stakeholders involved in coming up with a new contract with job seekers;
- Support for 800,000 young people who experience difficulties in finding long-term employment, by providing strengthened back-up and improved access to employment using suitable training in both the private and public sectors (with particular awareness of the social problems);
- Reform of the apprenticeship and its evaluation.

Law 2005-102 of 11 February 2005 is based on the equality of rights and opportunities, participation and citizenship of people with disabilities, and its article 19 refers to adapted training courses and personalised training plans. Article 11 provides some guidelines on the rights to compensation for education and vocational integration.

The regional CPOM for the modernisation and development of apprenticeship seeks 'to favour access of people with disabilities to apprenticeship, with the aim of doubling the number of young apprentices with disabilities in five years.'

A Schéma départemental (departmental plan) for Deux-Sèvres proposed the following activities in 2005:

- A shift from school integration to vocational integration;
- Strengthening SARA provision and the development of synergies between national education and IMPro;
- Development of work-study programme support for young people in companies;
- Awareness campaigns for employers in order to help them prepare better to employ apprentices with disabilities.

Inputs

SARAH and D'PARH activities are carried out by 15 professionals, mainly vocational counsellors. This team is spread out across the four départements of the Région.

Outputs and evaluation

Since its creation in 2003, a total of 342 young people with disabilities have benefited from the activities of D'PARH in the Region. Among the 331 who completed the process:

- 50% obtained an apprenticeship contract;
- 2% secured a job;
- 7% attended a vocational training course (other than CFA);
- 7% were redirected towards sheltered workshops (ESAT);
- 9% were hired by an 'adapted company' (EA);
- 19% remained unemployed job seekers.

Between 2003 and 2011, 890 apprentices were supported and backed up by the Cellules d'appui. The number of young people who benefited from this provision increased from 150 in 2005/06 to 234 in 2010/11, but the percentage of broken contracts remained stable (around 10–12% each year). In 2011, 41.4% of participants passed their examinations. This figure was better than that achieved in 2006 (33.3%), but slightly lower than in 2009 (45.5%).

Good practice in active inclusion

Since 2003 D'PARH have enabled the development of a wide network of enterprises which are aware of the needs of young people with intellectual disabilities or behavioural difficulties. These companies give people with disabilities the opportunity to become involved in the real workplace context. Moreover, its activities placed the question of access to employment for these young people on the political agenda, where the necessary adjustments were made. The support facilitates the progressive immersion of these adolescents or young adults into their future work environment on the open labour market. There is a coordinated delivery of learning opportunities, support services for independent living and alternating work study activities in open employment settings.

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Content

Skill-building (including VET and further education)	✓
Job placement (such as supported employment)	✓
Self-employment	
Activation	✓
Condition relevant (including mental health difficulties)	✓
Other:	

Approach

Proactive: reaching out to the target groups	✓
Focus on an individual pathways approach (open employment as the goal)	✓
Targeting the individual and the community (including parents and employers)	✓
Empowerment processes (e.g. decision-making, self-advocacy)	✓
Partnership, networking and links (to other agencies and private companies) that assist in achieving the goals	✓
Links to national policy or programmes	✓
Training and support for staff	✓
Social partner involvement	✓
Monitoring and measurement (i.e. data on output, impact or cost effectiveness and individual benefits)	✓
Regional or local sphere of activity	✓
De-institutionalised and community focused	✓

Future policy directions and plans

Considering the situation of young people with health problems or disabilities in France, apprenticeships appear to be one of the main solutions adopted, especially for people with intellectual disabilities or behavioural difficulties. This is a model which has been strongly supported by policy, and funding involves alternating between classroom education, which is adapted to the students' often limited abilities, and on-the-job training in enterprises that are particularly disability-friendly. However, the training centres for apprentices (CFAs) apply mainstream rules, which trainees with disabilities do not always find easy to follow. The difficulties they encounter are not easy for teachers and trainers in CFAs to understand. Interactions within the enterprises can also prove difficult. Some of the case studies featured in this report have attempted to identify solutions to these challenges.

Future opportunities will depend strongly on the economic crisis. Considering the unemployment rate of 9–10% in France, it is unlikely that these disadvantaged young people will find it easy to gain employment, in the near future at least. However, because French employers who operate companies with more than 20 employees are obliged to have a workforce including at least 6% of workers with disabilities, and that some of the present beneficiaries of this quota will soon retire, there is hope that young people will be hired as soon as the economic situation improves. The issue of vocational training is crucial here. Employers will hire on the basis of competence and ability.

The opportunities for education and vocational training for this target population must be increased. If this goal is achieved, motivation to work will be greater because these young people will have better opportunities in terms of choosing a suitable career.

One of the main objectives of the employment policy towards young people with severe disabilities is how to avoid systematic placement in sheltered workshops. Supported employment ought to be a real alternative, but this is not the case in France. The local organisations representing people with intellectual disabilities (APEI – Associations de parents d'enfants inadaptés) run special schools, specialist training centres and sheltered workshops. Consequently they are less eager to develop an inclusive labour policy.

The implementation in France of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) could lead to real change in this system. With its clear stress on mainstreaming, the convention will change the practice in the medical–social field.

Conclusions and key messages

The majority of young people with disabilities would like to obtain an ordinary job. Unfortunately, they face two particular barriers, the first of which relates to the rules associated with a competitive working environment. Obtaining a job requires better qualifications. For several reasons, young people with disabilities are particularly disadvantaged in this regard. It is the responsibility of an inclusive society to increase the access opportunities of these young people so that they may obtain better qualifications. It is also society's responsibility to provide adjustments and compensation where needed.

The second factor relates to representation. This refers to more than just technical considerations about why vocational training centres did not offer their courses to people with disabilities. It explains why so many employers and co-workers are reluctant to see whether people with disabilities can function effectively in the workplace. This will also change in terms of showing good results from innovative projects such as those highlighted in this report.

In previous years, French policymakers suggested that the only way to open up work opportunities for people with reduced work ability was to oblige employers to hire and retain workers with disabilities. The quota scheme was, and still is, at the core of the French employment policy for people with disabilities. This choice still has the support of the majority of disabled people's organisations. For this reason, the last revision of the legal framework of the disability policy in 2005 strengthened the compulsory legal measures imposed on employers, correcting some of the flaws associated with previous legislation.

However, the results of this policy have not met expectations; at 2.7%, the proportion of workers with disabilities in private companies is far short of the legal target of 6%. Nevertheless, in a context where the workforce has been reduced in size by the effects of the economic crisis (9,368,000 in 2007, 9,456,000 in 2008, but 9,183,000 in 2009), the fact that the number of disabled workers who are registered as benefiting from the quota scheme increased (262,600 in 2007, 284,000 in 2008, and 322,300 in 2009), is a good sign for people with disabilities.

It should be emphasised that (private) organisations with workforces of 20 people or more are not the only employers of people with disabilities. Employment opportunities are also offered by smaller companies, but there are no recent data on the contribution of these employers, because there is no obligation for them to register the numbers of people with disabilities that they employ. However there are some indications that this contribution is not negligible. The case studies presented in this report reveal that many employers who were involved in these programmes manage small companies.

It should be noted that this increase was associated with a growing number of part-time positions. Although the law proposed alternatives for employers unable to meet their quota, results show that direct employment increased progressively since 2006 (Amrous, 2011). Gradually, the situation of people with disabilities appears to be improving, at least for private employers with a workforce of 20 employees or more. Unfortunately, young people under 25 are underrepresented among beneficiaries of this legal provision (3% vs. 7% of young people in the workforce).

As the authorities expressed a need for more work-study programmes for young people at all levels of education (Proglia, 2006), it has become increasingly clear that apprenticeship is one of the best solutions to promoting employment among people with disabilities, and especially for those with learning disabilities or those who experience educational disadvantage. They face many challenges in following more theoretical training courses. These young people often need special support. This sort of support is not always available. For this reason, despite the involvement of the state, the Regions, AGEFIPH, FIPHFP and CFAS, the number of disabled apprentices still remains low. In March 2010, only 4,000 young people with disabilities attained apprentice work contracts (Martin and Le Houëzec, 2010). The difficulty is in relation to the coordination of all stakeholders: CFAs, employers, trainees, medical-social services or institutions, other training centres, funding organisations, families, etc. Hopefully in the future more diverse strategies, like those highlighted in the good practice case studies contained in this report, will enable greater integration of young people with disabilities into the labour force.

An efficient follow-up of the results of the employment policy for people with disabilities ought to include a breakdown of statistics into types of impairments and smaller age groups. Unfortunately, official data rarely present statistics on impairments, and the more common age groups are: under 26, 26–49 and 50+.

One of the weaknesses of French policy towards people with disabilities is the low involvement of the social partners in the creation of overarching policy. The trade unions and employers' representatives at each level (national and regional) are represented on AGEFIPH and CNCPH. They are present in the PRITH (regional programmes that coordinate the action of local organisations acting for the employment of people with disabilities), and have other forms of involvement. Some big companies cooperate to develop a 'disability management' culture. But they have no clear position on the place

of people with disabilities in society outside of the special institutions or programmes. Mainstreaming and inclusion are understood only by a minority of activists.

It could be stated that part of the problem stems from the level of income support for people with physical disabilities. It is significantly higher than for people with social integration difficulties. For a long time, the different benefits relating to financial compensation for disability (veterans' pensions, work injury and vocational diseases, invalidity, non-contributory disability allowance, etc.) were awarded on the assumption that the recipient would be totally incapacitated and unable to work or earn. The new approach, in which it is legally possible to earn some money while claiming disability benefits, at least partially and for a transitional period, is not yet strongly entrenched.

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Annex 1: Legislation and programmes

Policy area	Title of legislation/policy	Date	Responsible authority	Purpose	Intended beneficiaries	Short description
Support for adequate income	Arrêté du 5 septembre 2011 fixant la valeur du point d'indice de pension militaire d'invalidité au 1er janvier 2011 en application des articles L. 8 bis et R. 1 du code des pensions militaires d'invalidité et des victimes de la guerre (Lien Legifrance, JO 13/10/2011, p. 17216) On military invalidity pensions	2011 The pension has been in existence since 1919	Ministry of Defence	War invalidity pension	Injured soldiers and their relatives in the case of death	Gives the level of the pension for 2011
Support for adequate income	Loi du 9 avril 1898 sur l'indemnisation des accidents du travail Act of 9 April 1898 on indemnity of work accidents	1898	Social Security	Indemnity of work accidents	People who have experienced a work-related injury	Created a new regime of responsibility without fault and indemnity for workers who are victims of work-related accidents.
Support for adequate income	Loi du 30 juin 1975 d'orientation en faveur des personnes handicapées Framework law for people with disabilities	1975	Ministry of Social Affairs	Allocation aux adultes handicapés (AAH) Non-contributory disability benefit	People who have not worked enough to qualify for other disability benefits	Creation of a new benefit for people who had a disability before becoming employed.
Support for adequate income	Loi du 11 février 2005 pour l'égalité des droits et des chances, la participation et la citoyenneté des personnes handicapées Law on equality of rights and opportunities, participation and citizenship of people with disabilities	2005	Ministry of Social Affairs	AAH and supplements Prestation de compensation du handicap (PCH) Disability compensation benefit	People who have not worked long enough to qualify for other disability benefits People who need support in order to participate in community life	Adaptation of AAH to aims like improving independent living or access to work. Introduction of a new benefit in order to support people with disabilities in relation to participation.
Inclusive labour market	Loi du 10 juillet 1987 pour l'emploi des travailleurs handicapés Law on employment for people with disabilities	1987	Ministry of Social Affairs Ministry of Employment	Quota of 6% in private and public sector Creation of the AGEFIPH funds	People recognised as 'disabled workers' by Cotorep People with a work injury or occupational disease benefit with a partial permanent incapacity Invalidity pensioners War injury pensioners	Obliges employers to have a minimum of 6% of their workforce consisting of people with disabilities. Offers alternatives
Inclusive labour market	Loi du 11 février 2005 pour l'égalité des droits et des chances, la participation et la citoyenneté des personnes handicapées Law on equality of rights and opportunities, participation and citizenship of people with disabilities	2005	Ministry of Social Affairs Ministry of Employment	Strengthened the enforcement of the quota system Created FIPHFP (funds for public sector) Non-discrimination with reasonable accommodation	Same as in 1987, plus people with an invalidity card and people who benefit from AAH	Organised the employment policy regarding people with disabilities in two ways: a quota scheme and non-discrimination.

Policy area	Title of legislation/policy	Date	Responsible authority	Purpose	Intended beneficiaries	Short description
Access to quality services	Loi n° 2002-2 du 2 janvier 2002 rénovant d'action sociale et médico-sociale	2002	Ministry of Social Affairs	Organisation of medical–social institutions and services: housing, special education, and support.	People with disabilities who need support	Defined the role of the different institutions and services.
Lifelong learning	Loi du 11 février 2005 pour l'égalité des droits et des chances, la participation et la citoyenneté des personnes handicapées Law on equality of rights and opportunities, participation and citizenship of people with disabilities	2005	Ministry of Education	School integration	All children with disabilities or special needs	Organised cooperation between mainstream schools and special institutions.

Annex 2: Glossary of terms

AAH: Allocation aux adultes handicapés (allowance for disabled adults: means-tested non-contributory disability benefit)

AEH: Allocation d'éducation de l'enfant handicapé (education allowance for a child with a disability)

AFIJ: Association pour faciliter l'insertion professionnelle des jeunes) (Association to facilitate the vocational integration of young people)

AFPA: Association pour la formation professionnelle des adultes (Association for the vocational training of adults)

AGEFIPH: Association pour la gestion du fonds pour l'insertion des personnes handicapées (agency which manages the fund for integration of people with disabilities)

ALFAH: Association Alternance Formation Apprentissage Handicapés (vocational training service for apprentices with disabilities)

APAJH: Association pour adultes et jeunes handicapés (association for adults and young people with disabilities)

APEC: Association pour l'emploi des cadres (Association for the employment of managers)

ARPEJEH: Accompagner la Réalisation de Projet d'Etudes de Jeunes Elèves et Etudiants Handicapés (an organisation involved in improving and promoting the training and qualification of students with disabilities, to promote the employment of disabled people)

ARS: Agence régionale de santé (Regional health agency)

AVS: Auxiliaire de Vie Scolaire (classroom assistant: personal attendant for children in ordinary schools)

CAP: Certificat d'aptitude professionnelle (certificate of vocational ability)

Cap emploi: a specialist support service for job seekers with disabilities

CDAPH: Commission des droits et de l'autonomie des personnes handicapées (commission overseeing the rights and autonomy of people with disabilities)

CFA: Centre de formation d'apprentis (vocational training centres for apprentices)

CFAS: Centre de formation d'apprentis spécialisés (specialist vocational training centres for apprentices with disabilities)

CIDJ: Centre d'information et de documentation Jeunesse (centre for youth information and documentation)

CLIS: Classe pour l'inclusion scolaire (school integration class)

CNCPH: Comité National Consultatif des Personnes handicapées (National advisory committee of people with disabilities)

CNSA: Caisse nationale de solidarité pour l'autonomie (National solidarity fund for autonomy)

Collèges: secondary schools

CPH: Prestation de compensation du handicap (disability compensation benefit)

CPOM: Contrat pluriannuel d'objectifs et de moyens (Long-term contract of Aims and Means: a three- or five-year financing plan negotiated by the service provider and the regional representative of the state)

CR: Complément de ressources (benefit that is intended to supplement the AAH benefit; see above)

CREAI: Centre Régional pour l'Enfance et l'Adolescence Inadaptée of Alsace (regional centre for children and adolescents with disabilities: the CREAIs are non-for-profit organisations that monitor the quality of the services provided by medical-social institutions in the region)

CROP: Centre régional d'orientation professionnelle (regional centre for vocational guidance)

CRP: Centres de rééducation professionnelle (vocational rehabilitation centres)

DARES: Direction de l'animation de la recherche et des études statistiques (directorate of research activities and statistical studies of the Ministry of Social Affairs)

DGEFP: Direction générale de l'emploi et de la formation professionnelle (general directorate of employment and vocational training)

DIRECCTE: Direction régionale des entreprises, de la concurrence, de la consommation, du travail et de l'emploi (regional department of enterprise, competition, consumer affairs, labour and employment)

EA: Entreprises Adaptée (adapted company: a sort of subsidised company for people with disabilities)

ESAT: Etablissement et service d'aide par le travail (service that integrates people with disabilities into the world of work)

FAM: Foyer d'accueil médicalisé (medical sheltered hostels: similar to the MAS (see below) but for people who are less dependant on medical care)

FH: Foyers d'hébergement (special hostel for people with disabilities)

FIPHFP: Fonds pour l'insertion professionnelle des personnes handicapées dans la fonction publique (Fund for the vocational integration of people with disabilities in the civil service)

FO-FV: Foyers occupationnels/Foyers de vie (occupational hostel / life hostel: day care centres for people with disabilities)

GEVA: Guide d'évaluation multidimensionnelle (multidimensional guide for assessment – used by MDPH (see below) to develop personal support plans for people with disabilities)

GRETA: Groupement d'établissements publics d'enseignement (group of public institutions involved in continuing education)

HALDE: Haute autorité de lutte contre les discriminations et pour l'égalité (French national anti-discrimination authority)

HAS: Haute Autorité de Santé (French national health authority)

IEM: Instituts d'éducation motrice (Institutes for motor education: special schools for adolescents with motor impairments)

IME: Institut médico-éducatif (Medical-social institute: special school mainly for children and adolescents with intellectual disabilities)

IPP: Incapacité partielle permanente (permanent partial incapacity)

ITEP: Instituts thérapeutiques, éducatifs et pédagogiques (therapeutic, educational, and pedagogic institute: special schools for adolescents with behavioural disorders)

LFS: Labour Force Survey

Lycées: high schools

MAS: Maisons d'accueil spécialisé (social-medical residential centres for adults with very severe disabilities)

MDPH: Maison départementale des personnes handicapées (department for people with disabilities)

MFR: Maisons Familiales Rurales ('rural family homes': in fact training centres in rural areas and for vocational training in agriculture)

missions locales: local missions: vocational guidance offices for all young school leavers

MVA: Majoration pour vie autonome (supplement to the AAH benefit (see above) to promote independent living for people who live in their own apartment)

Pacte national pour l'emploi des personnes handicapées: National employment pact for people with disabilities

PAIO: Permanences d'accueil, d'information et d'orientation (offices providing support, information and guidance for young people under 26, particularly career advice)

PDITH: Plan départemental d'insertion professionnelle des travailleurs handicapés (office at Department level devoted to the vocational integration of workers with disabilities)

PI: Pension d'invalidité (invalidity pension – contributory benefit)

PJJ: Protection judiciaire de la jeunesse (judicial protection of young people)

PLITH: Plan local d'insertion professionnelle des travailleurs handicapés (office at local level devoted to the vocational integration of workers with disabilities)

PMI: Pension militaire d'invalidité (war invalidity pension)

Pôle emploi: national public employment service

PPC: Plan personnalisé de compensation (personalised compensation plan)

PRFPH: Politique régionale pour la formation professionnelle des personnes handicapées (Regional policy for the vocational training of people with disabilities)

PRITH: Plan régional d'insertion professionnelle des travailleurs handicapés (regional plan for vocational integration of workers with disabilities)

RAT-MP: Rente d'accident du travail ou de maladie professionnelle (work injuries and occupational diseases benefit)

RQTH: Reconnaissance de la qualité de travailleur handicapé (recognition of the quality of disabled workers)

SAMSAH: Services d'accompagnement médico-social pour adultes handicapés (medical-social support service for disabled adults)

SARAH Alsace: Service d'Accompagnement Régional des Apprentis Handicapés (Regional support service for apprentices with disabilities in Alsace)

SAVS: Services d'accompagnement à la vie sociale (support service for people to lead a normal social life)

SEGPA: Sections d'enseignement général et professionnel adapté (sections for adapted general and vocational teaching: special classes in ordinary secondary schools)

SEMO: Service éducatif en milieu ouvert (education service in the community: a home support service for children or adolescents with social difficulties)

SESSAD: Service d'éducation spécialisée et de soin à domicile (special service that provides education and care at home or in the school)

SIP: Santé et itinéraire professionnel (professional career and health survey)

SMIC: Salaire minimum interprofessionnel de croissance (guaranteed minimum wage)

SPMO: Service de placement en milieu ouvert (placement service in the community: a service which finds host families for children or adolescents with social difficulties)

ULIS: Unités localisées pour l'inclusion scolaire (local units for school inclusion, for secondary education)

UPI: Unités pédagogiques d'intégration (pedagogical units for integration: classes with special teachers and reduced numbers for adolescents with disabilities schooled in ordinary schools)