



GLADNET

**International Research Project on Job
Retention and Return to Work
Strategies for Disabled Workers**

**Study Report
France**



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PREFACE

The *International Research Project on Job Retention and Return to Work Strategies for Disabled Workers* is an initiative of the International Labour Organisation (ILO) and the Global Applied Research and Information Network on Employment and Training (GLADNET). It reflects ILO and GLADNET joint aims of establishing a base for cross-national research and strengthening links between research analysis and policy reform in the field of employment of disabled people.

The Project is a response to a combination of developments which highlight the need for more effective policies and practices in support of workers whose prospects of remaining in employment are jeopardised by work injury, illness or disability. Persons with disabilities are increasingly claiming rights to stay in work as well as to access employment. Pressures on state budgets, the rising costs of compensation claims and disability benefits, and changes in the structure of the labour market are strengthening policies in favour of job retention and return to work. Enterprises are developing their own strategies to minimise the costs of disability and to retain valued employees. Overall, the balance of responsibility is shifting from the state to the enterprise.

Policies and practices to prevent disabled workers from leaving work unnecessarily, and to facilitate rapid return to employment if job loss cannot be prevented, are recent developments in many countries. The cross-national exchange of information on initiatives and their effects is limited. The first aim of this Project has been to gather information about what has been attempted, by whom, for what purposes, in which contexts and to what effects. The second, more ambitious, aim, is to examine the interaction between the various policies and practices, identify dysfunctions, and work towards more coherent and cost-effective strategies for job retention and return to work which might be applied in different national systems. The ultimate objective is to identify strategies which can be put into effect in the workplace.

The Project was constructed in two phases. In Phase One, eight exploratory desk-based studies were commissioned from researchers in Canada, France, Germany, the Netherlands, New Zealand, Sweden, the United Kingdom and the USA. The eight countries invited to participate represent a spectrum of policy approaches and enterprise practices which affect the retention and return to work of workers with disabilities. Australia joined the project at a later stage.

The studies formed the basis for a *Key Issues Paper*, published simultaneously with the eight country reports. This Paper aims to inform, stimulate debate and pave the way for constructive discussion of questions for further exploration through cross-national collaboration in Phase Two.

National government departments, agencies, a private sector organisation, and the ILO co-sponsored Phase One of the Project. Overall responsibility for the Project rests with the ILO (Vocational Rehabilitation Branch, Employment and Training Department). The design, implementation and analysis of the research in Phase One were the responsibility of the Research Co-ordination Unit established at the Social Policy Research Unit, University of York (UK) in April 1997. Research specialists in the main areas of enquiry, based in study countries, contributed at all stages of the research process and, with ILO representatives, met with the research co-ordinators as a Research Advisory Group.

The country studies

The Project recruited and supported national informants from research institutes in all eight countries. During the second half of 1997 they completed a Schedule of Questions developed by the Research Co-ordination Unit to describe policies and practices, document evidence of their effects and provide grounded commentary on how policies and practices interact. The principal sources were policy documents, survey data, research evaluations and critical reviews. Informants were encouraged to contact sources in government departments and agencies, disabled people's organisations, labour unions and employers' groups. Where documented information was lacking, informants interviewed experts in the field.

The eight country reports are important resources for the development of job retention policy and practice both within and across countries. Each report brings together within a single volume: descriptions of policies, practices and programmes which impact on job retention and return to work; evaluative material; and informed commentary. They cover five themes: employment and labour market policies; benefit and compensation programmes; employment support and rehabilitation services; adaptation of work and workplace; and measures developed and implemented by the enterprise. In line with the research aim of identifying coherent and co-ordinated strategies, the informants both comment on dysfunctions in national systems which obstruct job retention efforts and identify links between themes.

It should be noted that the situation described in the reports may have changed. This is especially true of the Netherlands where further reforms were expected in the first half of 1998 and the United Kingdom where the government changed in May 1997. Important developments in the USA were announced in March 1998.

The reports produced by the eight teams of national informants conformed to the format laid down by the Schedule of Questions. The original reports have been edited for publication by the Research Co-ordination Unit in co-operation with their authors. However, they remain essentially the 'raw data' for analysis and should be read in that light. Each report follows the same sequence of headings which reflect the original open-ended questions. As the questionnaire prompted informants to respond flexibly to suggestions about possible areas to address under each question, the content varies from report to report. The reader should note that, at the end of a thematic section, commentary may be included on the links between that theme and those which precede it.

Terms used in the study

The study concerns paid competitive employment in the open labour market.

The term 'disabled workers' is broadly defined. It covers individuals who become disabled, injured or whose prospects of continuing or advancing in employment are jeopardised when an acquired impairment, illness or deteriorating condition - physical or mental - presents difficulties in fulfilling the requirements of the job, reduces earning capacity or affects other rewards of working. They may or may not qualify under legal definitions of disabled persons. The term also covers workers with disabilities whose working capacity is not diminishing but whose continued employment is nevertheless threatened by prejudice or discrimination, or by the loss of supports which have maintained them in the job.

'Job retention' means staying with the same employer, with the same or different duties or conditions of employment, and includes return after a period of paid or unpaid absence. 'Return to work' refers to the resumption of employment by a worker who has crossed the threshold from a continued employment relationship into non-employed status; the main interest of the study is in policies and practices which return the disabled individual to work at an early stage.

Acknowledgements

The publication of eight country reports of a very high quality in a short space of time would not have been possible without the expert attention of Andrew Nocon of the Social Policy Research Unit who edited the reports with remarkable care and efficiency. His task was made easier by the eight teams of informants who most willingly answered queries and approved the edited versions to tight deadlines.

The Project wishes to acknowledge the contribution of Dan Kearns who assisted with research design, supported the national informants and masterminded international tele-communications.

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opies of the 'Methodology Paper' and the 'Informant Briefing and Schedule of Questions' may be obtained from the Research Co-ordination Unit, Social Policy Research Unit, University of York, YO1 5DD, UK.

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I. EMPLOYMENT POLICIES

The purpose of this Part of the report is to describe policies which maintain those workers in employment whose continued employment is at risk because of disability. It provides evidence of the effects of those policies and identifies factors which influence their effectiveness. The emphasis in this part is on national (or state/provincial) policies formulated by government, and by bi-partite or tri-partite policy-making and advisory bodies.

Sections 1 to 5 are concerned with legislation, incentives and other 'persuasion' policies which oblige and encourage enterprises to retain disabled employees. A distinction is made between employees who become disabled and those who are already disabled. Information is provided about employment policies which encourage disabled employees to retain or return to their jobs. Sections 6 to 8 focus on the factors which affects the success of policies. They also examine the labour market factors which contribute to the retention or loss of jobs among disabled people.

Introduction

French law does not really address the employment of disabled persons according to first time employment, job retention or return to work). The law of 30 June 1975 made employment a national obligation.

The law of 10 July 1987 set an employment target for enterprises with more than 20 employees without favouring either first time employment, retention or return to work. However, in establishing alternatives to direct employment as a means of meeting the target, especially in the framework of enterprise agreements which could include a retention plan within the company in case of dismissal, this law promotes awareness of this aspect of employment obligation.

Under employment law (article L 133-5 of the labour code), any extension of sectoral collective agreements must include provisions which establish the right to work of any disabled person who is fit to undertake employment, without specifying first time employment, retention or return.

Although there is no clearly defined legal priority for job retention, there has been renewed interest in it since the full scale implementation in 1991 of the 1987 law. This interest is born of the fact that the exit flows of disabled workers from enterprises were practically equivalent to entry flows (Scemama, 1993) and that the issue of job retention was not to be taken lightly.

The area of job retention includes both active employees whose continued employment is at risk because of disability, whether already disabled or newly disabled, as well as employees who have had to stop work cause they became disabled. French regulation differentiates between new disability and long-standing disability. In the first case, there is a specific job retention policy, and in the second, the disabled person is entitled to the same allowances as all other workers, plus voluntary programmes funded by the National Association for the Administration of the Fund for the Vocational Rehabilitation of Disabled Persons (AGEFIPH).

I.1 POLICIES WHICH AIM SPECIFICALLY TO INFLUENCE ENTERPRISES TO RETAIN NEWLY DISABLED EMPLOYEES

I.1.1 Legal obligations intended to prevent and restrict the dismissal of employees who become disabled

A 1981 law (for work-related injury cases), and subsequently one in 1992 (for disability pensioners, people with non-work-related disability), compel enterprises to implement job retention programmes for newly disabled persons. The work contract of a person with a work-related injury is suspended for the duration of the sick leave following the accident. The employee enjoys protection from dismissal except in cases provided for in the law (serious offence or inability to retain the contract - cf. article L 122-32-2 of the Labour code).

Return to work is subject to undergoing a medical examination, to be carried out by the occupational doctor:

- if the person is fully fit, he or she will go back to their job or to an equivalent one;
- if the person is medically recognised as incapable of returning to the previous job (under employment law, incapacity can only be declared after a second examination a fortnight after the first), the employer must offer another position commensurate with the person's capacity and as similar as possible to the previous position. In this regard, note must be taken of the recommendations of the occupational doctor and the opinion of the staff representatives;
- vocational retraining in a specialised centre may be envisaged before return to the enterprise;
- resettlement within the enterprise may turn out to be impossible in some cases, which may then lead to dismissal;
- if the employee is not resettled in the company within a month of the medical examination for return to work, or is not dismissed after this deadline, the employer must pay the wages earned in the position held prior to suspension of the job contract (until the matter is settled by a court).

Under public law there is also a right to resettlement for newly incapacitated civil servants (law of January 1984).

I.1.2 Voluntary policies and programmes which encourage enterprises to retain newly disabled employees

AGEFIPH conducts voluntary retention programmes, funded by the quota-levy scheme (see I.2.1). retention promotion systems put in place by AGEFIPH primarily include: wage compensation for loss of productivity (known as 'guaranteed income'), work-station modification and accessibility projects, general assessment and training. AGEFIPH also initiates information provision and awareness-raising.

among enterprises, awareness-raising among employers' unions and industrial sectors (for instance, in construction and public works), and technical support from teams at département level for preparation and resettlement follow-up (EPSRs), the social service of the Regional Health Insurance Office (CRAM), and occupational medicine. These actions are well spread out over all the French local départements (or provinces), yet enterprise coverage rate remains low.

I.2 POLICIES TO OBLIGE AND ENCOURAGE ENTERPRISES TO RETAIN DISABLED WORKERS IN GENERAL

I.2.1 Obligations and binding agreements to promote the retention of disabled workers in general

Quota-levy scheme

A 1987 law stipulates a six per cent quota of disabled persons within the workforce, in the case of enterprises which employ 20 people or more. Consequently, it encourages those enterprises to retain their disabled workers as, if they were to leave the company, they would no longer enter into the calculations for the legal obligation.

The 1987 law also allows for the implementation of branch or enterprise agreements. These are multi-annual agreements under which the enterprise commits itself to recruiting and retaining disabled persons. They may cover one single enterprise or an entire branch of economic activity. The content is laid out by the social partners (employers' and workers' representatives) of the enterprise or branch concerned, and approved by the administration. Most agreements include job retention objectives for employees who suffer injury or fall ill.

A company that fails to comply with this employment obligation is charged a levy proportionate to the number of workers by which it falls short of the quota.

Accessibility to premises

Some regulations support the recruitment and retention of disabled persons. A 1991 law on the accessibility of public places and work premises supports the access of disabled persons to places of work.

Non-discrimination legislation

A law of 12 July 1990 'on the protection of persons from discrimination in recruitment for reasons of health or disability', forbids (on pain of punishment by law) discriminatory recruitment, penalisation and dismissal practices against people on the grounds of health or disability, 'except in cases of incapacity certified by the occupational doctor'. However, very little is known about the level of recourse to this regulation.

On the other hand, it is possible that health and safety regulations may make the integration of disabled persons into employment more difficult.

I.2.2 Voluntary policies to persuade and encourage enterprises to retain disabled workers in general

The measures implemented by AGEFIPH provide for information and awareness-raising schemes in enterprises and the economic sector, including employers' unions and work branches. These schemes aim to change enterprises' attitudes to disabled persons and their disability by demonstrating that disability does not mean inability to undertake work.

In terms of more concrete action, 'diagnosis and advisory schemes' seek to define recruitment and retention programmes by analysing an enterprise's recruitment capacity and retention needs. Some of these diagnoses or information are included in the collaboration conventions signed by AGEFIPH and major companies or work branches, which set out a multi-annual retention programme. The spirit of these conventions is very close to that of the aforementioned agreements (I.2.1).

I.2.3 Financial incentives which encourage enterprises to retain disabled workers in general

If the need arises, funding may be granted for work-station modification, with funding provided by AGEFIPH.

In addition, AGEFIPH gives enterprises a job retention grant which helps to cover adaptation costs for persons who become disabled following an accident or an illness - in terms of overall assessment and training, ergonomic assistance before technical modifications, as well as the disabled person's wage costs or those of colleagues who have to carry out the person's work during the transitional period while solution is being found. This measure was put in place to ensure speedy action, avoid termination of job contracts, and help the enterprise to implement urgently needed schemes. The grant benefits nearly one thousand individuals and enterprises each year, and helps nine out of ten people retain their jobs. However there is no systematic recourse to this measure: all depends on the information available and on the initiative taken by the enterprise.

If an employee's productivity declines, a form of wage compensation is granted to the company. AGEFIPH funds a part of the salary corresponding to the loss in productivity. This allowance is known as 'guaranteed income' and it enables the enterprise to retain the disabled person.

Since August 1995, an aid package has been available for the employment of persons who find it particularly difficult to get work, known as the Employment Initiative Contract (CIE). This is a non-fixed term contract or a fixed-term contract of between 12 and 24 months, which is open to all disabled workers covered by the 1987 law. The enterprise in question obtains monthly aid to the tune of 2,000 francs¹ and is exonerated from employers' social security contributions. This State aid can be drawn concurrently with AGEFIPH support, especially the latter's rehabilitation bonus (15,000 francs for a non-fixed-term contract or a fixed-term one lasting at least 12 months).

¹ At 31 March 1998 one French franc was equivalent to 0.1628 US dollars.

The concurrent receipt of State and AGEFIPH benefits seems to have encouraged the recruitment of disabled persons: in 1996 and 1997, 24,000 disabled persons obtained long-term benefit-supported work contracts in private sector enterprises (in 75 per cent of cases, with concurrent receipt of CIE aid and the AGEFIPH bonus).

However, it should be noted that 62 per cent of contracts supported by AGEFIPH come from enterprises with less than 20 employees, who are not subject to the employment obligation. Large enterprises, which often impose staff reductions and dismissal plans, have used these mechanisms less frequently. As they are unable to recruit, they focus on job retention for disabled employees.

I.3 POLICIES AND PROGRAMMES TO SUPPORT DISABLED EMPLOYEES AT RISK TO RETAIN THEIR EMPLOYMENT

I.3.1 Mechanisms to support the rights of employees whose continued employment is at risk because of disability

Disabled workers have the same level of protection as other workers. Furthermore, there is a host of persons within or outside the enterprise available to help them.

According to articles L. 241-1 ff of the Labour Code, enterprises have to organise occupational health services, provided by one or more occupational doctors. Depending on the size of the enterprise, occupational health services can serve a single enterprise or be shared by several. The occupational doctor assesses capacity for work at recruitment and is also brought in on return to work.

Enterprises can also enter into agreements to pay for a disabled person's representative, whose job is to take account of the situation of all disabled persons within the enterprise.

Externally, placement agencies (resettlement preparation and follow-up teams, rehabilitation and placement agencies) follow up people whom they have helped get into employment or for whose retention their assistance is requested. However, this follow-up is not systematic.

3.2 Programmes which support a move to another employer or to self-employment

The placement agencies mentioned in I.3.1 help disabled people to find work in other enterprises. Furthermore, the National Health Insurance Office undertakes the resettlement of disabled workers. This is done by its regional resettlement services. In general, the rehabilitation programmes which co-ordinate employment schemes in most départements contain job retention mechanisms.

Finally, AGEFIPH helps disabled persons who wish to start their own business. It gives advice on the establishment and the follow-up of a project, and grants a lump sum subsidy to cover a part of the costs. The future entrepreneur can receive financial aid (up to 70,000 francs maximum) but also receives free 'pre-

start-up' technical advice to help put the project together and start off with the highest chances for success. A 'post-start-up' follow-up can be provided for two years to reduce the risk of failure of the new company. A 1995 evaluation showed that enterprises set up in this manner lasted longer than others: 92 per cent of start-ups were still in business after one year, and 62 per cent after four years (national average: 57 per cent).

I.4 BENEFICIARIES

I.4.1 Impact of definitions of disability and eligibility criteria on access to and coverage of policies

In order to benefit from the provisions of the law, disabled persons must belong to the categories of persons mentioned in the law as beneficiaries, notably: victims of work-related injury or illness, people who become disabled in the course of their working life for non work-related reasons (disability pensions), people recognised as disabled workers by the competent bodies at département level (COTOREP), and military pensioners.

The range of enterprises subject to the legal obligations depends on the type of obligation. All enterprises are subject to the retention obligation. As noted in I.2.1, the quota only applies to enterprises with 20 employees or more. Branch or enterprise agreements are implemented by enterprises with at least 20 employees, but are also applicable to sections of those enterprises which fall below this threshold.

Recipients of the Health Insurance Office's benefits and compensation systems (described in Part II) and who can also benefit from specific job retention or return to work policies (presented in Part III) include those contributors to the general social security scheme who have insurance cover for illness, disability or work-related injury and illness (but excluding their family members), and who are:

- in work or likely to resume work;
- still claimants (which means that they stopped work less than a year before);
- receiving job loss allowances (or ceased receiving these less than a year previously).

I.4.2 Disabled people who benefit and those who miss out

Only persons recognised as disabled by the different official bodies can obtain benefits for vocation rehabilitation. The four types of beneficiaries laid down in the 1987 law are:

- persons receiving a military disability pension;
- persons who suffer work-related injury or illness;
- persons receiving disability pensions (that is, those who became disabled in the course of their working life, but whose disability is not work-related);
- persons recognised by COTOREP.

Among work-related injury cases, those whose permanent partial disability is below ten per cent are outside the scope of implementation of the quota. It is also important to note that COTOREP can refuse to recognise disability, either because the applicant is not considered to be disabled or, conversely, because they are considered incapable of undertaking work.

People with different types of disabilities do not all benefit in the same way from existing policies and programmes. Persons with physical disabilities, whether they were recruited with the disability or became disabled while in work, benefit more often from job retention. However, persons with a mental health problem or learning difficulty find it harder to keep their jobs. People with mental health problems who became disabled in work raise more complex problems, because of the unstable nature of their disability. The problem is similar to that raised by persons with head injury. Furthermore, if people with mental health problems refuse, as is often the case, to be recognised by COTOREP, they cannot receive any aid from AGEFIPH. In the case of people with learning difficulties, the problem is more that of getting into the enterprise than retention.

The employment integration of persons suffering from a long-term, sometimes terminal, illness (such as cancer or AIDS) can be considered akin to that of disabled persons. Such situations are sometimes taken into account and recognised by COTOREP.

I.5 JOB RETENTION POLICIES IN CONTEXT

I.5.1 The salience of policies for job retention within the overall context of national policy to promote the employment of disabled people

Two aspects have always been considered important. First, the establishment of a quota, long before the 1987 law came into being (specifically under a 1957 law), meant that, in order to determine an employment level for disabled persons, it is necessary to simultaneously increase the entry of disabled workers into employment while reducing their exit from jobs. Secondly, the 1981 and 1992 laws contained a specific retention policy for newly disabled workers, initially only for work-related disability (the 1981 law), and later also for any non-work-related disability (the 1992 law). The development of retention policies has long been a matter of concern to enterprises; it was given further prominence by the branch and enterprise agreements defined within the framework of the 1987 law.

I.5.2 Most prominent job retention policies

The regulations mostly focus on newly disabled persons. However, because of the quota, enterprises are encouraged to retain their already disabled employees, otherwise their dismissal will cause an increase in the levy they have to pay when they fall below the six per cent quota.

I.6 IMPLEMENTATION OF JOB RETENTION POLICIES

I.6.1 The effectiveness of institutional arrangements for monitoring and enforcement

The state's services monitor compliance with the procedures laid down in the regulations (the 1981 and 1992 laws). In terms of the employment of disabled persons, monitoring merely seeks to ensure compliance with the six per cent quota level. Every year businesses must submit a disabled persons' employment statement, a questionnaire known as 'D2', which is used to draw up annual statistics. Any enterprise which fails to comply with this obligation has to pay an annual levy of about 15,000 francs for each person below the quota number.

I.6.2 Factors which affect the adoption of voluntary job retention measures and take-up of financial incentives by enterprises

The implementation of job retention policies depends largely on the partners involved, and enterprises undertake measures on their own initiative.

Only private firms are eligible for support with technical modifications to the work-station, and for lump sum subsidies for job retention.

I.7 INTERACTIONS BETWEEN EMPLOYMENT POLICIES AND PROGRAMMES

I.7.1 The distribution of responsibility for employment policy

There are three major players involved: the State, the social security offices, and AGEFIPH. They are in charge of: ensuring compliance with regulations, promoting concrete actions, and financing such action. The State ensures that procedures are followed, while the social security services and AGEFIPH help enterprises to meet their needs. There is no competition between the three bodies though their policies may differ.

The State defines unemployment policy for disabled persons by legislative and regulatory means (the 1981 and 1992 laws, and the 1987 law in particular); and it monitors quota compliance among businesses with 20 or more employees (through job structure surveys) and the development of enterprise and branch agreements. It runs guidance bodies (COTOREP). It funds the sheltered working environment (work-based assistance centres and sheltered workshops) and the corresponding guaranteed income, as well as the costs of vocational training and remuneration of trainees, given that general employment measures are also available to disabled persons.

In the framework of these measures, AGEFIPH particularly funds schemes for disabled persons in the area of: employment support and preparation, information about the economic world; and guidance, training and placement, organised by the different rehabilitation providers. It also funds work-station modification and the guaranteed income for disabled workers with sheltered jobs in a normal working environment.

This distribution of roles between the State and AGEFIPH is complemented by the active collaboration of national bodies, as well as decentralised ones, thus achieving true synergy among actions undertaken.

The social security offices are mostly concerned with the future of employees with work-related injury or illness (who receive a work-related injury allowance), as well as those with a non-work related disability (who receive a disability pension). It organises employment resettlement services at a regional level.

I.8 LINKS TO LABOUR MARKET FACTORS

I.8.1 Elements of labour market policies which influence the effects of job retention measures

The aim of general labour market policies is to protect those who are weakest. Thus, disabled workers have to compete with other priority groups (young people, long-term unemployed persons, people on income support), some of whom benefit from specific government policies.

I.8.2 Changes in labour market demand and the structure of the labour market

Because few jobs are created and many are lost, a huge number of long-term unemployed persons arrive on the labour market, thus heightening precariousness. Early retirement at 55 years is one way of dealing with employment problems. However, there are also more general solutions, such as 'social plans' involving collective dismissal, within which disabled workers might account for a sizeable minority among those leaving. Company policy within enterprises leans more towards retaining current employees than recruiting new ones. This emphasis on retention might be relevant to a large number of disabled persons.

The developments in the economic sphere that have affected the employment of disabled persons particularly include the growth of part-time work and that of the service sector of the economy. Since part-time work is suited to the needs of disabled persons, its growth affects their employment, in particular their retention in employment, as job contracts change to part-time. As for the growth in the service sector, the impact is undoubtedly rather negative, as jobs are phased out in the industrial sector where most disabled workers work, thus making retention difficult. Service sector job creation could initially appear favourable to the employment of disabled persons, enabling the redeployment of disabled workers to less physically demanding jobs. However, these jobs often require skills which are not always held by disabled persons.

II. BENEFIT AND COMPENSATION PROGRAMMES

The purpose of this Part of the report is to examine how social benefit and compensation programmes affect possibilities for disabled workers to retain or rapidly resume their employment. The main focus is on the application of benefit programmes in employment; that is, opportunities to combine earnings with income from disability benefits, workers' compensation or other employment-related reparations. The obstacles presented by systems for out-of-work benefits are also examined. The theme covers cash benefits and payouts and, where significant, allowances against taxable income. Programmes may be funded from tax revenues, or from earmarked or general insurance funds to which employers and/or employees contribute.

The first two sections present information about workers' and compensation and benefit programmes. This is followed by a discussion of arrangements for combining benefits and earnings from work.

Introduction

The Health Insurance Office provides a substitute income for, on the one hand, people with work-related injury or sickness during the period of illness (cf. II.1) and, on the other hand and under certain conditions, for sick or disabled national insurance contributors or members. In specific cases, the latter can combine their wages and the daily allowance or disability pension (cf. II.2). Furthermore, the Health Insurance Office may be responsible for technical aids, medical rehabilitation, vocational retraining, or participation in employment resettlement.

In French legislation, the focus is not on the distinction between job retention provisions on the one hand and return to work provisions on the other. Rather, the measures serve to increase disabled workers chances of either retaining their jobs following injury or illness, or finding another job which is compatible with their capacity or state of health.

II.1 COMPENSATION PROGRAMMES FOR WORK-RELATED INJURY OR ILLNESS

II.1.1 Principal compensation programmes for work-related injury or illness

Daily allowance

When a person with a work-related injury has to stop work for sound medical reasons, he or she receives a daily allowance during the entire illness period. For the first 28 days, this consists of 60 per cent average wages during the reference period before the person stopped work; the reference period is based on the frequency of salary payments (weekly, fortnightly, monthly, yearly). After 28 days, the rate increases to 80 per cent of average wages. The allowance may be supplemented by the enterprise's insurance policy.

The person can choose to undergo medical rehabilitation while still receiving the daily allowance.

In all cases, the payment of benefit is subject to the person being recognised as a disabled worker (RQT) by the COTOREP or as another beneficiary of the law of 10 July 1987. The application for recognition is presented to the COTOREP on the employee's initiative. The dossier contains two distinct parts: one

medical certificate and two, information documents filled in by the employee (possibly with the help of the enterprise). The COTOREP sends its reply directly to the employee; the latter is not obliged to show it to the enterprise. The COTOREP procedure lasts several months. Therefore, some types of aid requiring the RQTH (especially AGEFIPH's job retention subsidy) may be paid to the enterprise before the COTOREP decision arrives.

Payment of the daily allowance ends on the date of healing or consolidation: that is, the point following the transitional period of care, when the injury becomes permanent, if not definitive. In principle, treatment is then no longer required except to prevent a worsening of the condition, and it becomes clear that the injury has caused a degree of permanent incapacity.

Lump-sum or pension payments

At the consolidation date, the medical adviser assesses the effects of the work-related injury and determines the rate of incapacity based on an indicative disability scale, which is an annex to Book four of the Social Security Code:

- when permanent incapacity is below ten per cent, the person is entitled to a lump-sum allowance, the amount of which is set using a lump-sum scale established by decree (articles L 434-1 and R 434-1 of the Social Security Code). The entire sum is paid in one go;
- when permanent incapacity is at least ten per cent, the person is entitled to a pension determined on the basis of his or her salary and the rate of incapacity (article L 434-2, article R 434.2). In principle the pension is for life, whether or not the person returns to work. Depending on the rate of incapacity, it is paid either on a monthly or quarterly basis.

Pension arrears are non-taxable. The pension could be reviewed if the victim's condition were to change. The date of consolidation implies theoretically that the person can go back to work. During the period of incapacity, the person's job is protected legally.

II.1.2 Features of the compensation process which affect job retention and return to work

Compensation during vocational retraining

During the period of vocational retraining (cf.III.2.3) the person continues to receive either a daily allowance until the date of consolidation, or a pension, plus a trainee income. (When participants in vocational retraining attend courses similar to those laid out in book IX of the Labour code, they are entitled to the standard vocational training income.)

Furthermore, under the second sub-section of article L 432-9 of the Social Security Code, a supplementary daily allowance is paid to the person by the State Health Insurance Office (CPAM), so the daily allowance or the pension paid will correspond to the minimum wage in the profession for which the victim is undergoing vocational retraining, taking into account, when need be, the trainee income.

Payment of provision for vocational retraining

The social security office pays all the costs of the pre-guidance, vocational training or retraining courses, including meals and accommodation, as well as transportation costs under certain conditions.

Other allowances paid during vocational retraining in a centre

(i) The retraining completion bonus

People with work-related injuries who have attended a retraining course can, during the month following the course, apply to the State Health Insurance office for the retraining completion bonus, in line with article R432-1° of the Social Security Code.

This bonus, the amount of which is set by the board of directors or the management committee, is at least three times and at most eight times the ceiling of the daily wages used to calculate the daily allowance (that is, from 4,119 francs to 10,984 francs on 1 January 1997).

Entitlement to this bonus hinges on a number of conditions: for instance, the person must have completed the entire course, and done so under conditions that satisfy the head of the centre.

(ii) Loan on trust

A person may also apply for a loan on trust.

The loan is given for modifying or establishing a workshop or industrial or agricultural enterprise, which the person undertakes to run personally, in any of the sectors laid down by decree (article R 432-10-2° of the Social Security Code).

The opinion of an advisory commission working with the board of directors is required.

The loan cannot exceed 180 times the ceiling of the daily wages used to calculate the daily allowance (that is 247,156 francs on 1 January 1997).

Conditions for payment of services when retraining is carried out with an employer

COTOREP can also decide to place the person with an employer (article L 432-9 of the Social Security Code).

In such a case, a contract is signed by the person, the employer and the State Health Insurance office, after approval by the Director for Labour and Employment in the département concerned. The contract specifies the share of the salary to be paid by the company and that to be paid by the CPAM, as well as the duration of the training period.

During the period of placement with an employer, the person receives a daily allowance if his or her condition is not yet consolidated, a pension if it is, a payment from the employer, and, possibly, a supplement from the CPAM so that the income will be at least equal to the minimum wage of the profession for which the person is being retrained.

II.2 OTHER BENEFIT PROGRAMMES

In this context, benefit means compensation for risks other than work-related injury and illness, and which are covered by health insurance (health and disability insurance provisions in cash and in kind or extralegal services).

The General Health Insurance Scheme contributes to job retention and return to work through:

- compensation for sick leave and long-term illness;
- compensation for part time return to work for therapeutic reasons;
- compensation for employment resettlement (health and disability insurance);
- compensation under invalidity insurance.

Mechanisms for the protection and care of contributors are as follows :

Health Insurance

(i) Long-term illness (art L 324-1, L 323-1 and R 323-1 of the Social Security Code)

When the contributor is considered to have a long-term illness, compensation can continue for a maximum of three years for each of the ailments which gave rise to the recognition process.

Entitlement is restored on proof of return to work for a continuous period of one year.

(ii) Part-time return to work (art. L 323-3 1° and R 323-3)

When the attending physician and the medical adviser consider that part-time return to work will help improve the person's condition, the health insurance office may compensate for wage loss for a maximum period of not more than one year over and above the maximum compensation period of three years for full stoppage of work (be it long-term illness or otherwise).

Part-time return to work can occur at any time and not necessarily at the end of the three-year deadline under the rule on the entitlement period.

his legislation dates back to 1955. It requires updating so as to be able to:

compensate not only in cases of part-time return after full stoppage, but also cases where the employee is obliged to cut down on working time for medical reasons;

take into account the economic situation which could make it difficult for persons with health problems to find work, whereas, on the other hand, new forms of work (teleworking for instance) might be particularly suited to them.

iii) Technical aids

Some diseases or accidents which lead to disability could be partly or fully compensated for through the use of technical aids or prosthesis. Costs can be reimbursed by the health insurance office if they are:

- prescribed by a doctor;
- provided in some cases by an approved supplier;
- included on the Interministerial List of Health Services (TIPS), and following agreement with the CPAM for certain articles.

(iv) *Employment resettlement* (art. L323-3 2°, R 323-3, art 9 of the 26/10/1995 decree)

The contributor can undergo employment resettlement either in a training centre, or in an enterprise.

This provision is covered by the same decree as compensation in the case of part-time return for therapeutic reasons (art. L 323-3).

Remuneration in this instance has three components:

- all or part of the daily allowance paid during the leave preceding resettlement;
- income earned in the training establishment or in the enterprise;
- possible supplements, in the form of supplementary benefits, to the level of the wages paid in the profession for which the person is being trained.

Disability insurance

The contributor on sick leave whose condition has been declared 'stable' by the medical adviser is entitled to a disability pension if he or she has lost two thirds of work or earnings capacity.

The pension can also be granted in cases of premature impairment, leading to a corresponding reduction in work or earnings capacity.

A disability pensioner is free to work. However, in this case, there are rules restricting the concurrent receipt of the pension and income from work (or substitute income in the form of unemployment benefits) see II.3.

A disability pensioner can also benefit from employment resettlement, in which case the rule on concurrent receipt of incomes is more favourable.

II.3 OPPORTUNITIES TO COMBINE WORK AND BENEFIT

II.3.1 Provision for combining income from work and from disability-related social security benefits

As noted in II.2, a person in receipt of long-term illness or disability benefit may return to part-time work.

Concurrent receipt of pension and incomes

Since the disability pension is meant to compensate for a reduction in the capacity for work or gain, the total amount of pension and wages (or their substitutes) is limited to the amount of wages earned before the disease which led to the disability (art. L 341-12 and art. R 341-15).

In the same vein, non-salaried employment is subject to the same rule on concurrent receipt (art. L 341-10 and art. R 341-16) which puts a relatively low ceiling on concurrent receipt (33,868 francs for a person living alone, as from 1 January 1997).

Concurrent receipt of pension and substitute income

Concurrent receipt of pension and daily allowances

A disability pensioner in salaried employment is entitled, on meeting the relevant criteria, to daily health (or maternity) insurance benefits, as well as the continued payment of benefits on return to part-time work for therapeutic reasons. In such cases, the aforementioned rule on concurrent receipt applies.

Concurrent receipt of pension and unemployment benefits

The same rule applies if the contributor is dismissed and draws unemployment benefits. In this case, though, the disability pension is deducted from the amount of unemployment benefit paid to disabled people in categories 2 or 3. In fact, the disabled worker pays unemployment insurance contributions in the usual way but, in the case of unemployment, the benefits are limited.

Pension recipients undergoing employment resettlement

In the case of employment resettlement, the ceiling for concurrent receipt may be exceeded by an amount which is at the most 50 per cent of the pension.

II.3.2 Impact of definitions of disability or capacity for work on access to and coverage of benefit programmes

An article of law dating back to 1945 defines three categories of disability to be used for determining the amount of pension to be paid. The wording of the definitional criteria (specifically 'invalids totally incapable of exercising any profession whatsoever') was, at the time, intended to protect disabled people from having to work in difficult conditions which could be detrimental to their health. However, some employers, and even some civil servants within the Ministry of Labour, now use the definition inappropriately to prohibit disabled people from working.

Given this definition, the supervising ministry accepted that the provisions on unemployment compensation allow the deduction of the disability pension from the unemployment benefits paid (cf. II.3.1).

II.3.3 Interactions between in-work benefits and other in-work income support programmes

The very wide range of mechanisms raises serious problems of co-ordination, efficiency, and information by the persons concerned.

II.4 TRANSITION BETWEEN BENEFITS AND WORK

II.4.1 The effects of the disability benefit system on return to work

The effects of the benefit system on return to work were assessed in a study which sought to analyse all benefits paid in some way or another to disabled persons likely to work in an ordinary environment, and to see whether, and how, these resource mechanisms affect the desire to take up or return to employment in a normal working environment (IGAS, 1995).

This study shows the following:

- for disabled persons in a sheltered working environment (CAT - Centre d'Aide par le Travail [Work-Based Assistance Centre] or AP - Atelier Protégé [Sheltered Workshop]): they have a guaranteed minimum income (GRTH), fixed in relation to the normal minimum wage (SMIC). For the most efficient ones, the income is relatively high and their total income might be as high as 110 per cent of the SMIC, when in fact their poor qualifications would normally not entitle them to such an income. Thus, the financial motivation is unlikely to push them to take the 'leap' over to a normal working environment;
- the system is more neutral in the case of beneficiaries of disability pensions or work-related injury pensions:

For disabled persons with disability pensions. First we must recall that the concept of capacity or incapacity for work is only used for classifying disabled persons into category 1 and for setting the amount of the pension, and does not imply that they are not allowed to work. A pensioner can also receive an allocation for disabled adults (AAH) differential within the applicable ceiling (39,250 francs a year, in 1995, for a person living alone). The analysis should be based not on previous income but on the job and thus on the salary likely to be earned. The person will thus assess whether the difference between the pension and the salary is low. In this case, the motivation to find or return to work is practically nil, added to the fear of not getting the pension back easily in the case of future job loss.

However, it does seem that, in most cases, return to work is financially advantageous for recipients of disability pensions;

- for disabled people with work-related injury pensions (WRI). The mode of calculation favours people with serious injuries, which is logical in that their capacity to work is reduced. There is a ceiling for WRI pensions and they can be combined with any level of work income. Pensions paid at a low rate for permanent partial disability do not seem to dissuade people from returning to work. The study shows that, given their previous income, all the people involved would do better return to work. Overall, the remuneration system of WRI and disability pensioners does not in any way seem to discourage them from returning to work;

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- for vocational retraining, the financial mechanisms may delay return to work. This is a fairly satisfactory situation for the beneficiary. If the person was working previously, they would be better off doing a training programme in a CRP because training income is based on previous wages. Furthermore, a WRI pension can be combined with this remuneration. Thus it would seem that these remuneration systems might impede swift resettlement. However, they are not a disincentive to work, they merely delay it.

II.4.2 Provisions for financial support to disabled workers for transition between benefits and work

There is no financial support for disabled workers for the transition between benefits and work other than that listed in II.2 (part-time return).

III. EMPLOYMENT SUPPORT AND REHABILITATION SERVICES

This Part examines the integration of personal support and rehabilitation services within the workplace. It deals with the external support services available to individual workers and their employers where continued employment is at risk because of disability. (Internal services, initiated and managed by enterprises, will be covered in Part V.) The discussion also includes services for early return to work once employment has been lost.

The main focus is on service interventions which support job retention by employees who become injured, ill or disabled and also their return to employment during the process of recovery. It concerns active rehabilitation services that help disabled people to recover capacities and skills, as well as services that support their re-adjustment to work. (Services involving adaptations to the work environment and to working arrangements will be discussed in Part IV.)

More specifically, sections III.1 to III.5 will cover policy about employment-related personal support and rehabilitation services, provide details of services and their providers, and describe the service beneficiaries. The remaining sections will examine the factors influencing the effectiveness of support services for job retention and early return to work. They include a discussion of relationships between the various employment support and rehabilitation services, their relationship to the employment sector, and their interaction with employment policies and compensation and benefit programmes.

III.1 POLICY AND RESPONSIBILITY FOR POLICY AND PROVISION

Job retention and the early resettlement in employment of incapacitated or partly incapacitated persons are today as major a challenge as placement. The goal is to avoid a break in the working life of the person concerned by paying particular attention to treatment as well as preventing capacity restriction.

III.1.1 The main bodies responsible for employment support and rehabilitation policy, and links to other agencies with employment or benefits/compensation responsibilities

At a national level, most Ministries are involved to varying degrees in the integration of disabled persons. However, the Ministry of Employment and Solidarity plays the leading role in matters relating to employment. This Ministry now holds responsibilities formerly handled by two separate Ministries: the Ministry of Health and Social Affairs and the Ministry of Labour and Employment. It is responsible for everything relating to the guidance, resettlement and employment of disabled workers.

Given the large number of public service sectors involved in the employment of disabled workers, a special administrative apparatus was put in place to define general policy in this area. Two state bodies were entrusted with the task of drawing up and implementing policy (co-ordination of government and public service sector actions):

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- CICAR (the Interministerial Committee for the Co-ordination of Adjustment and Readjustment), whose task is to define general policy in prevention and readjustment and to co-ordinate the actions of the different civil service sectors;
- the Mission for the Employment of Disabled Workers: a department of the Ministry of Employment, under the General Directorate for Employment and Vocational Training, is in charge of proposing and implementing guidance and employment policies for disabled workers.

Two advisory committees were set up at a national level to promote dialogue between the authorities and representatives of disabled persons:

- the National Advisory Board for Disabled Persons, whose job it is to ensure the participation of disabled persons in preparing and implementing policies affecting them;
- the Task Force for the Employment and Social Resettlement of Disabled Workers: its job is to promote public and private initiatives for retraining, readjustment and placement and to facilitate co-ordination and monitoring.

III.1.2 The relative priority accorded to support for retention, return to work and first time entry to employment

As was noted in the introduction to Part I, French law does not make a distinction between first time employment, job retention and return to work. Nevertheless, an increasing recognition of the issue of job retention led to AGEFIPH being asked to produce some measures in this area.

Under public law there is also a right to resettlement for newly incapacitated civil servants (law of 11 January 1984).

III.1.3 The weight given to employment support and rehabilitation policies for disabled people in the national system

In a report entitled 'social policies for disabled adults', submitted to the President in November 1993, the Audit Office estimated total government, social security and local authorities' spending on disabled persons at 115 billion francs in 1992 (Cour des Comptes, 1993). In the same report, the Audit Office estimated the cost of vocational retraining at 1.3 billion francs a year, plus amounts to be paid in trainee remuneration. The Audit Office stated that 'although these figures inevitably contain a margin of uncertainty, they should be kept in mind when assessing the effectiveness of measures implemented in France for disabled persons'.

In addition to these figures, AGEFIPH devoted 9,263 million francs between 1990 and 1996 to the employment of disabled persons.

It is difficult to give accurate figures for the overall budget for disability because of the traditional administrative separation between the health and social sectors, with health expenditure generally being kept separate. However, the available figures support the hypothesis that the amount devoted to employment rehabilitation is extremely low (about 10 per cent).

III.2 SUPPORT SERVICES FOR JOB RETENTION

It has already been stated that the French system makes no distinction between job retention and early return to work. The concept of job retention covers the two situations. Nevertheless, the distinction is meaningful for the persons and employees who fall within the framework of the employment law.

A second preliminary point is that the services are free. They are increasingly seen as part of integrated rehabilitation practice. Direct access is not common practice.

III.2.1 The main funders of services to support job retention

The State - with financing through the National Employment Fund (FNE).

AGEFIPH's plan of action (17 employment measures for disabled persons) includes funding for modifications to working equipment or work organisation to promote the retention of disabled employees.

The social security system funds:

- the CRFs (centres for medical rehabilitation) and CRPs (centres for vocational rehabilitation);
- retraining contracts;
- daily allowances in relation to therapeutic part-time return to work.

Enterprises help to fund job retention measures for disabled employees. They also conduct continuing in house training (this is a legal obligation for enterprises with 10 or more employees) and grant Individual Training Leave (which can be an option for resettlement within or outside an enterprise).

III.2.2 The main services to support job retention

Medical rehabilitation

This may be carried out either in a doctor's surgery or in a specialised centre, depending on the gravity of the ailment. It could contribute to an early return to the working environment. During this period, the social security office assumes responsibility for all services in kind (care - technical aids) and in cash.

Occupational medicine

The occupational doctor is the lynchpin of the prevention, early treatment, retention or resettlement system. The doctor certifies disability, suggests job transfers or changes in job arrangements to the enterprise. T

employer is obliged to take the doctor's proposals into consideration. The occupational doctor is the ideal person to detect difficulties and has two tools available: the pre-return consultation and the liaison record that is exchanged with the medical adviser of the social security office.

Vocational retraining and employment resettlement

Under work-related injuries legislation, if an injury renders a person incapable of carrying out their job or of doing so without rehabilitation, they have the right to free support in a vocational training establishment (either public or private) or a trainee position with an employer in order to acquire skills in a job of their choice (cf. article L432-9 of the Social Security Code).

COTOREP carries out a medical, social and employment assessment as an appraisal of the feasibility of resettlement, and promotes job retention in the enterprise after resettlement. *COTOREP* is responsible for taking decisions on guidance in employment rehabilitation projects.

The social security bodies are obliged to abide by *COTOREP*'s decisions. When the person's physical capacities are such that employment resettlement is possible, a request may be put before the commission by the State Health Insurance office (CPAM) with person's consent, or by the person himself.

A person recognised as disabled may be guided towards:

- a) a job in a normal environment with the assistance in particular of the ANPE (the Employment Bureau) and/or the specialised placement agencies (EPSR and OIP);
- b) pre-guidance with an assessment body, in cases where peculiar difficulties arise in the guidance process and which *COTOREP* is unable to resolve. *Pre-guidance centres* have been set up to deal with such cases, with social security funding;
- c) training in *vocational retraining centres (CRPs)* as part of the resettlement process as laid down in the 1957 law. The CRPs are medical-cum-social institutions for the vocational training of disabled workers and offer employment courses. There are 84 of them in France with 10,000 places, of which slightly more than half are live-in. Running and equipment costs are funded by the social security bodies;
- d) employment in a sheltered establishment (Work-Based Assistance Centre, Sheltered Workshop or Centre for Distribution of Home-Based Work).

ifferent types of services are provided as part of the resettlement process: guidance, training and placement.

he *pre-guidance programme* helps to promote the employment abilities of disabled workers, draw up an appropriate employment plan and define the conditions for its implementation, in particular through vocational training in a Vocational Retraining Centre. The programme lasts an average of eight weeks. It can be extended up to a maximum of twelve weeks. This flexibility makes it possible to tailor the length of the programme to the needs of the participants. The links between the Pre-guidance Centre and enterprises in the area should heighten mutual awareness.

The team at the pre-guidance centre is organised around three complementary areas:

- the medical-cum-social sector;
- professional know-how;
- methods and tools for guidance, evaluation and integration.

In July 1996, it was decided that medical-cum-social care would be put in place for the rehabilitation of people with brain damage. To this end, it was decided to set up Experimental Social and/or Vocational Evaluation, Re-acclimatisation, and Guidance Units (UEROs). Administratively, the UEROs come under the Pre-guidance Centres. The goal is that, following medical rehabilitation, the units should undertake an in-depth evaluation of residual brain disability, implement programmes for re-acclimatisation to a life of active employment, develop appropriate guidance for the patient and provide the required support for implementing social or professional rehabilitation adapted to each person's potential. COTOREP decides on admissions to the UEROs.

With respect to vocational retraining, the *CRPs* run more than 200 training courses in close to 25 sectors of activity - 71 per cent of training courses lead to a level V diploma, 26 per cent to a level IV diploma, and three per cent to a level III diploma. The diplomas are generally approved by the Employment Ministry following joint work (involving workers' unions and employers' organisations) aimed at defining the content of training on the basis of the enterprises' needs. Seventy-five per cent of CRP trainers have five to ten years experience working in enterprises.

The employment courses currently account for 75 per cent of schemes implemented by the centres. They offer assistance in drawing up an employment plan and provide training schemes and non-degree-oriented practical training. They offer:

- assessment and guidance services;
- employment integration training programmes;
- continuing education schemes for business employees;
- work training for young job seekers.

Enterprises are generally showing an increasing interest in the work of these centres and consult them on the retention of employees who become disabled.

Over and above vocational training per se, employment retraining is a support process whose objectives are autonomy, responsibility and competence. Such a process, which aims at employment integration, must be seen from a long-term perspective.

Disabled persons also have access to the *training bodies* that are available to all people. To promote this approach, AGEFIPH and the Regional Councils (responsible for education and training) have established regional schemes for the vocational training of disabled persons (especially young people). In December 1997, ten regional schemes were already underway and 12 projects in 12 regions are currently under negotiation. There are about 3,000 places available.

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The law of 30 June 1975 led to the setting up of *Resettlement Preparation and Follow-up Teams (EPSRs)*. These are specialised teams that work in liaison with the National Employment Bureau (ANPE - the body in charge of the employment integration of job seekers) and COTOREP to expand and improve integration and rehabilitation schemes for disabled workers. Their job is to support disabled persons at every stage of the readjustment process. Public sector EPSRs are funded by the state while private ones are jointly funded by the state and AGEFIPH. In 1994, there were 92 EPSRs.

The law of 1987 strengthened obligations concerning employment and placed an emphasis on employment integration. The economic world became more involved in the problem of the employment of disabled persons. New *integration agencies*, mostly offshoots of employers' associations, serve as intermediaries between disabled persons and enterprises, with the help of AGEFIPH.

In 1994, the state and AGEFIPH signed a convention expressing their desire to work more closely in the area of integration and placement in normal working environments, in order to co-ordinate initiatives, promote the growth of such initiatives, and achieve greater coherence among the mechanisms put in place in départements. This joint action by the state and AGEFIPH aims to add a new dimension to disabled persons' employment policy.

Thus, in 1997, 110 agencies (private EPSRs and Integration and Placement Agencies - OIPs) were approved and funded, with a goal of 20,000 cases of integration and rehabilitation of disabled persons, for a total amount of about 230 million francs, involving 700 professionals. Their field of action covers integration, rehabilitation and follow-up, as well as job retention.

The *social service of the Regional Health Insurance Office* is a specialised department for contributors to the national insurance scheme who are undergoing difficulties such as illness, disability or work-related injuries. It is closely linked to the internal services of the social security system (administrative services, provisions, benefits, work-related injury and disability, and the medical supervisory centre) and external services (COTOREP, medical services, associations). It provides full material, psycho-social and employment assistance and helps in the implementation of measures recommended by COTOREP: placements in vocational retraining centres, retraining contracts with employers, direct placements, and modifications to work-stations.

There are many agencies whose purpose, sole or otherwise, is the integration and maintenance in work of persons with difficulties arising from health reasons: Preparation and Resettlement Follow up Teams (EPSRs), Integration and Placement Agencies (OIPs), Département Programmes for the Rehabilitation of Disabled Workers (PDITHs) which have a job retention focus, and the rehabilitation services of associations representing disabled persons.

II.2.3 Relationships between the providers of services and bodies with policy responsibilities

The local département is the most relevant level and it is here that co-operation and linkages between the different actors in job retention are established. This network is of varying density depending on the region.

There are different types of mechanisms which underpin the relations between the different players. Funders play a 'policy' role in defining guidelines, objectives and means as well as strategic follow-up. They often sit on PDITH steering committees which decide on and monitor the objectives and implementation of rehabilitation programmes for disabled workers.

The providers are responsible for the different services relevant to the job retention process. They work in co-operation with one another and receive support for regulatory and facilitation matters from a coordinator who serves as an intermediary between them and the steering committee.

Ad hoc mechanisms exist in several local départements. They are funded by AGEFIPH and other partners interested in the problem of job retention (e.g. social security and the state), and they deal with prevention and risks of breach of job contracts. Examples are the PRECI mechanism in the Rhône-Alpes region and COME (Operational Job Retention Unit) in Normandy. They are supported by various facilities and coordinate the work of different providers (occupational doctors, social security services, EPSRs, OIPs and employers' organisations).

Industrial Federations are involved in job retention policy. The Regional Federation for Construction and Public Works of the Midi-Pyrénées region has set up a mechanism called 'Rebatir' ('Rebuild'). The goal is retention or rehabilitation in an ordinary working environment of the sector's workers likely to face diminished capacity for work. The mechanism is run in partnership with AGEFIPH, construction and public works enterprises, the occupational medicine sector, GIRPEH (Regional Interprofessional Grouping for Employment of Disabled Persons), and COTOREP.

The PDITHs increasingly focus on the job retention issue: for example, in the Meurthe-et-Moselle and the Drôme département programmes. In the Loire département a service was put in place as early as 1989.

III.2.4 Characteristics of enterprises using external support services for job retention

With respect to the resettlement apparatus, we will distinguish here between enterprises that recruit disabled workers trained in Vocational Retraining Centres and those who work in collaboration with the CRPs to improve the skill levels of disabled workers without necessarily recruiting them.

A 1994 study on the characteristics and the future of CRP trainees who graduated in 1991, showed the following (FAGERH, 1995):

When asked 'if the trainee has been placed six months after the end of the training programme, what is the size of the enterprise,' respondents answered as follows:

Table 1: Size of enterprise taking CRP trainees

<i>Number of employees</i>	<i>Percentage of enterprises</i>
1 - 9	23.7
10 - 19	21.6
20 - 49	25.2
50 - 199	16.2
200 or more	13.2

This shows that more than 70 per cent of the enterprises included in this study have less than 50 employees, while more than 45 per cent have less than 20 employees and are not subject to the law on the employment of disabled persons. No one sector of activity stands out among the sectors of placement of former CRP trainees.

Professional real estate organisations were willing to collaborate with the CRP in drawing up the professional curriculum so as to have persons with ready skills, thereby sharply reducing the adaptation period within the enterprise. In another example a CRP developed a joint course with Rhône-Poulenc to train students for the diploma of laboratory assistant for medical tests. This approach helped to tailor the curriculum to the needs of enterprises and reduce training costs, while avoiding fresh training within the company at the end of the CRP training course. In these two examples, the goal is to develop the skills needed within an enterprise, which will eventually recruit the persons for their skills and not because of their disability. Several other examples exist in other regions of France and with other sectors, but the thinking is the same.

The analysis of the activity reports of the Resettlement Preparation and Follow-up teams and of the Integration and Placement Agencies shows that, of the 35,000 enterprises involved, 62 per cent have less than 20 employees, 23 per cent are in the trade and transport sector, and 19 per cent are in the industrial sector. Non-profit-making associations account for 13 per cent.

Furthermore, the results of the AGEFIPH's evaluation of the 'job retention' measure shows that enterprises that use external support services are mostly from the traditional 'blue collar' sector, with industry accounting for 44 per cent, construction for 23 per cent and trade for 15 per cent. Half of these enterprises have less than 50 employees and more than a third have more than 100.

III.2.5 Arrangements for external providers to organise support in the workplace

The initial request for external support is made by the enterprise facing a new disability situation or seeking to adopt a pro-employment and preventive policy. The legal obligation to which the enterprise is subject facilitates relations between the enterprise and the provider.

While providing training, CRPs organise Enterprise Application Periods (PAEs) lasting several weeks. These periods serve to apply the skills acquired and may also serve as a springboard towards future employment. However, we do not have figures for the country as a whole. The PAEs are extremely useful in training but their development is limited for reasons inherent in the funding system for vocational re-training: the social security office refuses to pay if the trainee is ever absent from the place of training, which works against the PAE arrangement. (The social security office does not pay for time spent in enterprises.)

There is one mechanism in the French system that is very rarely used. It is known as the Enterprise-Based Retraining Contract (under article L 323-15 of the Employment Code). This represents a half-way step between CRP-based training and direct placement in a normal working environment. The training lasts between three months and one year, and it is tailored to suit the person and the job. It should enable the person to re-acclimatise themselves to their former job or learn another.

III.2.7 The effectiveness of the services described

The study by FAGERH (1995) showed that:

- 75 per cent of those who attended a retraining course obtained a diploma at the end of the course;
- 57 per cent of trainees got a job at the end of the course, 70 per cent had a job six months after the end of the course, and 76 per cent had a job twelve months after the end of the training;
- as regards the types of work contracts, out of those working in an enterprise about whom information was available at the end of a year, 55 per cent had a permanent work contract at the end of the course. Almost all of these still had the same type of contract after one year. So the permanent contract retained its value.

The percentage of those who had a temporary contract at the end of the course dropped over time (37 per cent at the end of the course; 15 per cent after one year);

- on the basis of the one year follow-up, it is possible to say that, overall, the situation in respect of permanent contracts improved over time (55 per cent at the end of the course; 77 per cent at the end of one year).

A job retention evaluation carried out by the BBD consultancy (BBD, 1995) examined the outcomes for 400 people who had received a grant for job retention under the AGEFIPH programme. The evaluation found that 90 per cent of the beneficiaries of the grant were still in work a year later. This indicates the effectiveness of the different actors involved in the implementation of this measure (ergonomics expert guidance centres, training centres, providers of technical equipment).

III.3 USERS OF SUPPORT SERVICES FOR JOB RETENTION

III.3.1 Procedures for identifying disabled workers

The first step in the job retention process is the occupational doctor's opinion on whether or not an employee's health is suitable for a particular job. This is given following the compulsory medical examination which all employees have to have. If the doctor declares someone to be incapacitated, that person becomes eligible for job retention or resettlement services.

Private enterprises, industrial and commercial public enterprises are eligible for provisions for retaining their disabled workers.

The major body for notification and guidance in respect of resettlement and return to work services is COTOREP.

III.3.2 Disabled workers who benefit

The AGEFIPH evaluation of job retention (BBD, 1995) shows that the disabled workers who benefit have the following characteristics:

- older employees who have been with the company for a long time: more than two thirds are between 30 and 50 years old. Furthermore, slightly more than half are above 40;
- males, with few qualifications: 80 per cent of beneficiaries are men. This should be measured against the considerable weight of traditionally 'male' sectors (construction and public works, industry). In terms of previous education, the level of qualification is very low. In fact, close to half of the beneficiaries have no educational qualifications;
- as regards cause of disability: in most cases disability is triggered by a progressive disease (38 per cent) or a work-related injury (36 per cent);
- as regards type of disability: almost 50 per cent have a motor impairment and 31 per cent have disabling diseases. Sensory impairments account for only 4 per cent of cases.

With regard to beneficiaries of the vocational resettlement arrangements, the aforementioned FAGERH/CERIS study (1995) reveals the following socio-demographic pattern for disabled workers that go to the CRPs :

trainees entering the CRPs are mostly young (61 per cent are less than 35 years) and mostly male (80 per cent). This under-representation of women is also present among similar groups: four men to one woman among adults in training at the AFPA; and 76 per cent of disabled workers registered with the ANPE are men;

- almost all (89.3 per cent) trainees have experience of work. Of those with work experience, 40.4 per cent had worked for less than ten years. Only a small number of trainees (5.3 per cent of those with work experience) had worked for less than one year. These are mostly former construction and retail workers;
- among the workers in the study, mobility impairments (of neurological or osteo-articular origin) constituted the majority (70 per cent). Disability-inducing diseases were in second place (21.3 per cent), followed by psychiatric problems (14.6 per cent) and sensory impairments (12 per cent). Learning difficulties were in the minority (3.4 per cent);
- disability is more often linked to injury (42 per cent) than to birth (19 per cent). Trainees with injury-related disability have very similar characteristics to those of disabled workers in enterprises subject to the employment obligation, mostly older men who often have many years' work experience;
- trainees with a congenital impairment (disabled from birth or due to a congenital disease) often come from the specialised training sector. Their educational level is below the trainees' average;
- the educational level at the start of training is in 90 per cent of cases between level V (Certificate of Vocational Ability - CAP - or Certificate of Vocational Training - BEP) and Vb. Only ten per cent of trainees are on level IV (with baccalauréat - for successful completion of schooling). Ninety-five per cent of trainees attended school in the normal training sector;
- the length of the period of inactivity (period between last job and entry into the CRP) generally varied between two and five years.

Analysis of the activity reports of the Resettlement Preparation and Follow-up Teams and of the Integration and Placement Agencies shows the characteristics of the 26,000 beneficiaries of these services in 1997. They are mostly male (68 per cent), 79 per cent are between 26 and 49 years of age, 19 per cent are below 26 years of age, and almost half have a mobility impairment.

III.4 DESIGN AND DELIVERY OF EMPLOYMENT SUPPORT AND REHABILITATION SERVICES

III.4.1 Relationships between services

Section III.2.3 described the multi-partnership mechanisms that are put in place to take care of and treat persons at risk of losing their jobs because of medical incapacity.

This voluntary approach, promoted by AGEFIPH's regional delegations and their partners (the Regional Health Insurance office, Occupational Medicine and employers' organisations) aims to link and co-ordinate the work of the different sectors involved in job retention.

During the period of sick leave, an employee meets different service providers. Initial contacts are with the attending physician and the retraining centre. Contacts are also made with other bodies: social security, COTOREP, the social security Medical Adviser, the occupational doctor etc. These contacts are usually on a one to one basis, at a particular time and in a specific context, thereby causing a lack of coherence in the retention process and in treatment time: this often reduces the chances of job retention or early resettlement.

It is thus clear that well co-ordinated mechanisms are required. In general the social security office is the main actor around which the different services gravitate. Those services are concerned with:

- medical responsibility: relations between the occupational doctor, the social security medical adviser, the attending physician and sometimes COTOREP's doctor;
- employment responsibility: actors within the enterprise;
- external services (including specialised services, ergonomics experts...).

This all-encompassing approach provides for complementarity where there is otherwise a risk of competition or at least isolation.

IV. ADAPTATION OF WORK AND WORKPLACE

Part IV is concerned with practical solutions to adapting the work-station, workplace and job procedures to the needs of workers who become disabled. It focuses on external services available to enterprises to assist them in making adjustments, whether those services are accessed directly in the marketplace or via agencies. External services may provide advice or practical help both in adjusting the demands of the job and in adapting the work environment, temporarily or permanently. They may operate as private consultancies, voluntary bodies, quasi-governmental agencies, or as part of employment services.

IV.1 RESPONSIBILITY FOR POLICY AND PROVISION

IV.1.1 The main bodies responsible for work environment policies and their role in promoting adaptations for job retention and return to work

The responsibility for funding work-station and workplace modification was transferred from the state to AGEFIPH in 1992. Since AGEFIPH is in charge of professional rehabilitation and job retention in a normal environment, it has opted not to work directly in the field but to work through providers. In 1992 AGEFIPH extended its partnership network to include the *National Agency for the Improvement of Working Conditions* (ANACT), which plays a consultancy role with enterprises, helping them to define policies for improving working conditions. The problem of disability and employment fits naturally into this perspective. It is against this backdrop that a national convention was signed with ANACT in 1992. Two priority areas of collaboration were chosen:

- implementation within enterprises of integration policies for disabled persons;
- appraisal of working conditions and ergonomic studies prior to work-station modifications, as part of the job retention process for disabled persons.

However, the significant increase in applications for work-station modifications from enterprises is such that priority now goes to appraisals (79 per cent of ANACT's interventions). These appraisals provide the technical and economic tools essential for assessing these requests; they deal especially with project relevance, suitability of work-station to the disabled person, merits of the planned modification solution, and whether or not the disability is compensated for.

Other ergonomic services (consultancy firms) intervene at the request of enterprises, often with funding from AGEFIPH, to study work situations and suggest solutions for job retention for disabled persons.

IV.1.2 The main providers of technical and advisory services

The number and quality of partners involved or likely to be involved vary between administrative regions and even local départements. AGEFIPH has chosen not to adopt a national framework for the type of providers to be involved in work-station modification and workplace accessibility projects. Depending

the size and experience of the area, the bodies will be more or less specialised. In each local département, and within the framework of consultation with the institutional partners, the State in particular, agreements were signed with different bodies, so that they could come up with the provisions needed by enterprises and disabled persons in that particular area.

Activity contracts signed by the providers and AGEFIPH cover a specific period, with specific objectives to be attained, and are renewed on the basis of the effectiveness of the body and the relevance of its work to needs. Thus, under current policies, there are no permanent providers, that is, no bodies entrusted sine die with this task, except for ones recognised in the convention signed by the state and AGEFIPH. The principal advantage of this option is the potential for alterations it gives to future developments in the organisation of service provision in each area and in the type of needs to be met.

Except in the case of specialists, support for work-station modification and workplace accessibility is only one of the activities of providers. In other words, their work is of a general nature, and involves job retention and/or professional rehabilitation.

Providers include the following:

- bodies which undertake specific actions: these are usually ergonomics consultants or experts in the organisation of work, financed by AGEFIPH to provide a particular service (involving a specific situation and task);
- bodies responsible for analysing workplace accessibility: this is basically the national provider for AGEFIPH, the French Association for the Paralysed (APF) responsible for feasibility studies or standards compliance evaluations for workplace accessibility projects;
- bodies responsible for helping to define and implement work-station modification: these cover four major groups of providers:
 - bodies whose main task is the professional rehabilitation of disabled workers: Preparation and Resettlement Follow Up Teams (EPSRs) and Rehabilitation and Placement Bodies (OIPs). These bodies are well known by enterprises, having helped them with professional rehabilitation, and they are in demand for finding and implementing job retention solutions, including work-station modifications and workplace accessibility projects.

Depending on the background and size of these bodies, they may or may not have skills in ergonomics, although these are not always indispensable: some modifications require no more than the occupational doctor's proposals. In a small local département, the EPSRs or OIPs are responsible for all the necessary services, from professional rehabilitation to job retention, because it would not make economic sense to separate rehabilitation from retention;

- occupational medicine services where, as in some cases, they have extra responsibilities, such as for ergonomics; they can then respond to requests from doctors in the area for the definition and implementation of work-station modification;
- sectoral or inter-sectoral employers' organisations which have set up teams responsible for informing and raising awareness among enterprises about the employment of disabled persons; these can, in some cases, intervene in support of job retention and work-station modification. Here, again, their responsibilities would vary depending on the way their area is organised.

In most local départements, the Inter-Sectoral Employers' Union is involved. Some sectors, such as Construction, which face problems specific to them, undertake activities aimed at identifying disabled workers with problems and dealing with their situation;

- bodies dealing with one type of impairment: these are usually associations involved in an operation which requires extensive knowledge of a particular type of impairment. This is the case for persons with brain damage or those with mental health problems.

IV.1.3 Disabled people who benefit

There are two main categories of persons affected by job retention: beneficiaries of the law of 10 July 1981 and employees, whether beneficiaries or not of this law, who are declared incapable of fitting into their job by the occupational doctor and are highly likely to be recognised as being disabled.

IV.2 TECHNICAL AND ADVISORY SERVICES FOR MODIFICATIONS TO WORKSTATION AND WORKPLACE

IV.2.1 Technical and advisory services available to enterprises in respect of modifications

We will describe the types of services offered by all the providers described earlier. As mentioned, the services depend on the area and the type of situation dealt with by one provider or several working partnership. These different services can be broken down as follows:

Need identification (detecting situations requiring intervention)

This is most often done by the occupational doctor through the regular or special examinations employees must undergo under the regulations. When the doctor is in a position to propose a retention solution, which includes modifications to the work-station or workplace, this is submitted direct to AGEFIPH for funding.

In more complex situations, the assessment of problem situations may be undertaken jointly by the doctor and an external provider, based on a diagnosis whose chief aim is to anticipate a lack of adjustment.

Furthermore, the availability of information and awareness-raising among enterprises with regard to disabled people is such that more and more enterprises inform the doctor of such situations. Finally, because employees are better informed, it could also lead them to indicate their need.

Analysis of the work-station or of workplace accessibility

The goal is to decide what modifications are required. The analysis covers all useful means of modification: in addition to work-station and workplace modification, it can include the re-organisation of work, supplementary training, re-organisation of working hours, or even salary reduction in case of long-term under-productivity. As was stated earlier, a specialist/consultant is brought in when the situation requires it.

This service involves giving full information on the feasibility of modifying the work environment. It is then validated by the occupational doctor. At an administrative level, the application for financial aid is submitted or supported by the occupational doctor or the external provider.

Funding for modifications to the work-station and for workplace accessibility

In the case of modifications to the work-station, AGEFIPH funds all or part of the work-station, with one major criterion in mind, that is, offsetting the disability. This simply means providing the same working conditions as that of a non-disabled employee. It is therefore carried out on a case by case basis.

However, the decision is taken after looking at the possible impact of the modification on the productivity or modernisation of the enterprise, with a view to negotiating the enterprise's financial participation if need be. In such cases, AGEFIPH would use experts to aid the final decision making.

In relation to the accessibility of the workplace, funding is provided by AGEFIPH on the basis of its expert's findings, so long as the work envisaged exceeds the employer's legal obligations. Indeed, in a significant number of cases, what is proposed does extend beyond existing regulations.

It takes around three weeks for a company's application to be processed.

Supplies for modification

Although providers could help in securing suppliers, in most cases this done by the enterprise. The great majority of modifications relate to production equipment or accessories.

Follow-up of employee after modification

This is done mostly by the occupational doctor. In rare cases, an external provider will carry out a supplementary observation.

V.2.2 The availability of technical and advisory services and their use by enterprises

There are two underlying principles which underpin provision for enterprises: access to services, including administrative assistance, and reduced application-processing time. Although these two principles have today become a reality, the problem of information for enterprises remains. Not all enterprises have a clear

picture of the available technical and financial aid. This awareness underlies the work carried out in co-operation with employers' organisations.

IV.2.3 Evaluation

An evaluation of the modifications to work-stations was carried out at the end of 1996 by a consultant at the request of AGEFIPH, based on 2,800 enterprises which received funding between 1994 and 1995 for access to work or job retention (Pragma, 1996).

The major conclusions are as follows:

- job retention measures are generally more expensive than access to employment measures (modification of a situation imposed on one, whereas in access it is a matter of adapting a chosen situation);
- the cost of modification is inversely proportional to qualification;
- 83 per cent of disabled persons remain in employment one to two years after the modification. The remaining 17 per cent include dismissal for economic reasons, expiry of contracts or retirement and three per cent dismissal for incapacity (failure of the modification);
- the modification is used in 99 per cent of cases and in 16 per cent by other workers, whether disabled or otherwise;
- 93 per cent of the disabled workers concerned are satisfied with their working conditions;
- 98 per cent of enterprises claim to be satisfied with the administrative procedure and the sum obtained. Sixty-eight per cent say that the modification would not have been carried out without the financial assistance.

The smaller the enterprise, the more likely it is to have needed financial help to carry out modifications (for out of five enterprises with less than ten employees).

It needs to be noted that public sector employees still do not enjoy these benefits.

IV.2.4 Conclusions

- Most of the obstacles existing before the law of 10 July 1987 was enacted have been removed;
- since the same body, AGEFIPH, is responsible for funding the providers and costs of modification it can aim to provide the best service possible for enterprises and employees;

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- each local département's policy is defined in consultation with the State, AGEFIPH and the other partners. This goes a long way to ensuring the proper distribution of roles and complementarity;
- the problem of awareness-raising among enterprises and among disabled people themselves remains largely unresolved;
- although geographical coverage is increasingly balanced, there is still room for improvement.

V. ENTERPRISE STRATEGIES

This final Part provides information about effective enterprise policies, management systems and programmes to retain workers whose continued employment is at risk because of disability. The focus is on activities which are introduced and managed by enterprises as an integral part of human resource and workplace relations management. It includes both integrated policies for the management of disability and specific practical initiatives in the workplace to promote job retention.

V.1 CORPORATE POLICIES AND PLANS

V.1.1 The development and prevalence of corporate employment policies and plans for the retention of disabled employees

One of the peculiar features of the French system is that the employment of disabled persons, and particularly job retention, is included in the State policy on contracts. The law of 10 July 1987 states that employers subject to the employment obligation can discharge their obligation by signing an enterprise agreement for disabled employees. The agreement exonerates them from paying levies to AGEFIPH. It must be approved by the authorities (a Prefect in the case of the establishment or enterprise agreement, the Minister in the case of sectoral agreements). Its content is not set in advance: rather, it is a matter for free discussion within the sphere of contract policy. However the law makes it mandatory for the actions which are to be undertaken to fall within at least two out of the following four plans: a recruitment plan, a rehabilitation and training plan, a plan for adjustment to technological changes, and, finally, a plan for retention in the enterprise in order to prevent dismissal.

Most of the enterprises that have signed up to the agreement have job retention measures for their employees. At the end of 1995, there were 73 enterprise agreements involving 2,467 enterprises and 750,000 employees (that is almost ten per cent of private sector firms subject to the employment obligation).

Alongside this regulatory framework, AGEFIPH also funds job retention programmes either in non-signatory enterprises or in signatory enterprises where intervention exceeds the provisions of the agreement either technically or financially. Thus, AGEFIPH has worked with several major French groups and enterprises to establish active policies in job retention and the resettlement of disabled persons.

A framework agreement, for instance, was signed with industrial establishments in the Saint-Gobain group in March 1994, with the aim of retaining newly disabled employees in production jobs within the industrial group. In all, AGEFIPH has signed seven agreements with industrial or tertiary groups, most of which have a 'job retention' component.

V.1.2 Prominent actors and influences in the development of policies and plans for the retention of disabled employees

Enterprise policies are a result of concerted action: they bring together external bodies, mostly institutions, and internal players within the enterprise.

External bodies

- Public bodies include the local Département Directorates for Employment and Vocational Training (or the National General Directorate for Employment and Vocational Training in the case of a sectoral agreement), which are responsible for negotiating and approving enterprise agreements;
- AGEFIPH proposes action agreements, either targeted at specific actions (such as job retention policy or work-station analysis) or, at a more general level, in the form of 'diagnosis and advice to enterprises';
- sectoral or inter-sectoral employers' organisations, especially at the local département level, can intervene at the request of enterprises where they have a specialised service. Employers' organisations receive funding from AGEFIPH to this end.

Internal players

- General management: an analysis of the agreements shows that personal commitment on the part of the executive director and the managers of an enterprise is a positive, and often decisive, factor in launching a job retention policy. Its implementation is usually the responsibility of the human resources department;
- the section of the enterprise in charge of the rehabilitation of disabled persons: many enterprises which have signed an agreement with the State or with AGEFIPH have such departments. These departments usually have one or two people working in liaison with the other sections within the enterprise, especially with the occupational doctor;
- trade unions are involved in negotiating and signing enterprise agreements. They are members of the committee for health, safety and working conditions (CHSCT) and the Works Council.

V.2 CO-ORDINATED RESPONSES TO DISABILITY

V.2.1 The development and characteristic features of integrated disability management systems

Systems can be implemented directly by enterprises when they have a service specialising in the rehabilitation of disabled persons (in exceptional cases involving enterprises that have signed an agreement with the State) or, at the request of enterprises, by outside firms mostly made up of ergonomics experts and funded by AGEFIPH.

In the latter case, the areas of intervention are as follows:

Information on the 1987 law and its consequences;

- awareness-raising among management and internal services such as occupational medicine and social affairs departments (in the case of large companies);
- analysis of the situation, taking stock with regard to the law, and proposing rehabilitation and retention possibilities (in cases of disability, or resettlement projects);
- a study of work-stations with a view to the retention or resettlement of disabled workers;

The ergonomics study serves to define and classify types of employee disability, and to classify the jobs in the enterprise in groups of types of work. It is thereby possible to identify types of disabling situations and detect those whose constraints relate to the previously defined disabilities, or those for which modification is required (for example, in car manufacturing).

In emergency situations, the enterprise receives a subsidy from AGEFIPH for 'job retention'. The goal is to enable the retention of employees who have been declared disabled or whose disability is worsening, by helping company managers, along with the occupational doctor in particular, to quickly implement agreed projects. This mechanism is implemented on a case by case basis.

V.2.2 Prominent actors and influences in the initiation and development of integrated disability management systems

In addition to the actors mentioned in V.1.2, two others play a major role:

- the occupational doctor who conducts regular examinations: these may be more frequent, depending on the health of the employee and the nature of the work;
- the job retention mechanisms funded by AGEFIPH in local départements and regions: since 1991 AGEFIPH has funded 30 'structural' mechanisms spread out over 11 regions, for an overall amount of 19 million francs, with total target beneficiaries of 3,500 disabled workers. These mechanisms are run by any of the following: the EPSR, OIP, CRAM, Employers' Federations, and some associations of disabled persons.

V.3 PRACTICAL PROGRAMMES AND INTERVENTIONS IN THE WORKPLACE

V.3.1 Awareness-raising activities targeted at employees

In addition to information provision and awareness-raising carried out in the enterprise by an external firm (or the specialist section within an enterprise) as described in V.2.1, specific actions are also targeted

union leaders. Funded by AGEFIPH, and decided upon in conjunction with the major unions, activities cover awareness-raising and training programmes lasting several days. They involve Works Council members, the CHSCT, and union representatives. In all, since 1990, more than 10,000 union members have been made aware of, and 2,000 trained in, job retention for disabled persons.

V.4 WORK ACCOMMODATIONS

V.4.1 Schemes initiated by the enterprise to adapt working hours and work demands

Once the occupational doctor has declared a person disabled following a work-related injury or illness, the enterprise has two regulatory mechanisms available for adapting working hours in order to retain an employee recognised as disabled (RQTH) or who will be disabled:

- therapeutic part-time return to work is a means of early vocational rehabilitation. This time of rehabilitation should facilitate full-time return to the previous job or to one that is compatible with the person's new state of health. The proposal is usually for half-time return but other hours are possible; such a return will follow directly after the compensation period for work-related injury or illness;
- social security category one disability has the objective of giving the contributor a pension in compensation for the salary loss resulting from the reduction in capacity to work following non-work-related injury or illness. The reduction in the capacity for gain should be at least two thirds. For category one disability, the pension paid amounts to 30 per cent of the average salary, calculated on the basis of the ten best years (with a ceiling of 4,062 francs per month).

Over and above the 'therapeutic part-time' return to work, the arrangement of working hours can always be altered through the contract between the employer and the employee: this modification does not give rise to the payment of daily allowances.

Another form of the adjustment of working hours, which is in fact a new form of the organisation of work, is teleworking. In France, teleworking remains marginal and is expected to involve around 200,000 employees by the year 2,000: there are no figures for the number of disabled persons within this total. Teleworking for disabled persons currently takes the form of distance working from home for therapeutic reasons (persons suffering from degenerative diseases or diseases in which the person suffers periodic crises), or as a matter of choice (for instance, because of transport problems).

V.5 INTERNAL RELATIONSHIPS

V.5.1 Effects of the relationship between actors within the enterprise on strategies to promote job retention

The experience of AGEFIPH with groups and large enterprises (enterprises which have signed an agreement, enterprises contacted but unwilling to commit themselves to an agreement, and enterprises

which have already signed an approved agreement with the State) shows that:

- lasting strategies require a consolidated approach to the rehabilitation of disabled people, underpinned by clear thinking.

An in-house retention policy requires:

- a clearly stated willingness on the part of management to include job retention in their employment policy;
- the appointment of a staff member to reflect this willingness, occupying a position in the hierarchy that leaves no doubt as to the credibility of the job;
- that the policy be shared by the staff as a whole and supported by the representative bodies;
- that priority be given to actions which take account of the different components of disability.

V.6 LINKS WITH EMPLOYMENT POLICY OBLIGATIONS, RECOMMENDATIONS AND INCENTIVES

V.6.1 Enterprise compliance with disability employment obligations and agreements

A survey conducted in 1997 involved an evaluation of enterprise agreements and compliance with the employment obligation for groups and large enterprises. The study involved 12 enterprises which had signed a government-approved agreement for disabled persons (Vilbois *et al.*, 1997). The agreement was for three years; it promotes job retention and sometimes prevents the dismissal of disabled workers in the context of 'social plans'.

One common feature of all the enterprises questioned was that they had a large number of employees, for instance: Citroen (35,000 employees), EDF-GDF (142,000 employees), IBM France (12,500 employees), Air France (31,800 employees), RATP (38,000 employees), France Telecom (155,000 employees). Most of the enterprises already had a corporate culture with regard to disabled persons. The agreement helped them to develop it. Some enterprises were on their third agreement and practically all wished to renew it. The enterprise agreement was signed by most unions; the ones which did not sign still showed their interest in the agreement.

In terms of results, the enterprises concerned, with the exception of one out of the 12, had still not reached the six per cent quota stipulated by law. However, they all showed positive trends.

V.6.2 Ways in which employment and labour market policies facilitate enterprise-led work adaptation programmes

A legal financial provision allows employers to reduce the wages of a disabled person whose productivity is diminished by disability.

When the disabled person's job is at risk, the occupational doctor can, with the agreement of the employee, inform the employer of this possibility. The rate of reduction will depend on the category determined by COTOREP. The state (and, since 1997, AGEFIPH) pays a wage supplement, in terms of a guaranteed income, based on the minimum wage (SMIC) or the conventional reference wage.

This provision, which covers some 10,000 disabled persons, supports employment and, in some cases, helps prevent dismissal.

V.7 LINKS WITH EMPLOYMENT SUPPORT AND REHABILITATION SERVICES

V.7.1 Relationships between the enterprise and job support and resettlement services

All interventions by a job and resettlement provider must be carried out at the request and with the approval of the enterprise. This applies to the EPSRs, OIPs, training centres (CRPs), employers' unions and industrial sectors' services, specialised follow-up and resettlement services, as well as auxiliary staff and individuals who work with disabled people.

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