



Exit from and non-take up of public services

A comparative analysis: France, Greece, Spain, Germany, Netherlands, Hungary

[DATA AND MEASUREMENT IN FRANCE]

FRENCH team

2. DATA AND MEASUREMENT

Summary:

The measurement of NTU is complex in France, for several reasons but essentially because there are no means for regular, comprehensive identification of groups entitled to different types of social benefit. Even if administrative data are, on the whole, sufficient to identify beneficiary groups, they cannot easily be related to sets of theoretically eligible groups. At this stage no solution has been found regarding either census data (unlike certain Northern European countries where local censuses allow identification of eligible groups) or the pairing of tax data on household incomes with the results of large population surveys (the 'Household' surveys of INSEE – Institut national de la statistique et des études économiques –, the national institute for statistics and economic surveys). We therefore have no tools for measuring NTU generally, other than ad hoc surveys on specific population groups.

Yet, paradoxically, there is no lack of information or even of relevant data bases compiled by administrative institutions (especially those of the social security system) and non-governmental organisations at both national and local level. Sometimes real possibilities do exist for measuring NTU on large groups (the clients of these institutions). For an initial approach to NTU these sources simply need to be tapped via computer searches. But two problems exist: i) the non-exploitation of these sources and databases for systematic measurement of NTU, in some cases due to a lack of resources or objectives but sometimes also deliberately (political and financial/budgetary interests) to avoid examining these issues more closely; and ii) a lack of knowledge on the diversity of these sources. In other words, we are ignoring a mine of information by not wanting to exploit available sources (especially in the case of institutions) and by failing to make an inventory of the multiple possibilities that exist (in the case of both administrative institutions and NGOs). This is why the biggest problem in France relates to institutional resistance and to the fact that there are so many different actors, as well as the extreme short-sightedness of administrative data concerning everyone and everything falling outside of usual beneficiary groups.

Hence, the problem essentially concerns the organisation of the measurement of NTU, with the need to mobilise those who produce and possess data, and to coordinate data searches and comparisons. This need has been recognised since the creation of the Observatoire des non recours (NTU 'observatory' or research unit), a tool launched in the framework of a scientific research programme on access to benefits, and supported and developed by a growing number of national and local institutions, including NGOs. This research unit, situated in Grenoble, is currently drawing up an 'operating report' on NTU data. In collaboration with a large medical scientific research institution it is also experimenting with an 'NTU probability score'. The current aim of this programme is to develop a 'social indicator of NTU'. To this end the statistics department of the Social Affairs Ministry has been mobilised at central and especially regional level (where it is closer to the actors concerned). The NTU research unit's qualitative approach to the phenomenon also allows a more in-depth analysis of the explanations and implications of NTU.

In our opinion, the law to fight against poverty and exclusion, passed in 1998, is of primary importance to explain the emergence of non-take-up (NTU) as an administrative problem in France. We show below why and how the NTU issue gradually took shape at two levels: at the particular level of the management of the "family" branch of social security and, more generally, at the level of reform of the public administration and public services. We are thus able to understand the current stage which seems to be that of a beginning of strong institutional recognition. This is attested by the fact that NTU is officially considered, at governmental level, as a results indicator in the "Public policies for social inclusion" programme. All policies to combat exclusion have been encompassed in this programme since the major institutional reform in 2001 instituted the State's mandatory adoption of budgetary programming.¹

This part reports on other results concerning the WP 1 "Information and data collection" and WP 2 "Analysis of follow-through mechanisms and evaluation tools", especially a presentation of statistical data from different collected reports. The presentation looks at the three fields investigated the most thoroughly: housing, health and education. Different aspects concerning the measurement of NTU/EF are then discussed. The report specifies the sources of information that are of potential interest (from large population surveys and studies or inspection reports to administrative statistics and methodological research).

2.1. Available data in the fields of health, housing and education

2.1.1. Health

A. General information on the French public health system

Due to the complexity of counting the number of state employees in health, this field is defined here in terms not of the diversity of actors involved but of the government's health budget. We will simply mention the following figures concerning employees of the "public health service"²:

- 914,200 people working in a state hospital institution: 103,900 medical and 810,300 non-medical staff. Of the medical staff, 2,600 doctors in private practice and pharmacists work in these institutions for a very small number of hours.
- Of the 810,300 non-medical staff, 706,900 were working in state hospitals at the end of 1999. The others were working in independent institutions for the aged (68,800,

¹ These proposals are applied since the framework law relative to finance laws (LOLF) of 1 August 2001, considered as "a new financial constitution" of the State, provides for Objective 1 "Reinforcing access by underprivileged persons to social benefits" of the budgetary programme "Politics in favour of inclusion", to be measured in terms of a results indicator known as "rate of non-take-up of social benefits".

² L'Observatoire de l'emploi public 2003. *Rapport annuel octobre 2002*, Paris, La Documentation française.

end 1996), in social or medico-social institutions (32,000, end 1997) or in home care services (18,000, end 1996).

In France, as in most other OECD countries, growth of health care expenditure has slowed down over the past few decades. It nevertheless exceeds growth of the GDP, so that the share of health expenditure in the country's wealth has increased. From 1970 to the late 1990s this share rose from 6% to 9% in France, partly as a result of demographic trends: an increase in the total population coupled with the ageing of the population.

Share of health expenditure in the GDP and growth rate of health expenditures in terms of volume (%):

	Germany (a)	Spain	United States	France	Italy	Nether- lands	United Kingdom
Share of health expenditure in GDP							
1970	6.3	3.6	6.9	5.7	5.1	7.2	4.5
1980	8.8	5.4	8.7	7.4	7.0	8.0	5.6
1990	8.7	6.6	11.9	8.6	8.0	8.5	6.0
1999	10.3	7.0	12.9	9.3	7.9	8.7	6.9
Mean annual growth rate of health expenditure (volume)							
1970-1980	5.6	7.4	4.9	7.6	6.4	1.6	5.6
1980-1990	1.7	5.0	3.1	4.9	4.4	2.3	1.9
1990-1999	6.4	4.0	3.1	2.8	1.4	2.9	2.8

(a) West Germany from 1970 to 1990
Source: OCDE, *Eco-Santé* 2000.

As regards budget, the current ministry of health, family affairs and handicapped persons falls under the section "Health, family affairs, handicapped persons and solidarity" in the finance bill for the year 2003.

The structure of "Health, family affairs, handicapped persons and solidarity" in the finance bill for 2003 takes into account the government structure and currently includes:

- Three aggregates that fall under the responsibility of the ministry of health, family affairs and handicapped persons: "public health and health safety", "health care and access to care", and "family affairs and handicapped persons".
- Two aggregates, "social development" and "integration and struggle against exclusion", under the ministry of social affairs, labour and solidarity.
- An aggregate common to both ministries, "management of policies on health and solidarity".

The section "Health care and access to care" relates to several programmes, including "Access to care by the most underprivileged" through universal health insurance coverage (CMU – *Couverture Maladie Universelle*) that currently enables close to 4.7 million people to benefit free-of-charge from full medical aid coverage. The state contributes 970 million euros to the CMU, which amounts to 66% of the ministry's "health" budget and 10% of the overall budget for "health, family affairs, handicapped persons and solidarity".

Health budget:

<i>(in millions of euros)</i>	LFI 2002	PLF 2003 with a constant perimeter	PLF 2003
<i>Funds under the responsibility of the ministry of health, family affairs and handicapped persons</i>			
Public health and health safety	371	392	284
Health care and access to care	1,117	1,170	1,185
Family affairs and handicapped persons	6,548	6,936	6,936
Total (I)	8,036	8,497	8,405
<i>Funds under the responsibility of the ministry of social affairs, labour and solidarity</i>			
<i>Integration and struggle against exclusion</i>	<i>5,473</i>	<i>5,750</i>	<i>5,750</i>
<i>Social development</i>	<i>309</i>	<i>310</i>	<i>310</i>
Total (II)	5,782	6,060	6,060
<i>Funds managed by both ministries</i>			
Management of policies on health and solidarity (III)	982	1,009	1,009
Total funds managed by the ministry of health, family affairs and handicapped persons (I) + (II)	9,019	9,506	9,414
General total (I) + (II) + (III)	14,801	15,565	15,473

LF: loi de finances

PLF: projet de loi de finances

Source: <http://www.sante.gouv.fr>

B. Health insurance

Health insurance covers:

- general and specialised health care
- dental care and dental prostheses
- pharmaceutical expenses and prostheses
- medical tests
- hospitalisation, intensive care in institutions, and functional or occupational rehabilitation
- prenatal compulsory medical tests
- compulsory vaccinations
- screening for diseases as determined by public health programmes
- accommodation and treatment of handicapped children or adolescents in specialised institutions
- transport of patients, within limits determined by their health and the cost of the transport.

In case of sick leave and where authorised by the law, health insurance grants a daily allowance to beneficiaries who have been judged by a medical doctor as unfit to continue their work. The daily allowance is equal to a fraction of the person's basic daily wage and is increased for every dependent child.

To be refundable by health insurance, health care and products have to meet two conditions:

- be dispensed by an authorised public or private institution or by a medical or paramedical professional authorised to practice;
- be on the list of professional acts or the list of refundable medicinal drugs and related products.

Health insurance is based on rates set by convention or decree. Any excess is borne by the beneficiary or his/her complementary medical insurance.

Beneficiaries have to pay a part of their medical expenses (called the *ticket modérateur*). This share may be proportional or a set rate, depending on the category of care. For the most expensive care this does not apply, or applies only partially, especially in case of hospitalisation or when the beneficiary is diagnosed as having a disease that requires prolonged treatment or highly specialised therapeutic care. Theoretically, the beneficiary has to advance the payment and is then refunded by the health insurance fund, but there are nevertheless many conventions that provide for direct payment by the insurance fund.

Health insurance is still marked by its history, and the scheme to which a beneficiary belongs depends on his/her present or past occupation. For persons who fail to meet the conditions of affiliation to a scheme on the basis of their occupation, but have been legally resident in France for at least three months, universal health insurance coverage applies.

The following persons are automatically eligible for health and maternity benefits:

- a beneficiary's spouse or officially registered common-law spouse when this person is not already a beneficiary;
- children dependent on the beneficiary or on his/her officially registered common-law spouse, up to the age of 20;
- any person who is effectively and permanently dependent on the beneficiary and is not otherwise eligible.

Before universal health insurance (CMU) was instituted, provincial medical aid (AMD – *Aide Médicale Départementale*) enabled the most underprivileged people to have access to medical care. This scheme was managed by the General Councils (*Conseils généraux*) of the Departments (*départements*) which defined the conditions of access. Difficulties in obtaining access appeared for the most fragile groups such as beneficiaries of minimum

income support (RMI – *Revenu Minimum d'Insertion*) even though they were fully entitled to the AMD³.

In terms of the law that created CMU, any person legally resident in France on a stable basis, who is not entitled to benefit from another health insurance scheme, is automatically affiliated to the general state health insurance scheme. Beneficiaries whose income exceeds a certain threshold have to pay a contribution equal to a proportion of their income. A complementary universal coverage directly pays certain medical expenses such as the share of hospitalisation normally payable by the patient and the costs of orthopaedic and optical prostheses. Systematic liaison between the family allowance funds (CAFs) and the health insurance funds (CAMs) should theoretically ensure effective access to CMU by beneficiaries of the RMI.

Between 1 January 2000 (when CMU was instituted) and 31 March 2002, the number of beneficiaries of basic CMU (on the criterion of residence) increased from 296,000 to 1.3 million. The number of beneficiaries of complementary CMU rose from 3.8 to 4.6 million⁴. Expenses refunded in 2000 for complementary CMU show a rapid increase in the consumption of medicine *de premier recours*⁵.

C. Significant growth of inequalities

Despite generally satisfactory results concerning health trends in France, substantial social disparities remain as regards health and uptake of care⁶. Data on the social and health situation in France in 2002⁷ show inequalities in access to care. These correspond to two main observations:

- a. The determinants of health care consumption are above all social background and level of education

Data provided by EPAS (*Echantillon Permanent des Assurés Sociaux*) and the "Health and Social Protection" survey of the CREDES (for the years 1992, 1995 and 1997) indicate that expenditure on private consultations is far higher in the more privileged social categories, while expenditure in hospitals is higher in the less advantaged categories. This is interpreted as a consequence of more difficult living and working conditions, but also as non-take-up or delays in consulting private practitioners⁸. These delays are even greater amongst rural populations, for financial reasons and because of isolation and geographic distance from health care facilities.

³ RUAULT M. 2000. L'aide médicale départementale : bilan au 31 décembre 1998. *Etudes et Résultats*, 61, avril, DREES.

⁴ BOISGUERIN B. 2002. La CMU au 31 mars 2001. *Etudes et Résultats*, 179, juillet, DREES.

⁵ BOISGUERIN B. 2001. La CMU au 31 décembre 2000. *Etudes et Résultats*, 107, mars, DREES.

⁶ LECLERC A. FASSIN D., GRANDJEAN H., KAMINSKI M., LANG T. (éd.) 2000. Les inégalités sociales de santé, Paris, La Découverte/INSERM; HAUT COMITE DE SANTE PUBLIQUE 2002. La santé en France 2002, Paris, La Documentation française.

⁷ Annual data published by the *Direction de la recherche, des études, de l'évaluation et des statistiques* (DREES) of the ministry of health (<http://www.sante.gouv.fr>).

⁸ RAYNAUD D. 2002. Les déterminants individuels des dépenses de santé. In DREES, *Les dépenses de santé, Dossiers Solidarité et Santé*, 1, janvier-mars; DREES, 2002. Les déterminants individuels des dépenses de santé, *Etudes et résultats*, 182, juillet.

Comparisons between persons of the same ages and sex show that hospital expenditures account for 53% of health expenditure among blue-collar workers, as opposed to only 33% among people in managerial positions. For private consultations, the gap between managers and other categories is around 10%: +18% for optical care, +13% for medical specialists, +12% for medical tests. A low level of education also appears to be an impediment to access to dental, optical and other specialised care.

The CREDES "Health and Social Protection" survey in 1998⁹ revealed differences in medical consumption (care and pharmaceutical products), depending on socio-economic indicators and primarily household income. Apart from volumes of consumption, the survey also confirmed a phenomenon of NTU of medical care which is not specific to low-income groups but does correlate positively with low incomes. The survey concerned households in which at least one member was affiliated to the general social security health insurance scheme, the independent professions scheme, or the agricultural mutual insurance scheme. Information obtained concerned types of health insurance, state of the person's health, and medical consumption for a period of one month, in relation to socio-economic characteristics and living conditions.

Rate of NTU of health care, in relation to income:

Monthly income per unit of consumption	Rate of NTU of care	
	All	During the past 12 months
Under FF2,000	39.0	24.4
>From FF2,000 to under FF3,000	34.8	22.9
>From FF3,000 to under FF4,000	30.9	21.8
>From FF4,000 to under FF5,000	26.4	16.1
>From FF5,000 to under FF6,000	19.9	12.5
>From FF6,000 to under FF7,000	16.0	9.2
FF8,000 and over	13.2	7.5
Don't know/Won't answer	22.5	13.1
Total	23.1	14.4

Rate of NTU of medical care, in relation to occupation:

Unemployed	29 %
Employed	14 %
With: Office worker	19 %
Unskilled worker	16.5 %
Skilled worker	16 %
Intermediate occupation	13.5 %
Artisan or trader	13.5 %
Managerial staff or professional	9 %
Farmer	5.5%

Source: CREDES "Health and Social Protection" survey, 1998

⁹ CREDES 1999. Santé, soins et protection sociale en 1998, *Bulletin d'information en économie de la santé*, 24 décembre.

b. Disparities in health and take-up of health care are perceptible from childhood
Several indicators point to disparities in health and take-up of health care from an early age. They also suggest explanations in terms of level of education, social background, consumption and lifestyle¹⁰. For example, problems of overweight are clearly more frequent among children at schools in ZEPs (priority education areas) in working-class neighbourhoods, as are speech problems, and screening for health problems – especially dental and visual problems – show social discrepancies in children's health and considerable delays in access to care, for economic, social and cultural reasons.

D. NTU

NTU of health care is most often seen as a direct consequence of difficulties in attaining access to that care, experienced by the most underprivileged groups. While difficulties concerning access to benefits are recognised as an unacceptable cause of non-access to care, the main obstacles are financial and lead to NTU of health care, delays in seeking care, and medical under-consumption. This is shown regularly by CREDES "Health and Social Protection" questionnaire surveys carried out every two years on a random sample of 8,000 households, covering a total of some 20,000 individuals¹¹.

Other studies have highlighted differentiated take-up of health care by certain groups characterised by poverty and/or a precarious situation. In situations of emergency or acute distress they tend to turn to emergency hospital services or the health care units of charitable organisations¹².

Inequality of benefits, the main obstacle to take-up of health care, has been one of the battlegrounds of charitable organisations (with the creation of centres offering free consultations), some regional/local authorities (with the creation of accommodation/health services; a health card), and promoters of CMU. By uncoupling access to medical insurance from economic and social status, CMU has made affiliation to the basic medical insurance scheme automatic¹³.

CMU has been a significant step forward as regards social welfare coverage of the groups concerned:

¹⁰ GUIGNON N., BAYEDAN G. 2002. La santé des enfants de 6 ans à travers les bilans scolaires. *Etudes et Résultats*, 155, janvier, DREES/DESCO; GUIGNON N., NIEL X., 2003. L'état de santé des enfants de 5-6 ans dans les régions. Les disparités régionales appréhendées au travers des bilans de santé scolaire ?, *Etudes et Résultats*, 250, juillet, DREES.

¹¹ Reference document (analysis and bibliography): GRIETTE O. 2002. Le non-recours à l'offre de santé. In WARIN P. (dir.), *Le non-recours aux services de l'Etat. Mesure et analyse d'un phénomène méconnu*, Rapport pour la Direction générale de l'Administration et de la Fonction Publique, CERAT/IEP Grenoble, septembre: 169-201.

¹² Primarily:

- HAUT COMITE DE LA SANTE PUBLIQUE 1998. *La progression de la précarité en France et ses effets sur la santé*, Ecole Nationale de Santé Publique, collection Avis et Rapports, février.

- MENAHEM G. 2000. *Spécificités des usages précaires des systèmes de soins : quelques hypothèses*, CREDES, mars.

- CHAUVIN P., PARIZOT I., MENAHEM G., GUIGET M., PECH N., LEBAS J. 1999. *Trajectoires de précarité, états de santé et accès aux soins*, Rapport final à l'inter-commission n° 6 de l'INSERM, Institut de l'Humanitaire.

- *Actualités Sociales Hebdomadaires*, Accès aux soins des étrangers : discriminations flagrantes ou insidieuses, 2255, 22 mars 2002.

¹³ Except for foreigners without legal documents who qualify for Aide Médicale de l'Etat (AME).

- On 31 March 2000, 3.9 million people benefited from CMU, i.e. 65% of the 6 million potential beneficiaries. Most of them were formerly beneficiaries of the AME. This figure is almost 20% higher than initially forecast. Expenditure amounts to 7.9 billion francs, of which 7 billion was financed by the state in 2000, and the action of 750 mutual organisms, insurance companies and provident societies¹⁴.
- The DREES survey in November 2000 on 3,000 households that benefited from complementary CMU showed that 50% of the families concerned said that they had given up seeking medical care before the introduction of CMU. Of those, 65% started using health care again once CMU was introduced. The take-up recorded after introduction of CMU concerned mainly consultations and medicines, rather than optical and dental care. 30% said that they were unable to afford the share of dental and optical care normally paid by the beneficiary. Most of those concerned by take-up after the introduction of CMU were women and children¹⁵.
- In 2000 the health expenditure of beneficiaries of CMU was 13% higher than that of people not covered. This disparity of up to 30% between people of the same age and sex in the two groups can be explained by the poorer health of beneficiaries of CMU. Compared to a situation without any complementary insurance, CMU increases the probability of making use of all types of care within a single year, including dental and optical care, and increases total expenditure on health care by 20%. CMU thus makes it possible to limit NTU of health care for financial reasons to a proportion similar to that observed in the case of other complementary insurance schemes¹⁶.

The data presented here confirm the hypothesis of a correlation between development of a rationale of assistance and NTU. Unlike other sectors, health seems to be an area in which there is a pendulum effect between a policy of restriction (that forces more people to turn to assistance) and a policy of restoration of benefits in the framework of insurance, with CMU. The shift from assistance to insurance (CMU) results in a decrease of NTU of health care.

It would be interesting to see whether, in parallel, there is any change in "differentiated take-up" of the health care system. Differentiated take-up is the result of an initial situation of NTU. The difficulties of access to medical care cause people to stop seeking treatment. Thereafter, once their health has further deteriorated, they turn to emergency hospital services. If CMU does play the part it is supposed to, we are likely to see the gap between health expenditures close (as NTU of private consultations declines).

Yet situations of **non-registration for benefits**, directly responsible for NTU of services (care and prevention), remain. They primarily concern groups living in conditions of

¹⁴ De la BRETECHE L, GUILLEMOT B., THIERRY M., JACQUEY-VAZQUEZ B., 2000. *Premier bilan de la mise en œuvre de la loi relative à la lutte contre les exclusion ?*, Paris, La Documentation française, juin.

¹⁵ BOISGUERIN B., GISSOT C. 2002. L'accès aux soins des bénéficiaires de la CMU. Résultats d'une enquête réalisée en novembre 2002, *Etudes et Résultats*, 152, janvier.

¹⁶ RAYNAUD D. 2003. L'impact de la CMU sur la consommation individuelle de soins, *Etudes et Résultats*, 229, mars, DREES. Les données proviennent du croisement de l'EPAS et de l'enquête SPS du CREDES pour l'année 2000.

extreme poverty, and undocumented immigrants. Regularly updated information on the subject is available from NGOs such as "Médecins du Monde" (MDM), on the basis of questionnaire surveys.

MEDECINS DU MONDE, *Rapport 2002 de l'observatoire de l'accès aux soins de la Mission France de MDM - Analyses des données 2002*, MDM and Ecole de santé publique de Nancy, June 2003.

Analysis of computerised data from 22 of the 24 MDM (Médecins du Monde) centres in France, concerning 22,682 patients (51,277 visits) in 2002.

Public received by MDM: 88.8% have no income whatsoever. 55% live in the streets or in precarious housing. 83% have no medical insurance. 26% are unaware that they are entitled to medical insurance. 49.1% live alone. 86.9% are foreigners, including North Africans, Sub-Saharan Africans, Algerians (one quarter of all patients), Romanians, Cameroonians and other. 46.6% have no legal documents (and are over the age of 18). 30% are asylum-seekers and 13.1% French nationals.

Difficulties for this section of the population to obtain access to benefits: *"One of the difficulties in obtaining access to care, highlighted by the data gathered, lies in the obligation to have a fixed address in order to qualify for the CMU or AME. 30% of the individuals concerned need such an address and in most cases it is [charitable] organisations that take care of that (41%). The Centres Communaux d'Action Sociale (CCAS) rarely do so (3.9% of cases), even though by law they are supposed to. In spite of this, 55% of individuals who require an address for the CMU or AME do not have one. The "sans papiers" [undocumented immigrants] are particularly vulnerable."*

The main obstacle to obtaining health care: financial difficulties: 53.6%; administrative difficulties: 13.3%; lack of knowledge on benefits to which they are entitled: 12.7%.

The 16-24 age-group: 9% say they have no income; 13.5% are entitled to complementary health insurance.

Minors: 16.6% say they live in the streets, alone; 89.7% are foreigners; 1.3% have no medical insurance; 95.7% are entitled to AME but have not registered for it.

Women: 56.4% have no medical insurance.

Foreigners in France for over ten years: Covered by basic CMU (60.5%) and complementary CMU (30.4%). Obstacles to access to care: financial and administrative difficulties.

French nationals: 33% do not have basic CMU and 50% do not have complementary CMU.

The homeless: One third have registered for medical insurance. A larger proportion of homeless individuals than of other groups received by MDM have the basic or complementary CMU. 12.8% tend to delay seeking treatment.

Asylum-seekers: During the (territorial) procedures that take at least one year, all asylum-seekers are entitled to the CMU (and have to remain on French territory). Yet only 14% benefit from it. 65% have a fixed address, compulsory for a request for asylum. Obstacles to access to care: language and failure to register as a beneficiary.

Undocumented immigrants: Foreigners without official documents are supposed to be covered by AME but only 6.7% are (and 9.2% have requested it). 66.4% have no fixed address.

Other sources of information exist, such as evaluation reports on CMU. These reveal an **absence of registration as beneficiaries**, identified by the organisations and professionals concerned, as in the following example¹⁷:

¹⁷ The Caisses Régionales d'Assurance Maladie also produce evaluations of the effects of CMU on access to benefits and health care. These questionnaire surveys confirm the results of MDM.

% of respondents who in 2001 knew people living without medical insurance¹⁸:

Centres Communaux d'Action Sociale	46%
Health agencies	71%
Social services	65%
General practitioners	45%
Dentists	20%

The report¹⁹ notes that individuals without medical insurance are mostly in working-class neighbourhoods. 74% of the doctors who practise in these neighbourhoods have encountered at least one person in this situation. The average number of people without insurance encountered in the past six months is five.

According to the respondents, the reasons for which the people encountered have remained without medical insurance are²⁰:

	CCAS	Health serv.	Social serv.	All
Left without any forwarding address	4.5%	25%	17.7%	18.6%
Refusal of all care; dropped all procedures	22.7%	50%	48.4%	45.0%
Complex family situation	22.7%	30.4%	45.2%	35.7%
Foreigners without legal documents	54.5%	60.7%	53.2%	56.4%
Other	36.4%	41.1%	24.2%	32.9%

The law on the struggle against exclusion and on implementation of CMU has reinforced the health system's capacities to remedy local difficulties of access to care and prevention. Measures have been taken to reintroduce people in difficulty into the system:

- The PRAPS (*Programme régional d'accès à la prévention et aux soins*) is a regional programme of concrete actions designed to improve access to prevention and care by groups who are excluded or in a precarious situation. The aim is to provide access to "common rights" for those groups who are most distant from them. The PRAPS is articulated to other systems: *Schéma Régional d'Organisation Sanitaire (SROS)*, *Conférence Régionale de Santé*, *Programmes Régionaux de Santé*, *Contrat de Plan Etat-Région*, *Programme Régional de l'Assurance Maladie*.
- Permanent access to health care (*PASS – permanences d'accès aux soins de santé*) was born from the realisation that for destitute individuals, hospital is the first – and sometimes the only – contact with the health care system. Many hospitals set up specialised reception units, which were subsequently generalised in the form of the PASS by the 1998 law against exclusion. The PASS, introduced in the framework of the PRAPS, are designed to facilitate access by destitute

¹⁸ CAREPS 2002. *Contribution à l'évaluation du dispositif CMU – Analyse de la perception des différents acteurs concernés*, DRASS Rhône-Alpes, rapport n° 368, April.

The survey concerned the CPAM districts of Lyon, Grenoble and Valence that cover half of the Region's population. It focused essentially on health, medico-social and social services and agencies (287 addressees; 187 respondents), and medical professionals in private practice (450 general practitioners and 225 dentists, with 200 and 116 respondents, respectively).

¹⁹ Ibid.

²⁰ Ibid.

individuals to the hospital system and to institutional or associative networks offering care and various forms of support. Their mission is twofold. In the health field they have to organise consultations for individuals in a precarious situation, with medical practitioners in an extended range of hours, to propose screening and prevention, and to provide – free-of-charge where necessary – medicines or medical tests. They also have to organise the follow-up of care after hospital treatment. In the social field they have to assist destitute persons in the administrative procedures required for recognition of the social benefits to which they are entitled.

Currently these two measures have not produced much information:

- The PRAPS is based on a diagnostic approach implemented in the *départements*. However, as regards access to care, the diagnostic approach is often limited by the lack of available data, especially the absence of specific indicators on access to prevention and care, and the disparity with data gathered in places such as hospital emergency services or centres where free care is dispensed by charitable organisations.
- Evaluation of the implementation of the PASS (Lebas Report, 2002) shows that the functioning of the PASS depends very closely on personal investment by actors on the ground (social workers, doctors, supervisory nursing staff, hospital management): *"The actors are now supported by the legislative and regulatory environment but this is not enough to lastingly develop this type of practice that requires new ways of acting within the hospital"*²¹.

2.1.2. Housing

A. The housing situation in France

After the second world war, France experienced an acute problem of housing shortages. There was a huge shortage of council flats for rental, many private dwellings for rental were uncomfortable and few people owned their own home. Only the policies implemented by the different governments were able to improve the situation. They first used large public subsidies to encourage the building of social housing and later supported access to private ownership through the distribution of personalised allowances and the development of loans at low interest rates. In 1977 the period of shortage was considered as over and an important reform of the housing policy was promoted. It replaced grants for building by personalised housing benefits both for owners and tenants.

The current situation of housing in France is similar to that of most industrial countries as the following data show.

²¹ Regional programmes for access to prevention and care (PRAPS), www.sante.gouv.fr/htm/pointsur/praps/5224pr.thm, 15/07/2002.

	Germany	United Kingdom	Italy	United States	Japan	France
% occupying owners	31	69	70	68	60	56 (a)
Average number of persons in a house	2,2	2,4	2,8	2,5	2,8	2,4
Average surface of housing	87	85	93	148	92	88
Number of main residences for 1,000 inhabitants	420	404	353	379	340	411

(a) enquête logement INSEE de 2002

Sources : www.euhousing.org; (Europe) www.stat.go.jp (Japan), www.census.gov (United States)

B. Recent trends

We observe a stagnation of the number of occupying owners between 1982 and 1999 because of the decreasing percentage of young home-owners. In the under-30 age-group, the rate of ownership was 16% in 1982 and decreased to 10% in 1999. In the 30-39 age-group, the rate decreased from 45% to 40% during the same period. By contrast it has increased among the aged (75% of owners among people older than 75 in 1999 compared to 54% in 1982). This slower increase of occupying owners can be explained by the difficult economic conditions experienced by the whole population during the nineties and especially by young households. It was a bad time to take out loans.

Concerning private housing, we observe since the 1950s a stagnation of the number of dwellings which has remained around five million units although the level of comfort has improved considerably. By contrast public housing for rental has increased substantially. It was situated around 300,000 units in the 1950s and is currently around 4,200,000 units. Almost ten million people currently live in an H.L.M (*habitation à loyer modéré*, dwellings with moderate rents which account for most social housing in France). In spite of the bad reputation of HLMs because many of them are located in districts with social problems, they continue to play a part in technical innovation and the law has given them an important task of maintaining social mixity in the cities.

Other factors have contributed to improving the level of comfort of housing in France in recent years: the average size of households has decreased and very large families are less and less numerous. At the same time the average surface of dwellings has increased because of the building of many detached houses which today account for 56% of all housing.

Because of the choice made by the government in 1977 to reduce subsidies for new buildings and to accompany population growth by housing benefits and by the improvement and maintenance of existing housing, we notice a slower process of destruction of old housing. A total of 170,000 units were lost each year between 1962 and 1982, compared to only 138,000 units during the entire period between 1982 and 1999. This slower redevelopment of the housing has not stopped the improvement of comfort as the following data from the three last censuses show.

Housing occupation	1982	1990	1999
Number of main residences	19,590,000	21,542,000	23,810,000
Occupying owners (%)	50.7	54.4	54.7
Tenants in private sector (%)	26	23.7	22.8
Tenants in HLM (%)	13.5	14.5	16
Average number of persons in household	2.70	2.57	2.40
Households of six persons and more (%)	4.6	3.2	2.4
Characteristics and comfort of the main residences			
Detached houses except farms (%)	48.1	53.1	55.9
Main residences built before 1948	8,621,000	7,962,000	7,824,000
%	44	37	32.5
Main residences without bath or shower	2,889,000	1,413,000	556,000
%	15.3	6.6	2.3
Main residences without inside toilets	2,948,000	1,390,000	831,000
%	15	6.5	3.5
Average number of rooms in a residence	3.65	3.80	3.86

Sources: INSEE, population census

C. Public policy and NTU

In 1977 the reform of the financing of housing aimed at the reduction of the housing expenses of families with low incomes, through the distribution of personalised allowances to help them for limited periods and to facilitate their social elevation. Because of the economic crisis and the growth of poverty, the public subsidies financing these allowances increased from the equivalent of €1.3bn in 1978 to €12.9bn in 2000. At the same time the direct subsidies for new buildings and housing restoration were more controlled. They increased from €2.1 billion in 1978 to €4.8bn in 2000, that is to say, a reduction of 25% in constant €. As the direct disengagement of public authorities from the financing of building risked creating new shortages, fiscal aids were developed from 1977. They aimed to encourage access to property through measures like loans at a 0% interest rate, created in 1995, and to promote individual investments in private housing for rental. In addition to such measures there were tax exemptions for owners of social housing. These expenses reached the stable sum of €4.1bn during the late nineties. From 2000 they began to increase because of the reduction of value added tax on building work. They attained the sum of €7,2bn in 2003. Public policy currently aims to regulate market mechanisms circumstantially in order to correct them when problems emerge. The main problem concerns the housing of poor households. These difficulties are often directly linked to the question of NTU.

The "loi Besson" of 31 May 1990 aimed to bring the "right to housing" into operation. In terms of this law the public powers were to use an increasing part of subsidies and to promote new rules in order to help poor households to be sustainably housed. To meet that objective, new kinds of housings have been promoted: "very social housing" and "housing for insertion". At the same time new types of financing have been developed to help households with social difficulties to be housed and to pay their rent. This is the aim of the "*Fonds de solidarité Logement*" (solidarity funds for housing) created in 1990 in all the *départements*. These new social policies have increased the role of local authorities in the framework of a more and more important contractual relationship with the State.

D. The problem of "exit"

This problem concerns households who have obtained social housing but who do not want to dwell in it. There are few data at the national level concerning this phenomenon and it is impossible to know how many people are in such a case. However there are some sociological surveys giving explanations about why people refuse social housing even though they need it and are entitled to it²². Generally, these households refer above all to the bad image of the place in which the housing in question is located. They often mention problems of delinquency in those places, and sometimes mention the presence of numerous immigrant families in the neighbourhood. They think that the presence of these families will make their daily life uncomfortable. Some of them decline the housing only because of racism. But in many cases the refusals are explained by the presence of gangs of youths in the surroundings. Parents, especially among immigrants, fear the influence of such gangs on their children. The households who refuse social housing for such reasons generally have low incomes but their social difficulties are not great enough for them to feel themselves obliged to dwell in a place they consider, rightly or wrongly, to have too many disadvantages. Some of them have a strategy consisting of waiting for housing in a place they agree to. They take up the housing offer only when they become aware of the risk of losing any opportunity to be housed in good conditions. Others prefer to live for a very long time in uncomfortable and relatively expensive housing rather than in social housing which is comfortable and cheap but located in a neighbourhood characterised by social problems.

This kind of NTU is also observed in the sector of "very social housing" even though it is intended for people with numerous difficulties. We have noticed this among the young people housed by the "*associations d'insertion*" which use a system of "sliding leases", that is to say they are officially the tenants during a trial period before transferring the lease to the real occupant. This system is often the only way to help a young person or a young household have access to a privately-owned dwelling. Some of these young people, however, decline the proposed housing because of the social surroundings. They have often lived with their families in a place with many HLM and they want to move away such neighbourhoods because they consider them as places of segregation and even of relegation²³.

These phenomena of NTU express a division among the people suffering exclusion. On the one hand there are those whose difficulties to be housed are linked to age or to insufficient or uncertain income. On the other hand there are those who suffer from all kinds of problems. The former think they still have some possibilities to choose, so they prefer NTU because if they take advantage of the benefit they will have to put up with other inconveniences. The others have only one option: to take up their housing benefits.

²² Especially: CREPAH 1998. Le refus des logements HLM, rapport de recherche à partir d'enquêtes auprès de quatre organismes HLM. Paris, Union des HLM.

²³ BAROU J. , MAGUER A. et alii. 2003. Les discriminations des jeunes d'origine étrangère dans l'accès à l'emploi et l'accès au logement. Paris, La Documentation française.

E. The problem of NTU

There are more data about this question than about the preceding one owing to different local inquiries made by the *Caisse Nationale d'Allocations Familiales* (National Office for Familial Allowances) or other organisations like the *Fondation Abbé Pierre pour le Logement des Personnes Défavorisées* which since 1999 has published a yearly report concerning the state of insufficient housing in France²⁴. These inquiries are necessary because the data collected by the surveys of the INSEE (National Institute for Statistical and Economy) do not give a precise idea of the NTU phenomenon.

The statistic measurements of sanitary comfort give no description of the real state of the registered housing from the point of view of comfort. The number of uncomfortable dwellings is still significant although it has declined. This means that a part of the population cannot be housed in satisfactory conditions although the existing housing could theoretically satisfy everybody. The poorest people cannot benefit from social housing although it is theoretically intended for them. Why this paradox?

The HLM organisations think they still receive many poor households. They consider the very poor ones as presenting too many risks for the owner and for the social environment. They recommend the building of many "very social dwellings" (PLA insertion) managed by specialised organisations in order to avoid having to lodge such populations themselves. But the number of units of "very social dwellings" is far lower than those owned by the HLM organisations. The organisations managing this housing cannot receive all households with too many difficulties because they have a social mission which consists in helping their tenants obtain access to the HLM after some years in special housing.

Consequently, the population that cannot take up its rights to be housed in social housing corresponds to those presenting too many risks, as identified by the HLM organisations: single mothers with children, socially isolated people, unskilled young people, persons living in a precarious situation from an administrative, economic and psychological point of view. We can also add some immigrant families who are not in specially difficult situations but who suffer because of the link made by many HLM organisations between the presence of immigrants in a place and the growth of social problems.

The right to housing as defined by the law cannot become a reality for everybody. The HLM organisations try to receive only a few households likely to create problems of unpaid rents, deterioration of buildings, conflicts with the neighbours and even deterioration of the image of the place. Some households are constantly referred back to the specialised associations and can never be housed in a "normal" dwelling.

The problem of NTU is also linked to the distribution of housing benefits. It is necessary to dwell in housing with a degree of comfort determined by the law and to have a well-

²⁴ FONDATION ABBE PIERRE 2002. L'état du mal logement en France. Rapport annuel.

defined status as an occupant if you want to receive the means-tested housing allowance. Nowadays almost all the HLM organisations have agreements with the State allowing the distribution of housing benefits to their tenants. Some private owners are in the same case. If a household or a single person lives in a dwelling belonging to an owner who did not sign an agreement with the public authorities, they cannot receive housing benefits even if their income gives them the right to such benefits. If a household or a person lives in a dwelling for a short period of time only and has a precarious status as an occupant, they cannot receive housing benefits. Some people think wrongly that they have no housing benefits because their allowances are directly paid to the HLM organisation if they are tenants or to the bank if they have bought their home with a social loan. Generally people living in HLM always take up their housing benefits, directly or not. It is in the HLM organisations' interests to help their tenants to take up their benefits, to avoid unpaid rents. They use all the existing housing benefits: personalised housing allowances (APL), social housing allowances (ALS), family housing allowance (ALF) and Solidarity Fund for the payment of rents (FSL).

The following data collected by an inquiry by the "*Observatoire national de la Pauvreté et de l'Exclusion Sociale*" in the year 2000 from nearly 2,000 persons with social difficulties²⁵ give some explanations about the phenomenon of NTU of housing benefits. It compares the housing situation of those who take up their benefits and those who do not.

	People taking up housing benefits	People not taking up housing benefits	Total
Number	6,25	1,375	2,000
<i>Owners/tenants</i>	587 (94%)	682 (50%)	1,269 (63%)
Owners	10	59	69
Tenants:	577	622	1,199
in HLM	254	339	593
in private housing	302	255	557
in a furnished room in private flat	21	29	50
lodged people	13 (2%)	453 (33%)	466 (23%)
By family	2	286	290
By friends	11	167	178
Temporary or precarious housing	25 (4%)	240 (17%)	265 (13%)

50 % of people who do not take up housing benefits are lodged by friends or family or dwell in precarious houses (homes for single people, hostels, special shelters, caravans, squats and so on).

These data indicate that a significant percentage of people living in HLM do not take up housing benefits (24%). The interviews reveal a lack of information among these persons. Some of them take up their benefits but do not know it because allowances are directly paid to their lessor. The taking up of housing benefits involves complex

²⁵ ZEGGAR H. 2000. Enquête sur les personnes en difficultés face aux prestations et aux administrations. Les travaux de l'Observatoire national de la pauvreté et de l'exclusion sociale 2000. Paris, La Documentation française.

procedures with the presentation of different documents. Generally, the social services of the HLM help their tenants to write their application. If the tenants have no problems to pay their rent, they are unlikely to meet the social services and to know their rights. However, the main results of this inquiry underline the importance of a precarious situation in the phenomenon of NTU of housing benefits.

There are currently no data at national level allowing us to evaluate precisely the NTU phenomenon but local surveys conclude that the number of households who do not take up their housing benefits is relatively low. A survey undertaken for the Familial Allowance Fund (CAF) of Le Havre, a town with a large proportion of HLM, estimates the percentage of all the registered households who do not take up their housing benefits between 2.8% and 4.6%²⁶.

Such results lead the administration to conclude that an information campaign targeted at the households registered by the CAF who fail to take up their housing benefits would be too expensive, considering the low number of people concerned. Is it possible to generalise such conclusions? The NTU phenomenon in the field of housing benefits is probably limited by the intervention of the CAF, the banks, and the HLM whose interest is to help their clients to be as solvent as possible. But people whose housing situation is precarious are rarely able to take up their allowances. So the problem of NTU of housing benefits is more largely linked to the right to housing.

2.1.3. Education

A. General description of the French education system

France is a country with a strong centralized republican tradition. Education is still under control of the state which defines and implements policy in this domain, and recruits, trains and remunerates teachers. The state has thus maintained the monopoly over certification (since 1808 the *baccalauréat*, obtained on successful completion of secondary school, has been the symbol of academic qualification). It finances most expenditure on education (three-quarters of 108 billion euros in 2002, with the rest financed by local authorities) and provides financial aid for students (bursaries) and families (school allowance [ARS] or education allowance [AES])²⁷.

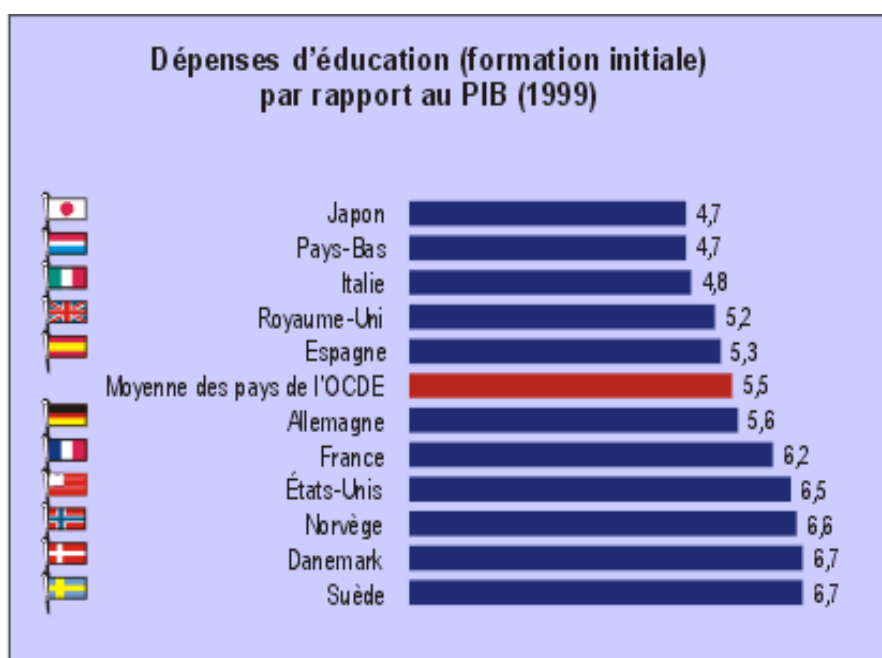
France's expenditure on primary and secondary education is higher than that of the other countries considered in Exnota TN. In terms of numbers of pupils, expenditure per capita is still at an intermediate position, although this varies, depending on the level of schooling. Whereas at primary level it is close to the average of comparable countries – with a steep increase since 1975 (+ 94% in constant prices) –, at secondary level, where teacher-pupil ratios are low, it is above average.

²⁶ CREDOC, Non-recours aux aides personnelles au logement, enquête exploratoire sur la CAF du Havre, dossier n°12, septembre 2000.

²⁷ The ARS (*Allocation de Rentrée Scolaire*) is a means-tested benefit paid annually by the Family Allowance Fund (CAF - *Caisse d'Allocations Familiales*). It is paid automatically to eligible beneficiaries; anyone else wishing to benefit has to apply. The AES (*Allocation d'Education Spéciale*) is for handicapped children; some 135,000 families benefited from this allowance in 2002 in France.

The number of pupils and students in France totals 15 million, a quarter of the entire population (with just over two million students in higher education and 13 million in primary and secondary schooling).

Primary and secondary schools are part of a unified education system. Since 1967 school has been compulsory from the ages of 6 to 16. Pre-schooling has developed rapidly since the 1970s and today all children aged 3 to 5 attend pre-school classes. Secondary schooling consists of two successive cycles. Almost all children in the 11-15 age-group attend a four-year cycle of middle school (*collège*). They then move on to one of three main branches of the second cycle at high school (*lycée*) – general education, technological education, or occupational training – and prepare either the corresponding *baccalauréat* (equivalent A-levels) or a vocational training certificate (CAP - *Certificat d'aptitude professionnelle* or BEP - *Brevet d'aptitude professionnel*).



Source : OCDE-CERI

The vast majority of pupils attend schools under the authority of the ministry of national education. Some 100,000 (suffering from various handicaps) attend specialised medico-social institutions under the ministry of health, and 200,000 attend agricultural colleges (for technical and occupational training). Over 300,000 others, aged 16 and over, are trained through apprenticeship. In parallel to ordinary school education, a system of specialised or remedial education exists, often within primary and secondary schools. It concerns about 5% of all pupils and is designed to enable them to obtain a minimal level of qualification. Teaching is adapted to assist children with learning problems, which requires a more flexible organisation and appropriate methods.

The same goal is pursued in the development of priority education areas (ZEP/REP), remedial and specialised education, and greater autonomy granted to schools to respond more effectively to local needs. A series of new systems and practices is being introduced to help those who need it most (often identified on the basis of their results in national evaluations at the end of primary school and entry into middle and high school). Under the impulse of European policies to remedy the problem of secondary school pupils dropping out of school, local authorities have shown their interest in participating in the pilot project "Second chance schools". In May 1999 the ministry of national education launched the programme "New chances" encompassing a variety of measures. One of the objectives was to find a solution to the problem of young people not completing school.

Institutions under the authority of the ministry of national education are either public or private. Approximately 15% of pupils in primary school and 20% in secondary school are in private institutions. 98% of private schools have partnership contracts with the state (their staff are paid by the state and in exchange they have to undertake to follow the required syllabus). 95% of private schools are Catholic. Other private schools under contract are Jewish (132), Protestant (4), Muslim (1), schools offering teaching in a regional language, and various secular institutions (bilingual schools, Montessori schools, etc.). Private schools not under contract account for fewer than 50,000 pupils and require substantial financial participation by parents.

Key data 2002-2003 (mainland France and overseas territories):

Pupils and apprentices (total number enrolled)	14,940,000
Number of primary and secondary school pupils	12,126,000
- in public schools	10,115,000
- in primary school	6,529,000
- in middle school	3,346,000
- in high school	1,510,000
- in technical/occupational training	741,000
Number of apprentices	373,000
Other (secondary school institutions under the ministries of agriculture and health)	232,000

Number of staff (in primary and secondary schools)	1,341,200
Teaching staff (including in private schools)	894,200
- in the public sector only	750,000
Other staff (including municipal staff and education assistants)	447,000

Number of primary and secondary schools (national education)	69,178
- public sector	60,081
- primary	57,789
- middle school	6,971
- technical/occupational high-schools	1,730
- all other high schools	2,608
- regional schools providing special or remedial education	80

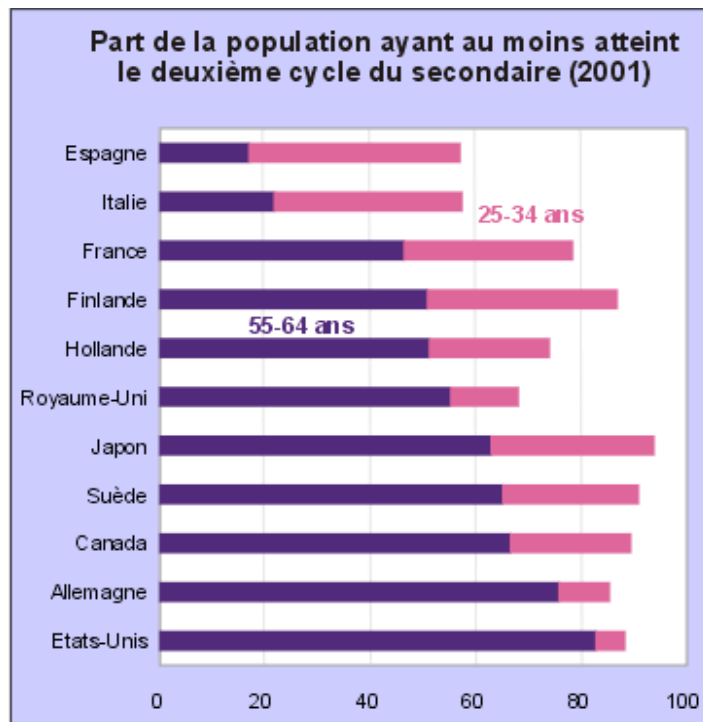
Education expenditure in 2002 (*) in billions of euros	108.1
Budget of ministry of national education in billions of euros, 2002	61.4
Budget of ministry of national education in billions of euros, 2003	62.8

(*) Total expenditure on education in France (state, regional authorities, firms, families, etc.)

Source: Ministère de la Jeunesse, de l'Éducation nationale et de la Recherche, Direction de l'évaluation et de la prospective (ministry of youth, national education and research, department of evaluation and economic forecasting).

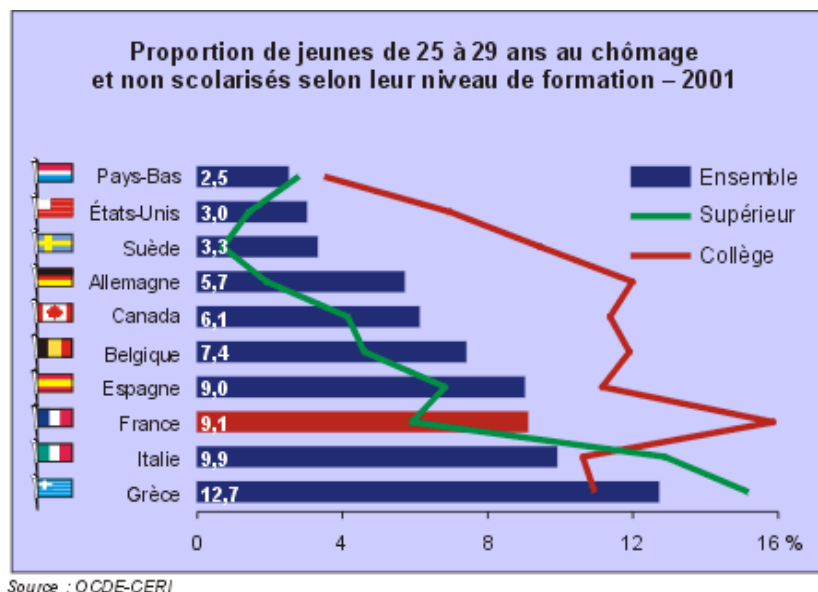
B. Main trends

With the development of schooling, increasing numbers of young people now finish secondary school and go on to higher education. Considerable progress in this area over the past two decades has enabled France to improve its position in comparison with other countries. The difference between the percentage of people in the 55-64 age-group who at least attained the second cycle of secondary education, compared to the percentage in the 25-34 age-group, shows a giant leap forward (+ 34 points, from 44% to 78%). France is now closely behind the world leaders (Canada, the US and Japan).



Source : MEN-DPD

Children of all backgrounds, and especially from working-class families, have benefited from this trend. Yet despite increasing democratisation, blue-collar workers' children rarely have the same school careers as children from more advantaged homes. Although differences in ages and transitions between education and employment exist between countries, young people with the best education are almost always at a distinct advantage when it comes to finding a job. With the noteworthy exceptions of Greece and Italy, young people in France and other countries who have some form of higher education are less likely to experience unemployment.



The increase in the number of young people in full-time education, which improved levels of qualification among the population at large, has slowed down since the mid-1990s:

- The phenomenon of increasingly long studies has ceased. The average age at which young people stop studying is now 19, while the number of people in the over-18 age-group still studying is clearly decreasing.
- For the past few years the proportion of high-school graduates has remained steady, at around 62%. Proportionately fewer of these graduates go on to higher education because many of them are not cut out for university studies.

C. The issue of exit from and non take-up

The struggle against early exit from schooling, spurred at European level in the mid-1990s²⁸ and relayed at national level in 1999 by the "New chances" programme, opened the issue of this aspect of NTU in education²⁹. Preventive and remedial steps were introduced. The struggle against absenteeism in schools is currently the only measure that has been generalised. It also concerns other institutions since the judicial services and CAF (family allowance fund) are informed of absences and are authorised to suspend allowances to families in case of repeated unjustified absences.

²⁸ European Commission, *Teaching and Learning. Towards a cognitive society. White Paper / Enseigner et apprendre. Vers la société cognitive. Livre Blanc*. Luxembourg, Publications Office, 1995.

²⁹ The following report contains a presentation of the different European and French policy reports concerning the struggle against early exit from school: DUTERCQ Y. *et al.* 2002. *Le non-recours au service public d'enseignement*. In WARIN P. (ed.), *Le non-recours aux services de l'Etat. Mesure et analyse d'un phénomène méconnu*, Rapport pour la Direction générale de l'Administration et de la Fonction Publique, CERAT/IEP Grenoble, September: 33-104.

CNAF, " Sanctions et actions de prévention des CAF en matière d'absentéisme scolaire ", *L'ESSENTIEL*, 9, February 2003.

Survey on the 123 CAF (family allowance fund agencies) in autumn 2002.

- ✓ 7,333 reports on children who frequently miss school, equivalent to more than 1 in 1,000 children in the 6-16 age-group whose families receive an allowance from the CAF.
- ✓ 6,742 families are concerned, i.e. 1.8/1,000 who receive allowances for children in the 6-16 age-group. 6.5% of them have several children who are regularly absent from school.
- ✓ 912 children's absences were reported several times during the year 2001-2002 (12.5% of all those who are regularly absent).
- ✓ 760 children from 584 families have already been reported for absenteeism in the past. These children account for 10% of all those who are regularly absent. 9% of the families are concerned.
- ✓ Families concerned by absenteeism from school have an average of three children. 10% of those concerned by this phenomenon have had their family allowance benefits for children placed under supervision.
- ✓ In 96% of cases, the CAF is aware of absenteeism from school. In 4% of reported cases there was a CAF investigation or the family was monitored by a social worker. In 28% of cases family allowance benefits for the child were suspended and in 72% of cases they were cancelled.

Researchers in education and administration science have described another phenomenon, in addition to NTU, identified much earlier, i.e. exit from public schools.

a. The phenomenon of exit from public schools

The fact that this phenomenon has attained unequalled proportions today, following the prolonged strikes by teachers in the spring of 2003, has already been analysed extensively. Yet there has been no overall statistical study to translate this trend into figures. Exit from is reported in several forms:

- Special dispensations in the school zoning system, for questions of "convenience", are sometimes used as a way of escaping assignment to a particular school³⁰.
- Schooling in private schools under contract is considered as a "minimal form" of exit from public schooling. Parents motives' are partly the same as those of parents who place their children in private unsubsidised experimental schools or who teach them themselves³¹.
- Schooling in private schools not under contract. There are three types of school in this category:
 - secular private schools catering mainly for children from advantaged backgrounds who are experiencing difficulties at school, usually high-school; theoretically such schooling is for limited periods³²;
 - a small number of denominational schools which, to be able to have free choices as regards ideology and teaching methods and content, partially or totally forego government funding;
 - alternative schools which are often experimental and inspired by the spirit of a new type of school, usually linked to a religious community or

³⁰ BALLION R. 1991. *La bonne école*, Paris, Hatier; BROCCOLICHET S., Van ZANTEN A. 1997. Espaces de concurrence et circuits de scolarisation. L'évitement des collèges publics d'un district de la banlieue parisienne, *Annales de la recherche urbaine*, 75 : 5-31; Van ZANTEN A. 2001. *L'école de la périphérie*. Paris, PUF.

³¹ LANGOUËT G., LEGER A. 1997. *Le choix des familles : école privée ou école publique ?*, Paris, Faber; BEN-AYED C. 2000. L'enseignement privé en France. In Van ZANTEN A. (dir.), *L'école, l'état des savoirs*. Paris, La Découverte.

³² BALLION R. 1977. *L'argent et l'école*. Paris, Stock.

philosophical movement.

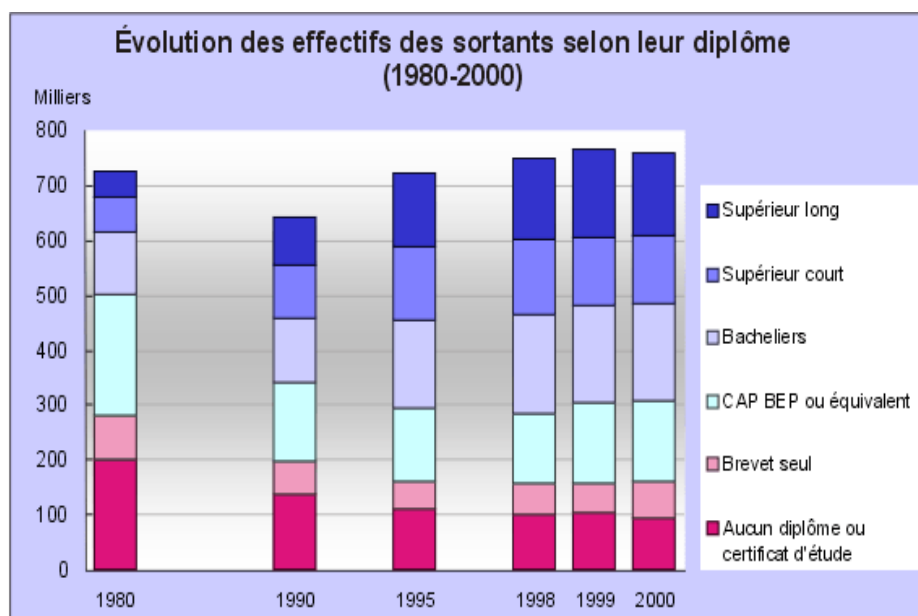
- Family teaching.

b. Non-take-up versus different forms of early exit from school

NTU is defined by the researchers at the *Institut National de Recherche Pédagogique* as an exit from schooling before obtaining a qualification³³. In this sense it is equivalent to a withdrawal.

Statistical data of the ministry of national education show that in 2001, 94,000 young people – 12% of those who completed their primary schooling – left school without any formal qualification. 56,000 – 7.5% of those who completed primary school – had no qualification whatsoever. In other words they had not even attained the level of a CAP or a BEP or the first year of high-school. This does not mean, however, that the NTU phenomenon is increasing, since in 1980 twice as many young people left school without a qualification.

The warning signs of early exit from school include various behaviours of presence/absence, from "zapping" classes (presence only at certain preferred classes) to repeated and prolonged absenteeism without any justification. Between 1980 and 2000, absenteeism among boys in the 11-18 age-group rose from 9% to 21%, and among girls in the same age-group from 6% to 13%³⁴. Dropping out of school is related to disinterest by the parents that is either deliberate (consumerism, convenience, defiance) or unintentional (absence, de-socialisation, marginality).



Source : MEN-DPD

³³ GROUPE D'ETUDES SOCIOLOGIQUE 2002. Le non-recours à l'enseignement du secteur public, INRP, September.

³⁴GUENOLE J. 2003. L'obligation scolaire : le rôle des organismes débiteurs des prestations familiales. *Recherches et Prévisions*, 73: 72-98 (Source : Ministère Délégué à la Famille, Dossier de Presse du mardi 1/10/02 relatif à l'obligation scolaire).

NTU may concern only some of the services provided by the school. Pupils or families who are entitled to certain services and benefits, and who may need them, sometimes fail to take advantage of them (deliberately or not), e.g. bursaries, canteen facilities, help with homework, individual assistance with schoolwork, etc. Currently no measures are systematically taken against such partial NTU.

2.2. Data sources and measuring methods in relevant surveys for the analysis of the NTU phenomenon

This part also concerns the objectives of WorkPackage 2 since we report on observations on the main sources of existing or expected statistical data, and on an initial analysis of the methodological content of the different available surveys, taking into account the measuring methods and the nature of the information selected.

2.2.1. Data Sources

France has no regular national surveys explicitly focused, either totally or partially, on NTU/EF phenomena. However, regular surveys produce data on consumption of social benefits (allowances and services), which can be used to make estimations in terms of *rate of coverage* (registered beneficiaries, or benefits due) and *rate of non-take-up* (non-consumption of services). This is the case in the health field, with:

- *Echantillon Permanent des Assurés Sociaux* (EPAS): this "permanent sample of social welfare beneficiaries" is representative of 1/600th of the beneficiaries of the various health insurance fund agencies (CAM – *caisses d'assurance maladie*) and their dependents. It contains two types of data: data on individuals covered by health insurance for a determined period of time (age, sex, dispensed or not from paying the beneficiary's share), and data on all medical refunds paid to individuals in the sample (although certain expenditures are overlooked).
- *Santé et Protection Sociale* (SPS): this two-yearly survey by the CREDES on households in the EPAS is representative of roughly 95% of French households. It is administered on a random sample of 8,000 households (approximately 20,000 individuals). The survey focuses essentially on consumption of health care and medical insurance (especially complementary insurance). It contains a socio-economic description (income, lifestyle) as well as a health questionnaire designed to relate consumption to objective factors.

The DREES (Direction de la recherche, des études, de l'évaluation et des statistiques, common to both the *Ministère des Affaires sociales, du travail et de la solidarité* and the

Ministère de la Santé et de la Famille) regularly analyses the impact of universal health insurance (CMU) on individual consumption of health care by matching the EPAS and the SPS.

Every year the "living conditions" ("*conditions de vie*") indicator³⁵, calculated by the national statistics and economic research institute (INSEE) ("*Enquête sur les Conditions de Vie – EPCV*"), is used to measure 27 dimensions of daily life in four main areas of poverty: budgetary constraints, restrictions on consumption, overdue payments, and housing conditions. Objective criteria are thus combined with criteria of privation. Households faced with at least eight of the 27 difficulties are considered to be "poor in terms of living conditions".

In the diversity of administrative services and primarily in local administrations, particular evaluations of NTU can be found. For instance, mediation services opened to disabled people in the *Conseils Généraux* ("light to average" or "mental" disabilities) or certain services offering assistance for reintegration following traumatic accidents (e.g. specifically for students, supported by the *Fondation des étudiants de France*), produce data on loss and recovery of social benefits that reveal interesting indicators of NTU. This is the case of specialised services for respiratory diseases that record cases of tuberculosis. Socio-epidemiological surveys draw strong correlations between tuberculosis and delays in take-up or non-take-up of care related to precarious living and working conditions and insalubrious housing. In general, even though data on NTU are not regularly produced by administrations, specialised services within them sometimes provide interesting specific data. An inventory of these services for each administration, by sector or by level of public authority (at least municipalities and *Conseils généraux*) needs to be done before concluding that there are few or no data on NTU.

Another major source of regular health-related data are the NGOs. A very interesting data source is provided by *Médecins du Monde* (MdM) that accommodates over 20,000 people per year, in addition to the 55,000 visits to its different health care centres throughout France. It is thus able to report on the benefits and health care access of people in extremely precarious situations, based on questionnaires but verified by MdM's social workers with the social services. Other NGOs also produce interesting data, for example *Le Secours Catholique* whose data are more easily available than those from *ATD ¼ Monde*, in particular. In France there are many data sources aside from NGOs or associations involved in the fight against social exclusion or discriminations, at local or national level, which could be taken into account and improved so that they can be used in specific measures of NTU. Some NGOs disseminate regular information about non-

³⁵ Social indicators: the core components of the INSEE continuous survey of household living conditions: Social indicators have been harmonized at the European Union (EU) level and cover the entire social sphere. They allow an effective comparison of household and individual living conditions in EU countries. They are also used as a basis for analyzing the distribution of social well-being and exclusion phenomena. Since 1996, these indicators are an integral part of the French statistical system via the INSEE continuous survey of household living conditions (*Enquête Permanente sur les Conditions de Vie des Ménages: EPCV*). The data are gathered in three separate annual surveys in January, May, and October. The first focuses on the quality of the residential environment and neighborhood, the second on health, housing, and financial situation, the third on workplace conditions and social contacts.

access to social benefits, e.g. *Réseau d'alerte sur les inégalités* with its "Barometer of Inequalities and Poverty". Apparently that is not the case in Germany or the Netherlands.

Some one-off national surveys contain data concerning NTU. This is the case of the national study on homeless people who make use of free accommodation and meals (*Enquête française auprès des "sans domicile" fréquentant les services d'hébergement et de restauration gratuite*), by the national statistics institute (INSEE – *Institut National de la Statistique et des Etudes Economiques*) in January 2001 on 4,100 people over the age of 17 in 80 French towns and cities. This survey, still being processed, has provided data on benefits received by this group and behaviours regarding NTU or refusal. The final results will be included in our data.

On the other hand, the national family allowance fund (CNAF - *Caisse Nationale d'Allocations Familiales*), one of the precursors in France as far as the NTU theme is concerned, has produced no data on NTU of social benefits. This is not primarily for political reasons, for the management objectives contract for 2001-2004 (COG – *Convention d'objectifs et de gestion*) signed between the CNAF and the government, clearly states the necessity to carry out research in the area of potential benefits/beneficiaries ("*d'inventorier et d'expérimenter les champs de la recherche de droits potentiels*"). This was even the title of the 7th project of the "Family" branch's action plan for implementing the COG. Access to and take-up of benefits are longstanding concerns, as seen in Part 2 of the present report. By contrast, problems are essentially technical, for despite the tools applied to monitor social situations and the benefits to which those affiliated to the 123 CAFs are entitled, the data comparisons required to identify possible NTU are very difficult to perform.

At local level, especially if one focuses on units providing emergency and temporary accommodation, local reinsertion commissions, employment agencies, etc., it is possible to obtain specific statistics on different cases of NTU. A case in point is the experiment underway at the observatory for NTU of public services (ODENORE – *Observatoire des non-recours aux services publics*), run by the coordinator of EXNOTA TN, Philippe Warin, with the support of various local and national institutions (e.g. the City of Grenoble, the *Conseil Général* of Isère, the Prefecture of Isère and devolved state services, the CNAF, the *Direction Générale de l'Action Sociale*). This experiment and its main methodological results are presented below (Point 4.3.). In particular, we report on the methodological work carried out with the CAFs of the *département* and the other partners (local et national), with a view to producing methods for identifying and monitoring NTU.

2.2.2. Overview of the methods used to measure non-take-up of social benefits in France

To examine the methods used to measure NTU of social benefits in France, we distinguish two types of NTU of social benefit: regular NTU (A) and the other forms of NTU (B).

A. Measuring regular NTU of social benefits

Regular NTU corresponds to the standard definition of NTU of benefits: *not receiving a social benefit even though you are entitled to it, whatever the reasons may be.*³⁶

With regular NTU, the population N is divided into two strictly exclusive categories without any ambiguity: on the one hand the eligible group (Ne) and on the other the non-eligible group (Nne) for the benefit (e = eligible; ne = non-eligible). There are no uncertain situations; a person is either eligible or not, he/she meets all the conditions or not, and these conditions are objectively verifiable. This type of definition immediately eliminates benefits paid on the basis of the discretion and subjective assessment of an agent.

Thus, regular NTU corresponds to the eligible population which does not receive the benefit: Ne_NTU (NTU = non-take-up, TU = take-up).

The NTU rate T is therefore equal to the ratio of the number of eligible individuals who do not receive the benefit, over the total number of individuals who do:

$$T = Ne_NTU / Ne$$

Or

$$T = (Ne - Ne_TU) / Ne, \text{ with } Ne_TU = \text{the eligible population that receives the benefit.}$$

The problem is that in general, neither Ne_NTU nor Ne are known. What is known is generally the number of people who receive the benefit (N_TU), most often through the administrative sources of organisations responsible for paying the benefits. Often, to estimate NTU it is assumed that all recipients are eligible (or that the number of recipients who are not eligible is negligible), that is, $N_TU = Ne_TU$, and thus that $T = (Ne - N_TU) / Ne$.

To measure NTU it is necessary to have representative surveys of the group under study, in which it will be possible to find cases of NTU (people who are eligible but not receiving benefits).

We can distinguish between measurements made on the basis of ad hoc surveys to evaluate and measure the extent of NTU, and measurements obtained from other studies.

B. Measurements based on ad hoc surveys

Ad hoc surveys on a representative group to measure and evaluate NTU are probably the most reliable method, especially in the case of benefits that combine complex conditions of eligibility.

³⁶ It is important to be able to define NTU without assuming its causes. First, they are not always known and, second, existing research shows that NTU has no single causal explanation. It is the product of many factors related not only to the beneficiary and his/her behaviour, but also to the agencies responsible for paying the benefit and, finally, the way the benefit has been designed.

Based on a representative sample, precise questions in the survey make it possible to verify the conditions of eligibility for a benefit and to separate the representative sample into those who are eligible (Ne) and those who are not (Nne). Finally, another question or possibly a comparison with administrative files shows whether those who are eligible receive (Ne_TU) or do not receive (Ne_NTU) the benefit in question. Calculation of the NTU rate T is immediate with estimations of Ne_NTU and Ne.

Table 1 presents some examples of the use of ad hoc surveys. Note, in particular, the survey conducted by the CERC (1986, 1989) during the 1980s to calculate the rate of NTU of certain benefits for widows under the age of 60, and the study by Anne Reinstadler (1999a, 1999b, 2000) on a parental leave benefit (*allocation parentale d'éducation*).

This method can cope with problems of the size of samples or of reliability of answers concerning income found or situation in relation to a specific benefit (e.g. CMU or AME) in any survey. Its main limit is its cost, which explains why it is seldom applied. This type of survey demands a large sample of the population. For example, to find only 100 beneficiaries of guaranteed minimum income support (RMI – *revenu minimum d'insertion*) in a representative sample of the total population, the survey has to cover 5,000 households.

It is also possible to calculate NTU rates from surveys on groups that are representative not of the entire population but of a sub-population. This is the case in the CERC study that examines NTU of certain benefits such as an allowance for orphans, in a representative sample of newly widowed women under the age of 60 (this benefit was also paid to other categories). The NTU rate is then not the general NTU rate but the NTU rate within an objectively defined population (here, newly widowed women under 60). This is also the case of surveys on representative samples of beneficiaries of the RMI, amongst whom it is possible to measure the rate of NTU of other benefits such as free medical assistance (e.g. a study is under way at ODENORE on severance of benefits between the RMI and the CMU, in which files from the CAF (family allowance fund) are compared to those of the CPAM (health insurance fund) in the Isère *département*). The Roubaix CAF has likewise undertaken a survey on the beneficiaries of the allowance for disabled adults (AAH) in order to identify holders of an invalidity card who are unknown to the fund.

If we extend the observation beyond the system of legal benefits to aid defined locally, we discover the possibility of obtaining other ad hoc measures, as in the case of the NTU of "insertion contracts" proposed to beneficiaries of the RMI (see Table 1).

Finally, although ad hoc surveys on groups representative not of the population as a whole but of people who are already beneficiaries do not enable us to show NTU of a benefit as such (non-beneficiaries being implicitly unknown), they can give a minimum evaluation of the extent of "temporary NTU" in the form of delays in applying for the benefit. In this respect, the work carried out on back-payments (signifying temporary

NTU: when an individual applies for a benefit a while after becoming eligible, so that there is a lapse of time between the decision and the actual application) of social benefits paid by the CAF shows the existence, in this case, of a large-scale phenomenon. This directly calls into question the performance of control procedures and automatic back-payment mechanisms. Table 2 presents some examples.

Table 1 – Measurement of NTU based on ad hoc surveys (to be completed):

Benefit	Reference	Population	Data	NTU rate	Comments
Orphan's benefit replaced by family support allowance	CERC (1986) CERC (1989)	2,000 widows under 60 questioned, 7 and 18 months after their spouse's death	Ad hoc survey 1983 and 1984	20 %	Benefit not means-tested
Widow's benefit	CERC (1986) CERC (1989)	2,000 widows under 60 questioned, 7 and 18 months after their spouse's death	Ad hoc survey 1983 and 1984	40% (of those eligible, on the basis of their income)	
Survival benefit	CERC (1986) CERC (1989)	2,000 widows under 60 questioned, 7 and 18 months after their spouse's death	Ad hoc survey 1983 and 1984	16 % public sector 1% private sector 17.5% private sector + under the age of 50, 28%	
Supplementary pension benefit	CERC (1986) CERC (1989)	2,000 widows under 60 questioned, 7 and 18 months after their spouse's death (sub-set of the sample of widows under 55)	Ad hoc survey 1983 and 1984	25% (widows under 55)	
Parental leave benefit	Renaudat (1986a)	Unemployed mothers of at least three children, one of whom is under the age of 3	Ad hoc survey on 3,600 families with at least 3 children of whom one is under the age of 3	1/3 of unemployed mothers who are eligible but are unaware of the benefit and do not receive it	Benefit not means-tested
Parental leave benefit	Fagnani (1995)	Mothers of at least three children, one of whom is under the age of 3	Ad hoc survey Dec 93 – Jan 94 Local survey (Yvelines)	7.3 %	Benefit not means-tested
Parental leave benefit	Reinstadler (1999a, 1999b, 2000)	Mothers of at least two children of whom one is under the age of 3	Ad hoc survey 713 persons (Meurthe-et-Moselle)	10 %	Benefit not means-tested
Guaranteed minimum income (RMI)	Chastand (1991)	Families (1,565) 12 <i>départements</i>	Ad hoc survey of families who receive family allowances Mid-1989	33 %	- families only - 1st year (sudden increase in beneficiaries)
Guaranteed minimum income (RMI)	Vanlerenberghe (1992)	UNCCAS survey in six towns	Ad hoc survey on 450 people (and verification of beneficiaries on basis of administrative data) 1990	5.2% (1-13%, depending on the town)	Method very fragile

Free medical assistance provided by the <i>département</i> for beneficiaries of the RMI (until 1999 it covered basic and complementary medical insurance for regular care)	Boisguérin (2001)	Beneficiaries of the RMI	Survey 1999	17 %	
Medical assistance provided by the <i>département</i> for beneficiaries of the RMI	Lefèvre (verify)	Beneficiaries of the RMI	RMI survey by INSEE 1998 ?	14 %	
Housing benefit	CNAF (1982)	Beneficiaries registered by the CAF 72 CAF (out of 100)	Sample of 60,000 1st half of 1982	8 % to 12 %	NTU rate underestimated because it only concerns people already registered with the CAF (excluding unmarried adults or families with one child, for example)
Housing benefit	Simon M-O (2000)	People with at least one child, who receive at least one family allowance (registered with the CAF) CAF du Havre	Survey 2,000 people drawn from the CAF file. 667 questioned 2000	2.9 % to 4.6 % 1.4% to 2.2 % for tenants 16 to 27 % for people who buy a home	Under-estimation by exclusion - of people not yet registered with the CAF - of registered CAF beneficiaries without children
Universal complementary health insurance (CMUC)	ODENORE (2004)	Beneficiaries of the RMI without CMUC	Data from the Caisse primaire d'assurance maladie (CPAM), a total of 4,730 RMI beneficiaries (the CPAM does not systematically record mention of the "RMI")	29% of RMI beneficiaries without complementary health insurance coverage	Over-estimation of NTU of CMUC due to bias in processing statistics. Reality closer to 10 to 15%; verification under way.
Allowance for Disabled Adults (AAH)	Roubaix CAF	Beneficiaries of the AAH with an invalidity rate of more than 79% who have an invalidity card allowing for an income tax reduction, back-payments and an increase in the benefits paid out.	Use of COTOREP file to identify AAH beneficiaries without an invalidity card (A) and beneficiaries with a card (issued by the COTOREP) but unknown to the CAF (B).	In September 2002: A = 46% B = 48%	Action of the Roubaix CAF in liaison with the COTOREP facilitated identification of the population in the (B) category, since concerted work allowed an increase from 72% to 42% from Jan. to Sept. 2002
Beneficiaries of the RMI without "Insertion Contract"	ODENORE (2004)	Beneficiaries of the RMI	Data from the Isère Conseil Général (as on 27 February 2004)	15% of the 15,000 RMI beneficiaries in the Isère département have never had an "insertion	

				contract" and 41% have not renewed their contracts.	
--	--	--	--	---	--

Tableau 2 – Estimations of temporary NTU based on an ad hoc survey:

Benefit	Reference	Population	Data	Measurement of temporary NTU	Comments
Orphan's benefits	Renaudat (1985, 1986b)	New recipients of the benefit	Survey on a representative sample 1984	1/3 only asked for the benefit with less than 6 months' delay 27% after more than 2 years' delay	Benefit not means-tested
Guaranteed minimum income (RMI)	Maingueneau (1990)	New beneficiaries of RMI	Survey on 150 new beneficiaries	¾ were entitled to it earlier	Mean delay of 8 months Median delay of 6 months
Guaranteed minimum income (RMI)	Aldeghi (1996)	New beneficiaries of the RMI	Survey on 900 new beneficiaries 1 st semester 1995	<i>(to be verified)</i> 54% put in a late application for the RMI	
Minimum income for the aged	Lacroix & Lemaire (1987)	New beneficiaries	Survey on 90,000 new beneficiaries 1986	41% of late applications <i>12% less than 2 years 9% between 2 and 5 yrs 8% between 5 and 10 yrs 12% over 10 years</i>	Very reliable survey (exhaustive survey on a large number of beneficiaries)
All allowances related to widowhood	CERC (1986) CERC (1989)	2,000 widows under 60 questioned, 7 and 18 months after their spouse's death	Ad hoc survey 1983 and 1984	42% of widows receive no benefit 7 months after their spouse's death; this drops to 24% 18 months after the death	
All social Benefits	ODENORE (2004) Eglin (2003)	156,000 beneficiaries (Isère CAF) 11CAF	Ad hoc survey (back-payments for the year 2002) Ad doc Survey (back-payments	Total number of controls: 45,958. Number of back-payments: 7,146. Amount of back-payments triggered by CAF controls: €3,719m. Amount of back-payments triggered by beneficiaries: €56,816m (i.e. close to 3 times more than the amount of over-use). 6,858 back-payments for 6,210 beneficiaries.	

			over four months: February to May 2003)	25,663 monthly payments, an average of 4.1 monthly payments per beneficiary. Total amount of back-payments: €4,432m.	
--	--	--	---	--	--

C. Measurements based on existing surveys not designed to evaluate NTU

It is possible to use existing surveys on representative groups to measure NTU. Unlike ad hoc surveys, they are not designed specifically to estimate NTU and are therefore limited in this respect, which can result in approximations.

For those benefits that are means-tested, these surveys have to include questions on income, which limits the number of usable surveys.

Two types of case exist:

a. The survey has no specific question on the benefit under consideration

Most surveys such as the survey on tax revenue or living conditions in France contain information on income but not specifically on benefits. NTU can be estimated – possibly with simulation methods that are extremely complex to use – by comparing the number of eligible persons calculated from the survey, and the number of persons who actually receive the benefit, from administrative sources.

One is thus *indirectly* estimating the number of eligible persons (N_e) based on the data given in the survey (income, household composition, etc.).

By assuming that the beneficiaries (N_{TU}) are all eligible ($N_{TU} = N_{e,TU}$), one then takes the known number of beneficiaries (N_{TU}) provided by administrative sources to estimate the NTU rate.

$$T = N_{TU} / N_e$$

The denominator N_e is therefore 'estimated' from the questions in the survey, while the numerator is drawn from outside administrative sources. The estimation of N_e from the survey is tricky, to a greater or lesser degree, depending on the benefit. The simplest case is that in which the eligible population N_e is equal to the total population N (e.g. health insurance).

Table 3 presents estimations obtained in this way, by comparing the estimated number of eligible persons with data on the real number of beneficiaries. This comparison between different sources does pose measurement problems which vary, depending on whether the benefits are means-tested or not.

The fact of comparing very different data can be a substantial source of errors when income is taken into account in the decision to grant a benefit. When the number of beneficiaries of a means-tested benefit is estimated on the basis of an inquiry on income, the results are spoiled by a significant bias due to the fact that people of all income levels tend to under-state their income. INSEE surveys show that income is under-stated to the order of 25-30% (Accardo & Fall, 1996). This means that the survey will find more people or households eligible for a means-tested benefit than those who really are entitled to it. Consequently, if these data are compared to the real number of beneficiaries, the NTU rate will probably be over-estimated.

This is probably the case of free complementary health insurance coverage (CMU) created in 2000. The various observers and public authorities who expected there to be 6 million beneficiaries of complementary CMU coverage (based on estimations from surveys on income), attribute the fact of there being only 4.5 million beneficiaries, to NTU. Although the hypothesis of NTU cannot be excluded, it is possible that the major part of the figure of 25% for this NTU is an artefact. It is likely to stem from the comparison of income estimated from questionnaire surveys that under-estimate income, with the legal income scale that, down to the last euro, determines eligibility for this benefit.

In the case of benefits that are not means-tested, it is less risky to compare administrative data relative to the number of beneficiaries with survey data without information on income, such as data from the census or other representative surveys on households. Statements made in surveys on the number of children or their age, for example, are obviously very reliable compared to statements on income.

The number of people who do not have health insurance was regularly estimated in this way, by comparing the total number of persons affiliated to the national health scheme (sometimes by adjusting administrative data) and the number of persons living in France. This very rough approach produced the conclusions that, before the medical aid reform in 1992 (that should have ensured that everyone resident in France was covered), between 0.5% and 1% of the population was not covered and that, just before the CMU law of 1999, 150,000 persons, i.e. 0.25%, had no health insurance.

It should also theoretically be possible in this way to estimate NTU of family allowance benefits that are not means-tested (NTU is probably very low here). Yet comparison between administrative data, often split between the different socio-professional schemes comprising the social security system, and survey or census data, is not easy.

Table 3 – Estimations of regular NTU by comparing disparate data:

Benefit	Reference	Population	Data	Estimated rate of NTU	Comments
Health insurance	Many authors (see text)	Total population	Beneficiaries = number of persons affiliated and their dependents	0.5% to 1% before 1990 0.25% before the CMU law	Among the non-beneficiaries before the 1992 law on medical aid, some were

			Total population (eligible from 1992)	came into force in 2000	not cases of NTU because they were not eligible for health insurance. After the 1992 law this could no longer be the case.
Complementary health insurance (CMU)	Various (see text) Latest: Chadelat (2003)	Total population	Beneficiaries = administrative data Eligible = indirectly estimated on the basis of the survey 2003	25 %	Problem of comparing data from two very different sources as regards income. Probably a substantial over-estimation of NTU
Orphan's benefit, replaced by family support benefit in 1985	Renaudat (1985, 1986b)	Divorced or single mothers	Beneficiaries = administrative data Eligible = data from general surveys (census) 1984	About 50%	Benefit not means-tested. Rough estimation.
Family support benefit	Festy (1986) Renaudat & Villac (1986)	2,300 single mothers	Beneficiaries = administrative data Eligible = survey on single mothers, late 1985	40 %	Benefit not means-tested. NTU is high when income is high, when the number of dependent children is low and when the amount of maintenance is high
Guaranteed minimum income (RMI)	Vanlerenberghe (1992)	All of France	1990 Beneficiaries = administrative data Eligible = estimation INSEE survey on living conditions	9.25 %	Under-estimation due to certain biases such as absence of collective households or homeless people in the survey.

b. The survey contains (at least) one question on the payment of the benefit under consideration

For example, these would be questions on certain benefits contained in the European Community Household Panel (PCEM / ECHP), or on the RMI.

In this case it is possible to use simulation methods to estimate the number of people eligible (N_e). The survey then provides data on people who say they do or do not receive the benefit (N_{TU} and N_{NTU}). Of the latter, there will be those in a NTU situation (N_{e_NTU}), i.e. belonging to both the eligible population (N_e), estimated from the survey results, and the population that says it does not receive the benefit (N_{NTU}).

The NTU rate is theoretically immediate. However, for complex benefits such as the RMI or API (Table 4) and for survey data containing certain approximations, calculations based on simulation of income and eligibility for benefits are very difficult to perform. Raw data can thus be corrected by means of statistical methods (Terracol, 2001).

Even supposing that the difficult simulation of benefits based on survey data contained no errors, this kind of approach largely over-estimates the number of eligible people due to the under-statement of income by the households questioned (Accardo and Fall, 1996).

Table 4 – Estimations based on surveys containing information on the benefit:

Benefit	Reference	Population	Data	NTU rate	Comments
General guaranteed minimum income (RMI) and Single Parent Guaranteed Minimum Income	Terracol (2001)	Total France	European panel (94, 95, 96) ECHP	<u>On raw data</u> 48% <u>On data adjusted by means of statistic modelling</u> 35% (couples 40% single people 32%) Without children couples = 64% single people = 37% Child over age of 3 couples = 34% single people = 16% Child under age of 3 0%	Large under-estimation of income in the survey – hence a probable large over-estimation of NTU Probably other problems of accurate simulation of benefits based on survey data

D. Other quantitative approaches to regular NTU

Many other types of studies and surveys exist which, without providing estimated NTU figures, can nevertheless highlight its existence in quantified terms. Often these are surveys on particular groups, non-representative of the population.

An example is the Secours Catholique annual report which evaluates the NTU rate in certain places within the population that this NGO has met during the year. The advantage of this approach is that it proves that the phenomenon is considerable, especially since this type of survey covers several hundred thousand people.

We can also cite a CREDOC survey (1985) on 750 people presumed to be poor (due to their presence in a particular place). The study showed, for example, that 62% of the respondents likely to qualify for a housing allowance had not applied for one.

Along the same lines, the annual reports of Médecins du Monde give an estimation of the rate of NTU of health care among people received by MdM, and an evaluation of the rate of people registered as beneficiaries of the CMU. These figures, based on data concerning over 50,000 patients received at MdM centres, show that 38.6% of them are not

registered as beneficiaries of the CMU (22.1% French patients; 51.1% foreign patients), that 11.7% of patients consulting for the first time lack medical attention ("delayed care"), and that 13% of patients have urgent needs necessitating immediate registration as beneficiaries.

That is why the statistics produced by powerful NGOs (that have competent services) should be more widely known. From this point of view there are certainly more sources than we think, so that it would be well worth organising an inventory (which is what ODENORE is attempting to do; see Point 2.3).

2.2.3. Measuring other forms of NTU of social benefits

Research identified cases of complex social benefits leading to situations that correspond not to regular NTU, in the strict sense of the term, but to really problematical situations.

We find these situations corresponding to other forms of NTU of benefits related to the beneficiary's behaviour. This question of other forms of NTU will be studied in greater depth in follow-up research. These other forms of NTU are not exceptional. They are increasingly frequent due to the emergence of highly complex social benefits. They also appear in the framework of increasingly tailor-made social policies, which make payment of benefits contingent on obligations for the beneficiary, with such obligations themselves being judged in a variable or discretionary manner.

A. *Quasi-NTU*

The notion of quasi-NTU was proposed and defined by Anne Reinstadler (1999a, 1999b, 2000) for benefits for which at least one of the conditions of eligibility can be decided by the potential beneficiary him/herself.

For all benefits, relatively objective conditions of eligibility exist, on which the beneficiary has no power of decision, at least not easily or immediately: age, sex, number and age of children, handicap, past and present occupation, matrimonial status, income level, type and location of housing, amount of rent, etc.

For a benefit of which the eligibility rules consist entirely of such conditions – such as family allowances paid to all families with at least two children – NTU is theoretically easy to define. In the total population, it is possible to distinguish eligible people (or households) from those that are not. In the eligible group, there are those who do not receive (all or part) of the benefit, which corresponds to regular NTU (cf. 1). The NTU rate is the ratio of eligible people who do not receive the benefit, over eligible people.

Yet there are benefits which, apart from being granted on the basis of straightforward objectifiable conditions, are also contingent on one or more conditions concerning the person's behaviour and which may therefore involve a certain choice by the person. These behaviours are usually related to employment.

The decision may be to stop work for two weeks in order to receive the allowance for paternity leave. It may be a decision to reduce or suspend one's employment in order to receive an allowance enabling one to look after one's young child (APE), as part of a longer period of parental leave or not. It may alternately be a decision to employ someone at home to look after one's young child(ren) in order to receive the corresponding allowance (AGED), or the decision to employ a registered childminder in order to receive a different allowance (AFEMA).

In this case, we will first find regular NTU: people (or households) fulfilling all these conditions but not receiving the benefit. But there will also be people who meet all the conditions except those related to a modifiable behaviour by the beneficiaries. Anne Reinstadler (1999a, 1999b, 2000), in her work on the APE, defined cases of *quasi-NTU* :

- This concerns situations of people who meet all the conditions except those related to a behaviour (and therefore who are not in a situation of regular NTU) and who, if they had been (fully) aware of the benefit (had known that they could be eligible and had known to what amount and in what conditions they were entitled), would have had the right behaviour in order to qualify, e.g.: reducing or interrupting their work to receive the APE or father's allowance, or employing a person to receive the AGED or AFEMA, etc.

The population is divided into three categories:

- the eligible population N_e comprising people who meet all the conditions of eligibility
- the non-eligible population N_{ne} , subdivided into two other groups:
 - the non-eligible but "potentially" eligible population N_{npe} , comprising people meeting all objective conditions of eligibility and who would also meet the conditions of an employment-related choice (reducing or suspending their employment to receive the APE) if they knew about it;
 - the rest of the non-eligible population ($N_{ne} - N_{npe}$).

Regular NTU is measured by (cf. 1):

$$T = N_{e_NTU} / N_e \text{ ou } T = (N_e - N_{e_TU}) / N_e$$

Quasi-NTU is measured by:

$$Q = N_{npe} / (N_e + N_{npe})$$

In order to be able to measure quasi-NTU, one has to have information such as people's level of knowledge concerning the benefit. It follows that only surveys designed ad hoc enable one to measure quasi-NTU.

Table 5 – Measurement of quasi-NTU:

Benefit	Reference	Population	Data	NTU rate	Comments
Parental leave benefit	Reinstadler (1999a, 1999b, 2000)	Mothers of at least two children of whom one is under the age of 3	Ad hoc survey (Meurthe-et-Moselle)	9% (in relation to eligible and potentially eligible parents) (in addition to 10% of regular NTU cf. Table 1)	In addition to regular NTU Benefit not means-tested

B. Other forms of NTU

In follow-up research it would be necessary to consider NTU in relation to the way in which benefits are delivered, and to consider situations that do not strictly correspond to regular NTU but that reflect another form of NTU.

Situations of people who meet all the conditions to receive a benefit but for whom the fact of receiving the benefit has particular consequences that cause them not to apply for it, are closely bound to the issue of NTU and/or exit from, albeit very formally. We could argue, as many officials do, that this is not NTU (in the absence of the last condition that the person refuses to comply with).

The most well-known example is benefits that constitute what is known as the "old-age minimum", a guaranteed minimum income like the RMI, for the aged. Traditionally, many people, especially former farmers or people who had had their own small business and therefore had a small inheritance, refused this benefit because the government could recover the amounts paid out from the person's inheritance after their death (above a certain amount). This is not strictly-speaking regular NTU since the person does not meet all the conditions stipulated by law, but it is another form of NTU since eligible individuals do not receive the benefit.

The "personalised autonomy aid" (*Aide Personnalisée d'Autonomie* - APA) implemented at a local level for the aged, to enable people who have reached a certain degree of dependence to continue living in their own home, has also met with deliberate NTU, for various reasons (preserving their privacy; not financially advantageous enough, etc.). The APA is refused mostly by retired immigrant workers who are not interested in aid in kind (domestic work) when they are still paying part of their income to their family in their home-country. An estimation of NTU of the APA in the "aged persons" file of the *Centre communal d'action sociale* (CCAS) of the City of Grenoble (150,000 inhabitants) shows that 9% of the people defined as eligible do not wish to benefit from this device.

The same applies in certain cases for the family support allowance paid by the CAFs to single parents. To receive this benefit the single parent has to agree to allow their CAF to undertake the necessary research and legal procedures to obtain maintenance from the other parent (when there has been recognition of paternity and the father is alive). Because of this certain single parents, for reasons that may be psychological (not

reviving a painful situation), sometimes choose to forgo this benefit. Once again, this is not strictly-speaking NTU (the person does not meet all the conditions required by law) but it is nevertheless another form of NTU.

The same applies to a person who refuses a benefit because of other conditions that restrict his/her freedom, e.g.: the condition of seeking employment and of signing and complying with a contract in order to be eligible for unemployment benefits (PARE/PAP), or signing a reinsertion contract and complying with it, to be eligible for the RMI, etc. This point has to be borne in mind, especially with the tendency, in France as in all other European countries, towards "individualised monitoring" and other "tailor-made" responses, some of which tend to place strong constraints on beneficiaries (*workfare*) This tendency means that the benefit is granted not only on the basis of fairly objective conditions (being poor, old, unemployed, handicapped, etc.) but also on that of acceptance of services, controls and/or constraints linked to payment of a benefit.

The case of a beneficiary of the RMI or a jobless person whose benefits have been suspended because he/she has not complied with an obligation is a situation that should be considered as corresponding to NTU. The dividing line between situations of NTU stemming from a mistake, from arbitrariness, from a coercive attitude or from a discriminatory behaviour by the civil service is thin.

It is therefore necessary to consider measuring other forms of NTU corresponding to people who have chosen not to receive a benefit and people who have been excluded from a benefit.

2.2.4. Specific bibliography

ACCARDO J., FALL M. 1996. La mesure des revenus dans les enquêtes ménages et fiabilité des indicateurs d'inégalités dérivés, *Document de travail INSEE*, F9602.

ALDEGHI I. 1996. Les nouveaux arrivants au Revenu Minimum d'Insertion : profils, parcours antérieurs, rapports à l'emploi et à la famille. Une analyse fondée sur l'interrogation en face-à-face de 900 personnes ayant fait une demande de RMI au premier semestre 1995, *Etude du CREDOC*, Paris, novembre.

BOISGUERIN B. 2001. Les bénéficiaires de la couverture maladie universelle au 30 septembre 2000. *Etudes et Résultats*, 96, DREES, Ministère de la solidarité, janvier.

CAF de Roubaix 2002. Enquête bénéficiaires AAH, septembre 2002.

CERC 1986. Le veuvage avant 60 ans, ses conséquences financières, 1. Les premiers mois de veuvage, Document du Centre d'Etude des Revenus et des Coûts (CERC), 81, 2^{ème} trimestre.

CERC 1989. Le veuvage avant 60 ans, ses conséquences financières, 2. La deuxième année de veuvage, Document du Centre d'Etude des Revenus et des Coûts (CERC), 95, 4^{ème} trimestre.

CHADELAT 2003. La répartition des interventions entre les assurances maladie obligatoires et complémentaires en matière de dépense de santé. Rapport, avril.

CHASTAND A. 1991. Le ciblage des familles bénéficiaires du RMI : retour sur une erreur de mesure. *Recherches et Prévisions*, 22/23 : 41-48.

CNAF 1982. Prospection des bénéficiaires potentiels de l'allocation de logement. Note pour le Conseil d'administration de la Caisse Nationale de Allocations Familiales (CNAF) du 21 novembre 1982.

EGLIN D. 2003. Les rappels de prestations familiales et sociales versés par les CAF. Rapport sur l'enquête nationale dans 11 CAF de février à mai 2003. Rapport pour le Chantier « Maîtrise des risques » de la Convention d'Objectifs et de Gestion, CNAF.

FAGNANI J. 1995. *Les mères de familles face à l'APE*. *Recherches et Prévisions*, 40: 85-92.

FESTY P. 1986. Le paiement des pensions alimentaires aux femmes divorcées. Rapport intermédiaire pour la CNAF, INED.

LACROIX J., LEMAIRE M. 1987. Les nouveaux bénéficiaires du minimum vieillesse en 1986. *Solidarité Santé-Etudes statistiques*, 6, novembre/décembre: 21-42.

MAINGUENEAU E. 1990. Etude sur la non-rétroactivité du RMI. Note de la direction des prestations familiales de la CNAF, août.

Observatoire de l'accès aux soins de la Mission France de Médecins du Monde 2004 - Rapport 2003. *Humanitaire*, été, 1.

ODENORE 2004. Résultats des requêtes sur les bases de données « allocataires » de la CAF de Grenoble, Grenoble, <http://ODENORE.msh-alpes.prd.fr>, juin 2004.

ODENORE 2004. Le non recours aux contrats d'insertion. étude des données « RMistes » du Conseil Général de l'Isère, <http://ODENORE.msh-alpes.prd.fr>, juin 2004.

ODENORE 2004. Droits non ouverts et retards aux soins. Exploitation des données 2003 de Médecins du Monde, <http://ODENORE.msh-alpes.prd.fr>, juin 2004.

REINSTADLER A. 1999a. Analyse micro économique du non recours (non take up) à l'APE. Rapport pour la CNAF, Nancy, ADEPS, janvier.

REINSTADLER A. 1999b. Le non-recours à l'APE. Analyse micro-économique, *Dossier d'Etude*, 2, CNAF, novembre.

REINSTADLER A. 2000. Les causes du non-recours et du quasi-non-recours à l'allocation parentale d'éducation. *Recherches et Prévisions*, 59.

RENAUDAT E. 1985. Etude sur les bénéficiaires de l'allocation d'orphelin pour abandon manifeste. *Droit Social*, 5: 393-404.

RENAUDAT E. 1986a. Les bénéficiaires potentiels de l'ancienne APE. *Dossiers CAF*, 4: 50-52.

RENAUDAT E. 1986b. Recouvrement des pensions alimentaires. *Recherches et prévisions*, supplément au n°3, janvier.

RENAUDAT E., VILLAC M. 1986. L'allocation de soutien familial : l'intervention de l'Etat dans la gestion privée de l'après-divorce. *Recherches et Prévisions*, 26: 1-12.

SIMON M-O. 2000. Non-recours aux aides personnelles au logement. Enquête exploratoire sur la CAF du Havre, *Dossier d'Etude*, 12, CNAF, septembre.

TERRACOL A. 2001. Coûts de perception et taux de non recours aux prestations sous conditions de ressources, Working Paper, TEAM, Université Paris 1, octobre.

VANLERENBERGHE P. 1992. RMI le pari de l'insertion. Rapport de la commission nationale d'évaluation du RMI. Paris, La Documentation Française.

2.3. A specific experimental tool of measurement: ODENORE (Observatoire des non recours)

ODENORE is a product of a research programme on non-take up (NTU) of public services, run by the CERAT, a CNRS laboratory at the IEP (*Institut d'études politiques*) in Grenoble. The idea developed from exploratory research on non-take up of public services, undertaken in the early 2000s for the *Direction générale de l'administration et de la fonction publique*³⁷. Although actors in the government administration and non-governmental organisations were familiar with the concept of NTU, it was not being measured. No one had precise data on the phenomenon they were perceiving. In order to develop scientific knowledge on NTU, it therefore seemed necessary to construct an ad hoc tool that could be used to identify it. With the initial support of the national network "France Qualité Publique", a research unit, ODENORE, was launched on an experimental basis. The Isère *département* was chosen for its geographical proximity to the CERAT. The initiator and scientific director of the Unit is also the coordinator of the European thematic network "Exit from and non-take up of public services" (EXNOTA), launched at the same time with the support of the European Commission.

Institutional partners were immediately found to help fund the Unit: the CNAF, the local CAF in the *département*, the Isère *Conseil Général* and the City of Grenoble. Further support was provided by the Fund for State Reform, the Isère *préfecture*, and devolved State administrations. The Research Unit, managed by the Grenoble IEP, was set up in March 2003 in the *Maison des sciences de l'homme – Alpes*, an organisation that hosts research programmes.³⁸ ODENORE is today part of a culture of observation of social phenomena that has developed in France over the past ten years³⁹. It was launched for a 30-month period, after which a decision will be taken concerning its continuation.

³⁷ WARIN P. (ed.). 2002. *Le non recours aux services de l'Etat. Mesure et analyse d'un phénomène méconnu*, Grenoble, CERAT-IEP.G., September, 245p.

³⁸ For a detailed presentation of ODENORE, its objectives, partners, work and results, the reader is referred to the site <http://ODENORE.msh-alpes.prd.fr>

³⁹ On the recent development of the observation of social phenomena, see the 2002 Annual Report of the IGAS "*Politiques sociales de l'Etat et territoires*" (especially Part 2, Chapter 1, "*La structuration au niveau régional de l'observation des territoires*", p. 109-134) and the *Dossier d'Etude* n° 60, CNAF, 2004, *Les débats sur l'accès aux droits sociaux entre lutte contre les exclusions et modernisation administrative* (by CERSA: BORGETTO M. et al.) (especially Part 2, Chapter 3, Section 2, "*L'Observation en débat*", p. 49-54).

>From the outset ODENORE has followed the same procedure. It works with its partners on the compilation of data bases relative to the groups entitled to benefits, with a view to measuring NTU and reporting those results. The idea is to produce knowledge that can be shared and used in research work and in operational reflection and action. This approach takes into consideration the need for quantification of NTU and for explanation of the phenomenon from the points of view of both the welfare organisations concerned and potential beneficiaries. It therefore consists of a process of construction of elements of statistical measurement and an explanatory approach via qualitative surveys.

The first feedback on the ODENORE experiment is available. The steps reported below explain the gradual expansion of the partnership and, at the same time, the clarification of the objective which is to make NTU *an indicator for the prevention of exclusion*.

2.3.1. Starting by observing particular types of NTU

Initially, ODENORE's main concern was to rouse the different partners' interest so that their commitment would last. A great deal of time was therefore devoted to explaining the objectives. Apart from a general and theoretical presentation of NTU, it was necessary to show that NTU could relate directly and concretely to their activities. Attention was focused on the concerns pointed out from the start by the Isère CAFs, the deputy director-general of the Isère *Conseil general*, the councillor responsible for public health, the president of the CCAS of the City of Grenoble, and the general secretary of the Isère *préfecture*.

To launch the construction of data on observed or potential NTU, several projects were launched. Each one necessitated the constitution of working groups with the actors appointed to be ODENORE's direct contacts.

The following presentation of the projects launched with the CAF, the Isère *Conseil general* and the City of Grenoble draws on the working document presented to ODENORE's steering committee in June 2004⁴⁰. The project launched jointly with the OSI – a research unit for the study of social phenomena – for the Isère DDASS, will be mentioned very briefly because no results have been released yet. With the services of the *Préfecture* the initiation of observation is taking far longer and results will be available at a later stage only.

A. Project 1: NTU of welfare benefits

With the CAFs, the initial choice was to identify possibilities of NTU among beneficiary groups by launching data base searches. Hypotheses relative to possible NTU were made by considering the different stages in a typical trajectory, from the first time the person registers until they exit from the system⁴¹.

⁴⁰ The complete document is on the ODENORE website in the section "Travaux" – "Studies". All statistical, graphical and cartographical data is presented.

⁴¹ WARIN P. 2003. Mesure du non recours aux prestations sociales, recherche d'indicateurs. *Recherches et Prévisions*, 73, September: 90-96.

The inquiries were carried out with the Grenoble CAF (the Vienne CAF was unable to participate). They concerned five items and produced the first results, some of which warrant further study.

a. Registered eligible persons not receiving benefits

Individuals who were identified by the Grenoble CAF on the basis of their civil records but who had not received payments or whose file had not been registered constitute an interesting group to observe. They may be cases of *primary* and/or *secondary NTU* or be in a situation of *permanent NTU*. The question is basically why registered persons do not receive benefits as soon as they are potentially eligible for welfare benefits and are still residents of the district of the CAF that registered them. Are there shortcomings in the way people are received and their benefits are processed? Or is it essentially a matter of negligence, indifference or avoidance by those people?

As a start, ODENORE and the CAF launched a search on "beneficiaries who had received mail without being affiliated", over a 20-month period (January 2002 to August 2003). This inquiry revealed a relative fluctuation in the number of persons who were registered but were not receiving benefits, in the total number of new beneficiaries every month. The rate wavered between 1% and 9%, without any seasonal variations being evident during this 20-month period. Over the entire period, the total number of people who were registered but were not receiving benefits (1,010) barely accounted for 2.5% of all new beneficiaries (41,118 individuals). The number of registered persons who had submitted an incomplete request for their first benefit and who had not answered requests for additional information was therefore relatively low. This is largely because the family branch automatically pays certain basic benefits to all new households with children, which are then automatically beneficiaries of the fund.

The problem is that with registration alone it is not possible to know what exactly the households are eligible for, nor to establish a typology of the people concerned. With the current data processing procedures of this CAF, it is not either possible to know the types of benefit that are applied for first. Yet this would be of interest for exploratory purposes, to check whether this phenomenon of non-payment of benefits to newly-registered persons concerns one particular type of benefit and consequently also a particular group. Research in this direction is being pursued.

b. Pending files

These files concern beneficiaries who do not reply to requests for additional information or for the signatures required to initiate or extend payment of a benefit. Statistical identification of pending files can allow us to identify a proportion of beneficiaries who do not obtain their benefits because they fail to inform the CAF of changes in their situation or inform it too late. A part of *permanent NTU* and *temporary or delayed NTU* can thus be measured.

Starting with "management of pending cases" and "monitoring of documents", the inquiries can distinguish between delays caused by beneficiaries and those caused by the

services. At the same time they can measure the volume of cases before and after reminders sent out by the agents in charge of the files. This comparison is interesting because files that are still pending after a reminder relate to a form of NTU that can be qualified as *permanent*. Only a qualitative inquiry would enable us to explain potential beneficiaries' persistent failure to respond to the CAFs' requests since that behaviour has a cost for them.

Data of the Grenoble CAF from July 2003 indicate a total of 244 applications for benefits that have been pending for over three months. They concern only 0.2% of all beneficiaries (over 156,000) of the Grenoble CAF. This proportion suggests that the assumption of NTU concerns only a very limited number of people here. In view of this result, this type of inquiry does not seem worth continuing, at least not for the moment. It seems that the rate of response to the Grenoble CAF (to requests for documents, signatures, etc. relative to new applications for benefits) is high, if we compare these 244 pending files to the 7,702 requests sent out, for the 25,259 applications received between January 2003 and July 2003.

c. Back payment of entitled benefits

These payments can suggest *temporary NTU* or *frictional NTU*. They can be perceived from data relative to the updating of entitled benefits. This updating is done individually for each benefit, quarterly or annually. Annual inquiries on income can be incorporated into the field of updating by the CAFs.

Another inquiry was performed on this set of data, to distinguish the proportion of "back payments" made as a result of the inquiries for updating purposes. These back payments meant that, for a given – short or long – period of time, eligible households had not received all or part of the benefits to which they were entitled.

Regular inquiries designed to update benefit payments are managed with the explicit aim of first identifying *those who are included*⁴². Computerized updating procedures make it possible to identify and to measure this phenomenon that is the opposite to NTU. It is therefore necessary to adjust regular inquiries to evaluate the proportion of back payments and, on that basis, to evaluate a possibility of NTU.

Grenoble CAF data indicate, for 2001, a total of 6,000 back payments amounting to 3 million euros and concerning 35,000 files checked, and for 2002, just over 7,000 back payments, almost 4 million euros and 46,000 files checked. These are back payments made by the CAF after a control. But there are also back payments initiated by the beneficiary (e.g. informing the CAF late about a change of address). If these are counted as well, the overall amount concerned by back payments was 66 million euros in 2001 and over 60 million euros in 2002.

Table 6: Comparative amounts of overuse and back payments in 2001 and 2002 (million euros)

⁴² BUCHET D. *et al.*, 2002, "Enquête quantitative sur les indus", CNAF/CREDOC, *Dossier d'Etude*, n° 31, CNAF.

Year	Total number of controls	Number of back payments	Amount involved in back payments initiated by CAF control	Total amount involved in back payments initiated by beneficiaries	Total amount of overuse
2001	35,414	5,884	3.254	65.974	18.385
2002	45,958	7,146	3.719	60.535	22.418

Source: Grenoble CAF for ODENORE.

These results indicate a large number of beneficiaries who, at a given point in time, do not receive all the benefits to which they are entitled. Depending on the origin of the back payments (CAF control or request by the beneficiary) the amounts vary considerably. Two contrasting interpretations of the back payment/overuse ratio are possible. If we consider only the back payments resulting from controls, their amount is three to four times smaller than that of overuse. On the other hand, if we include the back payments resulting from beneficiaries' requests, the ratio is inverted: the total amount of overuse is three to four times lower than all back payments. Beneficiaries' vigilance thus seems to be a guarantee against possible losses of earnings for themselves, and against *partial NTU* of benefits. In this case the claimants' action has a high cost for the institution. Hence, the importance of control and communication policies seems evident⁴³. The search for potential benefits naturally has a cost; it is a matter of a political choice. This result is of particular interest to the Grenoble CAF and will probably also draw the most attention of the CNAF, that is monitoring ODENORE 's work.

The analysis of back payments for each type of control is difficult and does not make it possible immediately to identify back payments by type of benefit. This kind of precision and the updating of initial data are being considered by the Grenoble CAF. It is important to relate the different amounts concerned by back payments and overuse to the total amount of benefits paid out, i.e. for the Grenoble CAF, over 600 million euros in family allowances.

d. New beneficiaries registered late

Once these initial results on back payments had been obtained, a specific inquiry was launched on new beneficiaries. We posited a possible *temporary NTU*, detectable *a posteriori*, concerning new beneficiaries who had registered late, i.e. after the beginning of their eligibility.

A selection of people who had been beneficiaries since November and December 2003, and who had received a back payment in December 2003, indicates a total of 3,459 back payments concerning 1,709 new beneficiaries. This means that several beneficiaries received back payments for different benefits.

The total number of months of back payments for these beneficiaries who had registered late is 3,411. For each beneficiary, the number of months of back payment varies

⁴³ These issues were openly addressed at the conference on access to benefits (*L'accès aux droits*) organised by the CNAF on 13 and 14 May 2004.

between 1 and 24. 40% of the new beneficiaries concerned received one month's back payment and 40% received two months. The number of beneficiaries who received more than three months of back payments is not high (169 out of 1,709 beneficiaries who had registered late, that is, 10%). The figures nevertheless indicate the possibility that a small proportion of the eligible population actually does not receive benefits for several months. Hence, we are still a long way from perfectly automatic access to benefits, for a variety of reasons. Inquiries on the characteristics of beneficiaries who registered late and on corresponding benefits should provide some explanations.

e. End of eligibility for a benefit

The end of eligibility for a particular benefit is a critical moment since the switch from one type of benefit to another is not automatic, even when the person meets eligibility criteria. A possibility of NTU may then exist. This is a subject of concern at the CAFs and the CNAF as regards the switch from the API (allowance for single parents) to the RMI (minimum income support). The Grenoble CAF was not able to identify those beneficiaries who had reached the end of their eligibility for the API and who were eligible for the RMI but were not registered as beneficiaries for the latter benefit.

These inquiries do not cover all hypotheses of NTU. The CNAF recently indicated a possibility of NTU of the AAH (allowance for disabled adults). Beneficiaries of the AAH, whose invalidity rate is 80% or more, may be granted an additional reduction of their income in the calculation of their benefit. However, in order to benefit from this advantage, have to request a disability card, which some of them fail to do. This explains why NTU of this benefit can exist.

B. Project 2: NTU of "contrats d'insertion"⁴⁴

The initial proposal of the Isère *Conseil Général* was to work on beneficiaries of the RMI who had never had a *contrat d'insertion* or had not renewed their contract. This absence of a contract is assumed to indicate a situation of NTU of those benefits which are designed to help jobless people enter or return to employment, without assuming the reasons for that NTU. The study was undertaken jointly with the *Insertion Adultes* service of the *Conseil Général*, on the basis of data received from the 11 *Commissions locales d'insertion* in the Isère *département*. The results presented below are drawn from inquiries on the data base. Three main variables were taken into account: age, family structure, and social category.

The results concern data on 29 February 2004. Three groups were identified: beneficiaries of the RMI for over six months; beneficiaries of the RMI for over six months without a *contrat d'insertion*; and beneficiaries of the RMI for over six months whose contract had not been renewed. The choice of beneficiaries of the RMI for over six months enabled us to avoid including people who were in the process of applying for or

⁴⁴ Beneficiaries of the RMI are compelled to embark on a process of occupational insertion, which may involve attendance of training courses with a view to entering employment. This is known as the *contrat d'insertion*, the "insertion contract" between the State and the beneficiary.

renewing their contract. The data have to be interpreted with caution, for their presentation as percentages can lead to an under- or over-exposition of certain results.

On 29 February 2004 the Isère *département* had 15,341 beneficiaries of the RMI. Of those, 12,000 had been receiving the RMI for over six months. 15% of them had never had a *contrat d'insertion* and 41% had not renewed their *contrat d'insertion*.

The ages of beneficiaries of the RMI shows a majority in the 25-29 and 30-34 age-groups. 25% of RMI beneficiaries without a *contrat d'insertion* are in the former age-group and 20% are in the latter. These results suggest that people become disillusioned and weary of trying to find employment, so that as they get older they no longer take up *contrats d'insertion*.

Each of these three groups (RMI beneficiaries for more than six months or without a *contrat d'insertion* or who have not renewed their contract) consists primarily of people who state that they live alone. In this category, the percentage of "single men" is higher than that of "single women". In other words, by combining the criterion of family structure with that of age, we can show that the absence of a *contrat d'insertion* and the failure to renew the contract tend to concern mainly young men living alone.

As regards the observed disparities, we also see that family structure has an effect on take up or non-take up of the *contrat d'insertion*. Proportional to their respective weight in the overall population of beneficiaries of the RMI for over six months in Isère, "couples with children" and "single-parent families" are in a minority among RMI beneficiaries without a *contrat d'insertion* and RMI beneficiaries who have not renewed their contract. This suggests that family responsibilities act in favour of more take-up of the *contrat d'insertion*, which is consistent with what we know of the causal link between the breakdown of family ties and de-socialisation, at the root of processes of social exclusion.

The examination, CLI by CLI, enables us to identify the sectors in which the rates of RMI beneficiaries who have never had a *contrat d'insertion* are lowest or highest. This interpretation of the data enables us to invalidate certain generally accepted ideas in certain instances. In particular, it is not systematically in sectors corresponding to areas of council housing, often described as "difficult neighbourhoods" or "sensitive areas", that the proportion of RMI beneficiaries without a contract is highest. The attitude of particular groups regarding this type of assistance probably varies from one sector to another. These initial findings lead to others on the conditions of the functioning of each social sector. Workloads, the rotation of social workers, and the organisation of client reception and assistance provided for certain groups also need to be examined if we are to understand the differences observed in the absence and non-renewal of contracts. Discrepancies that are sometimes wide in terms of percentages (but that must be considered each time in relative terms as regards actual numbers), need to be explained by taking into account the specific characteristics of different territories as well as the functioning of the CLI and the particular apparatus set up locally. Our findings need to be interpreted by taking into account as precisely as possible actions and their contexts, and the detailed characteristics of RMI populations which are by no means homogeneous.

Current statistics enable us to identify differences between territorial areas, but include too few variables to provide real explanations.

To further our investigation – which is what ODENORE proposes –, interviews with professionals from the CLI are launched to explain the results. We foresee also the possibility of including other data in the statistics, particularly on training, qualifications and previous jobs (if any) of RMI beneficiaries, as well as their family contexts. The current system of information probably warrants further development on these different aspects in order to refine these initial observations. In particular, does exit from the school system without further training or formal qualification have an effect on the attitudes of the youngest beneficiaries, as regards contractualisation? Since the 25-29 age-group accounts for 25% of RMI beneficiaries for over six months without a *contrat d'insertion*, and thus attracts attention, it would be interesting to know what happens earlier on, at local (*Mission locale*) level, with younger age-groups. Are the differences in attitudes suggested by these initial results related to family background (parents' employment, family resources, etc.) and place (town or neighbourhood)? An extension of the work in this respect allows further our understanding of why the younger beneficiaries seem more reluctant to take up the assistance proposed to them. Additional inquiries would be useful to grasp the impact of types of socialisation on contractualisation and non-contractualisation. For other groups, comparable work would be worth considering, especially to verify the observation relative to the influence of family responsibilities on contractualisation and, conversely, to explain the reluctance of single men.

C. Project 3: Delays in healthcare for schoolchildren

In the autumn of 2003 research was launched with the Public Health Service of the City of Grenoble on social and medical data obtained by social workers, medical secretaries and doctors and dentists, from children in nursery and primary schools and their parents.

A particular geographic sector of Grenoble was selected by the councillor in charge of public health, and the director of the service. Seven combined nursery and primary schools, with a total of 662 pupils for the academic year 2003-2004, were concerned. The area was characterised by a social mix, including some neighbourhoods with council housing.

Based on existing data for the 2002-2003 academic year, ODENORE and the Public Health Service opted for several levels of available information, without processing all data at this stage. A tool is under construction to process all "social cases reported" and "medical cases reported" over the entire school career of a child (i.e. several years). The idea is to link problems of delayed healthcare to those of NTU of benefits and to family, administrative and financial problems encountered by the child's family. The adjustment of this tool will make it possible to process data for the 2004-2005 academic year.

As regards *medical data*, attention was focused on "medical cases reported" and the way the families concerned took that notification into account. A precise record of "proposals"

and "outputs", as well as "reminder letters" was drawn up. This record made it possible to identify possible delays in (if not NTU of) healthcare. Mention of the medical nature of problems was temporarily excluded. The results obtained have to be interpreted very carefully since the Service is not necessarily informed of the follow-up to reports on medical cases. The "non-realisation" of care may be due to waiting periods (especially when specialised care is required).

During this school year, doctors in the School Health Service reported a need for healthcare for 101 children, which amounts to 15% of all children enrolled at the 7 nursery-primary schools in the area (a total of 107 proposals for healthcare were made, and six children received two proposals).

A rate of delayed healthcare can be estimated with caution in relation to the number of reminders sent to the families and the number of proposals (with or without reminders) that were apparently not followed up ("non-realised" proposals). Judging by the feedback that medical secretaries and doctors have, close to 41% of the children with a medical problem did not receive the care recommended by the school doctor (32% with a reminder and 9% without). This proportion is high but needs to be downscaled in proportions that have not yet been determined. In this respect, the evaluation of follow-up to medical reporting is very difficult without systematic feedback by the families or the family doctors. This is regrettable in the perspective of a prevention and monitoring policy.

The data obtained from the dentist in charge of this school sector report on the care received in the 2003-2004 academic year but recommended in 2002-2003 for children in their last year of nursery school and their second year of primary school. A total of 352 children were concerned. Since the dentist visits the school every year, data are available on the number of children who received care. The rate of delayed take up, although not of non-take up, can also be estimated. Of those 352 children, 21% were reported to have one or more cavities. In the following year 86% of these children were located. It was established that 66% of them had received care and 29% not (5% no response).

The results on children in primary school are more meaningful, since in the case of very young children in nursery school, treatment of milk teeth is not necessarily required or advisable. It depends on the dentist's diagnosis which is indispensable. In the case of older children, the rate of non-treatment is more likely to signify delayed treatment (if not NTU).

Regular surveys on schoolchildren's health⁴⁵ concern children in their last year of primary school. In 2001-2002 these surveys showed that 18% of children in this age-group had at least one untreated dental cavity (21% for the sector observed in Grenoble).

The last inquiry by the DREES, which falls in the province of the Ministries of Social Affairs and of Health, "highlights a strong influence of the children's social environment.

⁴⁵ DREES, "La santé des enfants scolarisés en CM2 à travers les enquêtes de santé scolaire en 2001/2002", *Etudes et Résultats* n° 313, June 2004.

The prevalence of dental problems is far higher among children in the most underprivileged social categories. The mean number of caries (treated or not) is twice as high among children of unskilled workers than among children whose father is in a management position". [...] "Economic conditions are not the only ones to be taken into account: other variables, related to education in nutrition, seem to be essential". [...] "Children who eat regularly at the school canteen seem to have fewer untreated caries than those who never eat there." On the basis of the latter finding, ODENORE suggested comparing the data obtained from the Public Health Service with other values relative to regular meals at the canteen and to socio-educative activities.

D. Project 4: NTU of welfare benefits among potential beneficiaries of accommodation facilities

At the request of the DDASS and the *Conseil Général*, ODENORE and the OSI participated in the establishment of a protocol for evaluating the state of welfare benefits of the people housed in temporary and transitory accommodation facilities in the Isère *département* (975 places without counting the 171 places in emergency housing where it is very difficult to meet the people because they only stay for a few nights). The aim was a longitudinal identification of situations of unclaimed entitled benefits, at the entry to and exit from these facilities. This processing of the data produced by these facilities favoured a comprehensive approach to individuals. The idea was no longer to zoom in on housing benefits, but to obtain an overall idea of the welfare benefits to which the people concerned were entitled. This kind of information makes it easier to take into account the different aspects of the struggle against exclusion. At the same time, the actors involved in providing housing become producers of useful data for other specialised actors.

This project completes the "zoom" approach to NTU, undertaken in relation to the interests of ODENORE's partners, for particular categories of benefits and beneficiaries. It has also enabled ODENORE to launch the qualitative work with a series of individual surveys (via interviews) and collective surveys (via interviews and discussions on documentary films⁴⁶) on people housed in these accommodation facilities.

2.3.2. Towards a synthetic indicator

A. Expanding the partnership

By launching these projects ODENORE was progressively able to expand its network of partners. The first partnership produced a web of new relations which reinforced the Unit's approach rather than dispersing its objectives. In this respect, several new developments have appeared since the creation of ODENORE in March 2003:

⁴⁶ For instance, the TV documentary "Les combattants de la pauvreté" ("the fighters against poverty") on the M6 channel (programme: *Les lundis d'investigation*) served as a medium for several debates held in 2004 in different large accommodation facilities in the Isère *département*. The question of the search for support in case of a refusal of benefits or unjust treatment is explicitly exposed in this documentary. The results of these debates are in free access on the ODENORE website in the section "Travaux" - "Etudes".

- a. From the Public Health Service of the City of Grenoble towards the Association of Health Centres and Médecins du Monde (Mdm). From work with the Grenoble branch of Mdm towards the search for a partnership between the CAF and Mdm.

Work with the Public Health Service of the City of Grenoble made it possible to enter into contact with the Association of Health Centres of Grenoble and with the Mdm research unit (*Observatoire national de Mdm*). This led to the opening of two new projects which are now having a snowball effect.

With the health centres, ODENORE participates in professionals' reflection on potential and actual welfare clients. Through this interaction, the issue of non-access to healthcare benefits and non-take up of healthcare services is gradually being taken into account as a possible indicator of precariousness/exclusion and of the activity and performance of the professionals themselves (number of cases of NTU resolved). In a sense, for these actors in the health domain NTU seems to be an operational concept that makes it possible to implement the philosophy of action of the July 1998 blueprint law on the fight against exclusion and poverty⁴⁷. This law currently serves as a common reference for many social policy actors. On a practical level, this spread of the NTU theme and the term itself towards the Grenoble health centres that treat some 21,000 individuals annually, allows ODENORE access to a new source of ad hoc information. ODENORE then helps to formulate that information in the form of NTU indexes through the application of a tool (individual data sheets) allowing a longitudinal study (over time) of the people received.

The project launched with the Public Health Service of the City of Grenoble also made it possible to launch a large scale operation with Mdm. In partnership with the Grenoble branch of Mdm, inquiries were run on data from 2003, and reflection has been initiated with the Mdm research unit with a view to extending observation on unpaid benefits to basic health insurance and delayed care.

The project with Mdm Grenoble has produced its first statistical results⁴⁸ which are combined with series of individual interviews at the Mdm centres.

ODENORE has processed social data relative to the public received by the Grenoble Mdm centre. In 2003, close to 500 individuals were received. Initially ODENORE agreed with the Grenoble Mdm to limit the number of inquiries. Two sub-groups were selected: "people not benefiting from basic health insurance" and "people with treatment overdue at the time of the first consultation". On the basis of these characteristics, these two sub-groups were considered to be potentially in a situation of NTU (of health insurance or health services). Generally, the Mdm research unit proceeds the other way round, that is, it details the rate of unpaid benefits and delayed care, for different categories characterised by age, nationality, family structure, no fixed abode, etc. Further inquiries

⁴⁷ Article 1: "The present law is intended to guarantee effective access for all to basic rights in the fields of employment, housing, healthcare and civic rights".

⁴⁸ The complete version is available on the ODENORE website in the section "Travaux" – "Etudes".

planned with the MdM research unit will enable us to complete the results summed up below:

- Over a third of the individuals received by the Grenoble MdM in 2003 were not beneficiaries of basic health insurance (basic social security benefits, CMU, etc.), even though they were entitled to it. This proportion has nevertheless declined steeply since the introduction of the CMU. Working through MdM also allowed some of the people received to have access to these benefits (close to 16% of the "applications being processed" in 2003).

The 25-34 age-group, the main age-group in 2003 (close to 31% of the Grenoble MdM clients), accounted for: one third of all those people whose treatment was overdue or who had no fixed abode, over 34% of all those who had no basic health insurance, and nearly 41% of those without any identity document.

76% of the foreigners received in 2003 were not receiving benefits, compared to 30% of French citizens in that case. Access to the AMER state medical insurance seems more problematical than access to the CMU.

- Those people not receiving basic healthcare benefits live in a state of precariousness that is greater than that of the other people received, due to their insalubrious living conditions and more marked family isolation. By contrast, no fixed abode and the absence of identity documents, which are obstacles to access to benefits, have little impact here.

It seems that the fact of settling in a place does not facilitate the payment of benefits. Compared to all MdM clients, those without basic health insurance have been in Grenoble for the longest period of time. This raises the question of the social services' ability to assist people who are permanently in the area.

- Obstacles to access to and continuity of healthcare are above all financial. This difficulty is reported by 42% of all potentially eligible beneficiaries, far ahead of a lack of knowledge about benefits (18%) or administrative problems (15%). When the CMU came into force in 2000 the effect was to reduce most difficulties. Administrative difficulties then became the main source of problems during the initial stages. But once the announcement effect had worn off, the proportion of people who encountered obstacles started increasing and financial difficulties again became the main stumbling block. Although the introduction of CMU improves situations on the whole (owing to direct payment by the insurance fund and free care in certain cases)⁴⁹, the absence of complementary insurance prevents people from obtaining treatment necessitating the consultation of specialists or the purchase of equipment (e.g. prostheses).

Considering the quality of MdM data and the possibilities of cooperation with this NGO, ODENORE believed it could rely on this partnership to meet the expectations of the CNAF

⁴⁹ Bénédicte Boisguérin, "Etat de santé et recours aux soins des bénéficiaires de la CMU", *Etudes et Résultats* n° 294, DREES, March 2004.

which wanted a study of potential beneficiaries. ODENORE thus organised meetings between the Grenoble CAF and the Grenoble branch of MdM, that allowed a complete examination of welfare benefits not received by the CAF's clients. A feasibility study is under way. The CNAF representatives who monitor ODENORE's work and the heads of the MdM research unit have met to validate the project together.

b. From the CCAS towards a set of local NGOs working with people in difficulty

A project is being planned with the Grenoble CCAS to work on social data concerning the aged living in Grenoble (4,000 people). The idea that computer inquiries can lead to the introduction of new data informed by social workers is being examined. In particular, the project would consist of observation of proposals of assistance refused by old people, taking into account their degree of dependence, their income level and their family relations. This work is carried out jointly with the heads of the CCAS and the Isère *Conseil Général*.

Via the CCAS, contact was made with two organisations that receive, support and assist people in situations of precariousness or exclusion: the organisation "La Boussole" that accommodates men over the age of 40 with no fixed abode, and the SATIS. The Association of Health Centres enabled ODENORE to enter into a working relationship with the neighbourhood network (*Réseau de voisinage*) in the Villeneuve district. With these three organisations, ODENORE established the possibility of working on a long-term basis as a way to anchoring the observation work closer to the publics concerned. Qualitative work of a biographical nature was undertaken. At the same time, as with the Grenoble Association of Health Centres, ODENORE participated in the creation of tools allowing a longitudinal study of the state of welfare benefits of the people received.

The tool developed incorporates elements relative to the individuals' social profiles. It records the frequency and purposes of contact with the organisations, and singles out all data concerning possibilities of NTU, listed in explanatory categories. On the latter point, the tool takes into account existing definitions of NTU, especially of the synthesis proposed by the EXNOTA network. The homogeneity of the tool – irrespective of the groups observed – is essential for the construction of sets of data that are at least partially comparable.

Note that it is on this qualitative work that ODENORE will base its surveys in the framework of its participation in the processing of the INSEE data base "Life history – construction of identities", launched via a call for proposals by the DARES and the DREES⁵⁰.

⁵⁰ The project "Refusal of benefits and unfair treatment" coordinated by Philippe Warin was selected. The proposed exploitation of the INSEE data base aims to analyse experienced discrimination in terms of *refusal of benefits* and *unfair treatment*, as part of broader reflection already initiated on NTU of welfare benefits and public services. This data base offers the possibility of qualifying these situations in relation to a series of considerations concerning people's family, residential and professional trajectories, and the failures encountered in these different respects. It also enables us to study people's behaviours as regards discrimination. Factorial and classificatory analyses can account for the socio-demographic profiles and reactions of individuals who say they experienced situations of refusal of benefits and unfair treatment, as well as the most relevant explanatory factors. The main indicators can be mapped along the lines of the *départements*, while a complementary cartographic representation of other INSEE data (immigration rates, income, family size, ages, type of habitat,

- c. >From participation in a DGAS working group to the discovery of a new partner, the CNAMTS (Caisse nationale d'assurance maladie des travailleurs sociaux)

A working group "Fight against exclusion, quality of reception and participation of people in difficulty" (*Lutte contre les exclusions, qualité de l'accueil et participation des personnes en difficulté*) was set up in December 2003 by the DGAS, at the request of the Minister responsible for the fight against exclusion and as part of the national plan to combat precariousness and exclusion (PNLE). This group is led, at the DGAS, by the section responsible for policies on social insertion and the struggle against exclusion (*Sous-direction des politiques d'insertion et de lutte contre les exclusions*), which is also in charge of preparing the next PNAI for France. This group includes representatives of the CNAF, the CNAMTS, the UNCCAS and the DGS, and closely associates ODENORE. Its mission is to gather the most significant experiences concerning the reception of people in difficulty. It is also a place where the issue of NTU can be discussed, thus drawing more attention to it in political and administrative circles.

In response to demands for priority actions in the 4 July 2004 Social Cohesion Plan (*Plan de cohésion sociale*) of the Inter-ministerial Committee for the fight against exclusion (CILE), the group recently proposed the "promotion of the NTU Research Unit (ODENORE)" (Action 5) and, more broadly, "the construction of indicators on NTU of benefits" (Action 8). The latter proposal corresponds to the observation of another working group on "Fundamental rights. Access, exercise, take up" set up by the CNLE as part of the preparation of the first national conference on the fight against exclusion⁵¹.

It is planned for the Group to participate in steering and leading the actions undertaken in the programme "Policies to promote social inclusion" (*Politiques en faveur de l'inclusion sociale*). In this framework, reflection on the possibilities of constructing NTU as an indicator of actions in the struggle against exclusion is likely to play a large part, especially since the expectations in this respect seem to be high today. The 1 August 2001 LOLF, the framework law relative to finance laws, considered as a "new financial constitution" of the State⁵², provides for Objective 1 "Reinforcing underprivileged persons' access to welfare benefits" of Action 1 "Prevention of Exclusion" of the (budgetary) programme "Policies in favour of inclusion), to be measured on the basis of a (results) indicator "Rate of NTU of welfare benefits". At the same time, by promoting social observation around clearer objectives, favourable conditions can be created for a methodological process of monitoring and evaluation of NTU. At the DGAS as well, services are responsible, with others (especially the DREES), for the establishment of

unemployment rate, immigration rate, consumption, etc.) sheds contextual light on the results obtained. The descriptive and explanatory relations that are updated will be tested in complementary qualitative inquiries incorporated into the activities of a research unit (*Observatoire*) that is already functioning. Finally, the processing of European Social Survey data will put the general results on the feeling of discrimination into perspective. Thanks to the Spanish team of the EXNOTA Consortium, a possibility of joint work with the Bofill Foundation in Barcelona has arisen.

⁵¹ See this group's report on page 36. Report presented at the national conference on the struggle against exclusion and for insertion, held on 6 July 2004 under the chairmanship of the Prime Minister.

⁵² The application of the 1 August 2001 LOLF profoundly reforms the State budget. Apart from the new budgetary structure, public management is set to switch from a culture of means to one of results. This new management based on performance is to constitute a significant lever of State reform and lead to a strengthening of Parliament's powers.

regional platforms for social observation (i.e. research), as in the Rhône-Alpes *Région* where ODENORE is a permanent member of the Regional committee for research on social trends (CROS) created by the DRASS and the services of the *Conseil Régional*.

ODENORE's participation in the DGAS working group also enabled it to develop contact with officials at the CNAMTS, the institution that manages the health branch of Social Security. This body subsequently launched a systematic identification of situations of NTU. In its Plan for a policy to fight exclusion (*Projet de plan pour une politique de lutte contre les exclusions*), the CNAMTS urged the *Caisses* (the Funds) in its network to "study situations of non-take up" and proposed experimenting with the possibilities of measuring the phenomenon on two types of offer per year. For 2004, the subjects have concerned failure to respond to the offer of a social service made in cases of exit from the CMUC, and the failure to apply for the CMUC. This new will is driven by the *Direction de l'animation du réseau des caisses primaires d'assurance maladie* and, within it, by the officials responsible for the "Precariousness" project. With their support, ODENORE undertook the exploration of a new project with the Grenoble CPAM, primarily to locate severance of benefits between the RMI and the CMUC. Whereas the law stipulates an obligation to make the CMUC automatically available to beneficiaries of the RMI, in practice not all RMI beneficiaries receive it. Despite the fact that transfers of files between the CAF and the CPAM are automatic, beneficiaries of the RMI still have to notify the CPAM, which some of them apparently fail to do. This type of "subtlety" is of concern to MdM, for instance, which notes a considerable number of benefits not being out paid for this reason – a reason that is perhaps difficult to impute entirely to the individuals concerned.

Owing to the same intermediaries, ODENORE is currently considering cooperation such as "data base inquiries" with the CETAF of the CPAM, created in 1994. The CETAF is primarily responsible for drawing up a health operating report on the basis of data collected annually from the 90 CES (health examination centres)⁵³. It groups together information relative to the health and health benefits of employees who visit the CES. A total of over 250 variables are informed for over 650,000 people received annually. With a permanent team that works with statisticians, the CETAF is able regularly to measure and characterise "healthcare NTU", especially on the basis of eligible beneficiaries of basic health insurance and complementary health insurance who do not receive these benefits, and the rate of delays in obtaining healthcare, or failure to do so, broken down in terms of type of beneficiary, territorial area and type of pathology.

B. Narrowing down an objective

The methodological work undertaken by ODENORE has two objectives.

First, it constructs estimations of actual NTU or identifies possibilities of NTU via searches on existing data bases (CAF beneficiaries, RMI beneficiaries, CMUC beneficiaries, schoolchildren, the aged, clients of the CPAM CES, people received by various NGOs providing accommodation and healthcare, etc.). The secondary objective is to contribute

⁵³ See the website: <http://www.cetaf.asso.fr>

towards the systematic measurement of NTU through proposals to modify or develop data bases.

ODENORE also produces qualitative surveys of people whose benefits are being (or have been) cut off, with a view to shedding light on NTU in relation to personal trajectories. In this respect the work undertaken with various NGOs also involves the development of a common tool for collecting data provided by potential beneficiaries in the form of unverifiable statements. This tool will allow a longitudinal study of the evolution of the benefits of the people received, and at the same time an evaluation of the capacity for insertion (in terms of *(re)insertion* as beneficiaries) of those agencies assisting the most vulnerable people. This tool is of use to the partners in reporting on their activity. It can serve as an "indicator of activity or of implementation" such as *Rate of (re)insertion as beneficiaries* of the most vulnerable people. By becoming a permanent indicator, this tool could help, partially (on NTU of welfare benefits) and locally (although its dissemination is possible), to solve the difficulty identified by the ONPES relative to the absence of longitudinal data for monitoring the rate of return to poverty. According to INSEE, exits from poverty, that reportedly concern only 30-40% of "poor households", are only temporary since half of these households sink back into poverty within two years. The tool proposed by ODENORE can illuminate, on its own scale, a *Rate of return to NTU*.

ODENORE has thus launched its data production activity. The gradual broadening of the partnership has not entailed its dispersion. On the contrary, it allows for more accumulation of data, at this stage on the theme of healthcare or relative to sets of actors catering for the socially excluded or for people in precarious situations (in terms of suitable housing, places to discuss their problems, medico-psychological support, overall social support, etc.).

This expansion of ODENORE's activity is important in so far as it is leading to a narrowing down of its initial objective. With this dynamic of accumulation it is possible to envisage the construction of a "synthetic" indicator of NTU. In light of official expectations relative to the programme "Policies in favour of social inclusion", mentioned above (Point 2.1.3.), this seems to be a positive development.

The issue of access to benefits remains topical as well, with the project "Single counters for social benefits" (*Guichets uniques de l'accueil sur les droits sociaux*) in the Social Cohesion Plan adopted on 30 June 2004 by the Cabinet (*Conseil des Ministres*).

The question that arises is the following: *Is it possible to construct this indicator?*

As far as the indicator "Rate of NTU of social benefits" is concerned, the programme "Policies in favour of social inclusion" explicitly refers to the work of EXNOTA and the study that a PhD student of the CEVIPOF (*Centre d'étude de la vie politique française – Institut d'Etudes Politiques de Paris*) has undertaken for the DGAS⁵⁴. EXNOTA studies enable us to compare types of inquiries relative to NTU in several European countries, to

⁵⁴ This PhD student was associated from the outset in the EXNOTA network. This is what enabled her to define a subject for her thesis that could be presented to the DGAS for funding.

synthesise the main statistical results and explanations for the phenomenon, and to compile a general glossary of the main terms and their equivalents in the different countries. The thesis undertaken at the CEVIPOF should make it possible to add to knowledge of studies and surveys on NTU in the USA and the UK. It aims to present the history of the measurement of NTU in France and in the Netherlands and the UK, with a view to initiating specific reflection on the transformations under way in the public policy model.

>From an operational point of view, ODENORE's work (closely linked to the two operations mentioned above) reveals the possibility of being equipped with *indexes* relative to different types of benefit (for different sectors of activity, different services and different targeted groups), that can be useful for calculating a rate of NTU.

ODENORE tends to show that for a given "social field", we can dispose of a regular set of estimations, if not of statistical measures and analyses. This set would probably never cover the full diversity of benefits, beneficiaries and target groups in a particular "field". However, we can always strive to move towards an expansion wherever it is possible and relevant. Irrespective of the scope of such sets, they will always be composed of diverse measurements, so that NTU will appear to be a "synthetic" indicator.

As an initial demonstration, ODENORE is preparing a set of NTU indexes in the healthcare field. These indexes related to work underway are summed up in the table below. They are *characterised indexes*, in that ODENORE has several characteristic data for the people concerned. In other words, these indexes make it possible to say *how much* and (partly) *who* is concerned.

Indexes	Targeted public	Observation scale
Delays in treatment, especially dental care	School pupils	Grenoble (City public health service)
Delays in treatment for a diversity of pathologies Basic health insurance benefits not received	MdM Health centres CPAM CES	Grenoble and national (all MdM centres) Grenoble National (CETAF, all 90 CES)
NTU of CMUC	RMI beneficiaries (CAF)	Local (Grenoble CPAM) National in 2005 (work under way with the CETAF, contact with the CMU Fund)

ODENORE is also able to conceive of the construction of sets of indexes of NTU of social benefits, starting with projects launched with several partners:

Indexes	Targeted publics	Observation scale
"Frictional NTU" of welfare benefits, especially estimation on the basis of back payments	Beneficiaries	Local (Grenoble CAF)
"Total/partial, permanent/temporary NTU" of welfare benefits	Individuals or households that are socially excluded or in a precarious situation	Local (Grenoble MdM, La Boussole: accommodation for homeless men over 40; SATIS; Réseau de voisinage Villeneuve; Isère accommodation facilities, in collaboration with the Isère Observatoire Social.

Other sets of indexes can be considered for (re)insertion measures (NTU of *contrats d'insertion*, Conseil Général 38) and debt repayment (energy, housing, UDAF 38). Discussions have also been initiated with other French researchers to renew the study of NTU of the police and judiciary, addressed in the exploratory research submitted to the *Direction Générale de l'Administration et de la Fonction Publique* in September 2002.

However, the approach in which NTU is used as a "synthetic" indicator may seem partial (but is it possible to observe everything?) and heterogeneous since it consists in gathering observations on a diversity of indexes, publics and scales. In this respect, two comments are called for:

- Until now, French and especially English-language precursory studies on NTU have focused primarily on particular welfare benefits and have often been based on local inquiries or on estimations from unspecific data⁵⁵.
- Considering the diversity of the NTU phenomenon and the multitude and variety of accessible information systems, it is difficult to conceive of anything other than an approach in which we zoom in on benefits, beneficiaries and delimited targeted groups. From this point of view, *social, statistical and qualitative observation of NTU* can be qualified as *multipolar*. The entire debate on the measurement of poverty indicates the need to take into account several types of indicator⁵⁶. The proposals that aim to surpass the shortcomings of the usual statistical series also tend towards synthetic indicators like the one proposed here⁵⁷. The programme "Policies in favour of social inclusion" notes, in the presentation of Action n°1, "Prevention of exclusion", that "there are not, strictly speaking, indicators of precariousness or comprehensive measurements of the phenomenon, since 'ruptures' can occur and spread to all areas of social life". It adds – which is consistent with ODENORE's approach – that "this is why preventive measures have to take place as early on as possible and in a very wide perimeter" (p.4).

⁵⁵ Finding drawn from the work of the European thematic network EXNOTA (*Exit from, and non-take up, of public services*). For a glimpse of the diversity of studies, see the ODENORE website, section "Travaux", "Données statistiques", *Le non recours en quelques chiffres : France, Allemagne, Pays-bas*.

⁵⁶ See the recent review by Michel Borgetto, Michel Chauvière, Brigitte Frotié and Didier Renard, *Les débats sur l'accès aux droits sociaux entre lutte contre les exclusions et modernisation administrative*, CERSA, CNAF, Dossier d'Etude, n° 60, 2004.

⁵⁷ See the *Baromètre des Inégalités et de la Pauvreté* ("Barometer of Inequalities and Poverty") of the Réseau d'alerte sur les inégalités: <http://www.bip40.org>

The question is also that of new means to implement to make these *sets of characterised indexes to measure NTU* more complete and coherent, and more permanent. Apart from the question of extending the means, there is also that of extending reflection on a crucial issue that ODENORE's work has raised, that of "the cost of NTU". To prevent exclusion it is necessary to want to reduce NTU of social rights and, concretely, of welfare benefits as early on as possible, at the stage at which it is relevant and accepted by the people themselves. This requires additional expenditures on social transfers, something that can *a priori* be easily agreed to by public decision-makers if they are shown that the longer a person's or a family's NTU lasts, the more it costs to restore that person's or that family's benefits. ODENORE also plans to work on this key issue.