



## PRESS RELEASE

25 November 2019

### ENTITIES AND PUBLIC POLICIES

## THE ADULT DISABILITY ALLOWANCE

**The Adult Disability Allowance (AAH), introduced in 1975, is designed to provide a minimum income for individuals with disabilities who do not receive an income through employment. Entirely funded by the State, this minimum social benefit, consisting of a basic monthly payment of €900, is paid to over 1.1 million individuals, at a cost of €9.7 billion in 2018.**

**In terms of the population, the numbers of individuals receiving AAH have increased dramatically over the last ten years. The proportion of the state budget allocated to it has also increased rapidly: rising from 2.8% in 2007 to 4.5% in 2017, which represents an average annual increase of €400 million.**

**These two developments have led the Cour des comptes of France (France's supreme audit institution) to review the mechanisms for allocating and renewing this benefit. By definition, this analysis is not concerned with the general policy on disability, nor can it take into consideration the personal hardships experienced and felt by disabled individuals and their families.**

### **A unique minimum social benefit, paid to increasing numbers of individuals**

The rules governing its allocation (amounts awarded are based on income and the composition of households) and the fact that it is funded by the state budget, make the AAH part of an approach based on national solidarity.

The two types of AAH introduced in 2005 are evolving very differently: awards of AAH-1, to individuals whose recognised incapacity is greater than 80%, are relatively stable in terms of percentage of the population. Conversely, awards of AAH-2, to individuals whose incapacity lies between 50% and 80% and who are at the same time recognised as being permanently and substantially prevented from accessing employment, have increased at a very rapid rate.

### **A benefit whose criteria leave significant scope for discretion, resulting in different practices across *départements***

The broadening of the concept of disability, introduced in 2005, which now takes into account the interaction between an individual, his/her impairments and his/her environment, is now confronted with the need to make the eligibility criteria as objective as possible. The current evaluation tool – a scale based on type of disability – no longer appears entirely consistent and therefore needs to be reviewed.

The parameters separating the RSA (*revenu de solidarité active*, Active Solidarity Income, the monthly amount of which represents half of the AAH) and the AAH-2



appear unclear. Depending on the *département*, the same personal situation may be considered to fall within either disability or the RSA.

In addition, the *maisons départementales des personnes handicapées* (*Département-level Centres for Persons with Disabilities, MDPH*) are not complying with their legal obligations regarding statistical knowledge of types of disability. Thus, insufficient monitoring of types of disability in individuals receiving the AAH (motor, sensory, visceral, mental, etc.), has prevented the use of an epidemiological approach, contrary to the wishes expressed by the legislator in 2005.

## **A decision circuit grappling with mass processing**

Since 2007, the MDPHs have faced a massive increase in the number of applications for the AAH, and also for parking and disability cards, the *prestation compensatoire du handicap* (Compensatory Disability Allowance), the *allocation d'éducation de l'enfant handicapé* (Disabled Child's Education Allowance), etc. In 2017, the MDPHs received 4.5 million applications covering all categories and prepared 550,000 decisions relating to the AAH. At the same time, they are striving to meet the objective of providing applicants with a response within three to four months.

To cope with this twofold pressure, the MDPHs have had to implement a method which involves the mass reviewing of applications, characterised by the need for speed and fluidity, with impacts on the time — which is relatively brief — devoted to individual files and to meetings with applicants, which are no longer routine. Initial applications for the AAH, for example, do not necessarily involve a meeting with the individual concerned or a personalised service.

## **A funding State that has been marginalised in the management of the AAH**

The AAH's allocation procedures offer MDPH teams considerable scope for discretion. As a result, there are significant disparities in practice between *départements*, which raises the issue of regional equity and equal access to this system based on national solidarity.

The State, which is ultimately responsible for this system and the sole funder of the AAH, now plays no more than a fairly marginal role in its operation. It is not able to oversee it or ensure its equal application throughout the country.

The Cour is making nine recommendations to improve the functioning of the AAH, in particular so as to ensure greater regional equity, equal access to this system, improved links between AAH and medico-social or professional support for its recipients, and the strengthening of monitoring procedures.

**[Read the report](#)**

### **PRESS CONTACTS:**

**Ted Marx** □ Head of Communications □ **T 00 33** (0)142 985562 □ [ted.marx@ccomptes.fr](mailto:ted.marx@ccomptes.fr)

**Denis Gettliffe** □ Press Relations Officer □ **T 00 33** (0)142 985577 □ [denis.gettliffe@ccomptes.fr](mailto:denis.gettliffe@ccomptes.fr)



@Courdescomptes



ccomptes



Cour des comptes