

ATD Fourth World Contribution to the Social Watch Report

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Report about France

When the whole world was suddenly confronted with the COVID-19 pandemic, the factors that make people in poverty vulnerable, that impede their power to take action and intensify the social and institutional violence done to them became more apparent. France was no exception.

The French government invested heavily to support the economy during the pandemic

In 2020 the French government spent 47 billion euros to support the economy: more than 16 billion for the solidarity fund, about 27 billion for *partial unemployment* and 4 billion euros in exemptions from social security contributions. The public deficit reached 9.2 per cent of gross domestic product (GDP) and the debt soared to 115.7 per cent, INSEE reported. (*Partial unemployment*: The French government provided subsidies to all companies that had to close because of the pandemic. All workers were paid 70% of their salary even though they were not allowed to work. Remote, on line work was mandatory whenever possible)

In 2021, the French government is expected to spend about 32 billion euros to support the economy, 18 billion for the solidarity fund, 11 billion for *partial unemployment* and about 3.5 to 4 billion euros for exemptions from social security contributions.

Even after the year 2020 that saw the deficit and debt reach "historic" levels, according to Public Accounts Minister Olivier Dussopt in a March 2021 interview with AFP (Agence France Presse), the French state planned to support companies as long as they were unable to function normally.

Have inequalities been reduced? Have the poor been protected from the pandemic?

A study by the French National Institute of Health and Medical Research (INSERM) has proven the contrary. The EpiCoV survey shows that even if the measures put in place to fight the epidemic of COVID-19 have effectively slowed the spread of the virus, they have come up against the social inequalities that deeply structure French society.

The survey addresses the issue of inequalities from two angles: exposure factors related to the virus according to place of residence, housing conditions and the need to work at home, and the effects of confinement on living conditions, recourse to on line working, childcare and employment status, and financial status.

Social inequalities linked to class and origin are marked here, and cumulative. The people in the most precarious situations live in the highest density municipalities and in the most overcrowded housing.

This inequality of exposure to the virus is compounded by the fact that those in greatest precariousness could not do remote work, and have often had essential jobs (personal care, medical care, cleaning) that have exposed them more than others. Most often, they could not afford child care and overall they have suffered the most from loss of income, to the point of being forced into debt.

Gender inequalities are also very present when we consider the organization of daily life, whether it be the distribution of domestic tasks or the care of children.

The social inequalities recorded in terms of potential exposure to the virus shed light on the differences in mortality by place of residence and origin recorded in France. The issue is all the more important because the social groups most concerned by the risk of exposure, who adopt

the preventive measures as much as others, are also those who have been most frequently contaminated by the virus.

These same social groups also have a higher prevalence of pathologies associated with the risk of developing a serious form of the disease. The health crisis has also contributed to accentuating social inequalities in terms of professional and financial vulnerability. These inequalities would undoubtedly have been even greater in the absence of the measures taken to limit the impact of the crisis on the deterioration of employment situations.

But the compensatory action of the state has not offset the accent on social inequalities, especially for the working classes, whose financial situation has deteriorated particularly sharply since the beginning of the lockdown.

What about the most disadvantaged populations?

ATD Fourth World focuses its efforts on the most disadvantaged populations

In France, the public concerned by the various human rights violations are families and individuals living in extreme poverty, i.e., well below the poverty line. Extreme poverty is 40% of the median income, or 694 euros per month. 2.2 million people in the country live in extreme poverty.

These are people who receive minimum social benefits, people who have given up applying for benefits, people who alternate periods of work insecurity and unemployment, poorly housed people, homeless people, migrants, families whose children are in care, people living in camps or shanty towns.

Forced isolation was difficult to live with

In addition to the fear linked to the pandemic itself, there was also the fear of the impact of the preventive measures on people who are already in survival mode on a day to day basis. Overall, there were many questions, and also misunderstandings, with sometimes a sense of inconsistency in the decisions and guidelines.

The forced isolation was difficult to live with, even if it was not strictly speaking a new experience for people experiencing poverty all year around. Stay-at-home orders are not something new. Indeed, being confined to their home, with little leisure time and limited freedom, is the daily life of people who are unemployed, socially excluded, and experiencing poverty.

The health crisis only exacerbated the problems of access to food, work, and visiting rights for children in care. This crisis was seen as stifling the voice of people in poverty:

*“We have no say. We have fewer and fewer rights,
and life is getting more and more difficult.”*

Right to health

Vaccinations and tests were provided for free, but the vaccination campaign started late and the vaccines were initially reserved for the oldest people. (Five billion euros were devoted to free testing alone)

People living in poverty were already in poor health and felt vulnerable. Because of the priority given to COVID patients, treatment for long term care was on hold: This included chronic diseases, heart, diabetes, and cancer as well as addictions such as tobacco and drugs, and

psychiatry. This public health strategy had a strong impact on the poorest. For people with psychological difficulties, the anxiety of the confinement added to a situation that was already complex in ordinary times. Not being able to apply the rules and injunctions of prevention or the advice of regular wellness care was destabilizing.

Fake news shared on social networks was a source of anxiety. Comments on the suspicious origin of the virus abounded. The announcement of a higher mortality rate among people in precarious situations added to the anxiety. People who do not have medical coverage worried.

Vulnerability to lock down

The poorest people were more vulnerable to confinement. The health guidelines were not adapted to the time frames of the poorest people who needed time to get informed, understand and adapt. Stigmatization and tension increased in certain neighborhoods around those who have difficulty complying with the guidelines (confinement and curfews). Strong police presence in certain neighborhoods created fear of going out even under authorized conditions. The amount of the fine in relation to small incomes created a disproportionate pressure.

Right to housing

Homeless people obviously could not observe the confinement obligations. They suffered closure of day shelters (lack of volunteers, lack of available staff, lack of masks...) as well as closing of libraries and train stations which are important to them. The closing of public health facilities, parks and public fountains, fewer food distributions, and fewer places to shower worsened their daily life. Deprived of health protection, they feared being contaminated by going to shelters and food distributions. In some cities homeless people have become invisible or deserted the city centers. In others they were more visible and more stigmatized.

The winter moratorium on evictions was postponed by two months. Some people wondered why it was not possible to wait longer before evicting them. The emergency telephone number set up by the government and dedicated to substandard housing no longer answered. Some landlords no longer took care of needed repairs. The issue of cramped or overcrowded housing where children had to stay home was very important. It had heavy consequences on education and the spread of infection. The housing conditions and promiscuity exacerbated difficult relations.

Right to work and to income

People living in poverty do the most precarious work. They were also the most exposed to the risks of infection. Personal care, shop keeping, and some forms of health care are done by people without professional qualifications. Their work has been recognized as essential, but this has not resulted in any improvement in salary. Of course, none of these jobs can be done remotely.

For the most precarious people with low salaries who had to stop their work, the compensation by the State of up to 70% of their salary was a catastrophe.

People on indefinite work contracts, in training, on internships or apprenticeships did not know if they would be helped. They did not know if they had the right to ask for a leave to keep their children at home. Some of them called on their older children to look after the younger ones, thus endangering their education.

Livelihoods disappeared completely for those who worked informally, or those who lived by begging, scavenging, or undeclared work. People who had to work at night and no longer had public transport had security problems. They also had to face many changes of location or schedule. These same populations felt harsh criticism for their lack of protection, lack of masks. The feeling of uselessness has become more and more important, including for young people. The number of job offers has decreased and their duration is increasingly short.

People had to face unanticipated expenses, such as increased heat and electricity bills due to confinement, increased food shopping bills since the children were at home and needed lunches that they usually have in school and which were already paid for. People had to make hard choices between shopping and paying rent or utilities. The cost of basic utilities has also increased, adding to the stress. The economic situation of people in poverty worsened.

Right to education

The closure of schools and its replacement by distance learning during the pandemic has profoundly affected the education of the vast majority of children and young people. Families and children who had no access to communication tools (no computer, smartphone, television, or internet connection) were isolated and deprived of the right to education.

There is no educational continuity when children do not have access to a computer, or when there is little or no internet connection. For many families, the only connected device is their phone. But it is almost impossible to follow online classes only with a small phone screen. It is very difficult to hand in assignments, or download courses as requested by teachers. Without a scanner or printer, it is very difficult to participate in classes.

Parents had to face extra costs for internet connections. Most of them have limited phone plans costing a lot of money if they go over. The costs of paper and ink for home printers are high. How to ensure a serene work environment for your child in a home that is either too small or overcrowded, unhealthy, or dangerous?

Implicitly, parents must be able to support their children's schooling and for many, this was a problem. Parents were not knowledgeable enough about what their children were learning. They were not computer literate, did not have the training, and they felt guilty for not being able to support their children. After several weeks of trying, many became discouraged and resigned to the fact that their children would stay behind. Special education was impossible to provide on line.

After all these weeks of confinement, the gap between these children and those whose families have been able to "school at home" widened even more, in spite of strong efforts made by parents in poverty.

Digital exclusion

With administrative offices closed, more and more social rights were accessible only on the internet. Digital exclusion has severely affected the daily lives of people experiencing poverty. ATD Fourth World has tried to overcome these obstacles and prevent people from losing resources they need to survive. These include jobseekers and people in insecure situations, such as depending on minimum social benefits and applying for government aid.

Homeless people and parents living in poverty could no longer visit the French public employment service or the family benefits office, so they could not update files on their situation. Without access to public computers that would allow them to check their situation

online, they risked losing their unemployment or social benefit entitlements, their only resource. People whose administrative situation changed or who became eligible for a new entitlement were especially affected.

ATD Fourth World offered internet access and made phone cards available. It also launched a national campaign #ConfinésMaisConnectés (staying connected during quarantine) with telephone service providers, which was shared on many social networks. Some providers increased the time and data available in their subscribers' telephone packages or offered phone credits to workers involved with the people concerned.

Access to rights for families with children in care

Social workers, parents, and children involved with child welfare services, were put to the test by lockdown measures. Parental visits or weekend home visits were abruptly suspended for thousands of children and adolescents in care.

During the first lockdown (March to May 2020), the team of the ATD Fourth World family promotion center in Noisy-le-Grand, worked with several families supported by child welfare services. There were many instances of families being denied their fundamental rights, such as placement measures being renewed without a hearing. In the case of placement homes or foster families, everyone said that the children and their parents could not see each other, even through video links, and even though the Ministry of Health recommended that they be able to do so in place of in-person visits.

The team supported the parents of a family whose children were scattered among different foster families and care homes, and organized telephone conferences with an educator and a psychologist. At the end of the lockdown restrictions, professionals from child welfare services wanted to meet with the team to make an assessment and work together to find more consistency in their responses.

Facing the same challenges, in various places throughout France, ATD reported breaches of fundamental rights to the Human Rights Defender (a nation-wide independent authority). Common law was re-established and, during the second lockdown in October, child welfare services reacted quite differently: visiting rights and links between parents and children were maintained.

Overall, in spite of the strong commitment of the French State to combat Covid 19 and support the economy, the situation of people living in poverty worsened during the pandemic.

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