



European Centre for Cultural Accessibility

ACTING FOR EQUAL OPPORTUNITY AND NON-DISCRIMINATION

Discrimination in Access to Culture against People with Disabilities and Older People in Need of Care

Case Study: France – May 2012

Study Report with Summary and Recommendations

"States Parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure..."

United Nations Convention on the Rights of Person with Disabilities, article 30, 2006

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A French language version is also available.

Summary

1. Introduction and context

Article 30 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) recognises the right of people with a disability to take part in cultural life 'on equal terms'. Furthermore, various policy texts state that full participation in society requires full participation in cultural life (see [appendix](#), and [chapter 6](#)).

The implementation of the cultural rights of people with disabilities in Europe requires knowledge of current levels of cultural accessibility. This first report by the European Centre for Cultural Accessibility (ECCA) on discrimination in access to culture focuses on situations, which may be considered as discriminatory within the French legal framework. ECCA's secretariat is provided by Cemaforre, which chairs EUCREA International, a member of the European Disability Forum.

Similar national and comparative studies are needed to serve as a basis for recommendations for legislative, policy and programme developments at national and European levels to implement article 30 of the UNCRPD. The European Union has a pro-active role to play in stimulating and regulating these emerging dynamics.

Taking France as a case study, the main processes of discrimination identified are:

2. The State and national policy frameworks

2.1 Discrimination on the grounds of disability, health and place of residence, *due to the transfer of responsibilities* of culture sector professionals towards professionals in the health, paramedical and social sector, as well as volunteers.

2.2 Discrimination on the grounds of age, owing to the "60 years age barrier" for benefiting from the disability allowance called "Prestation de Compensation du Handicap (PCH)" and various provisions.

2.3 Discrimination related to geographical location and place of residence, due to *a disparity between overall budgeting and cultural projects* by regional health agencies (Agences Régionales de Santé -ARS) and health, social care, social and prison services.

2.4 Un-equal treatment in access to arts and cultural professions: *owing to the weakness of employment support structures in this area*. Thus, there are only 10 such services in the cultural sector (called "Etablissement et Service d'Aide par le Travail") of a total 1,500.

3. Local authorities

Discrimination on grounds of disability, age, health, place of residence *due to the transfer of responsibilities* of culture sector professionals towards the health, paramedical, social and voluntary sectors.

4. Public services sector leisure, arts and culture

Direct an indirect discrimination on grounds of disability, age, health, place of residence, *owing to the absence or low levels of accessibility of services.*

5. Health, care, social and prison services

Direct an indirect discrimination on grounds of disability, age, health, place of residence, owing to:

- *the transfer of responsibilities* of culture sector professionals towards professionals in the health, paramedical and social sector, as well as volunteers
- *the priority given to the "health plan"(projet de soin) over the "life plan" (projet de vie) and to institutional workings over cultural rights.*

6. Conclusions and recommendations

Current skills development in cultural accessibility and essential frameworks programmes (*conventions*) such as the "Culture and Health", "Culture and Disability", "Culture and the Prison Service" are not sufficient on their own to eradicate the effects of the real pattern of discrimination in cultural accessibility faced by millions of people. They do not address the root of the problem. We believe that this situation applies to every EU country.

The pro-active commitment of the "Défenseur des Droits" (the national ombudsman for equality and human rights), members of parliament, directors of all organisations concerned, as well as of experts at national and European levels is needed in order to build appropriate which give an in-depth response do these human and citizenship issues.

Recommendations for France:

1. Publication of a Note (*Avis*) regarding the findings of this Report and follow up actions by the national ombudsman of rights (*Défenseur des Droits.*)
2. Establishment of a Commission including members of parliament tasked with the development of decrees (*décret*) to progress cultural accessibility for people with disabilities.

Recommendations for the European Union:

1. Initiate action at European level, mobilising the European Disability Forum (EDF), the European Parliament Disability Intergroup and European Commission Directorates concerned.
2. Monitor progress in cultural accessibility for people with disabilities.
3. Specifically mention article 30 of UNCRPD in any future European Accessibility Act.

1. Introduction: implementing the cultural rights of people with disabilities in Europe

Article 30 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) recognises the right of people with a disability to take part in cultural life 'on equal terms'. The implementation of the cultural rights of people with disabilities in Europe requires knowledge of current levels of cultural accessibility.

ECCA's Ethics and Scientific Council gave its approval to a study about direct and indirect processes of discrimination and un-equal treatment in access to culture for people with a disability and older people in need of care, at its meeting of 9 January 2012, held at the French Ministry for Culture.

This first report on discrimination in access to culture focuses on situations, which may be considered as discriminatory within the French legal framework. In ethical terms, there are more instances of discrimination in access to culture against people with a disability in France and in Europe. They all deserve to be studied and drawn to the attention of policy makers.

It will be of great interest to undertake national and comparative studies and identify which processes of discrimination may not meet existing legal and policy requirements in other EU countries, as well as those which require new policies and legislation. They can serve as a basis for recommendations for legislative, policy and programme developments needed to implement article 30 of the UNCRPD at national and European levels.

The European Union has a pro-active to play in stimulating and regulating these emerging dynamics. Yes, cultural policy is the responsibility of member-states. But the European Union is already actively involved in developments with an impact on cultural life and the cultural services industries, such as the Audio Visual Media Services Directive, e-Accessibility and the public procurement of ITC. Besides, full participation in society requires full participation in culture. All EU countries participate in the Council of Europe Action Plan (2006-2015) on "Full Participation of People with Disabilities in Society", which states:

"The right of people with disabilities as individuals to be fully integrated into society is dependent on them being able to participate in the cultural life of that society..."

2. The State and national framework programmes

2.1 Discrimination on the grounds of disability, health and place of residence, *due to the transfer of responsibilities* of culture sector professionals towards professionals in the health, paramedical and social sector, as well as volunteers.

Findings

Numerous texts of legislation require that public sector cultural services are accessible to all people and that cultural activities on offer for people with disabilities and for older people in need of care are provided by culture sector professionals. These include the disability rights act of 2005 (*Loi Handicap 2005*), as well as national policy framework programmes, which are signed off by Ministers, such as the "Culture and Health", "Culture and Disability", "Culture and the Prison Service" framework programmes.

We note, however, that other national policies, declarations and actions ensure the promotion and implementation of a different principle. According to this principle, health, paramedical, social and voluntary sector professionals, and volunteers are in charge of cultural activities.

Examples:

National Alzheimer Report (*Rapport National Alzheimer, 2004*): Health Minister Philippe Douste-Blazy mentions "visual arts workshops provided by nurses, psychomotricians and psychologists" as good practice examples in the first page of his report.

National Report on the Alzheimer Action Plan (*Rapport national relatif au Plan Alzheimer 2008-12*): this report, which covers all aspects of the lives of people with Alzheimer, makes no reference to cultural activities and access to culture whatsoever. The word "leisure" only appears once in its 70 pages, the report lists an impressive number of medical, paramedical and social care professions, but not once leisure, arts and culture professionals ; not even arts and cultural workers (*animateurs culturels*) who do have a tradition of working with geriatric institutions and places of residence for older people in need of care. When told about this finding, Professor Joël Ménard, author of the report expressed regret at this situation, which he saw as a "wholly medical vision". He was astonished that none of the members of the various sub-commissions who worked on the report had pointed this out.

National frameworks and action programmes (*Convention Collective*): existing frameworks in the health, care and prison services sector appear to be an obstacle to

the employment of culture sector professionals. However, we note some exceptions: for example the hospital public service (*fonction publique hospitalière*) have to employ arts and culture workers (*animateur culturel*).

2.2 Discrimination on grounds of age

Findings

Direct and indirect discrimination can be noticed within national legislation and policies and dynamics initiated by national authorities and bodies.

Examples:

The disability rights act (*Loi du 11 février 2005*) grants "equal rights and opportunities, participation in society and citizenship" to people with a disability. The act set the end 2010 as the date for abolishing the "60 years age barrier" (for people to be eligible to benefit from disability allowances, disability has to have occurred before the age of 60).

The decree on the disability allowance (*Prestation de Compensation du Handicap*) includes provisions about access to leisure and culture, which allow for human, technical and financial assistance. The provisions made for the abolition of the "60 years age barrier" have not been implemented and people who became disabled after the age of 60 can still not benefit from this allowance today. As a result, older disabled people do not get equal treatment when it gets to accessing cultural activities with part of their disability allowance.

National Commission on Culture and Disability: no national initiative has been taken as yet in support of older people in need of care and people with Alzheimer, who often have several disabilities and who have specific needs and receive care in specialist institutions.

Culture and Health framework and action plan: statistics about projects which received support following a call tender show that the gerontological sector is hardly getting involved.

2.3 Discrimination related to locality and place of residence

Findings

Existing legislation and various frameworks for implementing the cultural policies and projects of health, care and prison services do not guarantee equal treatment at local level and the absence of discrimination.

Examples:

There are strong variations in the proportion of funding spent by different regional health agencies on cultural activities. They amounts spent bear no relation with the number of people concerned and their needs.

Budgetary spent for cultural policies established by hospital establishments show no

coherence at a national level. Furthermore, within a given type of establishment, some employ arts and culture officers, have a cultural commission in place, a budget and an arts and culture action plan. Others hardly provide any of this.

In care institutions, disparity is the rule as far as budgets, human resources, cultural infrastructure, materials and projects are concerned.

2.4 Unequal treatment in the access to the arts and culture professions, as assessed against existing legislation and policies

Findings

Existing measures to support the employment of people with a disability in the arts and culture professions are un-sufficient to grant equal opportunities. Organisations supporting job retention in and access to employment generally lack guidance and tools for giving the cultural sector equal weight when supporting people make job choices - although this provides more employment opportunities than the French automobile industry.

Example:

In France, there are 1,500 ESAT (*Etablissements et services d'Aide par le Travail*), centres employing people with disabilities of which less than 10 focus on artistic and cultural activities.

3. Local authorities

Discrimination on grounds of disability, age, health, place of residence *due to the transfer of responsibilities* of culture sector professionals towards the health, paramedical, social and voluntary sectors.

Findings

With a few exceptions, local authorities, partnerships between local authorities (inter-communalités), General Councils (*Conseil Général*) of French "départements" (of which there are 101 for a total population of over 60 million people) and elected members with responsibility for the arts and culture tend to refer requests for cultural accessibility by people with a disability and older people in need of care to health, care and voluntary organisations. These behaviours do exist across the spectrum of political parties and can be witnessed in public statements, reports and writings.

Examples

Mr Patrick Thil (*Union pour un Rassemblement Populaire (UMP)*), Deputy Mayor for cultural affairs of the city of Metz wrote to an arts organisation on 22 March 2004 regarding a project involving people with a disability:

"... generally speaking, I do not have a budget for arts and cultural projects and activities in the health, care and in other sectors (such as older people's homes, etc). This responsibility has more to do with the General Council of the département de la Moselle or the State."

Mr Pierre Gosnat (*Parti Communiste Français, PCF*), Mayor of Ivry-sur-Seine and Member of Parliament considers that the local authority does not need include hospital institutions cultural policy development, even though they host many long-term residents (some having been residents for 10 years or longer) who have no way of leaving the establishment to attend cultural activities. For several decades the local authority of Ivry-sur-Seine has excluded many of its citizen from its cultural activities (the residents of the Hôpital Charles Foix numbered 1,500 in the eighties, of which 800 were long-term residents. There are 450 today). The local authority has never established any partnership agreement (*partenariat conventionné*) with the hospital during the years 1984-2012.

Bernadette Chirac (*Union pour un Mouvement Populaire*), elected member of the General Council of the département de Corrèze, then France's First Lady, had very clear views about older people living in retirement homes and in hospitals. When interviewed on 9 October 2006 on TV channel France 3: " We need to ensure that there are more leisure opportunities, more activities, more excursions ... all things local government cannot pay for. This is not its role. It's the role of the voluntary sector and of foundations..."

The contents of the actions plans for people with disabilities and older people in need

of care (*schéma directeur*) of General Councils of French "départements", do not, country-wide, show equal treatment in cultural accessibility.

At the occasion of a conference talk about these issues held in 2007 at the culture commission of the French association of Mayors (*Association des Maires de France*), elected members were divided. Some considered that access to culture for people with a disability is the responsibility of volunteers and the medical and paramedical professions. Others recognised the necessity of changing attitudes, so that all citizens are being taken into account in cultural policy development.

4. Public sector leisure, arts and culture services

Direct an indirect discrimination on grounds of disability, age, health, and place of residence in the accessibility of services

In French law, the principle of equal access to and equal treatment in public services has been incorporated into the fundamental constitutional principle of equality under the law.

Findings

Blind people are being refused entry to discos, once their white canes get sighted. Similar refusals to serve people with other all disabilities exist, for example, in music, dance and sculpture courses.

The vast majority of cultural services directors fail to mention citizens with severe disabilities, who lead socially isolated lives at home or who live in various health and care institutions in their organisational policies and plans.

Examples:

Several blind people who live in the residential home 'Saint Louis des Quinze-Vingts' in Paris gave witness to them having been prevented to enter discos as well as arts courses.

In many of the access assessments of leisure, arts and cultural venues undertaken by Cemaforre (the French national resource centre for cultural accessibility) managers state that they are aware of the fact that their services are not accessible to people with a diverse range of disabilities. This is true even more so when they consider the services they offer to house bound people or people who live in residential centres and who cannot or only with great difficulty get out and access cultural services.

5. Health, care, social and prison services

Discrimination on the grounds of disability, health and place of residence, *due to the transfer of responsibilities* of culture sector professionals towards professionals in the health, paramedical and social sector, as well as volunteers; priority given to the 'health plan' over the 'life plan' and to institutional workings over cultural rights.

Finding 1

Various pieces of legislation and policy frameworks cover the requirement of health, care and prison services to develop a 'life plan' with their clients, which includes participation in cultural life: the laws on social modernisation of 2002, disability rights legislation of 2005, the law on patients, health and locality of 2009 and the national framework for "Culture and Health", "Culture and Disability" and "Culture and Prison" services.

We, however, note numerous examples of non-implementation of these principles and duties.

Examples:

The hospitals of the Assistance-Publique-Hôpitaux of Paris employ almost exclusively hospital staff and nurses for the provision of leisure, arts and cultural activities, whereas the charter (grille) for public hospital service (Fonction publique hospitalière) includes arts and cultural workers (*animateur culturel*) in the list of professions to be employed in hospitals.

Finding 2

Priority of the 'health plan' over the 'life plan' and of so called therapeutic activities over activities which support participation in the community (*l'intégration à la vie de la Cité*).

It appears that the majority of health and care sector directors and professionals give priority to the implementation of the 'health plan', while paying scant or no attention to the development of 'life plans'. This behaviour doesn't help and even prevents the introduction of arts and cultural activities through partnerships and local cultural organisations.

The user of these institutions is primarily seen as a sick patient or a disabled person. There is often a disregard for his/her citizenship and cultural life. There is a widespread belief, that arts and cultural activities have to be subservient to therapeutic activities and rehabilitation and have to be subsumed within the health plan. This does deny patients the respect of rights and freedoms and opportunities for engaging with the great richness of experiences which are inherent to cultural life.

Example:

Managers of health and care services stated at a conference held in 2008 by the Regional Directorate for Cultural Affairs of the Centre region, that arts and cultural activities in their establishment which take place outside therapeutic activities can only be undertaken if a medical prescription has been made. They stated that they have the power to forbid cultural activities.

Such attitudes beg us to reflect on a letter the great impressionist painter Vincent van Gogh wrote to his brother Théo: "I just feel plain stupid having to ask permission to paint from a doctor."

Finding 3

Many professionals appear to confuse disability and illness and some refuse to recognise the definition of psychic disability as it is presented in disability rights act of 2005. This emphasises participation in society and citizenship. This results in priority given to therapeutic activities over those which support participation in ordinary cultural activities with others.

This behaviour has as an effect that many professionals limit the scope of their services to health care, whilst they failing in many cases in their duty of supporting patients participate in social life and thus in ordinary cultural activities with others.

Example:

During national mental health week numerous public statements bear witness to these dynamics.

Finding 4

There is a confusion between therapeutic activities which use arts or cultural activities as a medium, such as art therapy and "culture care" (*soin culturel*) and arts and cultural practices which are not by nature designed to meet any specified therapeutic objective or medical prescription. We have no right to prohibit the latter.

Many managers of health and care institutions consider that the cultural needs and rights of their clients are being fulfilled through art therapy and "culture care" (*soin culturel*), a concept promoted by Professor Marcel Ruffo), which by definition are paramedical activities which do not at all provide the same freedom of choice as arts and cultural practices do, and set very different objectives.

Example:

There are numerous examples and this tendency is on the rise in older people's homes, psychiatric care and day care centres used by many different user groups.

Finding 5

Intellectual property is very poorly respected

Managers of health and care institutions do not appear able to respect the intellectual property of and the protection of artistic creations made by people with a disability and older people in need of care who live in institutions.

Example:

There are many examples for this behaviour. Some managers of institutions have decided to hold exhibitions and decided to throw hundreds of art works, paintings and sculptures into the rubbish bin, without any prior consultation with their authors and/or their rights holders.

6. Conclusions and recommendations

France has put into place some exemplary policies, frameworks and plans for the implementation of the Europe of equal opportunities and non-discrimination: the Culture and Health, Culture and Disability and Culture and Prison Services framework programmes, as well as the national commission on culture and disability (*Commission nationale culture et handicap*).

However, their scope is insufficient to successfully combat the discriminatory processes discussed in this report. Millions of citizen are being left behind the important advances made in the accessibility of museums, libraries, heritage sites and monuments and continue to face unacceptable discrimination. We believe that this situation being applies to every EU country.

We note, that cases of discrimination are far from isolated and are the symptoms of the wider societal, political and professional context witch involves a number of key stakeholders who have a responsibility to guarantee a seamless "access sequence" to cultural services. The attitudes, beliefs and behaviours they hold invite reflection and scrutiny from an ethical and legal perspective. Also, the measures taken, such as partnership agreements (*conventions collectives*) and job descriptions (*fiches de postes*) of some professions concerned inhibit change.

The way life is being organised locally needs no doubt to be improved to grant people with severe disabilities the right of access to cultural life, with a much stronger focus on participation in arts, cultural and leisure activities within the community.

Similarly, the general policy framework in the health and care sectors regarding their roles for enabling participation in local life, and specifically in cultural life needs reviewing.

We need to interrogate the place given to culture generally and cultural accessibility for people with a disability and older people in need of care specifically:

- in the professional training of who work with people with a disability and older people in need of care: psychologists, educators and managers of health and care institutions, etc.
- publications, colloquia and research programmes.

We need to interrogate the place allocated to cultural accessibility for people with a disability and older people in need of care in the curriculum of arts and culture professionals

In France, the intellectual, political, cultural and media elites never address the subject, thus excluding millions of citizen from public debate on cultural policies. A kind of one-dimensional thinking (*pensée unique*) structures debate and limits it to a range of legitimate topics : the effects of colonisation, slavery and racism,

immigration, multi-culturalism, identity, inner cities and deprived areas. At times, these powerful topics even drown out debate about equality, an issue is central for citizen.

How in this context can the cultural rights of people with a disability and older people in need of care be defended and promoted? Disability and need of care is a reality shared by all groups of the community, by people who live in overseas French territories, young people from the inner cities, people of North-African origin, people of all shades and colours, with a multiplicity of roots and from every place. They do not represent a specific community, they are the Community of human beings. Should the human Community not be defended?

Various artists and intellectuals take interest in the subject of art and disability and are sometimes greatly fascinated by it, for a range of reasons. To them, this subject is an opportunity for reflecting on the nature of creative processes, on art "by the mad", outsider art, the role of creative expression in human development, the therapeutic benefits of art activities, disability, old age and the end of life as a source of inspiration for artistic creation. The potential for job creation in the sector deserves being explored. Very few artists and intellectuals, however, get involved in the promotion of equitable cultural policies for people with a disability and older people in need of care.

Representative organisations of people with a disability play an important role, namely within the national commission on culture and disability. However, they have as yet to fully realise that cultural accessibility as a condition for social, educational and professional integration. They forget to mention culture in the majority of their major advocacy work and campaigns.

It is important to take in this whole picture to gain a clear understanding of just how little the cultural rights of people with a disability and older people in need of care are being defended and promoted.

In this wider context, the European Centre for Cultural Accessibility has the possibility of mobilising the national ombudsperson for rights (*Défenseur des Droits*), members of parliament as well all energies needed for this campaign. Cultural rights are of concern to millions of people with a disability and the millions of citizen who believe that the civilisation and human rights go hand in hand.

Recommendations

This first assessment will of course have to be further fine-tuned and deepened, but we can already sketch out broad recommendations for action:

France

1. Publication of a Note (*Avis*) regarding the findings of this Report and follow up actions by the national ombudsman of rights (*Défenseur des Droits*)

2. Establishment of a Commission including members of parliament tasked with the development of decrees (*décret*) aimed at defining and organising:
 - the cultural remit and duties of national, regional and local government regarding people with a disability who find it impossible to access (currently existing) cultural services
 - the cultural mission and actions of health, care and prison services
 - initiate a discussion (*réflexion*) on the professions concerned in the health, paramedical and social sectors, with a view to clarifying their responsibilities (*mission*) regarding the involvement of culture and leisure professionals
 - the Commission could also work collaboratively on the establishment of a future framework programme (*Convention*) announced by the Minister for Social Cohesion, Roseyne Bachelot during the interim meeting of the national commission on culture and disability held on 26 January 2012, which will enable the merger of the framework programmes on Culture and Health and Culture and Disability.

Europe

1. Initiate action at European level, mobilising the European Disability Forum (EDF), the Disability Intergroup of the European Parliament, as well as the Commissioners and Directorates of the European Commission concerned, and specifically Directorate-General X on "Information, Communication, Culture, Audiovisual".
2. These actions should include national and European monitoring of progress in cultural accessibility for people with disabilities and contribute to EU progress monitoring of the implementation of the UNCRPD and the European Disability Strategy 2010-21.

We note that EU countries have twice not met commitments they made to monitoring progress in cultural accessibility. These were made in commitments in the Council of Europe Action Plan (2006-2015) on "Full Participation of People with Disabilities in Society" (chapter 1.5, p 8 and chapter 3.2, page 13) and in the Resolution of the Council of the European Union of 6 May 2003 "on accessibility of cultural infrastructure and cultural activities for people with disabilities".
3. The European Union should specifically mention article 30 of UNCRPD about cultural rights in any future European Accessibility Act. This is vital for the implementation of the cultural rights of people with disabilities.

Appendix

Principal legal and policy texts underpinning the Report

"All human beings are born remain free and equal in rights."

"Law ... must be the same for all."

Declaration of the Rights of Man and of the Citizen, articles 1 and 6, 1789

([wikipedia](#))

"(1) Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.

(2) Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author."

Universal Declaration of Human Rights, article 27, 1948

(www.un.org/en/documents/udhr/)

States Parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure...

United Nations Convention on the Rights of Person with Disabilities, article 30, 2006

(www.un.org/disabilities/convention/conventionfull.shtml)

"Government institutions, leisure and cultural organisations should develop comprehensive access policies and action programmes designed to bring about significant and lasting improvements for all people with disabilities."

Council of Europe Recommendation R (92)6, chapter VIII, section 8,5, 1992

"The right of people with disabilities as individuals to be fully integrated into society is dependent on them being able to participate in the cultural life of that society..."

"Member states should start with an evaluation of their existing disability policy programmes and identify in which areas progress has yet to be made..."

Council of Europe Action Plan (2006-2015) on "Full Participation of People with Disabilities in Society", chapter 3,2, p 13 and chapter 1.5, p 8, 2005

www.coe.int

Without prejudice to the other provisions of this Treaty and within the limits of the powers conferred by it upon the Community, the Council, acting unanimously on a proposal from the Commission and after consulting the European Parliament, may take appropriate action to combat discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation.

European Union Treaty of Amsterdam, 1997

([wikipedia](#))

"...the (European) Council, by the end of 2005, should take stock of the follow-up of the measures to implement the present resolution."

European Council Resolution of 6 May 2003 on accessibility of cultural infrastructure and cultural activities for people with disabilities

Official Journal C 134, 07/06/2003 P. 0007 - 0008

"The person who has been hospitalised cannot be considered solely, not even principally from the point of view of their pathology, disability or age...Medical establishments have a duty to make sure that universally recognised human and citizen's rights are respected, as well as general legal principles of French law."

French Charter of the Hospitalised Patient, annex to the Ministerial Order 95-22 of 6 May 1995

"Direct discrimination occurs in a situation in which a person is being treated less well than another person has been treated, is being treated or will have been treated in a comparable situation on grounds of their real or supposed belonging or non-belonging to an ethnic group or race, his-her religion, opinions, age, disability, sexual orientation or gender. Indirect discrimination occurs when an apparently neutral decision/policy, criterion or practice that is susceptible to lead to a specific disadvantage for people in comparison with other people due to one of the reasons mentioned above.

French Law n. 2008-496 of 27 May 2008 on combating discrimination - Article 1

Information

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