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Tolga Duygun

**The Influence of International
Organisations on the Realisation of
Disability Mainstreaming in Turkey**

Submitted in accordance with the requirements for the degree of PhD
in Social Policy, University of Kent, School of Social Policy, Sociology
and Social Research

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Abstract

This thesis examines the role of international organisations in disability mainstreaming policies in Turkey. Turkey is a particularly interesting case study, as it combines traditional values coupled with ambitions to be an internationally respected European state. International organisations include the European Union, the World Bank, the International Labour Organization, the World Health Organization, the United Nations Educational, Scientific and Cultural Organization, the United Nations Development Programme, the United Nations Children's Fund and Organization of Islamic Cooperation. A multidisciplinary approach was taken which involved social policy, history, disability studies, international relations, and politics. The research used a case study based on analysis of 275 policy documents, 47 semi-structured and two focus group interviews. The participants have all been directly involved in decision-making processes at international and/or local level. The thesis argues that disability mainstreaming is partial and selective as a result of the interaction between the traditional values and structures in Turkey and the aims and practices of international organisations.

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Acronyms and abbreviations

ANAP: Motherland Party

ANED: The Academic Network of European Disability Experts

AKP: Justice and Development Party

AP: Accession Partnership

ASEAN: Association of Southeast Asian Nations

CAS: Country Assistance Strategy

CBR: Community-based rehabilitation

CIS: Commonwealth of Independent States

CJEU: The Court of Justice of the European Union

CSO: Civil Society Organisation

COREPER: The Committee of Permanent Representatives of Member States

DG: Directorate General

DG V: General Directorate of Employment and Social Affairs

DAP: European Union Disability Action Plan

DPO: Disabled people organisation

EC: European Communities

ECMT: European Conference of Ministers of Transport

EDF: the European Disability Forum

EFA: Education for All goals

EPTA: The Expanded Programme of Technical Assistance

ESRP: Employment and Social Reform Programme

EU: The European Union

GBD: Global Burden of Disease

GPDD: the Global Partnership for Disability and Development

HELIOS: A Community action programme to promote vocational training and rehabilitation, economic integration, social integration and an independent way of life for disabled people

MDGs: Millennium Development Goals

MDRI: Mental Disability Rights International

MoFSP: The Ministry of Family and Social Policies

NGO: Non-government organisation

NPAA: National Programme for the Adoption of the *Acquis*

JAP: The Joint Assessment Paper of Employment Policy Priorities

JICA: Japan International Development Agency

JIM: The Joint Memoranda on Social Inclusion

IBDM: The International Bank for Reconstruction and Development

ICIDH: International Classification of Impairments, Disabilities and Handicaps

ICF: International Classification of Functioning, Disability and Health

IDA: The International Development Association

IMF: The International Monetary Fund

ISESCO: The Islamic Educational, Scientific and Cultural Organization

IOs: International Organisations

ILO: The International Labour Organization

INCLUDE: Promoting Decent Work for People with Disabilities through a Disability Inclusion Support Service

INGO: International non-government organisation

IPA: Instrument for Pre-Accession Assistance

ISG: Inter-Service Group on Disability

OECD: Organisation for Economic Co-operation and Development

OHCHR: The Office of the High Commissioner for Human Rights

OIC: The Organization of Islamic Cooperation

OMC: The Open Method of Co-ordination

OMSS: The Public Personnel Selection Examination for People with Disabilities

PEPDEL: Promoting the Employability and Employment of People with Disabilities through Effective Legislation

SEA: Single European Act

SEN: special education needs

SESRIC: The Statistical, Economic and Social Research and Training Centre for Islamic Countries

SHCEK: General Directorate of Social Services and Child Protection Agency

SPF: social protection floor

TAIEX: The Technical Assistance and Information Exchange instrument

TEC: Treaty Establishing the European Community

TFEU: Treaty on the Functioning of the European Union

TISK: The Turkish Confederation of Employer Associations

UN: United Nations

UNDESA: the United Nations Department for Economic and Social Affairs

UNPRPD MDTF: UN Partnership to Promote the Rights of Persons with Disabilities Multi-Donor Trust Fund

UNESCO: The United Nations Educational, Scientific and Cultural Organization

UN CRPD: The United Nations Convention on the Rights of Persons with Disabilities

UNDP: the United Nations Development Programme

UNICEF: The United Nations Children's Fund

WAPES: World Association of Public Employment Services

WHO: The World Health Organization

WNUSP: World Network of Users and Survivors of Psychiatry

WTO: The World Trade Organization

1. Introduction

Turkey's unique geographical location situated between Europe and the Middle East has been used as a versatile explanation for its long and rich history and culture as well as its neo-liberal, but at the same time conservative, policy making style. This unique geography has resonated with different questions and prejudices that have arisen from the fact that both European and Islamic values have been strongly supported by many in Turkey. This contradictory coexistence has resulted from ongoing international influence and is essential to the transformation process continuing to impact on every area of policy making in Turkey. From the beginning of the Republic in 1923, Turkey actively welcomed the international influences, most importantly in the adoption of the Latin alphabet and the establishment of a secular state. This has led to the transfer of certain values, attitudes and policies in Turkey. However, the predominance of the state tradition involving strong, paternalistic, and collectivist attributes signifies a divergence from European based values such as respect for human rights, democratic processes and individual freedoms (Alexander and Welzel, 2011; Muftuler-Bac, 1997, p.18).

A main academic interest in Turkey has therefore focussed on defining whether it has converged or diverged to contemporary liberal-democratic values present in westernised countries. A contributory role of international organisations (IOs), which refers to intergovernmental organisations and supranational organisations for which Turkey either has membership or candidacy status, in such a convergence could be expected due to their long-running impact across Turkey. Yet there has been a significant gap in our knowledge of the influence of IOs on the convergence of disability policy in Turkey in this liberal-democratic policy direction.

This influence is particularly important to realising disability mainstreaming, which refers to *the process of/strategy for integrating concerns and experiences of disabled people into all dimensions of the design, implementation, monitoring and*

evaluation of policies and programmes at all political, economic and societal levels in order to bring to fruition full participation of disabled persons in every aspect of life' (United Nations Economic and Social Council, 2008, p.3). This strategy also includes the adoption and implementation of disability specific actions and programmes to ensure effective realisation of human rights for disabled people. Disability mainstreaming is a crucial strategy for achieving equality for disabled people to alleviate the cumulative effect of a wide range of barriers including attitudinal, policy and physical ones that they experience in society. The aim is to ensure that no individual should have fewer human rights or opportunities than any other. Ensuring equality for disabled people is a very important issue for Turkey, which has arisen from its characteristic as a democratising country.

At the same time, some studies demonstrate that neoliberal-conservative social policy making in Turkey has strengthened since the early 2000s (Bugra and Keyder, 2006; Yazici, 2012). This policy mixture is characterised by the adherence to both traditional values and neoliberal policies promoted by IOs. Promoting a policy shift from state-provided institutional care to familial care is an example of such policy making in Turkey. The current government's emphasis of 'Strong Turkish Family' represents a solution to the social malaise stemming from the alleged weakness of familial links in Europe (Yazici, 2012, Yilmaz, 2011). The establishment of the Ministry of Family and Social Policies (MoFSP) in 2011 is another example of such policy practice to promote 'the Turkish Family' as the best medium to deliver social protection and alleviate 'social burdens' on the state. The strength of family structures and values is highlighted in disability policy making in a way that limits independent living for disabled people on the basis of individual freedom. Disabled people are still protected within the confines of a closed family structure.

This thesis will explore how IOs influence the realisation of disability mainstreaming in Turkey since the long-running effects of IOs on policy making

are instrumental in the adoption of contemporary liberal-democratic values in Turkey. This influence makes Turkey an interesting case study.

1.1 The role of international organisations

It could be expected that IOs have played an important role as producers and/or mediators of disability developments in the realisation of disability mainstreaming in Turkey. This role has stemmed from the reason for their establishment. A mandate is given to them with the belief that they can devise more effective solutions to common problems rather than each state dealing with issues by itself. The Special Rapporteur on disability, Bengt Lindqvist's report on monitoring the implementation of the Standard Rules on the Equalization of Opportunities for People with Disabilities in 1997 highlighted that the realisation of disability mainstreaming in all policies has been a problematic area shared by many countries. Therefore, he called for IOs to take the necessary steps towards the realisation of disability mainstreaming in all policies.

Even so, the direct and indirect role of IOs in the development and implementation of national social policies including disability policy has been limited to the expanding competitiveness of the international capitalist economy in the literature (Alcock and Craig, 2001; Hall, 2007). This role was defined as encouraging governments to decrease spending on disability (Oliver and Barnes, 2012, p.146-169) despite some advances in the realisation of disability mainstreaming in the national and international political agenda. These advances have stemmed from a growing focus on disability rights among these organisations. However, it is still a contested issue that this focus has generated enough influence on countries including Turkey, to promote a just society.

We may also expect this process to have changed over time. For example, the aforementioned changes in Turkish policy may suggest that the more Turkey is democratised, the more the human rights aspects of policies will improve.

Mansfield and Pevehouse (2006) underline the tendency of democratising countries to apply for membership of IOs. Their aim is to strengthen democratic reforms and to rule out the likelihood of a return to authoritarianism. This could particularly be the case for Turkey's membership of IOs. Its membership might have been devised as a way to guarantee the secular and democratic characteristics of the state. This expectation has led to Turkey's sensitivity to the fulfilment of international agreements. This is evident in the Constitution Art.90 stating '*International agreements duly put into effect have the force of law. No appeal to the Constitutional Court shall be made with regard to these agreements, on the grounds that they are unconstitutional. In the case of a conflict between international agreements, duly put into effect, concerning fundamental rights and freedoms and the laws due to differences in provisions on the same matter, the provisions of international agreements shall prevail.*' (TBMM, 2015). Democratisation of the state is relevant to disability since it tends to strengthen an effective realisation of exercising human rights for all citizens including disabled people. This issue will be addressed in Chapter Two (section 2.4).

Finally, a different impact might be expected of Europeanisation on disability mainstreaming compared to the influence of other IOs. Far-reaching effects of the European Union on disability policy in Turkey can be expected since the European Council recognition of Turkey as candidate for accession to the EU in 1999. This has led to systematic influence of the EU on Turkey policy making. As a candidate country Turkey has to harmonise disability-related legislation that complies with the *Acquis Communautaire*. However, some literature argues that after the AKP's second electoral victory in the 2007, the government in Turkey achieved a higher standing in society and also a stronger stance against the secularist establishment, and thus became less dependent on the EU and their democratisation agenda (Onis, 2010, p.9; Noutcheva and Aydin-Duzgit, 2012). Furthermore, the debate about the influence of the EU is that it is questionable

whether the main principle of the EU has moved from being the realisation of political unity via economic integration to an increasing focus on human rights.

1.2 The approach in this thesis

There has been much interest in defining the impact of IOs on national policies in the literature (Evans and Barakat, 2012; Ozkan, 2013; Ervik, Kildal and Nilssen, 2009). However, this interest has primarily focused on aspects of the economy and economic development rather than on the advancement of human rights. Even so, some studies have considered their influence on the improvement of human rights (Mansfield et al, 2002; Dai, 2007; Hathaway, 2002; Bearce and Bondanella, 2007; True-Frost, 2007). These studies examine the impact on human rights in countries' policies rather than investigating the impact on specific policy areas including disability. Moreover, these studies investigate their influence without considering the evolution of their policies in a historical way. Nonetheless, some studies have evaluated the development of disability policy at the European level in a historical way on the basis of documentary search (Priestley, 2007; Waldschmidt, 2009). Priestley (2007) did not examine the influence of Europeanisation on disability mainstreaming policies at the national level even though he argued high levels of resistance of the Member States to Europeanisation of disability policy.

In contrast, Waldschmidt (2009) looked at the impact of Europeanisation on national disability policies as a part of her study. However, her analysis was based on secondary sources and limited to the country reports of the UK, Germany and Sweden. Lack of concrete and country specific evidence demonstrating the influence of Europeanisation were downsides of the study. Priestley (2012) examined how, and to what extent, disability issues have been 'mainstreamed' into the National Reform Programmes and National Strategic Reports of the 27 EU Member states. Nonetheless, his analysis did not include Turkey as candidate for accession to the EU. Additionally, the understanding of disability mainstreaming

has been frequently limited to ensuring a disability perspective in development rather than all policies in the literature (Yeo, 2003; Albert, 2004; Albert, Dube and Riis-Hansen, 2005; Mwendwa, Murangira and Lang, 2009). With the gap in the literature in mind, this thesis goes further than these studies by evaluating the influence of IOs on disability mainstreaming in a wide range of policies including transport, health, social assistance, education, social protection and employment in Turkey on the basis of the descriptive analysis and interviews in a historical way. A multidisciplinary approach was taken in this thesis involving social policy, history, disability studies, international relations, and politics. This was also evident in the different specialty areas of the supervisors (social policy and history). As for the researcher, he has been involved with international as well as European disability policy processes as a part of the delegation representing Turkey since 2006. This multidisciplinary perspective led to a comprehensive view of the influence of IOs on the realisation of disability mainstreaming in Turkey.

Exploring the influence of IOs on the realisation of disability mainstreaming was based on employing descriptive analysis of 275 policy documents and 47 semi-structured and two focus group interviews. Semi-structured interviews were used to collect information about disability mainstreaming in IOs and also the influence of IOs on the realisation of disability mainstreaming in Turkey. The focus group interviews were used only to shed light on the influence of IOs on disability mainstreaming policies in Turkey. The participants included civil servants, researchers, historians, policy experts and members of lobbying organisations and Disabled Persons' Organisations (DPOs), who have all been directly involved in decision-making processes at international and/or local level. Recruiting such diverse interviewees in the thesis enabled a thorough analysis of the realisation of disability mainstreaming involving different actors at national and international levels. Adopting this methodological approach to the subject of the thesis arose from the understanding that the coordination and collaboration of the actors is key

to the effective realisation of disability mainstreaming. This issue will be detailed in Chapter Two.

The methodology also included *process-tracing* of different steps and sequences of their influence on the realisation of disability mainstreaming in Turkey. This methodology has been frequently employed by studies focusing on IOs as well as countries' influence on domestic policies in the literature (Ervik, Kildal and Nilssen, 2009; Weyland, 2006; Checkel, 2014, p.74; Obinger, Schmitt and Starke, 2013, p.117-118; Kelley,2004). *Process-tracing* was used in this thesis to identify the extent to which IOs have adopted and implemented disability mainstreaming within their organisational framework, and also the role of IOs in the realisation of disability mainstreaming in Turkey. The influence of the EU was traced separately from the other IOs with different time frames considered for these two groups. Despite the influence of IOs dating back to 1932 when Turkey became a member of the League of Nations, 1980-2015 was defined as the time frame for tracing the influence of IOs on the realisation of disability mainstreaming in Turkey. This year was chosen due to the initiation of systematic activities of the UN in disability in the early 1980s at the international level and because of the establishment of the first disability unit under the Ministry of Labour and Social Security in Turkey to deal with disability issues. In contrast, 1999-2015 was defined as a time frame for tracing the influence of the European Union on the realisation of disability mainstreaming in 1999 when the Helsinki European Council officially recognised Turkey as a candidate for accession to the EU.

2. Conceptual framework

2.1 Introduction

The purpose of this thesis is to investigate how IOs exert influence on the realisation of disability mainstreaming in Turkey. This chapter aims to define the main concepts and the relationship between them in the light of existing literature.

This chapter starts by establishing a link between mainstreaming policy strategy and the models of disability. The aim is to identify the best model of disability that is conducive to policies of IOs targeting the promotion of a just society. It then moves on to explain the influence of IOs on disability policy. The following section addresses particularism as an umbrella term involving different characteristics of state to suggest a barrier to disability mainstreaming in Turkey. The penultimate section delineates why Turkey represents a unique case. The final section covers the methodological approach.

2.2 The concept of mainstreaming

The origins of the strategy of mainstreaming are controversial. Bibbings (2012, p.13-14) argues that its origin is based on the discussion of special educational needs. The term 'mainstreaming' has been used in education dating back to the 1960s to define the process of ensuring that disabled children are educated in mainstream schools rather than in segregated special education schools. However, Shaw (2005, p.260) claims that the term derived from the field of international relations on the basis of the work of the UNDP and the World Bank to include a gender perspective in development assistance programmes in the early 1980s.

The emergence of the term as a policy strategy is associated with the necessity of corrections to historical disadvantage in terms of the failure of the inclusion of a gender perspective in policies (Bibbings, 2012). The function of this strategy is based on promoting equality and fighting discrimination. Identity politics in the 1980s highlighted the importance of the investigation of the difference and the equality perspective critically resulted in the adoption of mainstreaming (Squires,1999,p.129-134). The role of womens' movements in this adoption was important. The predominant understanding of women characterised as a white, heterosexual, middle-class, educated and western woman was protested on the basis that such an understanding failed to consider the diversity of women intersecting with sexuality, race and class.

The realisation of equality in society is the centrepiece of mainstreaming. Equality does not mean sameness. The concept of equality is based on the politics of difference, suggesting tangible differences should be treated equally (Squires,1999,p.129-134). Equality implies that no individual should have fewer human rights or opportunities than any other. Opportunity entails the elements of difference, comparison and judgement and calls for justice to accompany the procedure for resource provision. Equality of opportunity is a primary right, which stems from the universality of right. It represents obligations of people to show respect for the rights of others and also necessitates the allocation of actions and resources to the realisation of rights (Forbes, 1992,p.134-140). Equality cannot be addressed as a stand alone policy objective in an era of globalisation. This requires that diversity should accompany this objective and the diverse needs and characteristics that should be taken into consideration in policies. The diversity approach allows both the consideration of differences among disadvantaged groups and also allows the diverse needs within each disadvantaged group. To illustrate, this approach could provide a solution to underrepresentation of the diverse needs of people with learning difficulties in policies.

Squires (1999, p.3-4) defines three associated strategies for the realisation of equality: i) a strategy of inclusion: recognises that the exclusion of disabled people from society is problematic. Equal treatment on the basis of treating disabled people and nondisabled people the same is adopted as a policy action to remove/alleviate the disadvantages; ii) a strategy of reversal: recognises that there are differences between disabled and nondisabled people that lead to disadvantages for disabled people. Such disadvantages are removed/alleviated by the adoption of positive actions including positive discrimination measures and iii) a strategy of displacement: recognises the diverse needs of disabled people intersecting with age, class, gender, race and sexuality. The disadvantages of disabled people are removed/alleviated by including a disability dimension in policies. Squires (2005) argues that although the emphasis on the implementation of mainstreaming is placed on the strategy of displacement, the strategy of mainstreaming is also in line with the other two strategies. The co-existence of three strategies can be seen in the implementation of policy actions. Similarly, Rees (1999,p.166) underlines the necessity of the co-implementation of both equal treatment legislation and positive actions to support the implementation of mainstreaming as a long-term policy strategy.

2.2.1 Twin-track approach to disability

A twin-track approach to disability supports Squires' three strategies for equality. On the one hand, it recognises the disadvantaged situation of disabled people in societies that needs to be handled by the implementation of equal treatment based policies. On the other hand, it recognises the need of the implementation of positive actions to remove/ diminish the role of the disabling society in constituting physical, attitudinal and policy barriers for disabled people. This approach also aims to include the diverse needs of disabled people in policies and to adopt and implement disability specific programmes and action plans in order to overcome the disadvantaged situation of disabled people in society.

The twin-track approach was initially used by the UN to include a gender perspective in policies. The approach has subsequently been used to incorporate an HIV/AIDS perspective in policies. The term “twin-track approach” was initially used by the UK Department for International Development to establish a link between disability and the development agenda (DFID, 2000). The versatility of the strategy to govern diversity and equality in gender has led to the inclusion of a disability perspective in policies. Within the disability field, mainstreaming refers to *‘the process of/strategy for integrating concerns and experiences of disabled people into all dimensions of the design, implementation, monitoring and evaluation of policies and programmes at all political, economic and societal levels in order to bring to fruition full participation of disabled persons in every aspect of life’* (United Nations Economic and Social Council,2008, p.3). In fact, mainstreaming is based on the assumption that the coordination and collaboration of actors is a must for reaching this goal. The UN system, a government ministry or an NGO cannot achieve the goal of equality for disabled people on its own. (United Nations Economic and Social Council,2008, p.4).

Take, for example, a person with visual impairments who needs to access the health service. This person needs to be able to: move physically in and out of his or her home; access public spaces and transportation; and access health facilities. Both the built environment including necessary tactile surface indicators and its information and communications systems should be accessible to this person. Different entities need to ensure that their respective spheres of responsibility provide the necessary opportunities and access to this disabled person on an equal basis with others. If any one element of the network fails in this obligation, this person is unable to derive benefit from the other publicly provided services (United Nations Economic and Social Council,2008, p.4).

As the term mainstreaming has all-pervading implications, the necessary actions for the implementation of this strategy should be system-wide and rest at the highest levels with agencies such as government ministries, departmental

heads, and directors of organisations. Furthermore, the allocation of additional financial and human resources to implement disability mainstreaming requires clear political will and is also a prerequisite for an effective implementation of this strategy. The encouragement of the participation of disabled people in decision making mechanisms is another important aspect for the effective practise of this strategy.

However, mainstreaming does not replace the need for targeted, disability-specific policies and programmes, and positive legislation; nor does it abolish the need for disability units or focal points. Thus, the establishment of the appropriate balance between mainstreaming strategies and targeted disability-specific approaches, which is called *the twin-track approach*, is required (United Nations Economic and Social Council, 2008, p.8-9). The implementation of this strategy without promoting disability specific activities could result in an ignorance of the diverse needs of disabled people in policies (Priestley, 2012, p.14). Only ensuring the inclusion of a disability perspective in policies is not sufficient to realise equality for disabled people in society due to widespread policy, physical and attitudinal barriers.

2.2.1.1 Partial versus selective disability mainstreaming

By the adoption of the understanding underlining *the twin-track approach* in this thesis, the term of disability mainstreaming will be adopted as having the same meaning of the twin-track approach to disability from this point in this thesis. Two types of disability mainstreaming are identified in the thesis: partial and selective disability mainstreaming. The former refers to the existence of only one component of disability mainstreaming in policies namely adopting/implementing either disability specific actions or the inclusion of a disability perspective in policies. For example, the inclusion of a disability perspective in a victim assistance programme without adopting/implementing a specific action for

providing assistance for older people with disabilities in the programme is regarded as partial disability mainstreaming. In contrast, the latter refers to the adoption and implementation of disability mainstreaming in specific policy areas, instead of all policies. To illustrate, an action programme targeted to ensuring participation of disabled people in the labour market is regarded as selective disability mainstreaming since it focuses on realising disability mainstreaming only in employment policy.

The World Report on Disability (WHO, 2011, p.264-265) illustrates a good example of the adoption of disability mainstreaming. On the one hand, the necessity of the inclusion of a disability perspective in policies is highlighted in a way that governments and other stakeholders should guarantee the insertion of disability into new and existing legislation, standards, policies, strategies and plans at all levels and across all sectors. On the other hand, the adoption and implementation of disability targeted policy actions including national disability strategies and action plans are required with the aim of the realisation of equality in society by considering the diverse needs of disabled people.

Disabled people face a wide range of barriers including attitudinal, policy and physical barriers in society. The knock-on effects of an ageing population also represent a formidable challenge since it is expected that the number of older people with disabilities will increase in the near future (WHO, 2011). The cumulative effect of these barriers hinders equality in society and thereby the inclusion of disabled people in all aspects of societal life cannot be realised. Squires (2005, p.371) underlines the role of 'technocratic' experts, civil society organisations, DPOs and transnational networks including IOs in promoting equality in countries. The adoption and implementation of disability mainstreaming strategy by IOs is particularly conducive to promote a just society in countries. This approach suggests that the policy orientation of IOs towards the realisation of equality for disabled people in countries is influenced by their perspective on disability promoted by a model of disability. Therefore, the models of disability are

addressed in the following section to identify which model of disability is the most suitable for the realisation of disability mainstreaming.

2.2.2 Three available options for theorising disability

The question of diverse needs and problems of disabled people have required societies to formulate disability definitions. Policy responses to these challenges have been notoriously rationalised on the basis of the predominant perspective on disability. Such a perspective is moulded by models of disability emphasising the medical, social and universalist aspects of disability. Higgins (1992, p.223) highlights a conflict among the models that can lead to discordant policy responses to disability. Such responses can eventually result in a yawning gap between disabled and non-disabled people in society. However, the viewpoint of one model on disability can also be reinforced by another one.

2.2.2.1 The medical model of disability

The medical model defines disability as an individual deficit. The origin of the predominant model dates back to the mid nineteenth century with the advancement of scientific medical knowledge (Hughes,1998,p.60). Oliver (1996) is against the use of the term of the medical model of disability. He argues that there is an individual model of disability and medicalisation is only one aspect of this model. According to Oliver (1996), this model reinforces personal tragedy theory, viewing disabled people as the tragic victims of some terrible circumstance. The medical model views disability as an individual problem that needs medical intervention in order to cure, ameliorate, or care for it (Mertens, Sullivan and Stace, 2011, p.228). Hughes (1998, p.60) denotes a difficulty to untangle the medical and charitable models of disability as they have been reinforcing each since the nineteenth century. A moralistic understanding of disability promoted by the early charities for disabled people highlights that disabled people have medical problems that need to be cured. Those who cannot be ameliorated by the

necessary medical intervention need to be pitied and need to be helped by the paternalist charitable organisations. Miles (1995) argues that the moral understanding is in line with the religious origins of the early charitable organisations as a common characteristic of the religions comprising Judaism, Christianity, Hinduism, Buddhism and Islam is to have a charitable approach to disability. The predominant perspective on disability as divine retribution for sin or a divine response to parental wrongdoing in some cultures including Turkey is derived from the moral interpretation of religion.

The crucial importance of biological experience of impairment in the medical model has led to the adoption of a limited understanding of disability. Such an understanding has been constructed on a strict division between the faulty bodies and minds and the perfect bodies and minds. The dominant understanding of disability as a problem in this model (Hughes, 1998,p.76) has been strengthened by the increase in the industrialisation process stimulated by the capitalist order. In particular, the aftermath of the Second World War ushered in the perception of disabled people as a loss of productivity. The labour force shortage stemming from the decrease in the number of workers necessitated the participation of disabled people and maimed soldiers in the labour force. Scotch and Chriner (1997, p.154) argue that the importance of rehabilitative services for disabled people was devised as a way to overcome functional limitations, and increasing the labour force. Moser (2000) highlights that the emergence of the normalisation process as a strategy to deal with impairment in the late 1960s reveals itself as the overriding stress on rehabilitation. The normalisation was designed as a comprehensive strategy aimed to 'regain', 'retain' or 'develop' the ability to live independently as much as they could. Scotch (1988, p.164) underscores the role of the advancement of medical technology in the late 1960s in this shift.

The policy actions derived from this model focus heavily on the importance of rehabilitative actions to normalise the faulty bodies and minds. The predominance of the medical model in social policies could demonstrate itself in

the design of basic eligibility criteria for compensation benefits for workers, disability insurance, supplemental security income and incapacity benefits. Significantly, these actions have also been designed to deliver social assistance to disabled people not because of the necessity of improving the quality of life on the basis of the advancement of human rights for disabled people, but because of demonstrating their helplessness and dependency on society as charitable objects. The medical assessment of impairment that has been conducted by medical and allied professions has a pivotal importance in policy to decide whether they can contribute to society by participating in the labour force, or to decide whether they deserve to benefit from social services to participate in society. The special emphasis on the functional limitations on the activities of daily living, and to finding ways of preventing, curing, or caring for disabled people in this model has had an adverse effect on ensuring equality in society. Segregation that can reveal itself as institutionalisation of disabled people is a common approach to disability rather than the promotion of the inclusion of disabled people in every realm of life.

2.2.2.2 The social models of disability

The social model represents the opposite position from the medical model of disability by placing emphasis on the differentiation between impairment and disability. According to social model thinking, the former is individual and private. However, disability is structural and public. The social model supports the view that disability is a socially constructed experience that establishes a relationship between people with impairments and a disabling society. The main problem disabled people experience does not stem from the impairments themselves. However, the main reason for the segregation of disabled people is a society that produces policy with attitudinal and physical barriers to the full participation of disabled people in every aspect of life. Shakespeare (2010, p.268) argues that social model thinking requires these barriers to be removed, antidiscrimination legislation should be fully implemented, and independent living for all disabled

people should be realised. Hughes (1998,p.77) underlines that the adoption of the understanding of the social model took place in the 1990s due to the activities of the DPOs mainly in the US and the UK in terms of exercising human rights for disabled people.

The evolution of the social model has given rise to the emergence of different social model based understandings of disability over time. According to Priestley (1998), the commonality of the different versions of social models is the recognition of '*the collective nature of oppression*'. However, these models can be differentiated by the special emphasis on social oppression, minority rights/politics and relational dimensions of disability. In the United States, the social model approach derived from concepts of civil and constitutional rights by influencing American Black civil rights, other racial minorities, the social movements including the anti-war, student, gay movements and a revival of the feminist movement in the 1960s (Goodley, 2011, p.1-21). That is why it is more frequently mentioned as the 'minority group' model of disability. It views discrimination and segregation as common experiences of marginalised groups differentiated by such characteristics as race, gender, disability and age (Williams, 2001, p.134). The denial of exercising civil rights of, equal access of and protection for the marginalised groups, including disabled people by the state underlies the emergence of this model. The emphasis on ensuring equality in society to realise effective exercising of civil rights is the strongest part of this model.

In Britain, however, the emphasis on the negative social response by society to impairment as a form of social oppression could differ from minority rights. The role of this adverse response in the exclusion of disabled people from their political, economic, and social participation in society has been particularly emphasised by Union of Physically Impaired Against Segregation (UPIAS) (UPIAS, 1976). Subsequently, Oliver(1983), who is a founding author of this version of the social model, developed the idea of the individual and the social model derived from the distinction between impairment and disability proposed

originally by UPIAS (1976). Mertens, Sullivan and Stace (2011,p.228) highlight a provoking effect of this radical understanding on the mobilisation of disabled people for fighting equal rights in the world. The realisation of independent living for disabled people is crucially important in this model. Brisenden (1986) argues that such independence puts emphasis on the free will and determination of disabled people to decide when and how they need assistance and when and how care is delivered to them. The stress on choice and control over their lives has resulted in fighting the selective understanding of disability in compensation, charity and pity in this model.

The radical understanding of disability, which is based on 'oppressed citizens' rather than 'dependent' and 'needy individuals' (Oliver and Barnes, 2012; Hughes, 1998, p.80), is useful to emphasise the societal role in the emergence of disabling barriers. However, the predominance of the need to adopt and implement disability-specific policies and programmes in this model results in the lack of its focus on the establishment of the appropriate balance between the inclusion of a disability perspective in policies on the basis of diversity and the adoption of disability targeted programmes. Moreover, as Shakespeare (2010, p.272-273) argues, the strong distinction between impairment and disability predominating in this model tends to disregard the complexity of impairment intertwining with different biological, psychological, cultural and socio-political aspects. Similarly, Bury (1996) underlines the failure of the inclusion of the complex interaction between chronic illnesses and disability in this model. Some researchers also argue that it fails to provide the holistic picture which establishes an interaction between disability and other dimensions including age, class, gender, race and sexuality (Kandola, Fullerton, and Ahmed, 1995; Tremain, 2005; Bury, 1996, Morris, 1991). This model is unlikely to foster the diversity agenda which is increasingly important in contemporary society. In spite of the dominance of the social model, it captures only part of the picture of disability that could

constitute an impediment to ensure disabled people benefit from all the opportunities the state provides.

The relational model of disability illustrates the other version of the social model. It provides a Nordic understanding of disability developed in the first half of the 2000s. The model underscored the role of services and services providers including professionals to dis/encourage the community participation of disabled people. The strong emphasis on delivering social services to disabled people in the Nordic countries in this model differs from the other versions of the social model. The reduced influence of the disability movement on the emergence of this model is another difference from the earlier versions. The principles of normalisation supported by the seminal studies of Nirje (1985), O'Brien (1999) and Wolfensberger (1983) have resulted in an incremental emphasis on self-advocacy, choice, control, competence, respect and social role valorisation in this model.

Such principles aim to increase participation of disabled people, particularly people with intellectual disabilities, in society. The perspective of Nirje (1985) on normalisation has given rise to the inclusion of self-determination of disabled people to control their lives in this model. On the other hand, Wolfensberger's Social Role Valorisation (1983), which explains how to achieve attitudinal change towards disabled people in society by emphasising the valued role of disabled people in society, has entrenched the relational understanding of disability in this model. The role of O'Brien's five accomplishments consisting of community presence, community participation, choice, competence and respect in the effective delivery of services to disabled people (Andrew, 1999) has also led to strengthening the notion of interactivity between impairment and disabling socio-economic organisation in this model. Goodley (2011, p.16) epitomises the distinct characteristics of this model including a) the emphasis on the role of the discord among expectations, impairment and environmental opportunities in the emergence of disability and b) the relative understanding of disability depending on situation/context.

A downside of the model is the overemphasis on the role of the services for disabled people in the emergence of the exclusion of disabled people from society. Therefore, a broader aim of achieving equality in society is given lower priority in this model. The disregard of the role DPOs play in the inclusion of disabled people in society also constitutes a weakness of this model. The role of the complex intertwining of social constructions including diversity and specific policy actions in improving the disadvantaged situation of disabled people is not addressed in this model. The underestimation of the importance of impairment in the ordinary life of disabled people has given rise to the lack of emphasis on the interaction between chronic diseases and disability. Such interaction suggests that the association between the ageing process and the likelihood of the onset of disability in old age. This interaction requires including diverse needs of older people in policy actions and provision of services.

The necessity to paint a comprehensive picture of disability has resulted in some attempts to devise a new model of disability. Such attempts have focused on the inclusion of the heterogeneous nature of disability by emphasising the role of diversity in disability. These attempts have yielded the introduction of the universalist model of disability. This model does not clash with the previous models. Instead, it introduces an eclectic picture of disability derived from the understanding of disability in the previous models.

2.2.2.3 The universalist model of disability

The reason behind the adoption of universalised disability policy is that the social models cannot provide a necessary answer to the issues stemming from the complexity of disability. Bickenbach, Chatterji, Badley and Ustun (1999) underline the lack of uniform culture, language, rhetoric and 'trans-disability solidarity' in disability. The other models tend to concentrate exclusively on different aspects of

disability including the attribution of minority status in society, a socially oppressed characteristic, and the role of services and service providers in dis/encouraging community participation. However, they fail to provide a holistic picture of disability partly due to the lack of emphasis on the inclusion of diversity in the understanding of disability and partly due to an overemphasis on the conflict between impairment and disability. Although the minority model considers the role of diversity in disability, it fails to include the heterogeneous nature of disability in diversity. Providing a more nuanced and complex exploration of disability, diversity is based on its intersection with the social divisions of gender, race, class, and sexuality. Meekosha and Shuttleworth, (2009, p.4-8 cited in Mertens, Sullivan and Stace, 2011,p.230) argue that a universalist understanding of disability can encapsulate disability as a complex concept which embodies medical, social and biopsychosocial aspects.

Such an understanding of the universalist model of disability is formulated by Irving Zola (1989) in the seminal study entitled *'towards the necessary universalizing of a disability policy'*. He highlights that impairment is a universal experience of humanity rather than only a characteristic of disabled people. Disability cannot be regarded as a minority issue as happens in the minority model of disability. Instead, it reflects the diverse needs of all. Such a model of disability has been elaborated by some researchers (Bickenbach, Chatterji, Badley and Ustun, 1999; Shakespeare and Watson, 2002; Williams, 1992). These researchers highlight that the universalist model does not concentrate upon the specialness of disability requiring special attention, special legislation, special agencies and special experts. The policy does not see disabled people as different with special needs, wants and rights from the rest of the population. Ensuring equality in society to guarantee justice in the distribution of resources and opportunities is based on the reconsideration of impairment as continuously evolving and interactive process. The emphasis on impairment as a universal characteristic of humanity has given rise to the emergence of such a complex disability model

highlighting the importance of the contribution of the issues of gender, race, age, sexuality, and class to impairment experience.

A policy formulation on the basis of the realisation of the universalist disability model can be illustrated by the International Classification of Functioning (ICF). The developers of the model clarify that the model views impairment as ‘*a universal condition of humanity*’ (Bickenbach et al., 1999). This statement reflects the core idea of the universalist model described by Irving Zola (1989). This policy action was developed by WHO. It approaches impairment neither as simply medical nor as simply social but as a dynamic interaction between health conditions and contextual factors, both personal and environmental. That is why this approach is called the bio-psycho-social model. This approach views disability as the umbrella term for impairment, activity limitations and participation restrictions. Here, disability indicates the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors) (WHO, 2011, p.4). This approach underscores that people with disabilities may profit from medical and rehabilitative interventions as well as social and political interventions (Ustun et al., 2001, p.5). This approach also recognises that impairment is not an intrinsic or defining feature of a subcategory of human beings and for this reason should not be compared with other human differences such as gender and race, but is part and parcel of the human condition (Bickenbach et al., 1999).

The ICF has been criticised by some activists because it labels individuals in terms of an official and professional system of classification (Turner, 2001, p.258). This classification is also deemed to be too medical in orientation, being too closely related to the classification of disease (Chamie, 1995). The initial version of the ICF was criticised by Fougeyrollas (1995) since it did not include the contribution of environmental factors to the process of disablement. This criticism has led to the inclusion of environmental factor in the revised version of the ICF.

This classification exceeds the limitations of both the social and medical models holding out the promise of a more universalist approach (Bickenbach et al. 1999). The ICF is promising in terms of providing a 'more sophisticated' and 'complex' approach to impairment (Shakespeare,2010, p.272-273).

There are some controversial issues highlighted in the association between the ICF model and the universalist model of disability. A source of the controversy could stem from the fact that the ICF model is basically a classification system. However, on the basis of the understanding of the universalist model, to classify people on the grounds of diverse characteristics including race, gender, ethnicity, disability, and age could have an adverse effect on ensuring equality in society. Such a classification effort could constitute an impediment to the realisation of the basic tenet of the universalist model, which is about the consideration of impairment as a universal condition of humanity (Ustun, Chatterji, Bickenbach, Trotter and Saxena, 2001, p.5). The proponents of the ICF underscore that every person has the potential to develop a disabling condition particularly as they age and as such requires impairment to be considered as a universal human condition. However, they tend to underestimate the role of diversity in impairment as part of the diverse characteristics intersecting with race, gender, ethnicity, and age. Aside from the ICF, Liisberg, (2013,p.148) argues, that the universalist model of disability could be epitomised by the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) on the basis of the emphasis in its Article 3 which stipulates '*disability is a part of human diversity and of humanity*'. By this stress, the convention sees impairment as a general human condition, rather than a condition belonging to a minority group in society. Similarly, Kayess and French (2008, p.11) argue that the universalist model has influenced the UN CRPD particularly in terms of its stress on the implementation of universal design. Even so, the influence of the universalist model on the UN CRPD is controversial as some scholars who participated in drafting the Convention might argue that it is based on the social model.

Apparently, the universalist model of disability, capturing the complex nature of impairment interacting with the other characteristics of diversity, can provide the strongest basis for the adoption and implementation of mainstreaming policy strategy. The following section elaborates the association between the mainstreaming policy strategy and the universalist model of disability in terms of policy responses to disability.

2.2.3 Mainstreaming as a strategy for the realisation of universalist disability policy

The understanding of disability as a universal human condition requires the implementation of disability mainstreaming to realise equality for disabled people. The incremental impact of globalisation coupled with increased migration over the past two decades necessitates inclusion of characteristics of diversity in policies. This trend has led to disability being addressed as a diverse attribute of the universal human condition. The main motive for practising disability mainstreaming is to make disability a dimension of diversity without putting any stress on 'specialness of disability' in order to ensure equality of opportunity as well as to prevent discrimination on the grounds of disability.

From this perspective, to see disabled people as different with special needs, wants and rights can lead to the further experience of discrimination. Therefore, disability policy practicing the universalist understanding of disability i.e. 'universalist disability policy', eliminates this problem by recognising that the entire population is at risk of chronic illness and/or disability, thereby changing the general thinking about disability in a positive way. The policy stresses the important effects of ageing societies associated with chronic illnesses in order to establish a link between the interests of nondisabled and disabled people (Zola, 1989, p.420 cited in Williams, 2001, 139). The ultimate aim of a universal policy is to enhance the capacities and opportunities of all citizens, which in turn makes

possible the achievement of participation of all people in every aspect of life (Bickenbach and Cieza, 2011).

To move away from the approach which disempowers the 'specialness' of disability to a universalist attribute of human rights requires adoption of the strategy of disability mainstreaming. Such a strategy could enable effective participation of disabled people in society. This policy tool could enable policy makers to design policies to tackle the challenges of social policy stemming from increasing diversity of needs in society. In addition, the trend of an increase in the proportion of elderly who have a disabling condition or long-term health problems, alongside these challenges, would require adopting the strategy of disability mainstreaming. This strategy could meet the demands of a diverse group of people including accessible physical environments, providing educational and training programmes, creating employment opportunities and launching income generating programme to alleviate poverty. Universal Design¹ and reasonable accommodation² are two examples of universalist policy actions.

Disability mainstreaming is a crucial strategy for attracting the attention of decision makers to disability and for ensuring coordination and collaboration among the relevant actors to consider a disability dimension in the relevant policy areas. In order to maximise the effect of this strategy and increase its impact on decision-making processes, all social policy groups should be able to work together (Geyer, 2000, p.210).

¹ Universal Design (Design for All) aims to deliver services and provide products and environments that are designed for the use of all, not for specific sub-groups. Thus, it ensures the full scope of human accessibility and delivers services, products and spaces that are accessible to and usable by all people to the greatest extent possible. That policy concentrates on respecting human diversity and promoting social inclusion of all people by providing an incentive to their active integration into society across the range of human life (Bickenbach and Cieza, 2011).

² Article 5 of the Employment Equality Directive defines reasonable accommodation as '*... in order to guarantee compliance with the principle of equal treatment in relation to persons with disabilities... employer shall take appropriate measures where needed, to enable a person with disability to have access to, participate in, or advance in employment, or to provide training for such a person...*'

Despite the upsides of the disability mainstreaming strategy, there are disadvantages as well. To illustrate, the implementation of the strategy could involve a long planning process by considering interactions as well as a clash of needs among the diverse interest groups. However, to solve the problem would not be impossible and might require no more than the allocation of sufficient time to formulate a policy that meets the basic needs and aspirations of the population at large. Furthermore, Shaw (2005) underscores that the effective implementation of the strategy is contingent on the emergence of the sense of 'ownership' among the under-represented groups. Monitoring of the implementation by the interest groups secures the effective implementation of the inclusion of the diverse needs in policies. However, lack of monitoring could make the strategy an ineffective governance technique. Lobbying of interest groups to prioritise the diverse interests and needs of the groups they represent over the diverse needs of the other underrepresented groups could also constitute a barrier to an effective implementation of this strategy. Schur, Kruse and Blanck (2013, p.13) argue that establishment of disability legislation may be a precondition for the adoption of the strategy in order to ensure better economic and social equality in a country by facilitating the inclusion of disabled people in society. However, the adoption of disability legislation could not ensure effective implementation of the strategy. The effective implementation involves an interplay of diverse dynamics ranging from societal preparedness and structure to policy-makers' attitudes and motivation.

The adoption and implementation of disability mainstreaming to remove barriers to full participation of disabled people in society is not only contingent upon the attempts by national governments themselves towards the adoption and implementation of this concept. It is also dependent on the direction of influence from IOs on national disability policymaking through policy transfer mechanisms since they have played an important role as producers and/or mediators of disability developments. In this respect, the following section focuses on international influence on disability policy.

2.3 International influence on disability policy

This section aims to explain the influence of IOs on disability policy. The term “International organisations” (IOs) refers to intergovernmental organisations and supranational organisations for which Turkey either has membership or candidacy status. This section addresses: defining disability policy; defining the concept of policy transfer; the influence of IOs; Europeanisation as a policy transfer tool for the influence of the EU on countries and introducing disability policy at the EU level.

2.3.1 What is disability policy?

The previous section discusses the universalist characteristics of a policy on disability. However, it is a controversial issue to define a disability specific policy since the invisibility of disabled people stemming from different existential, economical, and cultural aspects in history constitutes a barrier to the emergence of such a policy. Drake (1999, p.22) argues that the failure of the adoption of a disability policy in the UK could demonstrate itself in the adoption of unconnected measures historically as part of a broader context of disability. Similarly, Erlanger and Roth (1985, p.320) underline a lack of coherence of disability policy in the US in way that it has emerged from more general public policy consisting of labour, veterans or welfare policy. This characteristic is also relevant to disability policy in Turkey. The adoption of disability related legislative actions has emerged from the necessity to regulate the broader area of social policy including workers’ compensation, social security disability insurance and supplemental security income in Turkey. These policies have somewhat different origins and purposes, and they have constituted a barrier to the formulation of a coherent disability policy. Despite this, we could attempt to develop a definition of disability policy as coherent programmatic policy actions that are designed to improve quality of life of disabled people by removing/alleviating the adverse effects of the societal barriers

including attitudinal, physical and policy. The ultimate aim is to ensure the full participation of every realm of societal life on the basis of ensuring equality in society by the implementation of disability mainstreaming strategy.

The influence of IOs on ensuring equality in society via the mechanism of policy transfer is important. In this vein, the next section is devoted to investigate this mechanism.

2.3.2 Policy transfer

Since the closing days of the Ottoman Empire, the creation of a westernised country through benefiting from the influence of European civilisation has been the main motive for the adoption and implementation of policies in Turkey (Mardin,1991, p.82-92 cited in Muftuler-Bac,1997, p.16). In this respect, the concept of policy transfer could be helpful in explaining the impact of the IOs on the realisation of disability mainstreaming in Turkey.

Policy learning, transfer, and diffusion are intertwined concepts in the policy transfer literature. They are closely linked with the process by which *'knowledge about policies, administrative arrangements, institutions and ideas in one political system (past or present) is used in the development of policies, administrative arrangements, institutions and ideas in another political system'* (Dolowitz and Marsh, 2000, p.5). In this respect, policy transfer can include various subjects such as *'goals, structure and content; policy instruments or administrative techniques; institutions; ideology; ideas, attitudes and concepts'* (Dolowitz and Marsh, 1996, p.350). Policy learning takes place when governments wish to enhance their policy outcomes relating to socioeconomic change. Examples of good practice are transferred from countries facing similar problems that are tackling them well (Hantrais, 2009, p.135).

Policy diffusion, however, is different from policy transfer in a way that it refers to the process by which '*policy choices in one country affect the policy choices in other countries*' (Meseguer and Gilardi 2009, p.528). The main difference lies in the relevant knowledge and the role of intentional processes (agency). Policy diffusion involves structural, interest-based and non-intentional processes. In terms of the methodological approach, policy transfer employs case study oriented research, whereas policy diffusion is generally employed in the quantitative research literature. Marsh and Sharman (2009) argue that the differences between transfer and diffusion, however, are insignificant and are usually related to different research traditions. Both concepts aim to describe and explain the process of the emergence of policy decisions. Knill (2005, p.767) underlines the role of policy diffusion and policy transfer in the formulation of similar policies across countries over time.

Some researchers define two different types of policy transfer: obligated transfer and voluntary transfer (Hantrais, 2009, p.136; Dolowitz and Marsh,1996). The former occurs when an international organisation such as the European Union exert influence on domestic policies through the harmonisation of hard or soft legislation by the Member States. Policy actors do not have any intention of transferring good practice policy examples to the domestic policy area. However, though the status as members of the organisation obliges them to transfer those policies. In contrast, voluntary transfer takes place when governments at different levels of socioeconomic change seek examples of good policy to tackle similar challenges in domestic policy area. Hantrais (2009, p.136-137) highlights the proactive role of policy actors and NGOs that participate in international meetings to exchange information and experience across countries in the emergence of policy transfer.

Research in policy transfer has been expanding since the late 1990s and is now well developed. In the literature, the term of policy transfer is commonly used to explain the emergence of Europeanisation, globalisation and policy innovation

triggered by IOs including the EU (Benson and Jordan, 2011) and the World Bank (Evans and Barakat, 2012; Ozkan, 2013). To illustrate, Holzinger and Knill (2005) investigate policy convergence stemming from the effects of Europeanisation. Some researchers focus on the process of policy transfer to explain the effects of globalisation on countries (Evans, 2009b; Stone, 2004). In these studies, the concept of policy transfer was addressed as either a reason or a result of policy innovation activities.

The process of Europeanisation accounting for the influence of the EU on national policy making processes could be useful to explain the influence of the EU on disability policy making in Turkey. This influence stems from Turkey having candidate status for accession to the EU since 1999. The following section investigates how Europeanisation has influenced domestic policies and the factors relating to successful policy transfer from the EU.

2.3.2.1 The influence of Europeanisation

The geographical position of Turkey has determined its relationship with Europe. Turkish leaders often describe their country as a 'bridge' between cultures. Prime Minister Tansu Ciller argued in 1993, that Turkey is both a 'western democracy' and 'part of the Middle East' and 'bridges two civilisations, physically and philosophically'. President Suleyman Demirel similarly called Turkey '*a very significant bridge in a region extending from west to east that is from Europe to China*'. A bridge is an artificial creation connecting two solid entities but is part of neither (Huntington, 1996, p.149). Since the elite and masses support European and traditional values in Turkey (Dixon, 2008, p.685), Samuel Huntington categorises Turkey as a 'torn country'. He argues that although its history, culture and traditions are non-European, its leadership has consistently followed a strategy for influencing its populace to think of themselves as European (Huntington, 1996, p.148). Huntington (1996) and Lerner (1958) both describe

Turkey as a unique case among Islamic countries in that Turkey's historical trajectory and contemporary liberal-democratic values give it a closer affinity to Europe than to other Islamic countries (Dixon, 2008, p.686).

Within the context of the European states, Turkey has always suffered from an identity problem *vis à vis* its geographic position. Turkey does not belong to the Judaeo-Christian cultural tradition, but neither does it fit the dominant Arab Islamic culture. Furthermore, during the nineteenth century, the Ottoman Empire was dubbed '*the sick man of Europe*' – '*of Europe*' but '*sick*'. Perhaps the best way to define Turkey is as a 'country caught between two continents, between two traditions, two trends of history' (Financial Times, May 23, 1988, p.4 cited in Muftuler-Bac, 1997, p.18). Furthermore, Turkey is the only country that has a secular democracy with a market economy and yet is a Muslim country. From the European viewpoint this combination represents something of a paradox.

Europeanisation is a controversial term with many different meanings related to distinct aspects of change within the European Union. It is used within four broad categories: as an historical process; as a matter of cultural diffusion; as a process of institutional adoption; and as the adoption of policy and policy processes (Featherstone, 2003, p.5-6). For instance, Radaelli (2000, p.4) defines Europeanisation as 'processes of (a) construction (b) diffusion and (c) *'institutionalisation of formal and informal rules, procedures, policy paradigms, styles, "ways of doing things" and shared beliefs and norms which are first defined and consolidated in the making of EU decisions and then incorporated in the logic of domestic discourse, identities, political structures and public policies'*. According to Radaelli, the definition places emphasis on the importance of the change in the logic of political behaviour (Kusá and Gerbery, 2007, p.3; Waldschmidt, 2009).

When considering Turkey's position as a candidate country for accession to the European Union, Héritier's definition of Europeanisation may be considered the most plausible one that might explain the possible effects of European Union

policies on the country. According to this definition the overall effects, including direct and indirect impact of EU policies and economic, social and cultural activities may have an influence over the political, economic, social, cultural processes of Turkey (Héritier,2005,p.200). This definition also reflects the rhetoric of the current government in Turkey regarding the accession process. The government is interpreting the accession process as a Europeanisation/modernisation project in line with the founding principles of the Republic. In this sense, the government sees the accession process as an important tool for reaching the highest standards in all fields stated in the *Acquis Communautaire*, the body of EU legislation. The process has ushered in far-reaching reforms and established better working relationships between government organisations and would, in turn, could enhance the fundamental rights and freedoms of its citizens (Ministry for EU Affairs, 2010a). Although the concept of modernisation represents a wider concept than Europeanisation, policy makers usually use the concept of modernisation as a synonym for Europeanisation. The reason for that is the founder of the republic, Kemal Ataturk, was mainly affected by Western modernity that had already started to shape Europe at that time. Thus, he used the language of modernisation as the same meaning as Europeanisation (Sofos,2000).

The Europeanisation process could be regarded as a policy transfer opportunity (Ladi, 2011) for Turkey. This process is not necessarily regarded as obligatory policy transfer from the European Union, for it could also be considered as a voluntary multilateral policy transfer that would enhance the fundamental rights and freedoms of its citizens as well as bringing about more of those reforms. There is a leading role for the European Commission as a 'very active policy entrepreneur' in the transfer process in the EU. The Commission proposes best practices, models and original solutions by taking into account other policy transfer activists including pressure groups, consultancy firms, think tanks and policy experts (Radaelli, 2000). EU-funded social programmes and research into disability, for instance, overtly encourage the Member States to compare their

national welfare systems and social policies with the others by underscoring best practice and funding cross-national exchange of project staff as well as research networks (Yeates, 2002).

A multi-level governance system of the European Union has been used to influence the unique social policies of the Member States. Multi-level governance is the term used to explain the political formation of the EU. This perspective accentuates the fact that the EU is not like the traditional nation-state with a close connection between citizenship, political representation and policy-making. Nor is it a fully developed supranational body having the power to direct the European economy and polity. On the contrary, it is a multi-layered unit of national governments and EU institutions, policy networks, independent agencies and interest groups, establishing a wide assortment of governance regimes (Teague, 2006, p.269). Within a multi-level governance system, policy-making and implementation involve complex interactions and participation of national, regional, local and supranational agencies that sometimes act in harmony, but at other times clash.

The interests of the Member States have been reflected in every step of the complicated policy-making taking place at EU level ever since the establishment of the European Economic Community (the EU). Here, the desire of the Member States to retain state autonomy plays a crucial role as the factors regarding economic interdependence, transnational flows of information, and vast differences in military power have strengthened their capacity to preserve independence. The checks and balances of liberal institutions and the powerful interest-group actors are among the impediments to the autonomy of the Member States as the governments are unable to define and implement policy priorities independently. When it comes to the complex policy making processes in the EU, a member state can lose their state autonomy through a number of ways including outvoting; reaching political agreement with other Member States to attain specific goals; feeling obliged to make a decision that is in favour of market forces even if it

is against its desire; having an influence of European policy-making environment that changes attitudes and values of important interests, significant sectors of domestic public opinion or key features of the administration of the Member States; non-legislative and non-regulatory activities of the Commission and the role of the CJEU in protecting European integration the ways in which its jurisdictions have expanded the limited competence of the EU in policies (Hine, 1998, p.1-8).

The borders of the EU's competences were defined in accordance with the principle of conferral, by which the EU can take action in a policy area only when the Treaties allow it to do so. If the Treaties do not confer the competences on it, the competences are retained by the Member States (European Commission, 2014a, p.5). The EU have an exclusive and legally binding influence on the Member States' policies for policy issues that are relevant to EU integration. However, when it comes to social policy issues including disability, the EU have only a function of regulation as this policy is within the competence of the Member States (Murphy, 2003, p.552).

EU social policy is a distinct and complex area of EU policy and politics. The way in which European social policy is developed and implemented reflects the sole nature of European governance. EU legislation on employment and social policy consists of various hard law (binding legislation) and soft law (nonbinding legislation) elements. It also covers issues as diverse as gender equality and protection of workers from chemical hazards (Toshkov, 2007). Common problems stemming from the restructuring of labour markets, changed patterns of fertility, changes in the gender division of labour and an ageing population has led to the emergence of the Open Method of Co-ordination (OMC)³ in order to deal with

³ The OMC is an intergovernmental method to align national policies of the Member States with certain common objectives defined at the EU level (European Commission, 2015a, p.86-92).

these changes effectively. Within the European social agenda, unemployment and social exclusion are the most important issues and EU actions in these fields have been implemented by member-state governments who take the major responsibility for reducing unemployment and tackling social exclusion (Kleinman,2002:109-223).

The outcomes of EU social policies are fundamentally contingent upon whether they have been successfully transposed and adopted at the national level of candidate countries. The performance of the candidate countries concerning transposition of the *Acquis* during the accession negotiations and during the first years of membership in the EU can bring important insights into how the countries accommodate multi-level governance. The candidate countries have to transpose all the European legislation in force prior to their accession (Toshkov, 2007).

Some researchers demonstrated that EU influence has been robust in these policy strands such as the environment (Jordan and Liefferink, 2004), telecommunications (Humphreys, 2002), agricultural policy (Gorton, Hubbard and Hubbard, 2009), social policy (Sissenich, 2008), pension policy (Eckardt, 2005; Guardiancich and Natali, 2012), long-term care policy (Theobald and Kern, 2011) and the judiciary (Ladi, 2011). In contrast, a number of studies yielded contradictory results of the influence of Europeanisation over national social policy making (Dimitrova and Rhinard, 2005; Haverland, 2000; Toshkov, 2007; Falkner et al, 2005; Leiber, 2005; Kaeding, 2008). These studies point out that the speed of Europeanisation has been determined by different factors including norm compatibility, socialisation, party preferences, government effectiveness, and path dependency. Interestingly, the factors are prone to have indirect effects on the Europeanisation of social policies. This demonstrates that the countries' path dependency characterised by 'inheritance rather than choice' still matters, as Korpi (2006, p.261-262) argues.

The future of social policy making at the EU level is largely contingent upon the willingness of the Member States to move towards a federal structure in the form of a European government (Korpi, 2006, p.261-262). Otherwise, social policy making including disability, can be preserved as one of the sovereign areas of the Member States that can be regarded as relatively independent nation states. Similarly, some research focusing on explaining the influence of the EU on Turkey in different policy strands such as vocational education and training (Barabasch and Petrick, 2012), regional policy (Ertugal, 2011), labour market (Aybars and Tsarouhas,2010), rule-of-law (Noutcheva and Aydin-Duzgit, 2012), human rights (Avci and Carkoglu, 2011;Hale, 2011), and civil society organisations (Tocci,2005) concur that the EU play a role in the formulation of the policies. However, the motivation of domestic actors, national politicians could be a barrier to a more thorough and successful policy transfer.

The influence of Europeanisation is a complex process intertwined with different factors including the willingness of Turkish authorities to welcome this influence, willingness of the EU authorities to speed up the accession process, and the predominance of traditional values as an impediment to welcome this influence. Effectiveness of Europeanisation on disability policies is also contingent on the EU's perspective on disability. The following section provides an overview of this perspective.

2.3.2.1.1 European Union and disability

Some researchers argue that the European Union have the most substantial impact on both regulation and service provision through labour and social law, structural funds and various social programmes (Yeates, 2002). Waldschmidt (2009) underlines that the development of EU disability policy has been closely linked to the ebb and flow of general social policy at the European level. This connection has historically revealed that poverty relief and vocational

rehabilitation policies have been the two predominant strategies for disability policy. When tracing the history of the EU prior to the 1980s, one will find periods in which the Union failed to have any interest at all in disability policy.

It has been argued that the EU have had a growing interest in disability issues. There are three reasons for this. The first one is associated with demographic changes in working patterns. Over the past two decades, virtually all Member States have confronted a continuously shrinking working-age population and low birth rates, which in the near future may have an impact on the European economy and its sustainability (Hantrais, 2000; Hvinden, 2003; Disability High Level Group, 2007). In particular, the increasing participation rates of married women in the labour force represent huge challenges for the future. As women have become less available as unpaid carers due to their labour market participation, concern has grown over the impending care deficit of their disabled dependants (Hantrais, 2004).

The second motivation relates to the fear of welfare tourism, in which a disabled person from one member state is attracted by more generous social benefits elsewhere in the Community. According to the Commission, the differences in the treatment of disabled people across the Member States might prevent the effective operation of the common market related to the competitiveness of goods and services in Europe (Alcock, 1996). Therefore, the EU intervention in disability issues can be regarded as a solution to ensure effective operation of the common market. The last reason explaining the growing interest of the EU in disability issues is related to an economic theory. Prejudice against the abilities of disabled people in the labour market signals a market failure. Therefore, European Commission intervention in the prevention of social exclusion of disabled people may be regarded as a state intervention in pervasive market failure to meet the needs of disabled people (Quinn, 1999).

There have been some studies investigating disability mainstreaming in the EU. To illustrate, Geyer (2000) investigates the historical shifts in disability policy at the EU level, concluding that the EU have demonstrated a shift towards disability mainstreaming on the basis of a human rights based approach to disability. He further argues that since there has been no directive or regulation establishing disability rights at the EU level, the disability policy at the EU level can be considered as 'partial mainstreaming'. Similarly, Cunningham (1992) examines the development of equality of opportunity policies in disability alongside gender and ethnicity at the EU level, underlining the limited competence of the EU in disability as a barrier to effective implementation of equality of opportunity at the EU level. She, therefore, suggests the recognition of such policy as a primary right, which could ensure an effective implementation of such policies at the EU.

The other studies are more concerned with how, and to what extent, disability issues have been 'mainstreamed' into the National Reform Programmes and National Strategic Reports of the 27 EU Member states. The evaluation of disability mainstreaming in the countries was based on the five principles derived from the document called '*Disability Mainstreaming in the new streamlined European Social Protection and Social Inclusion Process*'. The first criterion was the inclusion of the core concepts of non-discrimination, accessibility and a social model of disability in the documents. The second was to establish links between national disability strategies, relevant EU policies and the UN CRPD. The third was the inclusion of a disability perspective in policies including labour market participation, income protection, education and access to public services. Fourth was to demonstrate evidence of national dialogue with disabled people. The last one was to adopt disability-specific indicators and policy examples. The results demonstrated that there was an inadequate level of disability mainstreaming in the countries. Disability has not yet been systematically inserted into policies. Although a social model approach, a rights-based approach to disability and the principles of non-discrimination and accessibility were adopted by the countries, these

concepts were not included in national policies. This study highlights a need for a further European action on disability mainstreaming (Priestley, 2012).

Some research examining the evolution of disability policy at the EU level points to a remarkable shift from the policy orientation on the basis of care and rehabilitation to one that emphasises '*human rights, citizenship, full participation and the removal of structural barriers to inclusion*' (Priestley, 2007, p.61). However, some researchers argue that the EU favour making certain adjustments and modifications to cutback welfare provision for disabled people, in particular by promoting welfare to work policies (Bonoli, George and Taylor-Gooby, 2000). These attempts can be regarded as leveraging political unity through economic integration, which is the founding principle of the EU. The disability policy shift from ensuring effective operation of the common market to a human rights based approach is called into question.

Besides the EU, there is an influential role of the other IOs in countries' disability policy. Although this role has not been addressed in the literature, there are some studies looking at the influence of IOs on the adoption and implementation of human rights aspects in policies. Thus, it is worth considering such influence below.

2.3.2.2 The influence of IOs

There is a lack of literature focusing on the role of IOs in disability. However, we could expect them to influence disability policy making. IOs are behaving as policy makers and/or policy negotiators to solve common problems shared with member states. A mandate for such responsibility is given by member states with a belief that IOs can devise more effective solutions to common problems rather than states deal with the problems individually (Ervik, Kildal and Nilssen, 2009, p.4). Keohane (1988, p.393) underlines the importance of investigating the influences arising from IOs. This is partly due to their powerful

position to direct the policy direction of world politics and this stems from the difficulty to understand their operation, motives and evolution. Deacon (2011, p.24) highlights that the influence of IOs is exerted on domestic policies through the promotion of global codes, rules and norms, the establishment of knowledge frameworks, research and agenda settings. Yeates (2002) argues that the IOs' views and policy preferences have been exerted on the policies of individual countries via establishing close contact with political and economic elites in the national governments. Influence is also exerted through development assistance programmes of aid and relief and through health, population policies and surveys on disability, which are often delivered in partnership with national and other IOs.

Turkey's membership of the League of Nations in 1932 was a landmark to initiate the systematic influence of IOs on policy-making in Turkey. Its subsequent membership to IOs including the World Bank, the ILO, WHO, UNESCO, UNDP, and UNICEF has expanded this influence further. Detailed information on the policy orientation of these organisations is given in Appendix I. Some scholars argue that democratising countries more frequently apply for membership of IOs to strengthen democratic reforms (Mansfield and Pevehouse, 2006). Joining IOs could demonstrate to foreign companies and financial institutions that the democratising countries are motivated to conduct political reforms. Membership could attract foreign direct investments to the countries. This is primarily due to the close association between democratisation and economic liberalisation of the countries. Foreign companies and financial institutions may have an adverse effect on the economy of the countries if they believe that democratisation process is momentary. To illustrate, the World Bank declined loans to the Indonesian government until it addressed the widespread culture of corruption in the country (Murphy, 2006,p.334).

Such influence of IOs could strengthen democratisation of countries. The existence of such a link between securing democratic characteristics of the state

and establishing coordination and collaboration with IOs could explain why Turkey joined the League of Nations and subsequently other IOs. The democratisation of the state coupled with the liberalisation of economy was prioritised during the years following the proclamation of the republic in Turkey. Joining IOs might have been seen as a way to guarantee a secular state. Democratisation of the state is relevant to disability since it tends to strengthen an effective realisation of exercising human rights.

The influence of IOs on domestic policy making is intertwined with various factors. This tends to make their influence controversial in the literature. Mansfield et al. (2002) and Dai (2007) argue that IOs provide useful information for governments about how to improve human rights. Johnstone (2010) underlines the importance of a standards setting role of IOs in moulding national policies through mobilising various interest groups. Meyer et al (1997) highlights the importance of the involvement of countries in 'world polity' through the UN conferences including the Conference of States Parties to the Convention on the Rights of Persons with Disabilities. Such involvement could result in moulding national policies through enabling interaction among countries and familiarising the countries with the UN agenda. Simmons (2011) highlights a close association between treaty ratifications and the act of the insertion of the content of the treaties into national constitutions. However, Hathaway (2002) argues that the countries that ratify human rights treaties have tended to not have better human rights practices than would otherwise be expected. Park (2005) claims that the involvement of the World Bank in the activities of environmental NGOs has made it more sensitive to the environmental impact of its development projects. Similarly, Bearce and Bondanella (2007) assert that only long term exposure to the influence of IOs can lead to the internalisation and the implementation of human rights norms.

True-Frost (2007) argues that the involvement of the UN Security Council in the human rights area has been increasing since 1999. The Council has expanded the notion of human security to women's equality, HIV/AIDS and children rights in

the resolutions such as Resolution 1325. The author emphasises a causal link between the increase in the efforts of gender mainstreaming in the UN and the incremental adoption of resolutions in human rights area in the Council. However, there has not yet been a single resolution devoted to disability mainstreaming in the Council. This issue was raised in a UN Security Council open debate on protection of civilians by H.E. Jim McLay, Permanent Representative of New Zealand to the United Nations, on 30 January 2015. He underlines the realisation of disability mainstreaming in the Council to achieve more effective protection of civilian mandates (New Zealand Foreign Affairs & Trade, 2015). Conversely, Chayes and Chayes (1995) claim that enforcement actions of IOs including the UN and the World Bank to influence domestic policies are not common practices.

Some studies highlight the role of IOs in the emergence of incomplete internalisation of norms and the discrepancy between form and practice (Hafner-Burton et al, 2008). Shelley (2005) argues that the influence of the UN on East Asian countries has been complex and unclear. Barnett and Finnemore (1999) highlight a close association between an increase in characteristics of bureaucracy in IOs and an increase in the tendency for their limited effect on domestic actors. The adverse effects of a bureaucratic culture in the organisational culture of the UN has led to organisational inertia to respond to the demands of governments to tackle social problems in particular. Lopez and Cortright (1997) argue that UN sanctions including comprehensive trade and financial restrictions against Iraq have led to further deterioration of human rights conditions. Coicaud (2001, p.547) underlines the lack of legitimacy in UN agencies at the international level. Such weakness calls for stronger mechanisms of global identification, participation, representation, responsibility and solidarity.

Aside from the barriers stemming from IOs to effective exercising of human rights, the predominant state tradition in Turkey could constitute a possible

impediment to the realisation of equality and human rights for disabled people. This issue is addressed in the following section.

2.4 Particularism as a barrier to the realisation of disability mainstreaming in all policies in Turkey

Throughout the thesis, the umbrella term 'particularism' is employed to define the predominant role of longstanding state tradition in policy making. The tradition involves strong, paternalistic (including the predominance of charity-based understanding of disability), and collectivist attributes.

A dominant role of particularism in defining and orientating social developments is the main reason for the very late adoption of the concepts of individualism, fundamental rights and freedoms in Turkey. Civil rights movements in Europe influenced such adoption in Turkey in the 1960s. The late emergence of those concepts led to the dominant role of particularly military and bureaucratic people playing in the adoption of these concepts as well as shaping social developments, starting from the collapse of the Ottoman Empire (Talas, 1992). The late development has led to negligence of disabled people as the holder of human rights since there was no civil movement to push for the state to adopt and implement necessary legislation that could alleviate the problems they experience in daily life. The very late emergence of the civil movement is closely intertwined with the following issues: the emphasis of classless and unprivileged society and paternalistic state notions; lack of feudal structure on the basis of a differentiated administrative power and late entry to capitalist processes.

The predominance of particularism has delayed the progress of the adoption of human rights based policies historically. This is particularly evident in disability policies. The evolution of disability policy with a human rights lens can be reviewed in four time periods: 1838-1918, 1919-1944, 1945-1979 and 1980-2015. Each time period presents different dynamics arising from socio-economic

conditions, structures and political order that necessitate the introduction of disability policies. Detailed information about the role of particularism in the evolution of human rights based understanding of social and disability policies in Turkey is presented in Appendix II.

The period of 1838 -1918 highlighted the initiation of liberalisation in the Ottoman Empire that resulted in the emergence of the human rights aspect in disability policies. It is divided into two subsections prior to the declaration of the constitutional monarchy in 1908 and after this declaration. The reason for this demarcation was to decrease the prominent figure of the Sultan after the declaration, which resulted in the emergence of the human rights aspect in the delivery of social services as the responsibility of the state. Such emergence also resulted in the diversification as well as the proliferation of social services.

A lack of experience of the Industrial Revolution in the Ottoman Empire led to it following a different pathway to other countries. This played a significant role in strengthening particularism in the adoption and implementation of disability policies due to the lack of the human rights emphasis on these policies. By providing a brief information on the history of the Ottoman Empire it can facilitate the understanding of the predominate role of particularism in policy making. The Ottoman Empire was established in Anatolia around 1300. It expanded to West Asia, North-Africa and South-east Europe and became an empire in the 16th century. Its population was around 60 million and consisted of various ethnicities including Turks, Arabs, Slavs, Greeks, Jews, Armenians, Hungarians, Romanians, and Albanians and the other ethnicities (Talas, 1992, p.33-36). Max Weber presents the Ottoman Empire as ‘an extreme case of patrimonialism.’ (Weber,1978, p.231-2). The relationship between state and society in the Ottoman Empire left a legacy of communitarian structures and collectivism which predominated over individualism. This contrasts with the Western European political system that has been contingent on the relationship between the state and

the individual. To be more precise, the Ottoman Empire was not a nation-state in that it was constructed around the concept of *the umma* (ummet), which describes a state and society strongly associated with religion. As a consequence the identity and status of people were defined by being a member of the umma rather than being individuals in their own right (Steinbach, 1988, p.11).

The Ottoman Empire was based on an agrarian society since the climate, nature, tradition and the skills and ability of the population provided a favourable milieu for agricultural production that was sufficient for meeting the needs of the population. However, it used rudimentary techniques in terms of cultivation and making manufactured goods. For a long time the Empire resisted transition from hand production methods to machine and mass production arising from the Industrial Revolution. This was one of the main contributing factors to the collapse of the Empire (Talas, 1992, p.33-36).

The emergence of human rights aspects in disability policies was initiated by the West which wanted to establish a free trade area on the vast land of the Ottoman Empire to expand the market for European products. In this respect, the Anglo-Turkish Commercial convention of 1838 was signed in order to abolish barriers to the realisation of trade by British merchants. Soon after, other European powers followed suit by taking part in the convention. A successful implementation of a market economy germane to ensuring free trade required to restrict absolute power of the Sultan and thereby gave rise to the emergence of the human rights aspect in the policies. In this vein, the reforms including the introduction of legal concepts, property rights took place in tandem with the realisation of the Tanzimat reforms (Sunar, 1973).

The period 1838 - 1918 witnessed the elites' attempts at protecting the integrity of the Ottoman Empire by pursuing modernisation influenced by the French Revolution (Kili. 1968,p.5). However, the modernisation attempts failed to include the introduction of human rights in disability policies. These attempts

focussed on achieving an improvement in the army and the administration to regain its superiority over Western states (Karpat,1959, p.vii). A positive contribution of the proliferation of secular state schools which supported the Republic regime was important (Frey, 1965, p.39-40). This proliferation created a clash between the old (conservative-religious proponents) who were clinging to old traditions and the new (modernist-secularist supporters) who demanded reform (Kili. 1968, p.8).

The emergence of modernist-secularist thinking ushered in a positive step towards the introduction of human rights in disability policies by the initiation of Tanzimat reforms (1839-1876). The reforms demonstrated the incremental influence of Europe on administrative, judicial, military, financial and education in the Empire. To illustrate, new legal codes and institutions were introduced. This period witnessed the emergence of the understanding of equality of all Ottoman citizens before the law by decreasing the role of the Sultan as the initiator of modernisation. In contrast, the modernising bureaucrats took over the initiative to state modernisation. However, the theocratic nature of the State alongside religious schools and courts remained unchanged. Nor did the bureaucrats aim at establishing a constitutional government (Kili, 1968, p.8).

Prior to the declaration of the constitutional monarchy in 1908, the predominance of particularism was evident in the delivery of social services to disabled people. Permission for begging including women or men in need, orphans, the elderly, paralysed, and one-armed people who were incapable of working, was granted in accordance with *Sharia* law. The main approach to disability started as early as 1156 and was based on protection by the establishment of segregated institutions including hospices (alms houses) for people with long term illnesses and people with visual impairments. Providing social assistance through foundations and alms-house on the basis of Islamic beliefs was regarded as a way of carrying out the societal responsibilities of better

off people in the community. Social assistance was granted to disabled people who sent a petition detailing their financial constraints to the Sultan and hospices in Istanbul provided them food aid. Despite the dominance of particularism in disability, the emergence of human rights in disability policy led to the first organised disability movement taking place in Istanbul in 1862 by people with visual impairments. They complained to the Sultan about the abandonment of the delivery of food aid and financial support to disabled people. This protest resulted in the continuation of the delivery of social assistance to people with disabilities living in Istanbul (Balci, 2013, p.38-85).

The effect of the reforms ushered in the adoption of new roles for the local administration in the delivery of social assistance to disabled people with regulation (*Dersaadet idare-i Belediyye Nizamnamesi*) in 1868. Delivering social assistance and necessary services including health, vocational training, employment, and shelter for the people including the blind, deaf-mute, orphan, deprived, unemployed and beggar was stipulated in the responsibilities of local governments (Ozbek,2006, p.22-36). To illustrate, the local administration of Giresun gave a monthly disability benefit to an amputee who had his right leg amputated after getting frostbite. Social assistance was expanded during the period of Abdulhamid II (1876-1908). This expansion served to strengthen particularism rather than ensuring human rights for disabled people. To illustrate, deceased civil servants' sons with disabilities including visual impairments, paralysis, mental health difficulties and physical impairment were entitled to a disability allowance (Balci, 2013, p.84-86).

The medical approach to disability rose in tandem with the rapid increase in segregated residential institutions and schools for disabled people in the nineteenth century in Europe and influenced the Ottoman Empire (Hughes,1998,p.68). The incremental influence of Europe on the Empire through the channel opened by the Tanzimat reforms strengthened the predominance of the particularist approach to disability. Such an approach to disablement

highlighted medical care and also charity on the basis of carrying out the corporal and spiritual works of mercy. This is why the foundations that were established primarily for delivering medical care services to disabled people have followed charitable objectives at the same time (Gokmen, 2007).

The period of 1908-1919 signified by attempts to develop the human rights aspect in disability policies, illustrated by the initiation of the second wave of constitutional movement led by the Young Turks (formerly known as Young Ottomans) including army officers, bureaucrats and intellectuals. This movement was strongly supported by the West as a step towards introducing democracy and human rights, and strengthen the basis of the liberal economic order in the Ottoman Empire (Kili. 1968, p.11).

The proclamation of a constitutional monarch introduced some gradual improvements in the human rights aspect in disability policies of the Empire. The emergence of social policy in Europe had close links with the implementation of such policies. The development of the human rights based policies ushered in the adoption of a regulation dated 27 June 1910 providing for the first time a legal basis of the delivery of social assistance to people in need (Ozbek,2006, p.33). On 29 February 1908, an early establishment of Council of State decreed that people with hearing and speech impairment could maintain themselves without needing any assistance. Conversely, people with hearing and speech impairment were considered to be disabled and were included in Decree on the Promotion and Retirement of Civil Servants (*Memurin-I Mulkiye Terakki ve Tekaud Kararnamesi*). In 1917 it was proposed that the parents of children with disabilities should be required to inform the General Registry Office about disablement of their child during the preparation of the birth certificate. However, the Legal Consultancy Department declined this proposal (Balci, 2013, p.87).

Despite strengthening the human rights aspect in disability, the predominance of particularism demonstrated itself in the approach to disability. This approach highlighted that disabled people were unable to maintain an independent life without the help of others, since they had special needs and limitations stemming from impairment. The initiation of political reforms could not change the dominance of particularism in the Ottoman Empire. However, these reforms provided an initial step towards the adoption of understanding denoting that disabled people could be educated. With this aim, the establishment of schools for disabled people was initiated in the wake of political reforms. The first school for people with hearing and speech impairment (*Dersaadet Bîzebâan Mektebi*) was instituted in 1889 by Austrian Ferdinand Grati and was subsequently appointed as the school principal. The school curriculum was adapted from Europe. A class for people with visual impairments (*Âmâlar Mektebi*) was added to this school in 1891. The Christian activities of various missionary organisations that established schools for disabled people in various parts in Turkey including, Adana, Hacin, Maras, Antep, Malatya and Urfa played a role in this shift. To illustrate, American Board⁴ set up Urfa Shattuck School for the Blind⁵ in 1902 in Turkey. In 1909 a school for people with hearing and speech impairment in Thessaloniki was established by a joint initiative of Fuat Efendi and Jak Farraci Efendi, who had hearing and speech impairments. In 1910 the Malatya School for the Blind was established by Ernst Jakob Christoffel, a protestant missionary and his sister Hedvick (Balci, 2013, p.149-158).

⁴ American Board, which was an America based missionary organisation established in 1810 in Boston, initiated to have a function in Turkey in 1820 in order to 'survey the new field in the Ottoman Empire, assessing the needs of its various people and estimating the potential for Christian mission in this part of the world.' (Maynard, 1984, p.27).

⁵ There was a proliferation of schools for blind people opening in 19th century in the Ottoman Empire due to the high prevalence of trachoma, a contagious infection of the cornea caused by a bacterium. This kind of congenital blindness and blindness-inducing eye infections were caused by a combination of poor sanitary conditions and climatic conditions that served as a suitable environment for the infectious agents. It is why one of the first examples of schools for people with visual impairments was established in Egypt in 1874 (Balci, 2013, p.39).

The period of 1919 – 1944 signified the initiation of the new state building activities in the state's modernisation programme. In this respect, social services to improve the adverse situation of children in line with the implementation of collectivist policies alongside preventive public health were prioritised. In addition, limited regulations governing working life including reducing daily working hours and maternity leave were introduced. However, there was a lack of policy development prioritising the advancement of human rights in disability policies. The continuation of particularism in policy making still constituted a barrier to the adoption of human rights based policies during this period.

The lack of the human rights aspects in the establishment of new state activities demonstrated itself in the lack of policy development in disability during this period. The Turkish government pursued the particularist approach to disability. This underlined that disability was a disease that needed to be eradicated and disabled people were objects of charity. The collectivist, family based policies were regarded as the only way to meet the needs of disabled family members partly due to a cost effective way of alleviating social risk and partly due to the lack of awareness of the diverse needs of disabled people. That revealed itself in the proactive role of people and charities rather than the government playing in the education of disabled people during this period. To illustrate, the School for Children with Hearing-Speech Impairment and Blind⁶ was established in Izmir in 1923 by a Jewish merchant who had a hearing-speech impairment (Ergin, 1966, p.967 cited in Balci, 2013, p.168-169).

The period of 1945 – 1979 witnessed the introduction of redistribution, collective bargaining and social security based policies on the basis of equality was a landmark of this period. However, the transition from the particularist

⁶ The Ministry of Health and Social Assistance took over this school in 1924 and the school provided education until 1950. Subsequently, the responsibility for the delivery of special education was transferred to the Ministry of National Education in 1951 (Akcamete, 1998 cited in Melekoglu, 2014, p.531-532).

approach to disability to the human rights orientated one was interrupted by consecutive military coups. These coups served to further strengthen the predominance of particularism. This resulted in a further delay of strengthening the human rights aspects in social and disability policies.

During the 1950s, attempts at policy formulation targeted, in particular, the basic tenets of special education. The catalyst which sparked government interest in special education may have been the UN Conference held in Geneva between 25 February and 3 March 1950 which discussed co-ordination among the specialised agencies in the field of rehabilitation of disabled people. The agreement brought about by the conference was based on the need to establish international standards for the education and treatment of disabled people (United Nations, 1998). As of 1951, special education was officially initiated in Turkey when the first school for blind people under the Ministry of National Education was set up. New legislation enacted in 1951 devolved the responsibilities of the Ministry of Health for delivering special education services to the Ministry of National Education. This legislation ushered in disability policy in Turkey in that disability issues were no longer regarded as merely delivering medical care to disabled people but also delivering education services (Ozurluler Idaresi Baskanligi, 2000).

The 1961 constitution brought libertarian, pluralist, and participatory democratic characteristics on the basis of the realisation of human rights for the first time. It was influenced by the civil rights movements experienced in Europe. The proletarian movement was the crucial force for the adoption of the social characteristic of the state in Europe. However, in Turkey, that was granted by the state without having any contribution of civil movement (Sulker, 1975, p.262). The state was described as nationalist, democratic, secular and social in the constitution. That led to the emergence of the adoption of the welfare state in Turkey. This constitution explicitly mentioned disabled people as productive citizens and encompassed special education in its articles. The proactive role of

Associate Professor Mitat Enc⁷ in both the adoption of the provisions regarding special education and disabled people in the 1961 Constitution and the establishment of the Six Dots Foundation for the Blind was a contributing factor to the advancement in special education and the promotion of human rights for disabled people (Ankara University, 2013). The 1960s witnessed the development of rehabilitation services for disabled people and a civil society movement in Turkey. Up to the 1960's the disability movement was based on the view that disabled people were in need of protection. Thus, associations were established for disabled people but not by them; thereby reinforcing the protective attitudes towards them. In particular, the movement had an effect on people with visual impairments who emphasised the importance of human rights. The reason for the revival of human rights among people with visual impairments was the increase in the number of visually impaired people who graduated from high school and vocational school and subsequently assumed positions in the labour market. These developments led to a change of perspective amongst disabled people prompting them to establish their own organisations. During this period, the idea that disabled people could be educated and be productive spread through society (Gokmen, 2007).

The development of the human rights aspect in disability policy led to the introduction of a compensatory Quotas/Levy system to increase the participation of disabled people in the labour force. It was adopted from the French and German systems where it was the cornerstone of disability employment policy (Shrey and Hursh, 1999, p.47). In 1965 the Civil Servants Law (No. 657) introduced a 3% employment quotas for disabled civil servants. Government funded agencies and organisations employing workers falling within the scope of the legislation were required to meet the quotas. The law indicated that the qualifying examinations for official posts would be conducted in a different way for disabled applicants (Article

⁷ He had visual impairments and completed his master and PhD degrees in special education in the United States of America (Ankara University, 2013).

50). In 1971 the amendment of Labour Law numbered 1475 introduced a 2% employment quotas for disabled workers. The law required every private and public employer with at least 50 workers to employ disabled people -according to their working capacity- so that they would represent 2% of the total number of workers (Article 25A) (Karçkay,2001). If the quotas were not met, employers were required to pay a compensatory levy in proportion to the extent that the quotas was missed. The levy was held in a designated fund and allocated as grants to create jobs or training opportunities for disabled people. The Levy system was introduced in 2003 by the establishment of a Commission responsible for allocating the fund to projects.

However, the emphasis of the realisation of human rights characteristic in the 1961 Constitution had been eroded by the coup d'état in 1971. This strengthened particularism by imposing a restriction to freedom of association and human rights emphasised by the Constitution (Talas,1992,p.54-56). This was evident in the adoption of a supplemental security income programme for needy older people (over 65), disabled people and orphans who meet income and resources tests and other requirements in 1976. One of the criteria was the absence of close relatives to take care of them. This reflected particularist policy-making stance of the state in association with the perception of family to alleviate a social risk.

The period of 1980 – 2015 demonstrated the acceleration in the liberalisation of the economy. The rise of liberalisation could not reduce the predominant role of particularism in policy making. To illustrate, the particularism represented itself in the increasing emphasis on social assistance for disabled people. Despite that, the acceleration in the liberalisation of the economy yielded an incremental adoption of human rights based policies at the expense of the dominance of particularism. This dominance had an effect on slowing down the process of the advancement of human rights for disabled people in policies.

The Constitution of 1961 was abolished in 1980 with another coup d'état (Talas,1992,p.54-56). The constitution of 1982 was adopted. On the one hand, the adoption of human rights approaches by the 1961 constitution influenced the 1982 constitution and led to extended state responsibility to deliver social services to socially excluded people including disabled people, older people, migrants, and the unemployed (Ozbek,2006,p.190-191). To illustrate, The 1982 Constitution stipulates, '*The State shall take measures to protect the disabled and secure their integration into community life.*'(Art.61/2). The constitution also states, '*The State shall take necessary measures to rehabilitate those in need of special training so as to render such people useful to society.*'(Art.42/7). According to these provisions, the State is made responsible for taking protective measures in order to eliminate the disadvantaged position of disabled people within society to make their integration into all aspects of social life possible. On the other hand, the constitution of 1982 restricted the libertarian, pluralist, and participatory democratic characteristics of the state that were introduced by the Constitution of 1961. This created a barrier in pursuing a democratic political regime and also the advancement of human rights and fundamental freedoms.

This period witnessed the restructuring of the Social Assistance and Solidarity Fund influenced by the particularist approach of Ottoman charity. This policy orientation was based on strengthening the role of the family as formal safety nets in catering for the elderly and disabled people (Bugra and Keyder, 2006). A concomitant patrimonialism with the collective societal structure in Turkey has given rise to an emphasis on the protection of the collectivist structure of society in the government programmes by successive governments since 1937. A growing importance to the protection of family life has been attached in tandem with the acceleration of liberalism in Turkey since 1983. The 1982 Constitution (Art.41) stipulates that '*Family is the foundation of the Turkish society*'. On the one hand, the government emphasis of '*Strong Turkish Family*' represents a solution to the social malaise stemming from the alleged weakness of familial links in Europe

due to the adverse effects of liberalism on family life. On the other hand, family based policies have also been preferred by governments since the implementation of these policies has also served as a cost effective way of alleviating social risks.

In this respect, Greif (1994, p.913-943) argues that the social structure in a collectivist society is '*segregated*', whereas the social structure in individualist societies is '*integrated*'. The collectivist system is more effective in reinforcing intraeconomy agency relations and requires less costly formal organisations (such as law courts), but it limits effective intereconomy agency relations. The individualist system does not limit intereconomy relations but is less effective in strengthening intraeconomy relations and necessitates costly formal organisations. Similarly, Meyer (2010) argues that individualism is significantly associated with the recognition of disability, as a result of his research into how national culture affects a national understanding and practice of disability. Individualist cultures are more likely to emphasise equal rights of disabled people and inclusion of disabled people in society.

The development plans starting from 1963 onwards show the evolution of the human rights aspect in disability policy. The particularistic approach to disability has always been based on the protection of disabled people as needy people on the basis of the charity based understanding of disability. That is why they have been granted social assistance and social services comprising social protection, care and rehabilitation especially prior to the 6th Development Plan (1990-1994). Successive plans included disability in policy areas incrementally. A new outlook comprised the inclusion of the principle of equality of opportunity, mainstream education, reasonable accommodation, accessibility, promotion of health for disabled people, active employment measures and the promotion of the partnership between the government institutions, civil society organisations and the private sector. However, emphasis on the protection of disability through delivering social assistance, care and the importance of family (instead of the

promotion of human rights and independent living) remain the dominant particularistic approach to disability.

The period of 1980 to 2015 witnessed the growth of social services for disabled people in tandem with the liberalisation of the economy. Delivering social services continued to be based on the particularist outlook rather than the advancement of human rights. This is evident in the emphasis on the delivery of social assistance. Such a policy direction has been regarded as a way to ensure family unity, particularly in the case of the existence of a disabled family member. This policy does not promote independent living for disabled people since the more the state increases the amount of social assistance, the more disabled people are dependent on their families due to the predominance of particularism in Turkey. Therefore, increasing the amount of social assistance serves as a function to protect disabled people within the confines of the family. The general public also think the same way, underlining the necessity of further increase in social assistance in association with the predominance of the charity based understanding of society. This was evident in the results of the Survey on the Societal Attitudes towards Disability in Turkey in 2008 (Ozurluler Idaresi Baskanligi, 2008), which revealed that society expected the state to be more involved in disability, particularly by increasing the amount of social assistance for disabled people. It also demonstrated that the people who have a disabled family member were more likely to have negative attitudes towards disability and the majority of people still regarded disability as divine retribution for sin. This shows the continuation of the particularist approach to disability in a way that it has strengthened the negative attitudes towards disabled people. This is a barrier to the realisation of human rights for disabled people in Turkey.

Although the role of religion in Turkish society cannot be underestimated, the aspect of religion was not included in the umbrella term of particularism. Turkey has a secular system as a result of implementing the strictest secular

project in the Muslim world. On the one hand, this has involved the exclusion of Islamic norms from societal life. On the other hand, it made such norms moral principles that people may voluntarily follow. These principles involve trust, honesty, self-discipline, charity, justice, solidarity, and peace. Sabri Ulgener (2006 cited in Yavuz, 2011), a Turkish sociologist, highlights the prominent role of religion within shared core values in societal life in Turkey. Those values tend to provide a basis for people formulating and following their own personal visions of Islam within their diverse lifestyles. This internalised, moralised version of Islam differs from a state-imposed Islamic law, *Sharia*, in other Muslim countries. The understanding of Islam in Turkey is mainly free from *Sharia* based understanding of Islam due primarily to certain socio-historical transformation and existing powerful anti-*Sharia* legacy in Turkey. To illustrate, the Constitutional Court, in March 2008, pressed charges against the Justice and Development Party (AKP). The ground was that the AKP was covertly looking for a way to impose *Sharia* by dismantling the secular basis of the State. Despite the verdict not banning the AKP from politics, it was important to demonstrate a powerful reaction of the State to the adoption of *Sharia*. The Court defined *Sharia* as a religious based alternative political system to the secular democratic structure of Turkey (Yavuz, 2011).

Some studies demonstrate the existence of neoliberal-conservative social policymaking in Turkey, characterised by the adherence to both traditional values and neoliberal policies promoted by IOs including the World Bank and the EU. Promoting a policy shift from state-provided institutional care to familial care is an example of such policy making in Turkey (Yazici, 2012). The preservation of traditional family structures and moral values in Turkey lends itself to a particularist outlook. Within the protective environment of family life in Turkey the vulnerability and dependency of disabled people is emphasised, effectively disempowering them and preventing them from controlling their own lives. Traditional values are associated with the charity based understanding of disability and thereby reinforce the role of disabled people as the needy who need to be taken care of. This is the central case for the development of “particular” rights and responsibilities, since

they encourage segregation of disabled people from social life creating a barrier to exercising the rights and duties of independent living (Spicker, 1993, p.13).

Since this current research is devoted to examine the influence of IOs on the realisation of disability mainstreaming in Turkey, it is worth explaining the reason why Turkey is a unique case in terms of disability policy developments in the following section.

2.5 Turkey is a unique case

The modernisation efforts of Turkey were different from the other Middle Eastern/Muslim nations since it has had an explicit dedication to the realisation of cultural modernisation, contemporary civilisation along with political, economic and technical aspects (Altunisik and Tur, 2005,p.134-135). This cultural aspect has been missing in the modernisation efforts of many countries in the Muslim world pursued since the late eighteenth century. However, this dedication makes the situation of Turkey puzzling and complex. Heper (1985, p.13-14) underlines the conflict arising from the unstable coexistence of democracy with a strong state in Turkey. Societies with minimal state intervention in individual lives including Great Britain have a long tradition of protecting individual and collective freedoms, whereas the priority has been given to protecting the integrity of state over protecting individual and collective liberties in Turkey where it has a long tradition of dominant state. This tradition has had a destabilising effect on maintaining democratic characteristics of the state and in turn has led to widening the gap between the state and citizens.

The history of disability in Turkey is an under-researched area. However, some researchers suggest that disabled people have traditionally been treated as 'special' individuals who needed nothing more than charity. Similarly, a charity based understanding of disability is the predominant approach to disability in other

Islamic countries. However, Turkey represents an outlier/unique case quite different from other Islamic countries, since its historical trajectory and contemporary liberal-democratic values demonstrate a close proximity to Europe. The ultimate goal has been expressed by successive governments as the adoption and implementation of universal human rights based policies. This policy transfer process could also produce differentiated disability policy stemming from the interaction between the traditional values and structures in Turkey and the aims and practices of IOs.

2.6 Conclusion of the first half of the chapter

International influence can be observed in every sphere of Turkish life (Shaw and Shaw, 1977; Tezel, 2005). These attempts are ongoing and essential to the transformation process. Turkey represents a unique case, quite different from other Islamic countries, since its historical trajectory and contemporary liberal-democratic values demonstrate a close proximity to Europe. However, a particularist stance on disability policy making in Turkey signifies a divergence from European based values. The strength of family structures and values is highlighted in disability policy making in a way that limits independent living for disabled people on the basis of individual freedom. On this account such policy making might also produce differentiated disability policy characterised by the adherence to both traditional values and the contemporary liberal-democratic values promoted by IOs. Here, particularism poses a barrier to the realisation of disability mainstreaming in all policies since it encourages the protection of disabled people within the confines of the family rather than promoting independent living for them.

The social model of disability cannot provide a holistic approach to tackle the pervasive problems of disabled people stemming from this particularist approach to disability. The universalist disability policy, on the other hand, can provide a solution in that it approaches disability issues as characteristics of the

natural, physical, social, and cultural variability of humanity. Since it includes a disability dimension in all policy areas, mainstreaming may be viewed as a policy practice of this model to ensure the implementation and adoption of human rights based policies rather than that of traditional values in Turkey. The adoption and implementation of disability mainstreaming strategy by IOs is particularly conducive to promote a just society in countries. Therefore, this thesis considers how IOs exert influence on the realisation of disability mainstreaming in Turkey.

2.7 Research question and sub questions

To shed light on how IOs exert influence on the realisation of disability mainstreaming in Turkey, the following sub questions are addressed in this thesis:

- a) To what extent have IOs adopted and implemented disability mainstreaming?
- b) What is the role of IOs in the realisation of disability mainstreaming in Turkey?
- c) To what extent have the EU adopted and implemented disability mainstreaming?
- d) What is the role of the EU in the realisation of disability mainstreaming in Turkey?
- e) What are the barriers to effective adoption and implementation of disability mainstreaming in Turkey?

2.8 Structure of the thesis

Having explained the academic interest in the research subject and the contribution to knowledge in Chapter One, the present chapter (Chapter Two) defines the main concepts in the light of existing literature and also includes the methodology section. The research questions are addressed in the following chapters: research questions a) and b) are respectively answered in Chapter Three and Chapter Four. Research questions c) and d) are respectively focused on Chapter Five and Chapter Six. Research question e) is answered in two different contexts in Chapters Four (the influence of IOs) and Six (the influence of Europeanisation). Chapter Seven presents a summary of the findings by discussing them within the relevant literature. Moreover, this chapter includes some policy implications and research recommendations.

2.9 Methodological approach

2.9.1 Introduction

The aim of this thesis is to investigate how IOs exert influence on the realisation of disability mainstreaming in Turkey. This section explains how the researcher has designed the research to achieve this aim. The overall research design has been devised with the case study including the two-part qualitative methodology was employed to answer the research question. This methodology included the descriptive analysis of major policy documents, and *process-tracing* of different steps and sequences of the influence of IOs on the realisation of disability mainstreaming in Turkey. In total 275 policy documents (131 from IOs and 144 from the EU-see Appendix III and IV) were analysed using a three-stage framework. Aside from policy documents, the other primary sources employed were semi-structured and focus group interviews. The purpose of conducting interviews was to acquire information on how IOs influence the realisation of

disability mainstreaming in Turkey as such information was not available in official policy documents. This data source was also used to delineate the position of international and domestic organisations and their motivation for adopting and implementing disability mainstreaming. In total, 47 semi-structured and two focus group interviews were undertaken. The participants included civil servants, researchers, historians, policy experts and members of lobbying organisations and DPOs had all been directly involved in decision-making processes at international and/or local level.

This section presents the methodological approach. More specifically, it sets out the research methodology, clarifies the limitations of the study, details data sources and data collection, and ethical considerations.

2.9.2 Research methodology

2.9.2.1 Case study research strategy

This study is primarily concerned with explaining the cause-effect relationship between the influence of IOs and the realisation of disability mainstreaming in Turkey. To delineate the causal link and pathway requires the adoption of a flexible approach that could enable the researcher to consider detailed and multidimensional explanations of complex issues. The polar opposite of this research strategy is 'experimental' research that is based on intervention of a researcher in the research settings to explore the effects of different research settings on the behaviour that is investigated by conducting the research (Crowe et al, 2011). The flexibility criterion is met by case study research strategy on the basis of its definition given below:

An empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident (Yin, 2009, p.18).

Aside from the flexibility, another clear advantage of case study for this research is to allow the researcher to examine such multi-faceted causal relations in real-life interventions by the in-depth examination of a single case, Turkey, as a detached entity. Yin (2009, p.19) argues that the investigation of multidimensional causal links is too complex for the survey or experimental strategies. In addition, such relations can be revealed using quantitative methods only with a large sample size. Ragin (1987) proposes that this justifies the “small N” approach of case examination; a small number of cases enable the researcher to analyse a large number of historically, socially and culturally significant causal conditions. As this study is explicitly concerned with understanding the disability policy orientation in IOs and Turkey, and also explaining the impact of IOs on the direction towards disability mainstreaming in Turkey, it is important to employ within-case study in order to analyse these processes in detail.

The case study also allows the researcher to triangulate different forms of data sources and data collection techniques (Denscombe, 2007, p.45). This enables the researcher to picture a comprehensive and reliable picture of the influence of IOs on disability mainstreaming in Turkey by conducting this data validation technique. The other benefit of case study is to provide a suitable milieu to use the *process-tracing* method to scrutinise what causal conditions stemming from IOs have triggered the direction towards the realisation of disability mainstreaming in Turkey.

The case study research strategy enables the researcher to use research methods including *descriptive analysis* and *process-tracing* respectively to explain the policy orientation of IOs and the influence of IOs on disability mainstreaming in Turkey. These research methods are delineated in detail below.

2.9.2.1.1 Descriptive analysis

Descriptive analysis is a research method employed alongside *process-tracing* in this study. To understand the role of IOs in the realisation of disability mainstreaming in Turkey requires analysing policy orientation of IOs by using this method in the first stage. Analysing policy documents is instrumental in exploring the ways in which the policy documents address disability mainstreaming. *Descriptive analysis* was primarily used in Chapters Three and Five to investigate the policy orientation of IOs. Semi structured and focus group interviews were used as the data sources to support the analysis. In contrast, semi structured and focus group interviews were primarily used to evidence causal pathways of influence in Chapters Four and Six. Documentary analysis in these chapters was used to support the extracts from the interviews

Different time frames for analysing the policy documents of IOs and the EU were defined. The reason for this is associated with the need to collect background information on main policy interests and historical policy shifts of IOs and the EU prior to looking at their influences on Turkey. This requires the investigation of the policy documents regarding disability from their establishment. As the establishment of IOs differs from each other, the examination of their policy documents for the UN started from 1919 when the initial body of the UN, the League of Nations was established. The time frame for examining policies of the EU was between 1957 and 2015. However, the initiation of systematic influence of IOs on disability mainstreaming in Turkey also shows differences between the EU and the rest of IOs. Despite the initiation of the influence of IOs dating back to 1932 when Turkey became a member to the League of Nations, 1980-2015 was defined as a timeframe for tracing the influence of IOs on the realisation of disability mainstreaming in Turkey. This year was chosen not only due to the initiation of systematic activities of the UN in disability in the early 1980s but also

because of the establishment of the first disability unit under the Ministry of Labour and Social Security in Turkey to deal with disability issues. In contrast, 1999-2015 was defined as a time frame for tracing the influence of the European Union on the realisation of disability mainstreaming due to the initiation of their systematic influence in 1999 when the Helsinki European Council officially recognised Turkey as a candidate for accession to the EU.

The policy documents of IOs and the national government are comprised of: charters, covenants, treaties, regulations, conventions, directives, guidelines, action plans, declarations, resolutions, decree laws, proposals for directive, recommendations, annual reports, policy reports, policy briefs, conference reports, official gazettes, government programmes, development plans, announcements, speeches, minutes of meetings, statements, media reports, studies commissioned by the Turkish government, the EU and IOs, and official references to studies published by independent groups and organisations. A full list of 131 policy documents for IOs was included in the analysis (listed in Appendix III). The list of 144 policy documents for the EU is also attached to the thesis (Appendix IV). It is important here to define the process associated with deciding which document to analyse. The IOs have published many policy documents, since their establishment. Although the number of disability related policy documents can be manageable, the researcher found that the investigation of all non-disability specific policy documents of the IOs to see whether they include a disability perspective is not practical. In order to have a manageable list of policy documents to analyse, the researcher decided, as a general rule, to include only policy documents that have a clear disability policy focus. This enabled the researcher to trace changes in the policy approaches to disability mainstreaming. In order to define the authentic nature of a document, the selection criterion was that the document should be prepared by the author or authorising body ascribed to it. The credibility of the document was examined through the truth and accuracy of its reference. As to representativeness of the document, the document should represent the subject the researcher was investigating. To access the policy

documents of IOs, web-based databases of IOs alongside library resources were used.

Written text provides an important tool for understanding social worlds around us, alongside face to face interactions (Atkinson & Coffey, 2004). Hanney et al (2003) highlight the importance of document analysis as a crucial method for investigating policies. Analysing policy documents enables the researcher to reveal a dominant perspective on disability, to demonstrate how the perspective evolves historically and to pinpoint presence/absence of disability mainstreaming in the policy documents within the specific global and domestic contexts. Iannantuono and Eyles (1997, p.1620) underline the power of policy documents in reshaping the understanding of the world. Every policy document reflects policy decisions explicitly, or implicitly. In this thesis, to reveal the policy decisions of IOs whether the decisions are based on disability mainstreaming was carried out by employing an eclectic approach comprising several document analysing techniques.

These techniques involve social constructivist analysis, content analysis and semiotic discourse analysis. Each technique emphasises different aspects of documentary analysis, so that an eclectic approach including distinctive features of these methods leads to a comprehensive picture of the policy orientation of both IOs and Turkey. The application of this approach called for reading each policy document at least three times so as to enable the researcher to evaluate the documents from the three different perspectives:

The first technique, social constructivist analysis, emphasises the importance of language in constructing social reality (Hacking, 1999, p.35). This enabled the researcher to evaluate the policy documents in terms of how they discuss and construct disability. In order to perform this technique, the following questions were extracted from the social constructive perspective: - what are the

particular aims of the policy document and who is the target group? – What priority is attached to disability mainstreaming within the document? – How is disability conceptualised? – What, if any, targets for achieving disability mainstreaming are stipulated? – What, if any, guidance is provided on disability mainstreaming? Are there any specific references to disability mainstreaming within the document? Are there any disability stand alone activity and target within the document? These questions were conducive to enlighten the policies and policy directions of both IOs and Turkey in disability mainstreaming.

The second technique, the content analysis, allowed the researcher to trace the ways in which the policy documents are based on disability mainstreaming. The operationalisation of the concept of disability mainstreaming as the ‘twin-track’ approach to disability represented a list of the five different but interlinked explanatory accounts of disability mainstreaming in the policy documents of IOs. Such explanatory accounts included equality, equality of opportunity, social integration/inclusion and human rights for disabled people. These accounts lie in policies such as anti-discrimination, accessibility and reasonable accommodation.

The last descriptive analysis technique was semiotic discourse analysis to enable the researcher to analyse the policy documents of IOs to identify the ways in which the policy decisions highlighted in the documents include (or not) a disability perspective. The distinct feature of this technique is that it enables the analysis of words ‘hidden’ or ‘excluded’ from the document. This technique is epitomised in the seminal study of Iannantuono and Eyles (1997) on ‘*meanings in policy: a textual analysis of Canada’s “Achieving Health for All” document*’. Although the researchers took a comprehensive approach to decode the policy document, they highlight the usefulness of employing a component of the technique that is about revealing ‘hidden’ understanding behind language in order to capture ‘hidden’ or ‘excluded’ words from the policy documents. This component is applied to the policy documents by comparing which words are underlined in the text with possible underscoring meanings and also tracing changes throughout the

documents in meaning or conceptualisation of disability. Since an eclectic approach consisting of distinctive features of the three techniques was employed in this thesis, only the aforementioned distinctive feature of the semiotic discourse analysis was used to analyse the policy documents to form a comprehensive approach to analysis of the policy documents. Analysing the policy documents in chronological order by the eclectic approach enabled the researcher to capture policy shifts of IOs in the realisation of disability mainstreaming over time.

Descriptive analysis was used to explain policy orientation of IOs. In order to explain the influence of IOs on disability mainstreaming in Turkey, *the process-tracing method* was employed. This method is elaborated in the following subsection.

2.9.2.1.2 The process-tracing method

There has been an incremental use of *process-tracing* to explain the influence of IOs on state-level action in the literature (Checkel, 2014, p.74; Obinger, Schmitt and Starke, 2013, p.117-118). To illustrate, Kelley (2004) used *process-tracing* to investigate the roles of the European Union (EU), the Organization for Security and Cooperation in Europe (OSCE), and the Council for Europe (CE) in using normative pressure and membership conditionality in shaping language, education, and citizenship policies toward ethnic minorities in Latvia, Estonia, Slovakia, and Romania in the 1990s.

Beach and Pedersen (2013,p.2) argue that despite the proliferation of research based on process-tracing, there has been a lack of guidelines that establish a coherent framework for the application of the method to research. Even so, the main characteristics of the method were adapted for the research subject. The method was conducted as a primary research method in investigating the influence of IOs (chapter Five) and the influence of Europeanisation (chapter

Seven) on the realisation of disability mainstreaming in Turkey. This method was firstly conducted by formulating causal mechanisms that have transmitted the influence of IOs and Europeanisation to the realisation of disability mainstreaming in Turkey. The policy documents and interviewees' accounts provided evidence to design the causal mechanisms.

The method was subsequently conducted by tracing the causal mechanisms. The aim was to reach a minimal sufficient explanation of how IOs and Europeanisation have exerted influence on the realisation of disability mainstreaming in Turkey by ruling out alternative competing explanations. Here, 'sufficient explanation' means an explanation of the influence of IOs and Europeanisation on the realisation of disability mainstreaming in Turkey that justifies all of the important aspects of this influence. The alternative competing explanations were evaluated by triangulating data sources on the basis of whether they were complementary or whether they were spurious. Providing strong and reliable evidence was conducive to reject alternative competing explanations. Observable manifestations derived from the policy documents and interviewees' accounts were accepted as evidence of the causal link between the influence of IOs and the realisation of disability mainstreaming in Turkey (Beach and Peterson, 2013, p.37-63).

In spite of its usefulness for establishing a causal link, *process-tracing* has some limitations. To illustrate, the strength of the causal link is contingent on data availability. If there is a lack of data supporting the existence of a causal mechanism, this weakens the inferential and explanatory power of *process-tracing* (George and Bennett, 2005, p.222). In this thesis, the existence of the causal mechanism was supported by different data sources including policy documents and semi structured as well as focus group interviewees' accounts. These data sources provided extensive data supporting the existence of the causal link between the particular influence of IOs and the realisation of disability mainstreaming in Turkey.

2.9.2.2 Data sources and data collection

The previous section described the research strategy and methods employed in this thesis. This section is devoted to delineating the data sources and the data collection process. Some researchers underline that much of the existing literature demonstrates policy transfer on the basis of insufficient data collection methods. Most of the studies rely on the media, reports, conferences, visits and government statements as sources of evidence that policy transfer has taken place. However, these categories are sources of policy learning rather than sources of evidence of policy transfer. The source of evidence requires insider access to policy making processes, which is inaccessible for most of the researchers who are outsiders. Therefore, unfortunately, much of the existing literature is extremely contingent on 'abstracting perfect fit cases' of policy transfer due to the lack of the insider access. Insider access can clarify actual policy making processes (Evans, 2009a, 2009c). This characteristic enabled the researcher to collect important elements of human experience that are only visible to those who are actually engaged in policy making (Guest, Namey, and Mitchell, 2013, p.75-81).

An in-depth analysis of the cases through documents and elite interviews is crucial to investigate processes of an intensive exchange of ideas between governments and IOs (Obinger, Schmitt and Starke, 2013). In addition to this, the researcher's previous involvement in decision making processes regarding disability as an insider could shed light on the actual policy making processes in the field of disability. These were conducive to establish a causal link between the influence of IOs and the realisation of disability mainstreaming in Turkey (George and Bennett, 2005; Beach and Pedersen, 2013, p.132-143) and also to demonstrate the existence of policy transfer from IOs (Dolowitz and Marsh, 2000, p.32).

By considering these points, this study is based on the triangulation of different forms of data sources and data collection methods including semi-structured interviews, focus group interviews with key informants and policy documents to gain understanding of how IOs affect the move towards adopting and implementing disability mainstreaming in Turkey. These data sources and data collection processes are elaborated below.

2.9.2.2.1 Interviews

This section elaborates two specific forms of interviews including semi structured interviews and focus group interviews to delineate the positions and motivations of international and domestic organisations for adopting and implementing disability mainstreaming.

Semi structured interviews were carried out with the interviewees referred to 'elite' as they have been involved directly with the policymaking processes at international and/or domestic levels. They have expert knowledge and involvement in disability policy making processes that can help answer the given research questions. *Purposive sampling* was used to select the interviewees from the population of individuals involved in the policy process (Jupp,2006, p.244-245). The researcher's experience and involvement in policy making processes at international and domestic level made it easier to define the names of the potential interviewees and contact them.

Such an 'insider' effect might have increased their motivation for the participation in this research and encouraged them to answer questions openly without hiding any feelings, opinions or information in general. This effect could be associated with mutual preconceptions between the researcher and the interviewees that the researcher will continue to work with them in the wake of the completion of the PhD programme. In order to maintain impartiality, the researcher, had to balance an inside knowledge of the process of policy

development, against his own specialist knowledge and prejudices (Hammersley and Atkinson 1983; Rhodes, Hart and Noodegraaf, 2008).

A downside of this sampling technique is associated with a selection bias arising from the subjectivity of the researcher's decision making. In order to decrease the effect of this bias on the research, another sampling technique, *snow-balling* was also used. This technique is frequently used in the literature to locate subjects belonging to hard-to-reach populations including elites (Atkinson and Flint, 2001). The main principle of snowballing is that researchers use informants to suggest other cases and informants who might usefully be included in the study (Kemper, Stringfield and Teddlie, 2003). This technique is considered appropriate for penetrating the unknown and rather close-knit elites involved in policy making processes. Potential informants become more responsive to the researcher when trusted colleagues give credence to his *bona fide* status and professional conduct (Small, 2009, p.14). A disadvantage of this sampling technique is that the next nominated interviewee may have a limited or biased understanding of the research issue (Oliver, 2006, p.281-282). Triangulation of different interviewees and data sources was employed in this thesis in order to alleviate the potential influence of this bias on the research subject.

Initial contact with the potential interviewees from IOs took place in the Work Forum on the implementation of the UN CRPD in Brussels on 24-25 October 2013. The forum serves as a platform to reinforce mutual learning and the exchange of good practices by discussing common problems that the Member States and the EU face in the implementation of the UN CRPD in a coherent and coordinated manner (European Commission, 2014b). The researcher gave the potential interviewees some information about the purpose of the research and interview questions. Some of the potential interviewees introduced the researcher to other potential interviewees working for different IOs. For the Turkish interviewees, personal contacts and *snow-balling* were used to recruit. Five pilot

interviews were arranged with IOs in London and some line ministries in Ankara/Turkey in the period of November and December 2013. The results of the interviews demonstrated that there was a need to narrow down the focus of the questions and the questions were revised accordingly. The interview process took place in the period of March 2014–April 2015. Of the 56 people who were contacted with an e-mail requesting an interview, 47 agreed. The interviewees involved in the research include civil servants, researchers, historians, policy experts and members of lobbying organisations and DPOs. The interviewees, including focus groups, were working for the organisations listed in Appendix V. The aim of recruiting such interviewees representing different organisations was to collect different viewpoints on the research subject. Having said that, the principle of theoretical saturation was employed during the process of conducting interviews. The researcher carried on interviewing until reaching the point that no new data for analysis emerged (Lewis-Beck, Bryman and Liao, 2004, p.1122).

At the beginning of each interview, the aim and scope of the research was explained to the interviewee and they signed an *informed consent form*. A *semi-structured approach* covered the following issues: the policy direction whether it is towards disability mainstreaming; barriers to disability mainstreaming; the influence of IOs on domestic policies at the national level and methods and approaches taken by IOs to influence domestic policies. The questions were adapted slightly, depending on the interviewee (See Appendix VI and VII for some generic examples). The interviews were conducted face-to-face, or via either Skype or phone. For the face-to-face interviews, they occurred in a private room. The interviews varied in length, lasting between 35-60 minutes. All interviews were recorded and transcribed verbatim by the researcher. All quotes of Turkish interviewees were translated into English by the researcher. All transcripts were anonymised by removing some sections of text completely. Each transcript has only been seen by the researcher. However, the names of IOs were not anonymised since the researcher deemed it important to mention their names to

demonstrate and strengthen the relationship between their distinctive organisational goals and their influence on national policies.

The two *focus group interviews* were arranged with the Turkish DPOs concerned with diverse impairments and organisational goals to collect a range of ideas or feelings about the purpose of this thesis. The aim was to give a voice to disabled people as the target group of disability policy in this thesis through conducting focus group interviews rather than conducting a survey of disabled people directly to collect their ideas or feelings on disability mainstreaming. The main differentiation between the two focus group interviews was the involvement of the heads of confederation and federations of disabled people. The idea based on this differentiation was to collect different viewpoints expressed by the heads of the confederation and federations and that of the DPOs since the heads may see issues differently than the DPOs due to their involvement in the policy making process associated with disability.

Secondly, the aim was also associated with a concern that if the number of participants is higher than eight, the effectiveness of focus group interviews can decrease since the participants may not find an opportunity to share insights and deliver their contribution to the research. Krueger and Carey (2009) argue that group dynamics change when participants want to but are unable to describe their experiences due to the large size of focus groups. They recommend small focus groups comprising five to eight participants to make participants comfortable and make the groups easier to host. The focus group interviews took place in Ankara in July 2014. The invitations for the interviews were carried out through e-mail and phone call. The first focus group interview took place with the participation of 8 different DPOs in the research. The second one occurred with 4 people representing the federation and confederations.

The interviews varied in length, lasting between 60 and 120 minutes. The interview place for two focus groups interviews was the premises of MoFSP in Ankara/Turkey. The place was chosen because the majority of the interviewees were familiar with the location. Before the initiation of both groups, *informed consent forms* were signed by the participants. The groups were recorded through video and voice recorder devices. The groups started with general questions and narrowed to more specific and important questions. The interviewees started with some ice breaking activities including introducing hobbies of the participants to each other to create a relaxed environment to share ideas and feelings. Then, the researcher defined disability mainstreaming illustrating it with some multimedia products. Some generic examples of the questions were given in Appendix VIII. At the end of the interviews, the participants informed the researcher that the interviews provided a good opportunity to get to know each other and also to clarify the direction of disability policy in Turkey.

2.9.2.3 Data analysis

A computer-assisted qualitative data analysis computer software program, *N-Vivo 10.0*, was used to develop the coding framework. This framework enabled the researcher to explain the policy orientation of IOs and Turkey, and whether they are moving towards disability mainstreaming. This was also helpful to categorise the relevant concepts under themed headings including disability mainstreaming, non-disability mainstreaming, partial and selective disability mainstreaming. The themed headings also included the influence of IOs vs. non-influence of IOs. Developing the framework also played an important role in helping the researcher reflect on the frequency with which particular issues are apparent in the interview data. This was highly conducive to provide evidence to construct the arguments throughout this thesis.

2.9.2.4 Ethical considerations

This study employed necessary safeguards to ensure the protection and rights of interviewees. The potential for harm or distress to the interviewees was no greater than might be experienced in everyday life. Therefore, no serious ethical threats were posed to any of the interviewees or their well-being.

Cautionary measures were taken to secure the storage of research-related records and data, and nobody other than the researcher had access to this material. The data was stored on the researcher's password protected computer and the hard copies were stored in locked cabinets. The researcher anonymised the transcripts first and then transcribed the questions into text form for analysis. Once the thesis was completed, the researcher deleted all of the data. The video/audio recordings were used only for transcription.

The researcher was responsible for both informing and protecting the interviewees. The research process involved enlisting voluntary cooperation. The interviewees were apprised of the purposes of the research in advance, either via email or orally at the time of interview. *Informed consent* remained a priority throughout the study. The University of Kent standard ethical guidance for interviewing was adhered to and all interviewees were asked to sign an *informed consent form* (see Appendix IX) allowing the interview to be recorded, transcribed and employed as data in this thesis on the basis that it would be anonymised before use. Written voluntary consent to proceed with the study was received from each interviewee.

Participants' rights and interests were considered of primary importance when choices were made regarding the reporting and dissemination of data. Conducting interviews with the elites, especially in the realm of disability, had a downside in terms of ensuring anonymity since most of the people concerned tend to be well-known in this area. As an inside researcher, it may be difficult to ensure

real anonymity about the organisation for which the researcher is working. The issue of confidentiality is cast in a different light when it concerns the researcher's own colleagues to whom one is under particular obligation and where any breach would have longstanding consequences on working relations. The researcher was firmly committed to keeping the names and/or other significant identity characteristics of the organisations confidential. The interviewees were given the option of keeping their interviews confidential and/or anonymous. The researcher gave special importance to preserving the anonymity of elite interviewees. There was no public disclosure of the identity of interviewees, or of the content of the interviews.

The other ethical consideration issue that was taken into account during this study was the concern stemming from the researcher's involvement in the process of disability policy development in Turkey since 1997. This gave unique insight into the process of policy-oriented learning from its inception. This bias could be successfully mitigated during the data analysis phase of research through the triangulation of a broad range of data sources, methods and the use of 'critical reflexivity' or auto critique as a form of validation prior to the generation of knowledge claims (Evans, 2007).

There was the possibility that colleagues may feel compelled against their will to cooperate with the research. This applied to both the researcher's organisation and other organisations in the professional area where the researcher gathered data. Within the researcher's organisation, there was a need to consider the power dynamics involved in requesting colleagues or subordinates to be involved in the research. Similarly, the inherent power differential between the researcher and elite interviewees could prove problematic. Any possible criticism made in evaluation of the research will be instantly perceived by directors or colleagues and could cause tension between the researcher and the organisation. However, this ethical issue could be handled by the researcher through having a combination of appropriate behaviours, which were right, just, fair, respectful, and

honest. Ethical fitness required the researcher to find a balance between intrapersonal, interpersonal, and extrapersonal (or institutional) interests and roles without experiencing role confusion. Awareness of obligations and responsibilities as a researcher, which differed from his professional role is the key to solving this ethical concern.

2.9.2.5 Limitation of the study

While this research and its methodological choices enabled a detailed investigation of the role of IOs on the move towards adopting and implementing disability mainstreaming in Turkey, there were also some limitations in this thesis.

The research design was selected to consider a single country, Turkey. The findings of this study might not be applicable to countries with different characteristics from those of Turkey. These include countries with different political systems and bureaucracies, different welfare states, very active and strong civil societies, and a developed policy community. However, the findings of this research may be generalised to other countries within and/or adjacent to the EU area. Furthermore, the scope of this research was limited to one broad policy area (disability mainstreaming) and, thus, its findings were relevant mainly to disability related social policies and are less applicable to transfer in other policy areas such as pensions or taxation.

Conducting semi structured interviews was limited to key informants who have been involved in disability policy making processes. Such individuals, who had distinctive experiences as insiders were expected to remark on events or evidence, provided explanations and proposed valuable lines of further scrutiny. Moreover, the viewpoints of key informants who declined to participate in this study could not be reflected in this thesis accordingly.

The participants in the focus group interviews were limited to the DPOs located in Turkey. Their viewpoints, motivation, attitudes and ideas to the research subject were expected to broadly share with their disabled members. Non-members might not reflect this.

The final point is associated with uncertainty over causality illustrated in the influence on IOs on the realisation of disability mainstreaming in Turkey. This uncertainty is about the ongoing ontological and epistemological debate about the nature of causality referring to whether causality should be seen as ‘patterns of regular association (regularity)’, or whether ‘causality is a deeper connection between a cause and effect (a mechanism)’ (Beach and Pedersen, 2013, p.23). Nonetheless, the thesis is based on the latter since it provides a deeper understanding of the influence exerted by IOs on domestic policy making.

2.10 Conclusion of the second half of the chapter

This section introduced the research design including research methodology, data sources and data collection, data analysis, ethical considerations, and the limitations of the study. It demonstrated that the research followed a principle of case study design. To illustrate the research was based on the triangulation of different forms of case study data sources, and data collection methods that have been reported to be useful in the relevant literature. It also indicated that this study relied mainly on primary sources such as semi-structured interviews, focus group interviews and policy documents. Finally, while this study posed no serious ethical threats, it employed the necessary safeguards to ensure the protection and rights of the interviewees.

3. IOs and disability mainstreaming

3.1 Introduction

Having defined the main concepts and the methodological approach employed to attain the aim of this thesis in Chapter Two, this chapter investigates the evolution of disability mainstreaming in the policies of IOs in a historical perspective. To see the contribution of IOs to the realisation of disability mainstreaming requires answering the following sub question at the first stage: *To what extent have IOs adopted and implemented disability mainstreaming?* IOs are one of the influential actors with an impact on reshaping the global outlook on disability. According to Deacon, (2013, p.3), the involvement of the IOs in disability cannot be understood without taking into consideration the historical context intertwined with global economic and social developments. The post Cold War period witnessed the effort of their reshaping/innovating agenda. IOs had to renew their organisational structure coupled with their policies in accordance with the global demands arising from national governments as well as citizens. Gradual increase of their involvement in disability policies has led to an interest in investigating their policies in disability mainstreaming historically within the context of this chapter.

The choice of chronology to present this chapter is relevant to not only because the researcher is telling a history from the outset, but also because there has been a change in the perspective of IOs on disability. The IOs have influenced each other as they are all part of the same policy space. We could not understand disability mainstreaming without looking at several IOs simultaneously. The adoption of this perspective allows us to capture the evolution of disability mainstreaming in the policies of IOs. This evolution is fleshed out in the following

five time periods: 1920 – 1945, 1946 – 1969, 1970 – 1992, 1993 – 2006 and 2007 – 2015.

3.2 1920 – 1945: The emergence of selective disability mainstreaming in prevention of disability and employment

This period represents the emergence of an approach of selective disability mainstreaming in the activities of the ILO. This approach was limited to vocational rehabilitation considered as a way to readapt ex-servicemen who were disabled during the First World War to the labour force. This special focus was in line with the creation of the League of Nations of which the ILO was a part. As the League was the initial body of the UN, subsequently the ILO had a significant moulding effect on the perspective of the UN and its agencies on disability (Armstrong, 1982, p.42-44).

Before the establishment of the League in 1919, there was a very limited and temporary system of international relations. The Concert of Europe¹ provided a custom for the European powers to seek advice from each other in the wake of Napoleon's defeat in 1815. An establishment as well as maintaining any relationship among states, as a leading principle of all, was contingent on guarding their sovereignty against any attempt on which they regarded as an intrusion (Armstrong, 1982, p.1). The establishment of the League, a revolutionary divergence from this ordinary pathway, was a response to the massive expansion of multilateral negotiations/agreements that was conducive to the emergence of selective disability mainstreaming. The far-reaching effects of the political, economic and social changes during the nineteenth and early twentieth centuries²

¹ It refers to the system that the European powers were in compliance with the principle that they had a significant duty to ensure international order and govern international relations (Armstrong, 1982, p.1-2.)

² The changes can be given as follows: the influence of the 1914-18 war that highlighted the need for the establishment of a new collective security system; the Russian revolution of 1917 imposed on the old diplomacy due to its negative propaganda effect of the Bolshevik demand;

made the major powers interdependent. An impact of this interdependence was that purely national matters became international concerns. This was evident in the dissemination of the medical perspective of disability through increasing cooperation among countries in the League. International establishments that were set up to control the spread of disease strengthened the consideration of disability as a disease. *The Conseil Supérieur de Santé* was established in Constantinople in 1838 to curb an outbreak of cholera in Turkey. Sanitary councils in Tangier, Teheran and Alexandria followed suit. These developments gave rise to the adoption of Sanitary Convention of 1903. By this convention, the International Office of Public Hygiene was established in 1907 (Armstrong, 1982, p.4). Those developments constituted triggering forces behind the subsequent adoption of selective disability mainstreaming in prevention of disability, vocational rehabilitation and employment by the League.

The League was set up to reconcile economic growth with social objectives including decreasing unemployment. It was successful in its activities dealing with health, refugees, and the trafficking of women and children. Conversely, this success led to the establishment of IOs following the Second World War to tackle these issues. In terms of health related issues, the League pursued the work carried out by earlier sanitary bodies and thereby adopted the conception that disability was a disease, emphasising the link between disability and ill-health rather than being a normal human condition. This perspective was subsequently pursued by WHO when it established in 1948 (Armstrong, 1982, p.1-4).

Selective disability mainstreaming was also adopted by the ILO. The ILO was initially set up under the structure of the League in 1919 and that was the only

consequences of Industrial Revolution that led to an enormous increase in production and this, in turn, contributed to the emergence of an extraordinary complex worldwide economic network to trade those products around the globe (Armstrong, 1982, p.1-3.).

important part of the League that has been entirely preserved after 1945³. The main reason behind its establishment was to prevent the propagation of Bolshevism and the increasing wave of communism among the working class. An insertion of the following ambitious statement into its constitution gave rise to its far-reaching role in fighting unemployment and ensuring an adequate living wage, aside from its primary duty to the enhancement of working conditions. The statement was that '*the League of Nations has for its object the establishment of universal peace, and such peace can be established only if it is based upon social justice*' (Armstrong, 1982, p.42-44).

On the basis of an interviewee's account, the ILO's selective approach to disability mainstreaming was initiated by the establishment of the very first committee on disability in 1920. This establishment arose from the tripartite structure of the ILO. During the First World War, many workers as well as trade union members, acquired disability through war injury and thus trade unions had an influence on the ILO's decision-making process, to ensure the necessary steps were taken in terms of the creation of opportunities for disabled people. Its first policy on disability focused on vocational rehabilitation in 1921. The aim was to find out how to insert necessary measures into national legislation regarding responsibilities to employ disabled ex-servicemen and methods of work placement for disabled people. The efforts ushered in the adoption of a Recommendation on compensation for industrial accidents in 1925. This adoption gave rise to the international recognition of the rehabilitation needs of disabled people for the first time. The economic depression of the thirties alongside the Second World War called forth the renewal of the ILO's selective approach to disability mainstreaming. This was partly relevant to the increase of the number of disabled people due to the war and partly relating to the proof that disabled civilians could successfully fill the vacancies left by mobilised workers mainly in the commerce

³ The protection of the core structure could be relevant to its tripartite structure that is based on negotiations between government, employers, and workers unions. That would have ensured a continuous and strong interest of the trade unions in the realisation of the main activities of the ILO (Armstrong, 1982, p.43).

and industry sectors. These factors called for the adoption of standards that could be applied universally and practiced in a concerted way to ensure social and vocational integration of them into society (ILO, 1998, p.1-2).

To this end, the International Labour Conference in 1944 ratified the Employment (Transition from War to Peace) Recommendation on workers with diminished capacity. This stated that necessary steps should be taken in order to make disabled people benefit from specialised vocational guidance, vocational training, functional and occupational rehabilitation and employment (ILO, 1998, p.2). This selective approach to disability mainstreaming was the dominant approach to disability in the following period. This approach was subsequently adopted by the World Bank in the wake of its establishment in 1944. It was established at Bretton Woods where the representatives of forty-four of the League of Nations and the countries associated with them in the war met to establish a framework for the future of international economic cooperation. The World Bank was established firstly to provide loans to restructure Europe in the aftermath of the War and then secondly to promote the development of productive facilities and resources in less developed countries. The former goal was prioritised by the establishment of the International Bank for Reconstruction and Development (IBRD) in 1946. The realisation of the latter objective required the subsequent establishment of the International Development Association (IDA) under the World Bank in 1960 (Mason and Asher, 1973,p.1-4).

3.3 1946 – 1969: Dissemination of selective disability mainstreaming to the other IOs

This period embodies dissemination of the League's selective approach to disability mainstreaming, focusing mainly on prevention of disability, rehabilitation and employment to the other IOs. Such dissemination stemmed from the interplay

among several factors including the shortage of labour, the high number of disabled war veterans after the Second World War, the advancement of medical technology, civil rights and other social movements, and the initiation of lobbying activities of a limited number of DPOs in the UN.

This selective approach to disability mainstreaming was adopted by the UN immediately after the transfer of all assets of the League of Nations to the United Nations in 1946. As opposed to the ILO's limited agenda on employment, the UN's agenda had an exhaustive list of issues due to its mandate stating its commitment to human rights and fundamental freedoms, social justice and the dignity and worth of individuals. In the same year, the UN Commission on Human Rights was established to fight against infringement of political and civil human rights by examining grievances of individuals and organisations. Subsequently, the UN High Commissioner for Human Rights was established in 1994 with a larger area of responsibility including making recommendations to UN agencies on ways of promoting rights, an 'active' role in preventing infringements to human rights, and coordinating human rights within the UN system. However, particularly during the first decade (1945-1955), the UN agenda was dominated by the ILO's selective approach to disability mainstreaming which concentrated on rehabilitation of people with physical disabilities including people with visual impairments (United Nations, 2015b). The main reason for this special focus was to ensure the reintegration of the high number of Second World War veterans in society, especially in the labour market due to the shortage of labour. The United Nations Secretariat, the Economic and Social Council and its subsidiary organ, the Social Commission, were the principal bodies dealing with the implementation of the selective approach to disability mainstreaming.

The role of the advancement of medical technology in the late 1960s in the dissemination of selective disability mainstreaming in prevention of disability and rehabilitation was significant. This advancement tended to prolong the lifetime of disabled people who previously would not have been lucky enough to survive. For instance, the availability of medical treatment for polio ushered in growing numbers

of disabled people who suffered from exposure to polio in the final epidemics of the 1950s (Scotch,1988, p.164). The emphasis on selective disability mainstreaming was also in line with the increased number of disabled people who could participate in social life in spite of disablement stemming from other causes including driving accidents, or the Vietnam War.

In particular, the Civil Rights Movements by black people and other racial minorities and other social movements including the anti-war, student movements and a revival of the feminist movement in the 1960s gave rise to the emergence of the idea that people with disabilities shared the same persistent problem with the other groups: the lack of political recognition of their rights. The bus boycott in Montgomery in 1955, the sit-ins in southern lunch counters by freedom riders in the early sixties, and the 1963 march on Washington and the Disability Rally in Trafalgar Square, London, in 1966 gave rise to the initiation of the Social Movement for people with disabilities (Scotch, 2001, p. 24-165). These movements called for the adoption and implementation of disability mainstreaming in all policies on the basis of the realisation of human rights for disabled people.

Initial DPOs were established by blind people, deaf people and disabled war veterans. The DPOs that represented physical and mental impairments were subsequently established in 1970s. This led to the initiation of DPOs' political advocacy of the inclusion of disability in the UN agenda in this period. However, this advocacy lacked a united representative voice comprising all disabled people irrespective of type of impairment. Those DPOs including associations of deaf and blind people, and polio survivors were commonly competing for funds (Meyers, 2014,p.464). In the 1950s, DPOs of people with visual impairments had an influential role in the adoption of legislation as to physical disabilities at UN level (Scotch, 1988, p.163-164). To illustrate, the International Conference of Workers for the Blind held on 4th-12th August 1949 in collaboration with UNESCO, WHO and ILO served as a suitable milieu for the deliberation of their problems since the

Second World War. The conference themes included rehabilitation and training, economic provision, employment, care for blind people at home, homes, responsibility, special facilities, and education for blind people. This conference highlighted the importance of united action among workers for blind people throughout the world. A report of the findings of this conference was submitted in the wake of the conference to the UN (The American Foundation for Overseas Blind, The National Institute for the Blind, 1949). This led to, for example, the adoption of the International Programme for the Welfare of the Blind, which included some recommendation regarding education, rehabilitation, training and employment of people with visual impairments. The Economic and Social Council also established programmes of rehabilitation for people with physical disabilities and for the prevention and treatment of blindness (United Nations, 2015b).

The selective approach to disability mainstreaming became the main discourse in the period of 1955-1970 on the basis of the promotion of the prevention of disability, rehabilitation and employment perspectives on disability. This approach was further strengthened by the adoption of the Vocational Rehabilitation (Disabled) Recommendation (No.99) by the ILO in 1955. This recommendation ushered in the adoption of basic standards relating to vocational guidance, vocational training and the placement of disabled people for the first time. This recommendation was the first international instrument that served as guidance for all national legislation and practice in disability (ILO, 1998, p.2).

Even so, the proliferation of the civil rights movements had a moulding effect on the ILO's selective approach to disability mainstreaming and thereby it adopted the Discrimination (Employment and Occupation) Convention, 1958 (No. 111). Its Article 5(2) stipulated that '*Any Member may... determine that other special measures designed to meet the particular requirements of persons who, for reasons such as... disablement... are generally recognised to require special protection or assistance, shall not be deemed to be discrimination.*' However, its resolutions in 1965 concerning vocational rehabilitation of disabled people and in 1968 concerning disabled workers were promoting selective disability

mainstreaming in vocational rehabilitation and employment. Even so, the resolutions called for the adoption of disability mainstreaming in all policies. They highlighted that unless precautions were taken, an increasing number of disabled people could impose serious financial burdens on national economies. In order to deal with this problem, all public authorities, employers' and workers' organisations should create employment opportunities for disabled people (ILO, 1998, p.3-4).

However, the dissemination of selective disability mainstreaming in rehabilitation was further conducted by the establishment of the World Rehabilitation Fund in cooperation with the ILO, UNESCO, WHO, UNICEF⁴, and UNDP⁵. Conversely, the initial example of partial disability mainstreaming focusing on the adoption of a disability specific programme, an *international programme for the rehabilitation of handicapped persons*, appeared. This programme did not intend to include a disability perspective in other policy areas. In order to disseminate selective disability mainstreaming in rehabilitation, books and films on rehabilitation were prepared and distributed. Establishing technical assistance with the countries in rehabilitation also served to disseminate selective disability mainstreaming to developing countries.

Despite the predominance of selective disability mainstreaming during this period, some activities of IOs could demonstrate a shift to the realisation of

⁴ Its organisational objective was to deliver emergency relief programmes for children in Europe in the late 1940's. This shifted to provide education, health and nutrition based services in the 1970s. The debt crisis and world economic recession taking place in the early 1970s had to restrict its responsibility area to high impact campaigns including breast feeding and immunisation (LaFond, 1994).

⁵ UNDP was established in 1966 as a combination of two funds including the Expanded Programme of Technical Assistance (EPTA) and the United Nations Special Fund. It was established to provide funding for long-term projects since EPTA could only provide funding on an annual basis (Alcock, 1971, p.338-339). It lacked any mandate when it was established in 1966. This resulted in its late involvement in development and disability. Its mandate was only defined in the early 1970s due to the improvement in economic conditions and institutional development. Its mandate was expanded to comprise poverty alleviation, human resource development, democratic governance, environment and national ownership in the 1990s (Bhouraskar,2013).

disability mainstreaming in education. To illustrate, UNESCO⁶ adopted the Convention against Discrimination in Education along with the Recommendation against discrimination in Education in 1960. The adoption of the recommendation eased some difficulties of member states stemming from their federal structure in ratifying the convention. The convention was the first legally binding international instrument that included the core elements of the right to education. It provided an international legal framework for the protection of the right to education. Discrimination was prohibited on the grounds of '*race, colour, sex, language, religion, political or other opinion, national or social origin, economic condition or birth, has the purpose or effect of nullifying or impairing equality*'. However, it neither included any reference to disability nor touched upon the adverse situation of access to education for disabled people. Even so, it aimed at promoting equality of opportunity and equal treatment for all in education.

Subsequent to the establishment of IDA, for the first time the World Bank provided loans to Tunisia for the establishment of schools in 1962 (Mason and Asher, 1973, p.821). However, the establishment of the industrial sector coupled with the implementation of telecommunications and road construction projects in countries was prioritised during the period. Therefore, there was no project introducing neither disability specific nor a disability perspective into the activities of the World Bank during this period. The same goes for the First United Nations Development Decade announced in 1961 aimed at creating an impetus for the realisation of self-sustaining growth of the economy and social improvement among the nations. It failed to include any reference to neither equality of opportunity nor the disadvantaged groups including disabled people. Similarly, the International Covenant on Economic, Social and Cultural Rights in 1966 failed to make any reference to disability. Its Article 2.2 stipulated that '*The States Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race,*

⁶ It was established in 1946 to strengthen collaboration among countries to realise equality of educational opportunity irrespective of race, sex or any distinctions, economic or social in accordance with UNESCO Constitution.

colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.' However, the following articles, in a sense, can be interpreted as an inclusion of a disability perspective without making a specific reference to disability. Its Art.7 (c) states the promotion of equal opportunity for everyone in employment. Its Art.12.1 underscores that *'the States Parties to the present Covenant recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.'*

An attempt at realising disability mainstreaming in development was made in the second half of the 1960s. The Declaration on Social Progress and Development⁷ in 1969 made several references to disability by stating in Article 11 *'the provision of comprehensive social security schemes and social welfare services; the establishment and improvement of social security and insurance schemes for all persons who, because of illness, disability or old age....'* and *'The protection of the rights and the assuring of the welfare of ...the disabled; the provision of protection for the physically or mentally disadvantaged'*. Article 19 states that *'The institution of appropriate measures for the rehabilitation of mentally or physically disabled persons..., so as to enable them to the fullest possible extent to be useful members of society...and the creation of social conditions in which the handicapped are not discriminated against because of their disabilities.'* It also adopted equality of opportunity and also an inclusive strategy to combine all disadvantaged groups. It states in Article 5 that *'social progress and development require the full utilization of human resources, including, in particular: [t]he assurance to disadvantaged or marginal sectors of the population of equal opportunities for social and economic advancement in order to achieve an effectively integrated society.'* Even so, this attempt to realise disability mainstreaming in development by the Declaration could not have ensured the inclusion of a disability perspective in the development agenda.

⁷ The declaration was based on the promotion of higher standards of living, full employment and conditions of economic and social progress and development in countries.

Beyond the United Nations system that was dominated by the selective approach to disability mainstreaming, there were some IOs that failed to make any attempt to realise disability mainstreaming in their policies. To illustrate, the Organization of Islamic Cooperation (OIC)⁸ established in the meetings of the First Islamic Summit Conference in Rabat in September 1969 to talk over both this disturbance and the status of the city of Jerusalem (Aykan, 1994, p.64-65). The motivation behind the establishment of the OIC was based on strengthening cooperation among Islamic countries. Therefore, the advancement of human rights for disabled people was not prioritised in policies when the OIC was established.

The advent of the social model based understanding of disability triggered by the civil rights movements in the late 1960s led to a slight shift towards the adoption of partial disability mainstreaming in all policies (United Nations, 2015b). This shift resulted mainly from the increase in political activism of many newly established grass-roots DPOs (Scotch, 1988, p.165). Their fight for the acquisition of the political recognition of their rights would be a driving force behind the adoption of UN policy initiatives in disability in the following period. These initiatives could lead to the expansion of partial and selective disability mainstreaming in activities of IOs rather than disability mainstreaming in all policies in the following time period.

3.4 1970 – 1992: Expansion of selective and partial disability mainstreaming

This period contains the expansion of partial and selective disability mainstreaming. This was devised as a way to realise human rights for disabled

⁸ It is the second largest IO after the UN, with 25 founding member states and a total membership of 57 states spread over four continents (OIC, 2015a).

people. This expansion arose from UN policy initiatives that were adopted as a result of DPOs' lobbying activities.

The expansion was reinforced by the initiation of a study⁹ to separate disability from diseases at WHO in the 1970s. This understanding orientated the work of WHO from a view of disability around mortality and fighting disease to a viewpoint that saw disability as an important component of a health information system. This was supported by the adoption of the Alma Ata Declaration in 1978 in that the declaration defined health as a fundamental human right associated with state of complete physical, mental and social wellbeing, and not solely the absence of disease.

Although some policy documents¹⁰ highlighted the acquisition of political recognition of the human rights of disabled people, it required the adoption and implementation of disability mainstreaming in all policies. The activities of IOs were still based on the selective approach to disability mainstreaming in prevention of disability, rehabilitation and employment. Most importantly, the declaration of 1981 as the International Year of Disabled Persons in 1976 underscored the necessity for ensuring disability mainstreaming in all policies (United Nations, 2015b). However, UNICEF's policy focus was dominantly directed to selective disability mainstreaming in the prevention and rehabilitation of childhood disabilities. Its

⁹ The study focused on the development of International Classification of Impairments, Disabilities, and Handicaps (ICIDH) by Rehab Prof. Phillip Wood on the basis of the notion that disability and disease are two distinct but related constructs. Subsequently, this classification system was introduced in 1980. This system evolved to International Classification of Functioning (ICF) in 2001. It approaches disability neither as simply medical nor as simply social but as a dynamic interaction between health conditions and contextual factors, both personal and environmental (WHO, 2011, p.4)

¹⁰ These policy documents included The Declaration on the Rights of Mentally Retarded Persons of 20 December 1971. It announced that people with intellectual difficulties had the same rights as other human beings, including a right to proper medical care and education, to economic security, to a qualified guardian, as required, to protection from exploitation and to access to legal procedures. The Declaration on the Rights of Disabled Persons in 1975 elaborates their right to economic and social security, to employment, to live with their families, to participate in social life, to be protected against all exploitation, abuse or degrading behaviour, and to make use of legal aid (United Nations, 2015b).

promotional activities concentrating on immunisation led to the early detection and intervention of disability in fund recipient countries including Sri Lanka and Botswana in 1984 (UNICEF, 1985). Their activities were also directed to the eradication of polio and control and prevention of blindness caused by Vitamin A deficiency (UNICEF, 1989). The Global Polio Eradication Initiative was initiated in collaboration with UNICEF and WHO in 1988 (UNICEF, 2001). This approach was characterised by the understanding of disability as a permanent status that only required medical attention, and therefore it was a barrier to the realisation of disability mainstreaming in all policies.

However, some efforts to realise disability mainstreaming in the development agenda continued at UN level. To illustrate, the International Development Strategy for the Third United Nations Development Decade in 1980 (General Assembly resolution 35/56) stated that particular efforts should be made to integrate disabled people into the development process by means of taking effective measures for prevention of disability, rehabilitation and equalisation of opportunities. Positive action to this end was regarded as part of the core general effort to mobilise all human resources for development. Changes in the international economic order should go hand in hand with domestic changes aimed at achieving full participation by disadvantaged population groups. This development strategy represented a positive effect of the realisation of disability mainstreaming in development in comparison with the previous International Development Strategy for the Second United Nations Development Decade (Resolution 2626 (XXV) announced in 1970 that failed to make any reference to disability. Instead, it highlighted the importance of the promotion of equal political, economic, social and cultural rights for all members of society by putting an emphasis on children, youth and women.

The United Nations Decade of Disabled Persons (1983-1992) highlighted the fact that disabled people had widespread problems that were not strictly limited to the selective perspective of disability focusing on rehabilitation. However, there was a long way to go to ensure disability mainstreaming in all policy areas

including development. For example, the Declaration on the right to development in 1986 failed to make any reference to disability. However, it stressed *'the obligations of states... to promote universal respect for and observances of human rights and fundamental freedoms for all without distinction of any kind such as race, colour, sex, language, religion, political or their opinion, national or social origin, property, birth or other status.'* Moreover, its Article 8 states a responsibility of states for the realisation of equality of opportunity for all in their access to basic resources, education, health services, food, housing, employment and fair distribution of income. However, the insertion of 'all' into the policy document was not enough for the realisation of a disability perspective in the development agenda.

The expansion of selective and partial disability mainstreaming at the UN level was not observed in the activities of the OIC during this period. The policy orientation towards the realisation of disability mainstreaming in all policies did not exist at the OIC level. The Islamic Educational, Scientific and Cultural Organization (ISESCO)¹¹ was established under the OIC in the Kingdom of Morocco in 1982. It was given a mandate of *'Activating the principles of solidarity, mutual assistance and equality to reinforce cooperation among the Member States and thereby promote education, science, culture and communication through all appropriate means'* (ISESCO, 2015). This was an outcome of the expansion of the structure of the OIC experienced from the 1970s¹² in line with the adoption of its Charter in 1972. This expansion was also given priority over strengthening economic cooperation among the Member Countries as of 1974. A bridge between the West and the OIC was mediated by Turkey as a member of the OIC (Aykan, 1994, p.73-

¹¹ There are three different structures under the OIC that disability issues can be addressed: A high level decision making takes place in either Standing Committees or Ministerial Conference of Ministers in charge of Women and Ministerial Conference of Ministers in charge of Childhood. Decisions taken by these structures have characteristics of non-binding. The implementation of the decisions is fulfilled by Statistical, Economic, Social Research and Training Centre for Islamic Countries (SESRIC) and ISESCO that is similar to UNESCO in function.

¹² For instance, The General Secretariat of the organization was set up in 1970 (Aykan, 1994, p.73).

129). The main objective of the organisation laid down in the charter to strengthen intra-Islamic economic and trade cooperation in order to achieve economic integration leading to the establishment of an Islamic Common Market. However, the failure to adopt policies that included disability specific programmes as well the inclusion of a disability perspective in policy areas could imply the viewpoint that disability could not be reconciled with the economic priorities within the IO.

The late 1980s witnessed some efforts of the ILO to the realisation of disability mainstreaming in policies. The adoption of the Vocational Rehabilitation and Employment (Disabled Persons) Convention No.159 and Recommendation No.168 in 1983 served this aim. The main difference from its previous approach was that the legislation was based on the rights of disabled people to equality of opportunity and treatment in vocational rehabilitation and employment. The previous Recommendation No.99 lacked any link with a convention that made the standards suffer from effective implementation at the international level. This weakness was ruled out by the adoption of the convention (ILO, 1998, p.4-10). The Convention required that member countries should consult DPOs, when formulating and implementing policies. In accordance with article 22 of the ILO Constitution ratifying member states should report all measures taken in order to realise the provisions in the Convention in the form of an annual report. A Committee of Experts on the Application of Conventions and Recommendations was in charge of scrutinising the reports submitted by Governments (United Nations Economic and Social Council, 1997). The legally binding legislation was devised as a way to realise disability mainstreaming.

Introducing the right to development was formulated as a way to ensure the inclusion of a disability perspective in the development agenda. The right was regarded as a complement to other rights including economic, social and cultural, civil and political rights. In this respect, a working group was established at the UN to draft the declaration focusing on the right to development (Gareau, 2002, p.229). The declaration adopted in 1986 (A/RES/41/128) stated that every person and every group has a right to be involved in economic, social, cultural, and

political development. It further stated that governments should take the necessary measures to guarantee equality of opportunity for all in access to basic resources, education, health services, nutrition, housing, employment, and the distribution of income. In spite of its emphasis of equality of opportunity for all, the declaration failed to include a disability perspective in the development agenda.

This failure to realise disability mainstreaming as a specific indicator as well as the inclusion of a disability perspective in the development agenda led to the announcement of an unsatisfactory result of the Mid-decade Review of the United Nations Decade of Disabled Persons in 1987. It declared that the progress in improving the situation of disabled people during the first five years was not as advanced as previously anticipated. This called for an action to include a disability perspective in a wider interdisciplinary context. In 1989, one of the main human rights instruments included explicit references to disability. Article 23 of the Convention on the Rights of the Child had disability specific measures including rights of children with mental or physical disabilities to active participation in society and to special care (UNICEF,2004). Even so, it lacked the insertion of a disability perspective into policy areas¹³.

Despite this, the adoption of Tallinn Guidelines for Action on Human Resources Development in the Field of Disability on 14 August 1989 ushered in the proliferation of activities in the realisation of disability mainstreaming. It underlined the realisation of disability mainstreaming in all policies and national development programmes by promoting the participation, training and employment of disabled people in developing countries. To illustrate, the programme in statistics was supported by UNDP and UNICEF to strengthen and extend the

¹³ To illustrate, its Article 29 (d) stated that States Parties agree that the education of the child shall be directed to: '*... The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin...*'. Such an omission of disability from the article represents the lack of disability mainstreaming in the convention.

national statistical services of developing countries on the basis of disability. To attain this, the Statistical Office of the United Nations Secretariat arranged a Training Workshop on disability Statistics in Malta on 27 November 1989. In Somalia, UNDP provided assistance to direct public, private and voluntary efforts to improve the well-being of disabled people. In Djibouti, UNDP and the Voluntary Fund for the UN Decade of Disabled Persons supported disability prevention, rehabilitation and equalisation of opportunities (United Nations Governing Council of the United Nations Development Programme, 1990). The General Assembly requested from States Parties to take into account the Tallinn Guidelines to enable disabled people to exercise their rights as citizens by means of the participation in the labour force. A mandate to promote rehabilitation and equality of opportunity for disabled people was realised in a concerted manner with participation of WHO, UNESCO and ILO. For example, *the Conference on the Abilities and Needs of Disabled Persons of the Economic and Social Commission for Western Asia* was organised under the World Programme of Action in 1989. The involvement of DPOs alongside representatives of governments, employers' and workers' organisations in decision making processes of the ILO also ensured the inclusion of a disability perspective into policy areas (ILO, 1998, p.4-10). Furthermore, the IMPACT programme was launched by the UNDP, WHO and UNICEF to tackle preventable disabilities at the global level. With this aim, national IMPACT foundations were set up in India, Kenya, Thailand and the United Kingdom (Campbell,1990,p.334).

In 1990, the renewed mission of UNDP in helping countries achieve sustainable human development made UNDP take the strategic lead in the *Comprehensive Disabled Afghans' Programme* (1991-2004) in collaboration with ILO, WHO and UNESCO. The project aimed to increase participation of disabled people in mainstream health, education, employment and community programmes through the realisation of Community-Based Rehabilitation (CBR) in Afghanistan. The country had been adversely affected by war and civil strife and this made it one of the poorest countries in the world. In the first phase of the programme

(1991-1995) activities were focused on awareness raising, special education for those with visual impairments and employment services. In the first phase, UNDP implemented the *Disabled Afghans Project*, whereas the ILO focussed on *Employment Support Services*.

The end of the Cold War¹⁴ in 1991 initiated a shift from selective disability mainstreaming in prevention of disability and rehabilitation to the realisation of disability mainstreaming in ensuring quality of life, equity in health and access to health services at WHO. Dramatic political, social and economic transformation triggered by the fall of the communist regimes in 1991 ushered in an increase in health inequalities and mortality rates in the countries of Central and Eastern Europe and the former Soviet Union (Bobak, Murphy, Rose and Marmot, 2007). The rise of the health concerns in these countries called for the promotion of health for all understanding. This understanding reinforced the perception of disability as a universal characteristic of the human condition. In this respect, an advancement of the International Classification of Impairments, Disabilities and Handicaps (ICIDH) coupled with the initiation of CBR in developing countries was prioritised by WHO (Campbell,1990,p.334).The introduction of Global Burden of Disease¹⁵ strengthened this policy shift by further differentiating disability from disease.

However, the perspective of disability as a curable condition was still dominant for other IOs, demonstrating the selective approach to disability mainstreaming. To illustrate, the World Bank funded a Population Health and Nutrition Project in Guinea-Bissau in 1987 to improve the quality and efficiency of primary health care. The role of the debt crisis and the promotion of Washington

¹⁴ The end of the Cold War comprised three consecutive developments including the collapse of communism in Eastern Europe, the reunification of Germany, and the disintegration of the Soviet Union (Snyder,2011, p.1).

¹⁵ Global Burden of Disease (GBD) measures burden of disease using the disability-adjusted-life-year (DALY). This time-based measure combines years of life lost due to premature mortality and years of life lost due to time lived in states of less than full health (WHO, 2015a).

consensus in this adoption of selective disability mainstreaming were important. The World Bank's preoccupation with how to get back the loans from the recipient developing countries and its subsequent interest in the promotion of free markets and democratic government in countries as a way of poverty reduction were contributing factors to the adoption of this selective approach.

The persistent problem of the inclusion of a disability perspective as well as the inclusion of disability specific indicators in the development agenda constituted a barrier to further progress in disability mainstreaming. To illustrate, the International Development Strategy for the Fourth United Nations Development Decade announced in 1990 failed to make any reference to disability. It had a strong focus on increasing economic growth. This tenacious problem, the negligence of disability issues, called for action to include a disability perspective in wider interdisciplinary contexts. In this respect, the General Assembly called upon States Parties to designate annually 3rd December as the International Day of Disabled Persons in 1992 and announced the period of 1993-2002 as the Asian and Pacific Decade of Disabled Persons. Importantly, it requested the Secretary-General to focus more on policy actions that contributed the realisation of disability mainstreaming in all policies through the inclusion of disability in the agenda of future world conferences rather than pursuing selective disability mainstreaming in prevention of disability, rehabilitation and employment (United Nations, 2015b). The adoption of Standard Rules on the Equalisation of opportunities for Persons with Disabilities in the following period was devised a way to realise disability mainstreaming in all policies.

3.5 1993 – 2006: The initiation of incremental activities to realise disability mainstreaming in all policies

This period illustrates the initiation of disability mainstreaming by the adoption of Standard Rules on the Equalisation of Opportunities for Persons with

Disabilities in 1993. This non-binding policy initiative aimed at realising disability mainstreaming in a systematic and coordinated way in all policies.

The initiative provided an impetus for the insertion of a disability perspective into policy areas all globally partly due to the fact that it included a monitoring mechanism on the efforts of States Parties and IOs to improve the situation of disabled people for the first time. To attain this aim, UNESCO adopted the Salamanca Statement and Framework for Action in 1994 at the World Conference on Special Needs Education: Access and Quality. This statement ushered in the adoption of inclusive education as opposed to ensuring education for children with disabilities in segregated educational settings. This also created a paradigm shift from the dominant special needs approach to mainstreaming at UNESCO. This was evident in its statement noting that *'Every child has unique characteristics, interests, abilities and learning needs, education systems should be designed and educational programmes implemented to take into account the wide diversity of these characteristics and needs...'* It also underlined the necessity of taking reasonable accommodation measures in mainstream schools by stating that *'those with special educational needs must have access to regular schools which should accommodate them within a child centred pedagogy capable of meeting these needs,...'*

Incremental developments in the realisation of disability mainstreaming by including a disability component in the UN world conferences was prominent during this period. To illustrate, an international non-governmental organisation called the Disability Dimension delivered a position paper at the World Summit for Social Development in 1995. It highlighted that the realisation of development through policy actions taken at the World Summit discussions can only be attainable by ensuring the involvement of the people including disabled people in decision making processes (cited in Hurst, 1999). The Platform for Action, adopted by the Fourth World Conference on Women in 1995, underlined that disability should also be addressed as a concomitant element that interacts with issues of

gender. It stipulated that disabled women face multiple barriers in society. In order to tackle this problem, the NGO called for actions to insert a disability dimension into all policy areas as a crosscutting issue (United Nations, 2015b).

The inclusion of a disability perspective in their activities was realised by IOs one by one. To illustrate, a workshop on the rights of children with disabilities was organised by UNICEF and Rehabilitation International, a non-governmental organisation, at the World Summit for Social Development (United Nations, 2015b). However, the central focus of UNICEF on prevention of childhood disabilities through immunisation and early detection did not disappear. To illustrate, it promoted the reactivation of health facilities and immunisation programmes in Liberia in 1994. In addition to this, its activities included the promotion of CBR to integrate children with disabilities into the primary education systems of Nepal, Angola, Belize, Ethiopia and India in 1994 (UNICEF, 1995).

The Special Rapporteur on disability, Bengt Lindqvist's report on monitoring the implementation of *the Standard Rules on the Equalization of Opportunities for People with Disabilities* in 1997 highlighted a lack of efforts of UNDP, the World Bank and regional development banks to insert a disability perspective into their activities. He underscored that this indifference to disability could give rise to further marginalisation of disabled people since they were not considered as an eligible disadvantaged group for benefiting from poverty alleviation programmes of the IOs (United Nations Economic and Social Council, 1997). However, this critical evaluation did not affect UNDP's policy orientation. This was evident in its Participatory Poverty Alleviation programme for isolated communities in Kyrgyzstan in 2000. The programme included neither any disability specific action nor any activity to include a disability perspective (UNDP, 2001). Otherwise, UNDP's support to establish self-help groups, deliver training and micro-credit could have promoted independent living for disabled people in the country.

Similarly, the lack of efforts of the World Bank to realise disability mainstreaming in its activities other than prevention of disability, rehabilitation and

social assistance was evident in the *Basic Education Project* in Venezuela in 1993. This lack of disability mainstreaming deprived disabled people from receiving education in mainstream schools. This selective approach to disability mainstreaming existed in other projects including the *National Leprosy Elimination Project* in India in 1993. The same goes for *War Victims Rehabilitation Project* in Bosnia and Herzegovina in 1996, which promoted CBR, prostheses and orthoses production and orthopaedic and reconstructive surgery. Furthermore, in 1995, the project on *Poverty Alleviation for Vulnerable Groups* in Mongolia defined mentally disabled children and disabled people as the target groups for allocating social assistance under the project.

Nonetheless, there was a slight improvement in the inclusion of a disability perspective in policy areas including development at UN level. To illustrate, the Agenda for Development¹⁶ in 1997 highlighted, on one hand, that government actions should aim to promote social cohesion and recognise and protect diversity. It also underscored that the elements of an inclusive society should include respect for all human rights and fundamental freedoms, non-discrimination, tolerance, equality of opportunity, respect for diversity and participation of all people including the vulnerable and disadvantaged people and groups. On the other hand, the only reference to disability made in this document related to education. Providing universal access to education and to primary health care was regarded as an essential prerequisite for dealing with inequalities stemming from social conditions, race, national origin, age, or disability.

However, the existence of an ambivalent attitude towards disability still constituted a barrier to the inclusion of a disability perspective in policy areas including development, particular at UN level. To illustrate, the United Nations Millennium Declaration 2000 failed to make any reference to disability. It only

¹⁶ It endorsed the interlinking between economic development, social development and environmental protection to ensure sustainable development.

announced their determination to respect equal rights for all without distinction as to race, sex, language or religion. The failure to insert a disability perspective was a prominent outcome as a result of the negotiations regarding the development of the Millennium Development Goals (MDGs) ¹⁷. In fact, these goals, the relevant targets and indicators, failed to include disability. Although the necessity of the inclusion of a disability perspective in the development agenda had been on the agenda of the UN for more than a quarter of a century, the approach to disability had frequently focused on issues including employment, vocational rehabilitation and health. Disability had never been seen as *'an integral part of relevant strategies of sustainable development'* (UN CRPD, preamble (g)). A guidance note for the United Nations Country Teams and Implementing Partners prepared by the United Nations Development Group in 2011 highlighted that the Millennium Development Goals could not be achievable without the insertion of disability into the goals since the disadvantaged situation of disabled people in the world had a detrimental effect on the realisation of the targets. Also this inclusion could enhance the welfare of disabled people and their families.

The failure to include a disability perspective in the MDGs ushered in the campaign of the Government of Mexico in 2001 (Kayess and French, 2008, p.17). The adoption of a disability specific human rights instrument was regarded as a way to insert a disability perspective into the development agenda. This attempt signified the beginning of a long running drafting period of the UN CRPD between 2001 and 2006. The need of adopting a disability specific convention at the UN level was on the agenda of 56th Session of the General Assembly in December 2001 (United Nations, 2016a). An Ad Hoc Committee on a Comprehensive and Integral International Convention on Protection and Promotion of the Rights and

¹⁷ The goals that are based upon the UN Millennium Declaration were adopted by the UN General Assembly in 2000. They are a commitment to ensure the principles of human dignity, equality and equity, and free the world from extreme poverty. It includes eight goals, a target year is 2015 to meet these goals. These goals can be given as follows: eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria and other diseases; ensure environmental sustainability and develop a global partnership for development (United Nations, 2014a, p.8-53).

Dignity of Persons with Disabilities was established at the same session to manage the process of drafting the Convention. The Ad Hoc Committee made a decision to establish a working group at its second session in 2003 to draft the convention. The perspective of IOs on the convention was taken and reflected as a part of the drafting process in response to the request of the General Assembly in its resolution 57/229 (United Nations, 2016b). UNICEF highlighted the convention should build upon past experiences with the Convention on the Rights of the Child and the Convention on the Elimination of Discrimination against Women. The IO also underlined the usefulness of individual petition mechanisms as a part of the monitoring system of the convention. The ILO stressed that the convention should fully comply with both the ILO's decent work agenda and Convention No.159 on Vocational Rehabilitation and Employment of Persons with Disabilities. Moreover, the IO highlighted the need to include specific provisions that enable disabled people access to education and vocational training, employment and working conditions. WHO's response was based on the need to give special attention to define physical, psychiatric, intellectual and sensory impairment. It also underlined that the convention should present a holistic picture of impairment intersecting with gender and age (United Nations, 2016c).

Despite the lack of insertion of a disability perspective into the development agenda, there were some policy achievements demonstrating disability mainstreaming in education. To illustrate, Education for All goals (EFA) set up at the Dakar World Education Forum in 2000 where the Member States talked about the right to education for all, including the issue of the education of disabled people. The goal of universal basic education had been defined at the World Conference on Education for All: Meeting Basic Learning Needs, which was held in Jomtien, Thailand, in March 1990. During the conference the World Declaration on Education for All was adopted. Its Article 3 states that *'The learning needs of the disabled demand special attention. Steps need to be taken to provide equal access to education to every category of disabled people as an integral part of the*

education system. Its Article 5 also states that *'supplementary alternative programmes can help meet the basic learning needs of children with limited or no access to formal schooling...'*. The approach adopted in this declaration reflects the implementation of a disability mainstreaming strategy as the declaration included both components of this strategy.

The Dakar Framework for Action, Education for All: Meeting Our Collective Commitments was also adopted in the Forum. Disability mainstreaming was realised in the Framework. For example, Goal 1: *Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children* stated that programmes should be provided *'to identify and enrich the care and education of children with special needs...'* In order to realise disability mainstreaming, further efforts were made by IOs. To illustrate, the Education for All Fast Track Initiative (FTI) was initiated in 2002 as a global partnership involving UNESCO, the World Bank and UNICEF to help low income countries to ensure that every child received a good quality primary education in line with Millennium Development Goal (MDG).

Aside from the realisation of disability mainstreaming in education, the ILO's efforts to the realisation of selective disability mainstreaming in employment were strengthened during this period. The increase in adverse effects of globalisation on job security has shifted the policy orientation of the ILO towards promoting decent work since the late 1990s. This shift was based on strengthening the human rights dimension of employment and labour protection. This policy direction was inserted in disability alongside the other policy areas. To illustrate, The ILO Code of Practice on Managing Disability in the Workplace¹⁸ was adopted in 2002. The code includes guidance for employers and governments on how to formulate an inclusive policy framework in order to realise equality of opportunity for disabled people in employment (ILO, 2002, p.vi).

¹⁸ It includes a non-binding set of rules and procedures to enhance recruitment, promotion, job-retention and return-to-work prospects for persons with disabilities (ILO, 2001, p.vi).

In addition, its technical cooperation was initiated to focus on developing entrepreneurship among women with disabilities by strengthening the capacity of DPOs in Ethiopia, Malawi, Swaziland, Zambia and the Baltic region since 2002 (ILO, 2006, p.63). The contribution of multinational companies' good practices to its effort was also important during this period. To illustrate, on the basis of an interviewee' account, the establishment of a reasonable accommodation reserve by IBM in 2004 to help fund the adaptation needed for disabled people at IBM ushered in the subsequent adoption of the same policy practice by the ILO in 2005. This provided an important step towards the realisation of disability mainstreaming. An interviewee highlighted that disability specific actions have been prioritised at the ILO alongside its efforts to the inclusion of a disability perspective into its activities since 2006 by arguing

'...[T]he way to achieve [the inclusion] for persons with certain disabilities at the moment is not necessarily by just opening the doors of mainstream to them straightaway. There still need some dedicated services...'

The realisation of the epidemiological shift away from infectious diseases to non-communicable diseases, merging of chronic diseases and ageing further strengthened the formulation of disability inclusive policies at WHO in the 2000s. In line with this shift, the introduction of ICF in 2001 led to the adoption of a bio-psycho-social model that stresses the interaction between people with impairments and attitudinal and environmental barriers to the participation in society. Subsequently, this notion was acknowledged by the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) in 2007. The policy shift at WHO had reinforced its efforts to the realisation of disability mainstreaming in its policies. To illustrate, the Disability and Rehabilitation WHO Action Plan 2006-2011 was adopted in 2005. The action plan aimed to realise

disability mainstreaming in health and rehabilitation services and in the collection of disability disaggregated data. A contributing factor to the insertion of a disability perspective into statistics was the emphasis of the Statistical Division of the United Nations Secretariat, established in 2001, on the lack of sufficient, accurate data on disability (United Nations, 2015b). Moreover, the resolution of WHA58.1 included a disability perspective in health action by urging Member States to ensure equitable access for disabled people to basic health care in times of crisis. The IO also adopted disability targeting resolution including WHA58.23 to consider the diverse needs of disabled people in health services such as rehabilitation. On the one hand, its selective approach to disability mainstreaming, which was prevention of disability and rehabilitation, was emphasised in this resolution by stating that development goals should include rehabilitation of disabled people. On the other hand, the resolution urged Member States to include a disability component in their health policies and programmes.

The failure to include a disability perspective in the development agenda led to attempts by the World Bank¹⁹ to introduce a disability specific programme. In 2001, the need for an independent and systematic evaluation of the Bank's activities appeared as a result of the shift of the Bank's policy orientation towards poverty reduction since the early 1990s (Emmerji, Jolly and Weiss,2005, p.231). (see Appendix I for further information). A baseline assessment evaluated the inclusion of a disability perspective in the World Bank's activities in the late 2001. The assessment highlighted that the inclusion of a disability perspective in their activities had been problematic. One of the recommendations of the assessment was the appointment of a Disability Advisor to ensure the inclusion of a disability perspective in the Bank's activities (Stienstra, Fricke, D'Aubin et al., 2002). The appointment of Judith E. Heumann²⁰ as the World Bank's first Adviser on Disability

¹⁹ The original mandate of the Bank was to deal with capital market imperfections in 1944. The special focus on poverty eradication was introduced in 1960 in tandem with the establishment of the International Development Agency under the structure of the Bank. However, the strengthening of its activities in development occurred in the late 1990s (Gilbert and Vines,2000,p.12-17).

²⁰ She has been a lifelong civil rights advocate for disabled people. Her appointment ushered in the expansion of the World Bank's knowledge and capability to work with governments and civil society

and Development from 2002 to 2006 was conducive to the launch of several disability targeted activities. To illustrate, at the World Bank International Dialogue on Disability and Development in Helsinki in 2003 she criticised the predominant selective approach of IOs of focusing on prevention of disability rather than disability mainstreaming in other policy areas such as education (Heumann,2003).

In 2004 the World Bank initiated The Global Partnership for Disability and Development (GPDD)²¹ to strengthen the link between disability and development. The aim was to promote disability-inclusive development by building the capacity of developing countries. In the wake of the ratification of the UN CRPD, this programme became an effective platform to realise development cooperation through involvement of UN agencies, development agencies, financial and academic institutions and DPOs (United Nations Economic and Social Council, 2011,p.13). Furthermore, the 2004 World Bank International Conference focusing on disability and inclusive Development Conference included a panel on *'mainstreaming disability into operations'* (World Bank, 2004a). World Bank President James Wolfensohn (1995-2005) in his keynote speech underlined the importance of the inclusion of a disability perspective in the development agenda by stating

'...The World Bank considers it crucial that countries adopt development policies that include the concerns and needs of disabled people so that they can contribute to the societies in which they live...'
(World Bank, 2004b).

on including disability in the Bank discussions with client countries. Currently, she has been serving as Special Advisor for International Disability Rights at the U.S. Department of State since 2010 (U.S. Department of State, 2015).

²¹ This programme is financed by a Development Grant Facility and a Multi-Donor Trust Fund established by Italy, Finland, and Norway. Some activities were implemented under this programme including a capacity building project on inclusive national development strategies in Mozambique and a Regional Seminar on Accessibility of the Environment, Universal Design, Tourism and Development (for Portuguese speaking countries in Africa) (Lord, Posarac, Nicoli, Peffley, McClain-Nhlapo and Keogh, 2010, p.14).

However, The World Bank was criticised for its lack of effort in the inclusion of disability perspective in policies. Albert, Dube and Riis-Hansen (2005, p.9) asserted that although the top echelons at the Bank pay lip service to the importance of such inclusion, disability was not seen as a component of diversity. In contrast, the bank has prioritised the inclusion of a gender perspective in policies. To achieve the inclusion of disability in policies necessitated a change in the organisational cultural of this enormous, complex and 'change-resistant' organisation. Whereas, the Bank argued that the deficiency in the inclusion of a disability perspective in its activities was associated with the novelty of the idea of disability mainstreaming (Albert, 2004, p.13). Yeo (2003) asserted that a lack of effort to include a disability perspective was a common practice among IOs and stemmed primarily from a lack of awareness, knowledge and experience of disability-related issues among the staff of IOs.

The inclusion of a disability perspective in UNDP's projects was initiated in 2002 with a project called *Social Assistance for New Employment*. The project aimed to introduce community-based social services including day care centres and foster care in Bulgaria. The project on *Albanian Mine Action Programme* in 2003 also included disabled people as a target group for victim's assistance. In 2004, UNDP's first disability specific project called *Social and Economic Integration of the Visually and Hearing Impaired* was implemented in Turkmenistan. The project was based on the delivery of vocational training of disabled people and capacity building of DPOs.

Nevertheless, there was still no concrete action to adopt a policy document that could demonstrate the OIC's activity in disability mainstreaming during this period. This was particularly evident in the Ten-Year Program of Action adopted in December 2005. This programme highlighted that OIC Countries face many challenges in the 21st century. In order to tackle them promotion of tolerance and moderation, modernisation, large-scale reforms in all activity areas including

science and technology, education, trade enhancement, and an emphasis on good governance and promotion of human rights, especially with regard to rights of children, women and elderly and the family values enshrined by Islam should be ensured (OIC, 2015a). However, once again, it failed to make any reference to disability despite the progress experienced in disability at the international level. The same is true for the Report of the First Ministerial Conference on Women's Role in the Development of OIC Member States published in 2006, which failed to make any reference to women with disabilities.

Although there were some incremental activities in disability mainstreaming realised by IOs, there was still an ambivalent attitude towards disability mainstreaming in the activities of IOs. This issue is highlighted in the following time period.

3.6 2007-2015: Disability mainstreaming in transition

This period represents the transition from selective and partial disability mainstreaming to a comprehensive approach. This shift was strengthened by the adoption of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD). The Convention ushered in increased inclusion of a disability perspective in UN policy documents. However, it has not led to an increase in the adoption of a stand alone disability target or policy action. The transition suggests that IOs have been wrestling with the transition from selective and partial disability mainstreaming to a comprehensive approach on the basis of the realisation of human rights for disabled people.

The landmark of this period is the ratification of the UN CRPD by the UN General Assembly in 2007. Its Preamble (g) emphasised *'the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development.'* The necessity of the adoption of this approach was

suggested for the first time by Bengt Lindqvist Special Rapporteur on disability in the wake of his visits to the countries in order to promote the implementation of the Standard Rules in 2001. His suggestion was in line with the common concern delivered by the countries about how to integrate disability measures into general plans and programmes (UN Commission for Social Development, 2002). In the light of this concern, he proposed a ‘twin-track approach’ as the best way to enhance the effectiveness of the implementation of the UN CRPD. Subsequently, the policy tool was elaborated in a note entitled ‘*Mainstreaming disability in the development agenda*’ prepared by the UNDESA Secretariat in 2007. This note recommended the adoption of the twin-track approach to disability on the basis of the previous experience with gender mainstreaming (UNDESA, 2007, p.3), as already stated in Chapter Two.

However, the emphasis on disability mainstreaming in the UN CRPD was confined to the development agenda. An interviewee participating in the preparatory work regarding the UN CRPD underlined a significant role of DPOs in the adoption of such selective disability mainstreaming. They argued that this was evident in the absence of a disability definition in the convention that could demonstrate reluctance of some DPOs to the adoption of disability mainstreaming in all policies. They claimed that

In the initiation stages of negotiations of the convention, there was an attempt to do that but it was systematically blocked by a very small but very powerful DPO, the World Network of Users and Survivors of Psychiatry (WNUSP). They lobbied for the notion that disability is a life choice. They succeeded in this attempt; the prevailing approach to disability in the Convention was not based on the realisation of disability mainstreaming in all policies.

On the basis of an interviewee’s account, this reluctance also stemmed from some DPOs including DPOs for blind people that did not want to lose

privileges in support. Therefore, they pushed for the adoption of disability-specific policies rather than the inclusion of a disability perspective in policy areas. The interviewee provided the following example that to provide reasonable accommodation for a blind person is much easier than that of people with intellectual difficulties, in terms of work integration and therein lies the reluctance of the DPOs for blind people for the realisation of disability mainstreaming in all policies.

However, this period witnessed the efforts of IOs to realise disability mainstreaming in the development agenda. To attain this, an Inter-Agency Support Group for the Convention on the Rights of Persons with Disabilities consisting of over 25 UN system agencies, funds and programmes was set up in 2006. The group had a key function to mainstream disability into Millennium Development Goals, policies, processes, and mechanisms in the UN (United Nations, 2015c). The UN has subsequently introduced a series of initiatives since 2008 to ensure the inclusion of a disability perspective into the MDGs. The UN General Assembly adopted a resolution entitled *Realizing the Millennium Development Goals for Persons with Disabilities through the Implementation of the World Programme of Action Concerning Disabled Persons and the UN CRPD* in 2008. The succeeding effort was the adoption of the Report of the Secretary-General in 2009 that highlighted the link between the realisation of the MDGs and disability. The Expert Group Meeting on Mainstreaming Disability in MDG Policies, Processes and Mechanisms: Development for All held in April 2009 concluded that all MDGs were relevant to and impacted on the lives of people with disabilities and also the MDGs could be attainable without including a disability perspective and involvement of people with disabilities in all preparatory steps of the MDG processes (United Nations, 2009).

Despite the UNDP's official duty to ensure effective implementation of MDGs by countries, the failure to include a disability perspective in the goals led to the

IO's further lack of activity in the realisation of disability mainstreaming in development in terms of its technical cooperation with countries. To illustrate, UNDP provided support for farmers in Ecuador who had adversely been affected by the conflicts in neighbouring Columbia in 2008. The apparent lack of the inclusion of a disability perspective in the project activities resulted in further marginalisation of farmers with disabilities who were deprived of benefits from UNDP's support to manage income-generating productivity (UNDP, 2009). Nevertheless, the implementation of disability specific projects tended to increase in this period since 2007. These projects were mainly concentrated on employment and support for the UN CRPD in the countries including Croatia²², Kazakhstan²³, Ukraine²⁴, Belarus²⁵, Albania²⁶, Poland²⁷, Serbia²⁸, Turkmenistan²⁹, Uzbekistan³⁰ and Cambodia³¹. The theme of early intervention and rehabilitation was also promoted in Gaza³² and Kuwait³³. Moreover, for the first time disability was included in UNDP's Human Development Report in 2014. The report was based on sustaining human progress: reducing vulnerabilities and building resilience. The report emphasised the interlink between the ageing process and disability as older people are vulnerable to develop disability that is a risk to human development.

Although the UN CRPD acknowledged the importance of the adoption and

²² Right to Live in a Community: Social Inclusion and Persons with Disabilities in 2007

²³ Promoting Employment and Innovations in Kazakhstan in 2007; Realizing the Rights of Persons with Disabilities in 2008 and Strengthening of the Social Protection of Persons with Disabilities within the Convention and Development of the Special Social Services Provisional System in 2010

²⁴ Social Inclusion of People with Disabilities through Access to Employment in 2008

²⁵ Assistance to Belarus in Joining the Convention on the Rights of Persons with Disabilities and Its Implementation in 2009

²⁶ Promoting Disability Rights in Albania, Support Programme on the Convention on the Rights of Persons with Disabilities in 2010

²⁷ 4 Steps-Supporting the Deaf People on the Labor Market in 2011

²⁸ Support for Implementation of the Strategy for Improving the Position of Persons with Disabilities in 2009

²⁹ Strengthening the National Capacity of Turkmenistan to Promote and Protect Human Rights in 2009

³⁰ Accessibility, Civic Consciousness, Employment, and Social Support for Persons with Disabilities in 2008

³¹ Disability Rights Initiative Cambodia in 2013

³² Support Physical Disability Rehabilitation in 2013

³³ Early Learning & Disability Challenges Programme in 2010

implementation of disability mainstreaming in the development agenda, the negligence of the adoption of such a strategy was evident in the activities of the OIC. Openness to the influence of the UN on the policies of the OIC was officially initiated by making UN membership a prerequisite for OIC membership in the amended OIC Charter in the Eleventh Islamic Summit, in Dakar in 2008. This represented a significant breakthrough in the adoption of an understanding based on the importance of social issues to achieve the goal of a common market. The new Charter was an outcome of the organisational and institutional reform programme initiated in 2005 as a result of the adoption of the new Secretary-General. Its inaugural meeting in Putra Jaya, Malaysia, Ihsanoglu, the new Secretary-General, underscored that

“The OIC should be equipped to cope with the prevailing tendencies of the new world order, including the highly tuned sensitivity to the values of human rights, democracy and good governance...” (OIC, 2005).

Although the first Charter adopted in 1972 recognised the protection of human rights, the new charter strengthened its normative and institutional role in promoting and protecting human rights and fundamental freedoms including the rights of women, children, youth, elderly, and people with special needs as well as the preservation of Islamic family values (OIC, 2015b; Ihsanoglu, 2010, p.185; Forum-Asia, 2014, p.6). Even so, there was no activity of the realisation of disability mainstreaming at the organisational level, demonstrating a considerable resistance to the adoption of disability mainstreaming at the OIC.

In contrast, some IOs already established a disability focal point to secure the adoption and implementation of disability mainstreaming during this period. In particular a Task Force on Disability was established at WHO in April 2008. The task force is in charge of ensuring that disability is seen as a cross-cutting issue

including sexual and reproductive health and emergency risk management, and eliminating barriers including physical, information and policy (WHO, 2012). In 2011, WHO's further efforts to the realisation of disability mainstreaming in activities ushered in the adoption of World Report on Disability in collaboration with the World Bank. This report underscored the implementation of disability mainstreaming to strengthen the connection between disability and health promotion. On the one hand, the adoption and implementation of disability specific programmes and services for disabled people including rehabilitation and support services, was seen as a way to encourage their independence and participation in society. On the other hand, the report considered disability as a cross-cutting issue and promoted the insertion of a disability perspective into new and existing legislation, standards, policies, strategies and plans at all levels and across all sectors as a way to the realisation of human rights for disabled people.

In 2013, the Task Force on Disability at WHO ushered in the discussion on disability at the Sixty-sixth World Health Assembly. The report prepared by the Secretariat promoting the implementation of disability mainstreaming in all policies by stating '*Mainstreaming not only fulfils the human rights of persons with disabilities, it is also more cost-effective.*' The adoption of the UN CRPD by the UN resulted in the Assembly's emphasis on the necessity of the realisation of disability mainstreaming in the areas including freedom from exploitation, violence and abuse (Art.16), living independently and being included in the community (Art.19), personal mobility (Art.20), health (Art.25), habilitation and rehabilitation (Art.26) and statistics and data collection (Art.31). From this, it could be argued that the WHO's previous selective approach to disability mainstreaming in prevention of disability and rehabilitation was expanded to other areas in line with health, in order to realise disability mainstreaming in all policies during this period. In addition, WHO prepared the *Draft WHO global disability action plan 2014-2021: better health for all people with disability* in 2014. This action plan demonstrated a divergence from its previous focus on rehabilitation that was evident in its action plan 2006-2011. The new outlook on disability in the action plan comprised the recognition of disability as a *global public health issue, a human rights issue and a*

development priority. This recognition demonstrated the shift from partial disability mainstreaming to the realisation of disability mainstreaming in all policies.

However, the weak WHO mandate constituted a barrier to effective adoption and implementation of disability mainstreaming. This was evident in an interviewee's account, arguing that

...When WHO is compared with other UN agencies including the UN Refugee Agency (UNHCR) that has a much stronger/powerful mandate to protect the rights of individual, WHO's responsiveness is still much towards the Member States and the Ministries of Health other than towards other line ministries. Therefore, this constitutes a barrier to promote disability mainstreaming in all policies at national as well as global level....

In 2011, UNDP and UNICEF were the other IOs that set up a Disability Unit and employed a Senior Disability Adviser in their organisations in order to ensure the realisation of disability mainstreaming in activities (United Nations Economic and Social Council, 2012). The Unit at UNICEF delivered technical assistance on disability inclusiveness to the regional and country offices and had a guidance role in national children's committees. The establishment of this Unit gave rise to the preparation of the World's Children report for 2013, which had a focus on children with disabilities (United Nations Economic and Social Council, 2014). Moreover, UNICEF of the Global Partnership on Children with Disabilities involving non-governmental organisations (NGOs), DPOs, Governments and the private sector was held in 2012. It provided an opportunity for the insertion of a disability perspective into the rights of children (United Nations Economic and Social Council, 2013). In addition, its promotional activities concentrating on inclusive education since 2001 have led to an organised campaign on the realisation of mainstream education for disabled children in the countries including Armenia, Serbia and Morocco (UNICEF, 2010a; UNICEF,2014). However, its predominant

policy focus on immunisation for the prevention of disability has still actively been promoted in fund recipient countries.

On the basis of an interviewee' account, a new pilot project was launched by the ILO in 2009 and subsequently followed up in 2012 to influence ILO's decision makers on paying more attention to disability mainstreaming at the ILO. A survey was conducted in ILO offices around the world and in the ILO Geneva Headquarters to collect information on the incidence of disability among the ILO's staff. The results showed an encouraging attitudinal improvement towards disability mainstreaming at the ILO. In 2009 alongside its policy initiatives targeting the inclusion of a disability perspective in policies, the organisation's stand alone policy initiatives in disability had proceeded in some projects³⁴ (ILO, 2011a). In November 2010, the ILO published an executive summary on *the price of exclusion: the economic consequences of excluding people with disabilities from the world of work*. This study underlined the macroeconomic losses stemming from the exclusion of disabled people from employment (ILO, 2010a). In addition, in December 2011, the ILO introduced a global knowledge-sharing platform called *ILO Global Business and Disability Network*. The aim was to establish a network of multinational companies, organisations of employers and disabled people (ILO, 2015a).

The efforts of UNESCO to realise disability mainstreaming in education faced budget constraints that constituted a barrier to formulate and implement a stand alone programme on inclusive education for disabled people on the basis of an interviewee's account involved in decision making process. There was an administrative section 20 years ago dealing with special and inclusive education

³⁴ ILO-Irish Aid Partnership Programme supported two projects including *Promoting the Employability and Employment of People with Disabilities through Effective Legislation (PEPDEL)* and *Promoting Decent Work for People with Disabilities through a Disability Inclusion Support Service (INCLUDE)*. The aim was to realise disability mainstreaming through small enterprise development, micro-finance, vocational training, employment promotion, poverty reduction and rural development programmes in countries including China, Ethiopia, UR Tanzania, Uganda, Vietnam, Thailand, Zambia, Cambodia, Lao DR, and Kenya. PEPDEL also aimed at capacity building of governments to include a disability perspective in laws and policies (ILO, 2011a).

for disabled people after the Salamanca Statement at UNESCO. However, the size of the section had been decreased year after year and eventually the section was completely shut down due to the adverse effect of the financial crisis in 2008. Inclusive education for disabled people became a part of the much broader programme on teaching and learning. Since UNESCO's priorities were illiteracy, technical and vocational education and policy and planning and teachers, they did mainstream a disability perspective into ongoing existing priorities and programmes on Technical and Vocational Education and Training (TVET). However, they could not implement disability mainstreaming any longer due to the lack of the component referring to the formulation of disability targeting activities.

To strengthen the adoption and implementation of disability mainstreaming, the UN Partnership to promote the Rights of Persons with Disabilities Multi-Donor Trust Fund (UNPRPD MDTF)³⁵ was also established in 2011. The fund will be wound up in 2016. The main function of the fund was to build national capacity to aid effective implementation of the UN CRPD. Disability mainstreaming strategy was operated to allocate the fund: it was granted to improve the life changes of disabled people and capacity building of DPOs as well as to enhancing the broader systems that could ensure the inclusion of a disability perspective in policy areas (United Nations Multi-Partner Trust Fund Office, 2015). The projects had been predominantly focusing on making services accessible to disabled people and adopting enabling legislation in recipient countries. In addition, the activities of the projects demonstrated diversity ranging from establishing Universal Design (Ukraine) to making private business more inclusive in terms of business environment, products, processes and practices (Costa Rica) (UNPRPD, 2014).

³⁵ The UN entities participating in the UNPRPD are the International Labour Organization (ILO), the Office of the High Commissioner for Human Rights (OHCHR), the United Nations Department for Economic and Social Affairs (UNDESA), the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO).

For the first time, disability was expressly included in the MDG Progress Report in 2010 in regard to Goal 2, demonstrating an attempt to establish a link between disability and development. It mentioned education of children with disabilities who were out of school. This was highlighted in the High-level Summit of the Millennium Development Goals (MDGs) (United Nations, 2011a, p.ix). An interviewee involved in decision making processes argued that although this represented a positive step to include disability perspective in the MDGs, there was still a problem as disability specific targets and indicators had not yet been developed. Unless clear targets, indicators and strategy were adopted, the opportunity to provide a stronger emphasis on the education of disabled people may not be realised. Improved data collection and analysis on disability was crucially important to the inclusion of a disability perspective in the MDGs. UNESCO in partnership with the Global Partnership for Children with Disabilities and in collaboration with UNICEF encouraged the international community to be more proactive in advocating the inclusion of disability perspective in the MDGs.

Nevertheless, it is still unclear whether disability specific goals could be inserted into the Sustainable Development Goals. These goals will be the successor to MDGs and include economic, social and environmental components of sustainable development. A reluctance to this adoption could constitute a barrier to the realisation of disability mainstreaming. The preparation work on the development of Sustainable Development Goals was initiated at the Rio +20 Conference in 2012. The reason behind the development of new goals was that there had not been sufficient progress towards the realisation of the Millennium Development Goals and further efforts were required. Therefore, those goals would be complementary to the UN post-2015 agenda. According to the Report of Commission for Social Development, the previous expectation from this conference was to strengthen the social pillar of sustainable development by the insertion of a disability perspective into the dialogue and outcome of the conference so as to realise not only sustainable development in a real sense but also actualise its responsibility in terms of human rights (United Nations Economic and Social Council, 2011,p.5). In spite of the fact that goals had not yet been

defined, many topics³⁶ were currently under discussion whether or not they could be adopted as goals. However, as things stand, they failed to include any disability specific target. This could give rise to further marginalisation of disabled people from the development agenda in developing as well as developed countries. In the outcome document of the United Nations Conference on Sustainable Development in 2012, the only reference to disability was associated with housing and social services by stating *'We... commit to promote sustainable development policies that support inclusive housing and social services; a safe and healthy living environment for all, particularly children, youth, women and the elderly and disabled...'* (United Nations General Assembly, 2012).

Although the realisation of disability mainstreaming in the development agenda is unclear, there were positive signs that this could be achievable. The High-Level Panel of Eminent Persons on the Post-2015 Development Agenda was convened in 2012 to make recommendations beyond 2015. Previous goals failed to concentrate enough on reaching the people who were experiencing extreme cases of poverty and societal segregation. Moreover, the goals failed to contain the economic, social, and environmental facets of sustainable development. Therefore, the panel proposed to increase the number of goals from 8 to 12 and expand the areas they covered. The new agenda will be adopted in the United Nations Summit on the Post-2015 Development Agenda on 25-27 September 2015 (United Nations, 2014b). In order to collect viewpoints on those goals, global, regional and thematic consultations meetings' output as well as online consultation tools were used. As a result of these efforts, inequality was targeted as a stand-alone goal and cross-cutting theme. Disability was inserted under the 'other vulnerable groups' theme. This theme included the following measures: *'disaggregation of data by disability, age group and gender should be part of all*

³⁶ The proposed topics are: governance; gender; human rights; food security; water; employment; population; health; international trade; energy; transport; climate change; and means of implementation i.e. improving implementation capacity of developing countries in order to enable them to achieve the goals.

targets and *'disability and ageing must be mainstreamed across policies of the government, and laws that prevent discrimination against the disabled and aged must be put in place'* (United Nations, 2014b, p.63). Moreover, *'Leave No One Behind'* was defined as a priority. This priority included that *'[to] ensure that no person – regardless of ethnicity, gender, geography, disability, race or other status – is denied basic economic opportunities and human rights.'* (United Nations, 2014b, p.29). In this regard, it could be concluded that the document includes a disability perspective. However, it suffers from a lack of disability specific goal and/or target. Although disability has been assigned as one of the cross-cutting issues including women and youth in this report, the special attention given to the needs of women in the development agenda reduced the importance of disability issues. The report is provisional and the final version of the goals and the targets could be amended further in the following months.

The World Bank strengthened its disability mainstreaming approach during this period. Alongside its projects with a disability perspective, disability specific projects were funded. It announced that *'mainstreaming disability into World Bank operations is a main goal for the Disability and Development Team at the World Bank'* (World Bank, 2007). This policy orientation at the World Bank was evident in the statement of Aleksandra Posarac, who was the Team Leader for Disability and Development, in IV Session of the Conference of the State Parties to the United Nations Convention on the Rights of Persons with Disabilities in 2011. She stated that *'The World Bank includes disability in its development work in education, health, nutrition, transport, infrastructure, social safety nets, jobs and pensions, education, post-conflict, and natural disasters. These are some of the areas that are vital to address people's disabilities in a more holistic, cross-sectoral way. As a result, we have projects³⁷ with disability components underway in most of our*

³⁷ In 2007 the World Bank funded Social Inclusion Project in Romania. It aimed to improve quality of care in residential services, restructuring on institutionalised care, prevention of institutionalisation, de-institutionalisation and development of alternative community-based systems of assistance. In 2008, the Bangladesh Disability and Children at Risk Project was implemented as a standalone project that helped to expand the coverage, use, and quality of social care services for people with disabilities.

client countries throughout the world.' (United Nations, 2011b). In 2013, *Integration of Children with Disabilities into Mainstream Schools* in Moldova was funded. In addition, in May 2012, The World Bank also introduced a Disability and Development core course to strengthen the link between disability and development (World Bank, 2012).

However, it is hard to see the same policy orientation in the policies of the OIC. No official policy documents addressed the adoption of disability mainstreaming strategy, let alone any policy document devoted specifically to disability. To illustrate, the 1990 Cairo Declaration on Human Rights on Islam stipulates that '*...All men are equal in terms of basic human dignity and basic obligations and responsibilities, without any discrimination on the grounds of race, color, language, sex, religious belief, political affiliation, social status or other considerations...*' As one could see, it failed to have any reference to disability. Additionally, the Fourth Islamic Conference of Health Ministers with the theme of "*Better Nutrition, Better Health, Better Ummah*" was held in October 2013. The aim was to adopt the OIC Strategic Health Programme of Action 2014-2023 (OIC-SHPA) coupled with its Implementation Plan. The priority areas of this programme were defined as prevention and control of diseases, maternal and child health and promotion of self-reliance in the production and supply of vaccines were identified as some of the priority areas (SESRIC, 2015a). The selective approach to disability mainstreaming in the prevention of disability has stemmed from the ongoing polio-endemic in the OIC countries³⁸ (Marshall, 2004).

Although disability was a common challenge amongst the OIC countries, it is striking that the OIC adopted neither any disability-specific document nor included a disability perspective in the subsequent policy papers during the period. To illustrate, ISESCO failed to include a disability perspective in its activities including the Khartoum Declaration: Towards a Brighter Future for our Children in

³⁸ Afghanistan, Egypt, Niger, Nigeria, Pakistan, and Somalia

2009 and the Three-Year Action Plan and Budget for the Years 2013-2015 (ISESCO, 2015). That goes for the OIC Plan of Action for the Advancement of Women adopted in the Third Ministerial Conference on Women's Role in the Development of OIC Member States in December 2010. The negligence of the rights of women with disabilities also played a prominent part in the Fourth Ministerial Conference on the Role of Women in Development of the OIC Member States in December 2012. Although the conference theme was devoted to '*Strengthening Women's Participation and Roles in Economic Development in OIC Member States*', surprisingly there was no reference to the situation of women with disabilities experiencing double disadvantage.

Nonetheless, the Tripoli Declaration on Accelerating Early Childhood Development in the Islamic World adopted in 2011 included several references to children with disabilities. To illustrate, '*Sort out Early Childhood Development priorities and needs and allocate the necessary financial resources to meeting them, particularly for the benefit of children of poor and disadvantaged families in rural and remote areas, with a special focus on children with special needs...*' (OIC, 2011b). The same goes for the OIC Plan of Action for the Advancement of Women (Cairo Plan of Action for Women) in 2008 that had several references to disability. For instance, it states that '*Implement strategies that recognize the increasing importance of women in the OIC Member States' paid and unpaid workforce, particularly young women, elderly women and women with disabilities*'. Furthermore, it declared that '*Rural women, women with disabilities and elderly women continue to face obstacles that impede their full participation to their development and to their economic security.*'

An interviewee involved in decision making processes stated that the activities of the organisation in the social area have recently started since 2010. During this short period of time, the current activities of the organisation had focused more on the collection of data on poverty, establishment of vocational training centres for youngsters and women in particular, and improving workplace

safety and health in OIC Member Countries. They further maintained that they were planning some activities regarding issues of ageing in line with the establishment of certain mechanisms for the involvement of older people in the labour market. They argued that disability was a new issue for the OIC Member States and could take time to include it in OIC policies. That is why there was no stand alone programme devoted to disability and there was a limited number of disability mainstreaming policy documents even if its charter gave a mandate to promote and to protect human rights and fundamental freedoms of disabled people. They highlighted the fact that they were willing to expand the activities of the organisation further in social area. However, priority was given to economy and trade in line with the main objective of the organisation, which was to strengthen intra-Islamic economic and trade cooperation in order to achieve economic integration leading to the establishment of an Islamic Common Market.

The challenges to the adoption of disability mainstreaming at the OIC could be relevant to the difficulty arising from sharing the same values and political targets among the Member Countries with different geographic locations, levels of prosperity, and political regimes. There were big differences between the agendas of Brunei in Southeast Asia, Benin in West Africa, Albania in Eastern Europe and Surinam in South America (Colakoglu,2013). However, a common problem was the lack of recognition of the existence of people with disabilities. Although the charter of the OIC recognised the strong link between human rights and people with disabilities, there was no evidence of the adoption of disability-specific policy documents. The reason for this absence could be similar to that of UNESCO arising from lack of financial sources. This was evident in the following speech of the former General Secretariat, Ekmeleddin Ihsanoglu:

...The present status of the General Secretariat is not commensurate with the objectives expected of it. Staff numbers are extremely limited as compared with similar international organisations, while the qualifications of

many are below the required standards. Secondly, the OIC budget is much lower than comparable organisations and the Secretariat collects less than half of its already meagre appropriations. (OIC, 2005)

The lack of the adoption of disability mainstreaming could also stem from the charity based understanding of disability that reinforces the situation of disabled people as invisible people in the OIC countries. Nevertheless, the insertion of a disability perspective into policy documents is a new direction. In this respect, it is hard to say anything about effective implementation of the UN CRPD by the adoption and implementation of disability mainstreaming strategy. During 2010 States Parties Conference on the UN CRPD, UNDESA invited Turkey to have a facilitator role in promoting the UN CRPD in the OIC countries by arranging a conference since its implementation has been very limited among countries.

The interview data underlined some milestones, demonstrating an organisational shift to the adoption of disability mainstreaming. This shift varies from one IO to another and does not follow a regular pattern. To illustrate, the shift at UNESCO occurred in 1994 as a result of the adoption of the Salamanca Statement. For the ILO, the strengthening disability mainstreaming strategy in its activities occurred in 2002 straight after the commencement of the negotiations of UN CRPD in 2001. However, the incremental developments in disability mainstreaming at the ILO have occurred since 2006. The establishment of the Global Partnership for Disability and Development at the World Bank in 2004 represents a landmark of the initiation of its activities to realise disability mainstreaming. In 2007, disability mainstreaming was initiated in UNDP immediately after the adoption of the UN CRPD by the UN. In 2001, the organisational shift towards disability mainstreaming took place at WHO as a result of the adoption of ICF. However, the establishment of a Task Force on Disability in 2008 ushered in the incremental activities in disability mainstreaming. The inclusion of a disability perspective was initiated at the OIC in 2008 as a result

of the adoption of an amended version of the Charter. The inception of a Task force was also milestone for UNICEF in 2011.

This irregularity could show us that although there have been some serious attempts of IOs to include a disability perspective in policy documents, insufficient disability stand alone programmes and lack of disability specific indicators in policies have still been the dominant approach to disability. The underlining reason is interwoven with several factors including budget constraints, weak mandates, and the reluctance of some DPOs. The most important barrier to the adoption of disability mainstreaming could be the failure of the UN to include disability specific targets and indicators in the development agenda. In order to make progress on disability mainstreaming, the collaboration and coordination efforts among the OIs have been strengthened.

3.7 Conclusion of the chapter

This chapter demonstrates some historical milestones highlighting a change in the policy approach to disability between 1920 and 2015. The emergence of the milestones was a result of the historical context intertwined with global economic, social developments and the global demands arising from national governments, interest groups and citizens. To look at several IOs simultaneously in this chapter also illustrates a gradual increase in interaction among IOs in disability. The IOs have influenced each other historically as they are all part of the same policy space to direct the global outlook on disability as producers and/or mediators of disability developments. They were established to devise more effective solutions to common problems by making purely national matters international concerns. Those milestones have led them to change their operation, motives and organisational structure coupled with a change in the perspective of IOs on

disability historically. This change resulted in the adoption and the implementation of selective and partial disability mainstreaming in the following time periods.

Specifically, the period of 1920 and 1945 demonstrated a milestone in the emergence of selective disability mainstreaming in prevention of disability, rehabilitation, and employment. This policy orientation was a result of the historical context of the massive expansion of multilateral agreements. This expansion led to the establishment of the League of Nations that was a response to global economic, social developments and global demands. Its activities carried out by its initial affiliated bodies of the ILO and WHO focused on the initial policy response to disability. This policy emphasised the link between disability and ill-health rather than being a normal human condition. The policy orientation highlighted in this period was designed in a collaboration between the ILO and WHO. The reason was that many workers and trade union members developed impairment through war injury as a result of the First World War. The influence of trade unions on the ILO's decision-making process stemming from its tripartite structure resulted in the policy orientation towards the (re)integration of disabled people in the labour market through medical and vocational rehabilitation. That policy orientation resulted in the international recognition of the rehabilitation needs of disabled people for the first time. However, in this period, the ILO and WHO prioritised neither the adoption of disability specific measures, nor the inclusion of a disability perspective in other policy areas including anti-discrimination, accessibility, and access to education. This policy orientation demonstrated the adoption and the implementation of selective disability mainstreaming in prevention of disability, rehabilitation, and employment.

The period of 1946 to 1969 illustrated a gradual increase in the interaction between IOs. This interaction led to the dissemination of the League's selective approach to disability mainstreaming concentrating on prevention of disability, rehabilitation and the (re)integration of disabled people in the labour force to the other IOs. This interaction was evident in the establishment of the World

Rehabilitation Fund that was a result of cooperation with the ILO, UNESCO, WHO and UNICEF. The dissemination arisen from the interplay among several factors including the shortage of labour, the high number of impaired war veterans after the Second World War, the advancement of medical technology, the emergence of civil rights and other social movements, the initiation of lobbying activities of a limited number of DPOs to adopt disability specific policies at the UN level. This policy orientation was evident in the adoption of the International Programme for the Welfare of the Blind that included recommendations relating to rehabilitation, training, education and employment. The emergence of the civil rights movements led to a policy shift to anti-discrimination at the ILO by the adoption of the Discrimination Convention in 1958. This policy shift led to the inclusion of a disability perspective in the anti discrimination policy area. This policy orientation was subsequently adopted by UNESCO and yielded the adoption of both the Convention against Discrimination in Education and the Recommendation against Discrimination in Education in 1960. These policy documents focused on promoting equality of opportunity and equal treatment for all in education rather than making any reference to disability. This period also witnessed the initiation of some nebulous attempts to include a disability perspective in the development agenda. Moreover, in this period, the realisation of disability mainstreaming was not prioritised in the policy areas including accessibility, access to education, transport, data collection, independent living, and political participation of disabled people. This policy orientation demonstrated the dissemination of the League's selective approach to disability mainstreaming concentrating on prevention of disability, rehabilitation and the (re)integration of disabled people in the labour force.

The period of 1970 to 1992 demonstrated an expansion of selective and partial disability mainstreaming in health promotion, social security, data collection, medical care and education in the policy orientation of IOs. This expansion was partly a result of increased lobbying activities of DPO's to promote human rights

for disabled people at the UN level. This was evident in the adoption of the Declaration on the Rights of Disabled Persons in 1975 and also the adoption of the United Nations Decade of Disabled People (1983-1992). Aside from increasing the influence of DPOs on decision making processes at the UN level, IOs policy orientation was also reshaped by global economic, social developments and the global demands. To illustrate, the announcement of an unsatisfactory result of the Mid-decade Review of the United Nations Decade of Disabled Persons in 1987 led to an expansion of the activities of IOs in disaggregated data collection on disability particularly after the adoption of Tallinn Guidelines for Action on Human Resources Development in disability in 1989. However, the predominant focus of IOs was still based on the prevention of disability, rehabilitation and employment. A gradual increase in the interaction between IOs was also evident in the launch of IMPACT programme in collaboration with the UNDP, WHO and UNICEF to tackle preventable disabilities at the global level. The end of the Cold War in 1991 represented a milestone, demonstrating the attempt of IOs to renew their organisational structure coupled with innovating their agenda. This policy shift comprised the promotion of community based rehabilitation and poverty alleviation. However, this policy focus lacked, the inclusion of a disability perspective in the development agenda, the promotion of independent living, political participation, accessibility, transport and capacity of building of DPOs and national governments to adopt and implement national strategy on disability. This policy orientation demonstrated an expansion of selective and partial disability mainstreaming in health promotion, social security, data collection, medical care and education.

The period of 1993 to 2006 represented incremental activities of IOs in the realisation of disability mainstreaming in the policies including mainstream education, primary health care, labour protection and community-based social services, and victim's assistance. This expansion was a result of the introduction of a monitoring mechanism on the efforts of State Parties and IOs to improve the situation of disabled people for the first time by the adoption of Standard Rules on

the Equalisation of Opportunities for Persons with Disabilities in 1993. This adoption called for an increasing emphasis on the inclusion of a disability perspective in all policies in tandem with an increasing demand of Women NGOs on the inclusion of a gender perspective in all policies. Moreover, the expansion of IOs' activities in the policies partly stemmed from the critical evaluation of IOs' activities in disability, highlighting lack of efforts of IOs to include a disability perspective in policies in the late 1990s. This expansion was also as a result of increasing adverse effects of globalisation on disadvantaged groups including disabled people starting from the late 1990s. To tackle these adverse effects such as the promotion of decent work was within the responsibility areas of IOs since they were established to devise more effective solutions to common problems. However, the failure to include a disability perspective in the Millennium Development Goals constituted a barrier to IOs' further involvement in disability. This omission ushered in the initiation of drafting a disability specific human rights instrument with the aim of ensuring the insertion of a disability perspective in the development agenda. This attempt signified the beginning of a long running drafting period of the UN CRPD between 2001 and 2006. A gradual increase in the interaction between IOs continued in this period. To illustrate, the Education for All Fast Track Initiative was initiated as a global partnership involving UNESCO, the World Bank and UNICEF. Furthermore, an Inter-Agency Support Group for the Convention on the Rights of Persons with Disabilities consisting of over 25 UN system agencies, funds and programmes was established in 2006. This period also witnessed some efforts of IOs to promote disability-inclusive development including The Global Partnership for Disability and Development. The appointment of a Disability Advisor at the World Bank was also an effort for the inclusion of a disability perspective in policies. However, the recurrent themes of prevention of disability, rehabilitation and employment did not disappear from the agenda of IOs. Nor was the realisation of disability mainstreaming in the policies including poverty reduction, the promotion of independent living, political participation, accessibility, transport prioritised during this period. The predominant policy orientation in this

period was the realisation of selective and partial disability mainstreaming in mainstream education, primary health care, labour protection and community-based social services, and victim's assistance.

The period of 2007 to 2015 demonstrated incremental activities of IOs to strengthen the link between disability and human rights. The triggering force behind this expansion was the adoption of the UN CRPD at the UN level. This adoption led to the attempts of IOs to include a disability perspective in promoting CBR, community-based living, transport, accessibility, promotion of the adoption of a national disability strategy, inclusive education, the realisation of employment of disabled people in the private sector, and health promotion for disabled people. The expansion of global partnership among IOs stemming from the adoption of the UN CRPD including the launch of UNPRPD MDTF in 2011 also ushered in the expansion of IOs' policies that disability mainstreaming were ensured. Furthermore, the tendency of the establishment of a Disability Unit/Task force at WHO, UNDP, UNICEF served to include a disability perspective in the policies. However, despite some serious attempts of IOs to include a disability perspective in policy documents, insufficient disability stand alone programmes and lack of disability specific indicators in policies have been the dominant approach to disability. The barriers to the adoption of implementation of disability mainstreaming as a comprehensive strategy were interwoven with several factors including budget constraints, weak mandates, and the reluctance of some DPOs. The most important barrier to the adoption of disability mainstreaming could be the failure of the UN to include disability specific targets and indicators in the development agenda. The dominant policy orientation in this period was the realisation of selective and partial disability mainstreaming (inclusion of a disability perspective) in community-based living, transport, accessibility, promotion of the adoption of a national disability strategy, inclusive education, the realisation of employment of disabled people in the private sector, and health promotion for disabled people.

4. The influence of IOs on the realisation of disability mainstreaming in Turkey

4.1 Introduction

Chapter Three underlines that IOs have been struggling with the transition from a partial and selective approach to the realisation of disability mainstreaming as a comprehensive strategy for the realisation of equality and human right rights for disabled people historically. This chapter focuses on answering the following sub questions: *what is the role of IOs in the realisation of disability mainstreaming in Turkey?* And *what are the barriers to effective adoption and implementation of disability mainstreaming in Turkey?* This chapter particularly investigates *why increasing developments in the realisation of disability mainstreaming in Turkey have aligned with the UN documents on disability despite IOs' Turkish offices having a lack of activity in disability?* Process-tracing was used to answer this question.

The chapter is structured as follows: the first section focuses on the lack of activity of IOs' Turkish offices on disability. The following section introduces a mechanism of domestic actor-led policy transfer. The next section concentrates on the initiation of face-to-face interaction with IOs' Turkish offices. The penultimate section is devoted to disability mainstreaming in transition.

4.2 Lack of activities of IOs' Turkish offices in disability

This section highlights that although technical cooperation between Turkey and IOs' Turkish offices dates back to the first half of the 1950s, their involvement in any activity to realise disability mainstreaming in Turkey was non-existent in the period of 1980-1999. This section is structured into two subsections. The first subsection aims to give an overview of technical cooperation between Turkey and IOs' Turkish offices in other policy areas. The following subsection addresses the absence of disability in the activities of IOs' Turkish offices between 1980 and 1999.

4.2.1 Technical cooperation between Turkey and IOs' Turkish offices in other policy areas

Turkey's relations with the UN began on 1st July 1932 when delegations of the members of the League of Nations (the League), suggested inviting Turkey to join the League Assembly. Subsequently, the invitation was communicated to the Grand National Assembly of Turkey and was unanimously accepted in the Assembly¹ on 9 July 1932 (Official Gazette on 12 July 1932, No:2148). Admission to the League involved Turkey with the League's technical activities involved setting standards for improving health conditions, enhancing working conditions and promoting a sufficient income for a decent living on the basis of social justice in Turkey². The ILO's standard-setting activities alongside technical assistance assisted Turkey in its road to social, economic and political modernisation on the basis of liberal democratic lines (Maul, 2009, p.388).

¹ Following this, the League Assembly unanimously approved Turkey's membership on 18 July 1932 as the 56th member (Hudson, 1932).

² To illustrate, membership ushered in the introduction of the following novelties by the Labour Law of 1936: the reduction of working hours in favour of workers; the adoption of a legal basis regulating overtime work; the regulation of night shifts in favour of workers; the adoption of a legal basis for wages and the adoption of minimum wages; the adoption of maternity leave; the delivery of social assistance due to occupational accidents, and occupational disease (Aybars and Tsarouhas, 2010, p.751).

The cooperation between Turkey and the UN was accelerated by the ratification of the Charter of the UN by the Grand National Assembly of Turkey on 15 August 1945 (Official Gazette 24 August 1945, No:6092) before the transfer of all assets of the League to United Nations in 1946. Following this, the influence of the UN has been exerted on policies³. This initiated technical assistance agreements with the UN specialised agencies in the period of the late 1940s and the early 1950s.⁴ Technical cooperation with the WHO's Turkish office has been based on improving health services and compliance with health standards introduced by WHO. Technical cooperation with the Turkish National Commission for UNESCO has mostly focused on preserving cultural heritage rather than inclusive education in Turkey. In contrast, the cooperation with UNICEF's Turkish office has concentrated on breast feeding, immunisation, reducing infantile mortality rates and promoting increase in educational attainment of girls in Turkey.

However, the technical agreements with UNDP's Turkish office and the World Bank's Turkish office have tended to develop infrastructure in Turkey. An initial technical cooperation between Turkey and UNDP was established in the early 1950s to establish a university in Ankara. In 1954 the UNDP dispatched a young

³ The 1961 constitution demonstrated a strong influence of the UN on the provisions. To illustrate, Article 53 of the Constitution stipulated that '*the State shall carry out its duties to attain the social and economic goals provided in this section only insofar as economic development and its financial resources permit*'. This was taken from International Covenant on Economic, Social and Cultural Rights and International Covenant on Civil and Political Rights that were drafted by a drafting committee consisting of seven Member States starting from 9-15 June 1947. The covenants stipulate '*with regard to economic, social and cultural rights, each State Party undertakes to take measures to the maximum of its available resources...*' (United Nations,2015a).

⁴ The establishment of the UN specialised agencies was ratified by the Grand National Assembly of Turkey on 15 March 1950. The decision to establish the Turkish National Commission for UNESCO was approved by the Grand National Assembly of Turkey on 11 October 1948 (Official Gazette, 2 December 1948, No:7069). The World Bank's Turkish office was established on 10 January 1949 (Mason and Asher, 1973,p.813). The UNESCO – Turkey technical assistance agreement was ratified by the Grand National Assembly of Turkey on 16 March 1953. The ILO, WHO – Turkey technical assistance agreement was signed on 5 September 1951 and ratified on 3 July 1953 (Official Gazette 10 July 1953, No:8454). The WHO – Turkey technical assistance agreement was signed on 19 October 1950 and it was ratified on 12 August 1953 (Official Gazette, 24 February 1956, No:9242). The UNICEF-Turkey technical assistance agreement was signed on 5 September 1951 and it was ratified by the Grand National Assembly of Turkey on 10 March 1954 (Official Gazette 19 March 1954, No:8662).

American, Charles Weitz, to Ankara to establish an engineering and scientific institute. Weitz held regular meetings among UN agencies and the line ministries in Turkey. A group of intelligentsia requested UNDP to include Charles Abrams, an influential US urban planner in the process. A UN mission was arranged to show the city to Abrams and they then delivered his ideas to the prime minister. With his full support, the process of the establishment of the Middle East Technical University was initiated and completed in 1956 (Murphy,2006,p.88-90).

UNDP funds have also been allocated to social areas including the establishment of an Occupational Safety and Health Centre in Turkey in 1969 (Official Gazette 1 August 1969, No:13264) following the emergence of the UNDP in 1965 by combining the United Nations Expanded Programme of Technical Assistance, established in 1949, with the United Nations Special Fund, created in 1958 (UNDP,2015a). The launch of Agenda 21⁵ by the UN in 1992 ushered in the expansion of UNDP activities in social areas in Turkey from 1997. The main aim of the activities is to raise local governments and stakeholders' awareness of sustainable development and enhance service provisions (UNDP, 2005). The adoption of the Millennium Development Goals (MDGs) by the UN in 2000 has oriented the activities towards the realisation of the goals emphasising both the role of civil society organisations and citizens. The activities have also tended to underscore the role of local government, particularly to ensure gender equality (Official Gazette 24 April 2007, No:26502).

In contrast to UNDP funding, loan agreements with the World Bank⁶ tended to be relevant to the industrial sector between the 1950s and the first half of 1990s. Heper and Sancar (1998, p.152-156) argue that to realise integration into Western

⁵ Agenda 21 was adopted by the United Nations Conference on Environment and Development held in Rio de Janeiro in 1992. It aims to tackle global environmental problems and to promote sustainable development (United Nations, 1992).

⁶ The cooperation between Turkey and the World Bank was initiated in 1949 when the Turkish Government requested financial assistance for a series of projects. The first project that was realised by a World Bank loan was related to port development and construction in 1950. The number of projects that has been financed by the World Bank loans thus far is 223 (World Bank, 2015a).

economies, coordination and collaboration with IOs including the IMF, the World Bank and the UNDP needed to be established and this was prioritised in the early 1980s. The technical cooperation was based on the development of the industrial sector and the import of raw materials and intermediate goods. With this aim, employees with degrees from American universities were appointed to the head of relevant organisations including the Ministry of Development (formerly State Planning Organization), the Treasury Board and the Central Bank. These appointments were devised as a way to further strengthening the liberalisation of the economy through establishing cooperation between Turkey and IOs. This policy orientation was evident in a technical cooperation with the World Bank. A \$200 million loan was provided for a project on the provision of foreign exchange required for the importation of raw materials and intermediate goods in 1980 (Official Gazette 28 March 1980, No:16943).

Aybars and Tsarouhas (2010) argue that the World Bank interest area shifted from structural adjustment policies in the 1980s to social security, health and education in the 1990s to solve the macro-economic instability experienced in these areas⁷. Bugra and Keyder (2006) argue that the design of health sector reforms in Turkey were implemented by considering policy recommendations of the World Bank that health benefits should be tied to employment status. The conditional cash transfer programme⁸ was also part of the policy trajectory of the

⁷ This policy shift was evident in the following technical cooperations in Turkey. The Bank financed a project on Privatisation Implementation Assistance and Social Safety Net Project in 1994. The loans and grants have also been provided by the World Bank (International Bank for reconstruction and Development) to education and the health sector as of 1990. To illustrate a project on the improvement of the quality of primary and secondary education and of teacher education was funded by the Bank in 1990 (Official Gazette, 10 July 1990, No:20570). In the health sector, the Bank loan was granted to a project on the improvement of access to basic health services and the introduction of measures to improve efficiency in the delivery of health services and the management of the health sector in 1990. (Official Gazette 7 October 1990, No:20658).

⁸ The project was conducted by the General Directorate of Social Assistance (formerly Social Solidarity Fund) between 2001 and 2007. The objectives were as follows: i) delivering financial assistance to the poorest part of the country due to the 2001 economic crisis; ii) building capacity of government organisations delivering services and social assistance to the poor; iii) providing Conditional Cash Transfers for the poorest eight per cent of the population and iv) increasing the

World Bank. This recommendation was based on the establishment of a micro-finance sector delivered by both the voluntary sector and financial market institutions. In terms of development, a loan equivalent to \$40 million was allocated to a project for raising production and incomes in the Erzurum Province and the improvement of rural infrastructure by strengthening the institutional framework providing agricultural services and credit in the province in 1982 (Official Gazette, 12 June 1982, No:17722). Onis (2012) highlights the role of the World Bank and the IMF in the establishment of fiscal and monetary discipline incorporated with strong banking and financial regulatory actions. This discipline ushered in the mitigation of the negative effect of the global financial crisis of 2008-2009.

Aside from the UN, which represents all countries regardless of ideological and political diversity, Turkey also established cooperation with the OIC, which has tended to use the Islamic tradition in the contemporary context (Baba, 1994, p.8). In 1969 Turkey was one of the founding members of the OIC. A subsidiary of the OIC, the Statistical, Economic and Social Research and Training Centre for Islamic Countries (SESRIC), has been based in Turkey since 1978 (SESRIC, 2015b). In 1988 the Turkish Grand National Assembly ratified an agreement on conducting investment incentives, to preserve and guarantee activities among the members of the OIC (Official Gazette 28 March 1988, No:19768). The relationship between Turkey and the OIC has tended to be pursued on the basis of increasing economic relations and facilitation of trade among the countries by removing trade barriers. The involvement of Turkey in the activities of the organisation in other areas such as science and technology has tended to be incremental compared to free trade cooperation. However, no cooperation has been established between Turkey and the OIC in disability.

It could be argued that the influence of IOs via IOs' Turkish offices has tended to be limited to the areas including infrastructure, social security, education,

participation of the poor in the labour market. The loan of the World Bank equivalent to \$500 million was used for the realisation of this project (World Bank, 2015b).

health and strengthening economic relations in Turkey. The inclusion of a disability perspective into their activities in Turkey is examined in the following section.

4.2.2 The absence of disability mainstreaming in the activities of IOs Turkish offices between 1980 and 1999

As illustrated in Chapter Three, some IOs' central offices including those of the ILO, WHO and UNESCO had already adopted disability specific policies during that time. In contrast, the remaining central offices including UNICEF, UNDP, the World Bank and the OIC failed to have any disability specific policy. This tendency was a result of their unique organisational context shaped by the social and economic influences historically. However, in the national context, this differentiated picture of IOs could not be seen: none of IOs' Turkish offices were involved in any activity in disability during that time period.

This inertia could stem from the prioritisation of economic development by the state over disability mainstreaming alongside the lack of influence of IOs' Turkish offices on disability mainstreaming. This was particularly evident in the lack of policy orientation towards the advancement on human rights for disabled people. Such advancement had not been prioritised in the modernisation of the state as of the proclamation of the republic in 1923, as previously highlighted in Chapter Two and detailed in Appendix II. The successive governments' failure to include a disability perspective in policies might have contributed to the lack of activity of IOs' Turkish offices in disability. This was associated with the fact that the country programme laying out the priorities that provide a basis for a technical assistance between IOs and Turkey had to be approved by the government prior to coming into force. All of these contributing factors account for the lack of influence of IOs' Turkish offices on disability mainstreaming including both the inclusion of a disability perspective in policy areas and the adoption of disability specific policies between 1980 and 1999.

When examining activities of IOs' Turkish offices that had not been involved in any activity regarding disability mainstreaming in the period of 1980 – 1999, it could be argued that the IOs' Turkish offices including the OIC, UNICEF, the World Bank, and UNDP had tended to follow the approach of their central offices to disability mainstreaming. To illustrate, before the amendment of its mandate in 2005, promoting human rights of disadvantaged groups was nonexistent in the OIC's policy documents. The organisation had not made any reference to disability during this period.

This is similar to a lack of influence of the UNICEF Country Office on the policies of the line ministries in disability. Its failure to take a role in the realisation of disability mainstreaming also stemmed from UNICEF Headquarters' policy orientation that neglected the need of the insertion of a disability perspective into policies. LaFond (1994) argued that the role of UNICEF in international health was limited to its campaign on breast feeding and immunisation in the 1980s. This was evident in an interviewee's account, highlighting low organisational priority level given to disability by stating that

... Unfortunately disability has so far not been defined as a priority area...This was because the need to improve the adverse situation of children arising from both the collapse of the Union of Soviet Socialist Republics and reunification of Germany in the 1990s. [The organisation]'s work initiated to improve survival rates of children and then concentrated on development, protection and participation of children respectively. [The organisation] has started its interest in disability due to development problems of the children surviving...

This quote demonstrated that the diverse needs of disabled children were neglected since the policy focus of UNICEF was defined as fighting high infantile mortality rates in Turkey. This policy orientation might have been linked with the consecutive governments' focus on improving health conditions of citizens

including fighting the high level of infant mortality present since the Ottoman Empire.

The lack of effort of IOs' Turkish offices' lack of effort to include a disability perspective in policies of government organisations was also evident in the focus group interviews. To illustrate, a DPO highlighted this negligence by arguing that

“...UNICEF had put no effort to inclusion of disability in policy areas even if its special focus is on rights of children. The same goes for the other international organisations...”

The World Bank's failure to pursue disability mainstreaming in Turkey during this period was attributed to its central office. The policy orientation of the central office between the 1980s and the second half of 1990s was based on promoting the 'Washington Consensus' package of privatisation and state deregulation of welfare service provision. To attain this, its lending focused on rural development, urban infrastructure, education and health rather the advancement of disability related issues.

The UNDP's Turkish office had little activity in disability stemming from the lack of a disability perspective in the policy orientation of its central office. Bhouraskar (2013) argues that this could partly arise from the structural weakness of the organisation as it lacked any specific mandate when it was established in 1966. The UNDP's mandate was only defined in the early 1970s as the promotion of countries' self-reliance and institutional development. However, the organisation's involvement in poverty alleviation, human resource development, democratic governance, environment and national ownership could not ensure UNDP's Turkish office's involvement in the realisation of disability mainstreaming in the 1990s.

Lack of activities of IOs' Turkish offices in disability despite the Headquarters' activities in disability

Some IOs' Turkish offices including ILO, UNESCO and WHO had not included a disability perspective in their activities, although their central offices pursued selective and partial disability mainstreaming in policies. Although ILO had already adopted the Vocational Rehabilitation (Disabled) Recommendation in 1955 and the Convention on Vocational Rehabilitation and Employment (Disabled Persons) in 1983, the ILO's Turkish office had no activity in promoting the legislation in Turkey. The ILO's Turkish office ascribed this low priority given to disability by arguing that

“ ...We [the organisation] tend to conduct the activities orientated by the demands of employers and employees' Unions. There have been various problems regarding the working life in Turkey. That is why we have not prioritised disability...”

This low prioritisation could explain the lack of the ILO's Turkish office on the line ministries policies regarding the inclusion of a disability perspective in policy areas. Although some interviewees working in government organisations highlighted the influence of the ILO on policies, the influence had tended to not comprise the inclusion of a disability perspective in policies. To illustrate, an interviewee involved in decision making mechanism stated that

“...The ILO has had a huge impact on the ministry's policies. There has been no influence stemming from the other international organisations on policies other than that. I am not aware of the fact that ILO has a specific convention in disability...”

This could demonstrate that the failure stemming from the ILO's country office to exert an influence on the line ministries in terms of the realisation of disability mainstreaming.

In contrast, in 1993 the Conference Committee⁹ of the ILO Headquarters in Geneva for the first time requested the government to indicate the results of attaining employment for disabled people on the basis of the Discrimination (Employment and Occupation) Convention, 1958 (No.111). This convention was ratified by Turkey in 1967 (ILO,1993). However, this limited interest in the state of employment for disabled people in Turkey has never been repeated nor monitored by the committee so far on the basis of the convention.

The lack of activity of the Turkish National Commission for UNESCO in disability during this period in Turkey was partly due to its central office's lack of funding for countries to implement education policies especially between 1984 and 2002. Although the central office's policy orientation was shifted in 1990 to ensure education for all people, there was no activity of its national commission in the realisation of its goals of Education for All (EFA) in disability. A positive effect of its Salamanca Statement and Framework for Action in 1994 could be hardly seen on the realisation of mainstream education in the national context.

The lack of activity of WHO's Turkish office in disability had not reflected its central office's policy emphasis on health for all, and the policy shift from institutionalisation to community based living in disability during the period. Although the central office has had a disability inclusive approach in policy documents, an interviewee involved in disability related activities of a local

⁹ The duty of this Committee, the main enforcement agency of the ILO, is to investigate the reports of the Member Countries in detail. The aim is to identify any deficiency or discrepancy in national legislation in terms of the implementation of conventions and recommendations ratified by the Member Countries. Any inconsistency is reported to the Governing Body (Gormley,1966,p.33).

government contradicted this. They argued that the lack of activity of WHO's Turkish office was due to the lack of interest of their headquarters in disability.

...I wrote a letter to WHO requesting guidance in order to develop the local administration's activities in disability in 1996. They replied by stating that "the activities in disability are very limited at the moment. Disability is an inchoate field. The activities in disability are limited to delivering humanitarian aid to disabled persons." They recommended for us to contact the UK and Germany that have good practice examples in disability. We established communication with these countries to transfer their good practice examples to Turkey...

Another interviewee working for a different government organisation argued that the lack of activity of IOs' Turkish offices in disability could stem from the dominance of the medical model of disability in the central office by asserting that

... The Ministry has been in coordination with WHO, UNICEF and UNDP [United Nations Population Fund] since 2003. To illustrate, UNICEF has been involved in the programme for new born health screening and the programmes for alleviation childhood and maternal mortality. UNDP has been involved with the programme for family planning. WHO has been actively participating in the programme for transformation of health services [Health 21] aiming to deliver good quality of health services for all, including disabled persons...

This substantiates that the inclusion of a disability perspective in policies could be realised only when policies are associated with the improvement of health. This could reflect the predominant medical understanding of disability intertwining with the charity based understanding of disability in Turkey. This denotes disability is only a health problem that can be eradicated or ameliorated by medical intervention.

The ineffective role of IOs' Turkish offices in promoting the realisation of disability mainstreaming in the line ministries' policies was further reinforced by an interviewee arguing that

"...it could be said that the contribution of the international organisations to disability has been negligible ..."

The interviewee attributed the lack of IOs' Turkish offices' influence on the line ministries in disability to the lack of their initiative to establish a working relationship with the line ministries by introducing representative IOs' responsibilities and activities. The lack of awareness of their policies was a contributing factor to the lack of disability mainstreaming efforts in Turkey. This was evident in the following quote

... Both the lack of interest of the international organisations in disability and the lack of knowledge and experience of government organisations have led to a lack of technical cooperation between the international organisations and the government organisations in disability. Even though there are official documents of IOs in disability, IOs' Turkish offices had tended to ignore a disability dimension in policy areas. Government organisations have also had a lack of information about the responsibility areas of those organisations and how they can benefit from them. To illustrate, the government organisations have no knowledge or experience of how to implement a project funded by the World Bank. We [the government organisations] have also not had any information about whether disability is within the responsibility area of the UNDP...

It could be concluded that there had been a lack of efforts by IOs' Turkish offices in the realisation of disability mainstreaming in Turkey. Seemingly, the lack

of activity in disability stemmed from both the Country Offices and the Headquarters on the basis of the interviewees' accounts. This could also be associated with the failure of the line ministries to show willingness to establish technical assistance with the organisations to ensure the inclusion of a disability perspective in policies. The findings have been supported by the vast majority of the interviewees ranging from IOs, government organisations to DPOs. In order to compensate for this ignorance, domestic actor-led policy transfer had been conducted by the government organisations. This is fleshed out in the following section.

4.3 Domestic actor-led policy transfer

This section argues that IOs' Turkish offices' inertia in disability has led to a proactive role of government organisations in carrying out policy transfer, mainly from the UN to realise disability mainstreaming in Turkey. As discussed in Chapter Two, Dolowitz and Marsh (1996) and Hantrais, (2009) define this type of policy transfer as voluntary transfer, referring to the proactive role of policy actors and NGOs in the realisation of policy transfer. The following subsections were based on an account derived from an interview with a highly influential person involved in the establishment of the consecutive governmental institutions governing disability issues. Possible bias stemming from a single interview was attenuated by the triangulation of documentary research and the researcher's knowledge and experience as insider.

This type of policy transfer has tended to be used abundantly in the process of policy making in Turkey. The agenda-setting influences of IOs on policy-making do not necessitate a face-to-face interaction with the line ministries. The transmission of such influence to the policy-making process can be also fulfilled in an indirect way by the dissemination of their official documents that include specific policy recommendations on specific policy areas. The existence of such influence was evident in the study conducted by Ozkan (2013). He traced the

policy making process concerning the introduction of unemployment insurance in 1999 in Turkey. The study shows that the ILO and OECD did not participate in the domestic technical commission established under the Ministry of Labour and Social Security to draft the legislation. Even so, the policy recommendations of such IOs including ILO Convention No.102 concerning minimum standards for the social security¹⁰ and OECD's policy stance on the unemployment benefit schemes were influential in drafting the legislation.

The existence of this domestic actor-led policy transfer is evident in the operational procedure of the following government organisations dealing with disability in Turkey.

4.3.1 The establishment of the disability unit under the Ministry of Labour and Social Security

The lack of involvement of IOs' Turkish offices in disability led to the Foundation of Protection of Disabled People¹¹ taking a facilitator role in transferring the UN's policy on disability. The foundation influenced the establishment of the disability unit under the Ministry of Labour and Social Security. This was partly because the ministry was important for the inclusion of a disability perspective in policies due to its role as a focal point in disability issues involving social security and employment. This was also because the Minister of

¹⁰ It was ratified in 1975 (ILO,2015).

¹¹ The foundation of Protection of Disabled People established on 26 August 1983 was subsequently incorporated into the disability unit. The foundation was affiliated with the Ministry of Labour and Social Security. It was funded by the Ministry until the restructuring of the ministry in the 2000s. The foundation has subsequently gained an independent status. The foundation has been renamed as the Turkish Foundation of Independent Living and Social Services (Türkiye Engelsiz Yaşam ve Sosyal Hizmetler Vakfı) (Milliyet, 2014). The connection between the Minister and the foundation was evident in the website of the foundation (www.teyvak.org/?pnum=22&pt=Kurucu+%C3%9Cyelerimiz, accessed 17 August 2015). Moreover, granting tax exemption to the foundation was proposed by the Minister and it was approved by the President of the Republic (Decision number: 83/6898, Official Gazette 26 August 1983, Number: 18147).

Labour and Social Security, M. Sadık ŞİDE¹², was a founding member of the foundation that made it easier to establish the unit under the ministry. In August 1983 this connection gave rise to the establishment of a small disability unit under the General Directorate of Social Protection Institutions that could enable the foundation to be a part of this unit. The incorporation of the foundation into the Ministry exerted influence on attaching importance to UN initiatives as a road map in the realisation of advancement in disability issues in Turkey. A delegation representing the Ministry of Labour and Social Security participated in the General Assembly on 22 November 1983. The delegation brought documents, which included UN resolutions and decisions on disability to the Ministry. Subsequently, the documents were translated into Turkish in this unit and disseminated to the line ministries and the DPOs in order to realise disability mainstreaming in a wider range of policies. Specifically, the unit prepared the first Country Report on Disability in 1995 responding to the questionnaire, dated 15 December 1995 for the purpose of monitoring the implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (United Nations, 2006). The unit was also working as the secretariat of *National Coordination Commission for Protection of Disabled People between 1985 and 1997*. This demonstrates the existence of domestic-actor led policy transfer in the Ministry. The foundation took a proactive role in the realisation of policy transfer from the UN due to the lack of influence of IOs' Turkish offices on the Ministry in disability.

4.3.2 The establishment of the National Coordination Commission for Protection of Disabled People

The Association Law numbered 2908 came into force in 1983. On the basis of this law, an umbrella association called the Turkish Disabled Confederation and another four subsidiary federations were founded (Blind Federation, Deaf Federation, Orthopedically Disabled People's Federation and Mentally Retarded People's Federation). There are 293 associations under these federations. The

¹² He was the Minister of Labour and Social Security in the period of 1980 and 1983 (Ministry of Labour and Social Security, 2015).

establishment of these DPOs had a significant role in advocating the establishment of the National Coordination Commission for Protection of Disabled People (established 11 December 1985¹³). Nonetheless, the triggering force was the Disability Unit since it translated and disseminated the UN policy documents¹⁴ to the DPOs and the line ministries. The lack of IOs' Turkish offices' influence on the realisation of disability mainstreaming led to continuous efforts by the Disability Unit to realise domestic actor-led policy transfer in disability.

The duties of the Coordination Commission¹⁵ are as follows: i) to promote measures focusing on prevention and treatment of disability; ii) to ensure the full participation of disabled people in social, economic and cultural life aspects by providing opportunities for them to enjoy social, medical and vocational rehabilitation, education and employment and iii) to ensure coordination and collaboration among national, international, government and private organisations. The commission was chaired by the minister of Labour and Social Security and had 65 members consisting of representatives of government organisations, DPOs, and universities during meetings, the members tended to discuss the UN agenda.

The role of domestic actor-led policy transfer conducted by the Disability Unit in convincing the Commission of the credibility of the UN policy documents was important. The unit believed that the UN could be conducive to provide a comprehensive policy guide to the realisation of disability mainstreaming in

¹³ Official Gazette 9 January 1986, Number 18983.

¹⁴ The World Programme of Action Concerning Disabled Persons Article 89 underscores that '*Governments should establish a focal point (for example, a national commission, committee or similar body) to look into and follow the activities related to the World Programme of Action of various ministries, of other government agencies and of non-governmental organizations. Any mechanism set up should involve all parties concerned, including organizations of disabled persons. The body should have access to decision-makers at the highest level.*' (United Nations, 1983).

¹⁵ Official Gazette (9 January 1986, Number 18983). Regulation laying down duties and responsibilities of National Coordination Commission for Protection of Disabled People.

Turkey. The unit's influence was exerted through the Minister to the Commission on keeping abreast of the UN's agenda and policies in disability. To illustrate, a decision on ensuring effective implementation of *'the Standard Rules on the Equalization of Opportunities for Persons with Disability'* was on the agenda of the Committee's meeting in 1994. Ensuring the promulgation of the rules throughout all relevant parties and monitoring of the effective implementation of the rules were also decided during the meeting. However, the actual adoption of the rules notified by the Minister's memorandum was fulfilled in 1995.

During the same meeting, a decision on the establishment of two committees, vocational rehabilitation and accessibility, under the commission was taken to serve as a tool for the effective implementation of the Standard Rules. These themes were chosen because there was no policy targeting those areas in Turkey at that time. The committees devised an action plan for the realisation of vocational rehabilitation and accessibility in Turkey (CSGB, 1993; TBMM, 1993, p.372). The action plan was announced by the Prime Ministry Recommendation number 1993/11 on 19.4.1993. The line ministries subsequently presented their achievements to the Commission at regular intervals on the basis of the implementation of the action plan. The effective information flow and the decisions taken at the meetings of the commission ushered in the insertion of a disability perspective into the legislation. To illustrate, a disability perspective ensured exemption from tax for disabled people. An increase in the employment quotas for disabled people from 2% to 3% was decided at a Commission meeting and it was subsequently fulfilled. The policy direction of the commission exerted an influence on the policy orientation of the subsequent government body, namely the Administration for Disabled People when it was established in 1997.

4.3.3 Establishment of the Administration for Disabled People

Decisions taken at the Commission tended to suffer from lacking a binding effect on the line ministries' policies in disability since the line ministries tended to show resistance to implement the decisions taken at the commission. This caused

complaints from the DPOs about Commission ineffectiveness. The DPOs devised an advanced organisational structure affiliated with the Cabinet Office as a remedy for the problem and advocated the establishment of a new organisation. The Administration for Disabled People¹⁶ was established under the Cabinet Office in 1997 to co-ordinate with the line ministries providing services for disabled people. The other functions¹⁷ were i) to formulate and implement disability policy to ensure full participation of disabled people in society; ii) to promote equality of opportunity for persons with disabilities, and iii) to define and solve the problems of disabled people.

The Administration for Disabled People was initiated taking into account the recommendations of UN documents such as *the World Programme of Action Concerning Disabled Persons* and *the Standard Rules on the Equalization of Opportunities for Persons with Disabilities* (Ministry of Family and Social Policies, 2011). One key role of the UN in disability policy in Turkey was therefore in providing a framework for disability mainstreaming when policy makers were not quite sure how to adopt and implement it. The UN documents were selected as the road map for two reasons. Firstly, this was taken from the previous body's working style, which was domestic actor-led policy transfer. The style was introduced by a civil servant who previously worked in the National Coordination Commission for Protection of Disabled People. This person was subsequently appointed as a head of department in the Administration and thereby the influence of the domestic actor-led policy transfer on the Administration's work was brought with them. Secondly, at that time, only one international organisation, the UN, had a comprehensive road map on disability particularly *the Standard Rules on the*

¹⁶ In the wake of the restructuring process of social services, social assistance and social policies in 2011, in order to better coordinate social services delivery in Turkey, MoFSP was set up on 6 July 2011. The Administration for Disabled People was abolished and restructured as the General Directorate of Services for Disabled Persons and the Elderly under the ministry (Ministry of Family and Social Policies, 2011).

¹⁷ Decree Law numbered 571 on the Establishment and Duties of Administration for Disabled People

Equalization of Opportunities for Persons with Disability'. This attached importance to the UN documents by the Administration. The establishment of two consultant bodies of the Administration, the Executive Committee on Disability¹⁸ and the Council of Disability¹⁹, served to ensure effective participation of the DPOs in decision making processes on the basis of *the Standard Rules on the Equalization of Opportunities for Persons with Disabilities*. These bodies had a primary role in the formulation of policies concerning people with disabilities.

The work of the consultative bodies also raised public awareness of disability as the main focus of the Administration for Disabled People. Some of the interviewees' accounts highlighted an important function of the Council of Disability to increase knowledge of the line ministries of disability. Nonetheless, the resistance of the line ministries to work with the Administration in a coordinated way still constituted a barrier to the inclusion of a disability perspective in policies. To illustrate, on the basis of an interviewee's account, the formulation of a policy on an exemption from import tax for disabled people who imported a car faced opposition from the line ministries. They tended to underestimate the driving ability of disabled people, and thought that disabled people could not drive a car. The interviewees highlighted that it took a long time to persuade them to change their negative attitudes towards the driving ability of disabled people. Domestic actor-led policy transfer conducted by the administration who used pictures of disabled drivers who had both arms amputated to prove that disabled people could drive to convince the line ministries. The pictures were obtained from the policy documents of IOs. This highlighted the facilitator role of the Administration in policy transfer from IOs to the line ministries in order to provide a stimulus for the insertion of a

¹⁸ Its Members were representatives of governmental organisations, DPOs, social partners, and universities. It was responsible for determining policy priorities for the Administration.

¹⁹ The Council was convened biennially. The goal of the Council was to discuss and analyse all ideas and developments about disability at national and international levels, and to make suggestions about the solutions in broader terms and raise public awareness about disability issues together with representatives of governmental organisations, DPOs, social partners, and universities. The core topics were: Contemporary Society, Contemporary Life and Disabled People in 1999; Local Governance and Disabled People in 2005; Caring Services in 2007; Employment in 2009.

disability perspective into the line ministries' policies. This domestic actor-led policy transfer compensated for the lack of IOs' Turkish offices' activities in disability in Turkey.

Such policy transfer was evident in the translation of the documents of the European Conference of Ministers of Transport (ECMT)²⁰ into Turkish by the Administration. They were used to persuade the line ministries to adopt a disability perspective in policies including air and rail travel. The publications of the ECMT were chosen by the administration to persuade the line ministries to make transport accessible to disabled people due to the good reputation of the organisation in defining standards of accessible transport through resolutions and policy documents of which the Ministry of Transport was already aware. In addition to this, Turkey's role as a founding member of the international organisation in 1954²¹ was a contributing factor to increase the credibility of the documents to the line ministries. To illustrate, one of the documents titled 'Improving Transport Accessibility for All: Guide to Good Practice' was translated into Turkish in 2008²². The document ushered in making rail transport accessible to disabled people by Turkish State Railways. It initiated construction of accessible carriages and installation of disabled toilet facilities and ramps in stations.

To sum up, IOs' Turkish offices' lack of activity in disability mainstreaming in Turkey led to the government organisations taking the initiative to transfer policy mostly from the UN in disability. Such domestic actor-led policy transfer was based on the translation and dissemination of policy documents rather than face-to-face

²⁰ That is an intergovernmental organisation established by a Protocol signed in Brussels on 17 October 1953 to formulate the agenda of transportation globally. It comprises the Ministers of Transport of 54 full Member Countries including Turkey, The International Transport Forum evolved from the ECMT in 2006/7. The International Transport Forum's secretariat is based at the OECD in Paris (International Transport Forum, 2015).

²¹ Official Gazette 17 March 1954, Number:8660.

²² This is available: www.ozida.gov.tr/ulasilabilirlik/Belgeler/4_YAYINLARIMIZ/CEVIRILER/HerkesIcinUlasabilirLiginIyilEstirilmesi.pdf [Accessed 28 April 2015].

interaction with UN offices in Turkey. This transfer led to some progress in the inclusion of a disability perspective in policies including tax and custom exemption for disabled people and accessibility in particular. The 1999 Marmara Earthquakes represents a milestone in the initiation of policy transfer from IOs' Turkish offices on the basis of face-to-face interactions with some IOs' Turkish offices.

4.4 The initiation of face-to-face interaction with IOs' Turkish offices

The 1999 Marmara earthquakes represent a landmark in the involvement of IOs' Turkish offices including UNICEF, the World Bank, and WHO in prevention of mental health difficulties, the adoption of national mental health policy and the adoption of classification of functioning. In contrast, the remaining IOs' Turkish offices continued not being involved in any activity in disability.

4.4.1 The adoption of National Mental Health Policy

In August and November 1999 there were two major earthquakes in the Marmara region including Istanbul and other cities. As a result, eighteen thousand died and more were injured and disabled in the heavily populated industrial area. UNICEF's special interest in improving child development through education in the late 1990s resulted in its involvement with improving mental health of children. This was a part of its emergency response programme including Health and Nutrition and Water and Environmental Sanitation in the region. It launched '*The Psychosocial School Project for Children Affected by the 1999 Earthquakes in Turkey*' in collaboration with the Ministry of National Education in the period of 1999-2002. Technical and professional support was provided by the Centre for Crisis Psychology in Bergen, Norway. The aim was to alleviate stress responses and prevent from the outset possible mental health difficulties in children through practicing *debriefing* in the classroom environment (UNICEF, 1999).

The voluntary involvement of Kerim M. Munir M.D.²³ in UNICEF's activities as a liaison officer between the Ministry of Health and UNICEF in the wake of the Marmara earthquakes led to the introduction of a policy document titled *Republic of Turkey National Mental Health Policy* in 2006. The aim was defined as mobilising resources for the effective establishment of accessible and balanced mental health services in Turkey on the basis of evidence-based mental health practice. The WHO's policy document on *Service Guidance Package for Development of National Mental Health Policies* was used as reference for designing the policy. The central theme of the document was the need for establishment of community based approaches in treatment and rehabilitation, which reflected the policy orientation of WHO in the 1990s. Funding for the design of the national mental health policy was provided by the World Bank within the Marmara Earthquake Emergency Restructuring (MEER) Project. 1 per cent of the total loan of US\$ 2,944 million was allocated to this activity. Aside from the involvement of Kerim M. Munir M.D., in 1998 the adoption of the WHO's *Health 21* goals in Turkey by the Ministry of Health facilitated the preparation of this policy document as the goals included the realisation of the shift from institutionalisation of people with mental health difficulties to community based living. However, the implementation of the national mental health policy required the official adoption of a mental health national action programme. In 2011 this action plan (2011-2023) was adopted on the basis of the 2006 National Mental Health Policy document (Ministry of Health, 2011).

²³ He is a specialist in Adult, Child and Adolescent Psychiatry, children's Hospital, Harvard Faculty of Medicine in the US. He has also established a liaison between the Administration for Disabled People and *PSICOST, Spain* to ensure the involvement of Turkey in the 'Deinstitutionalisation and Community Living – Outcomes and Costs' project.

4.4.2 The Adoption of the ICF

The impetus for establishing further collaboration and coordination with WHO in the wake of 1999 Marmara Earthquakes ushered in the adoption of *'International Classification of Functioning, Disability and Health (ICF)'*. Closer cooperation between the Ministry of Health and WHO to design emergency relief actions led to an interest in the WHO's other activities in disability. The initial work was conducted by psychiatrists working for Hacettepe University by translating the ICF into Turkish. Medical professionals working for the Administration for Disabled People were interested in the classification system which resulted in the involvement of the Administration in the activity by publishing the ICF manual in 2001. The ICF was seen by the Administration as a solution to alleviate the predominance of the medical model of disability in policies. This led to the invitation of Bedirhan Ustun and Nenad Kostanjsek representing WHO to deliver a brief training programme on the ICF to the staff of the Administration in 2002. The interaction led to the insertion of the ICF based understanding, biopsychosocial model, into the Turkish Disability Act in 2005. However, this understanding was adopted in a haphazard way in the Act. This was evident in an interviewee's account involved in the process by arguing that

'...The regulation on medical health reporting on disability²⁴ under the Act is still based on the medical model, ICD-10, even though the model based on the ICF was adopted as a philosophy in this regulation...'

A subsequent ICF training programme was arranged by the Administration with technical cooperation from WHO. Specialists from WHO, Germany and Italy delivered the training programme to the health professionals and the representatives of the line ministries in November 2008 (Ministry of Family and Social Policies, 2014b). This training programme disseminated the biopsychosocial understanding of disability all over the country through the

²⁴ This report involves the medical examination of disabled people by the health board at hospitals to decide whether they are eligible for the services for disabled people.

diversification of the participants in terms of their involvement in different sectors and working in different parts of the country. The policy initiatives taken to adopt the ICF based classification system resulted in the establishment of a technical committee involving civil society organisations, DPOs, IOs' Turkish offices, and the line ministries in 2013. This committee affiliated with the Ministry of Family and Social Policies (MoFSP) has been given a mission both to revise the disability assessment system on the basis of the ICF and also to develop separate assessment criteria for adults and children. The reason for the separation is associated with the prevention from stigmatisation of children with disabilities stemming from the assessment type and criteria that are not suitable for the diverse needs of children.

The catastrophe caused by the earthquakes has attracted IOs' Turkish offices' attention to promoting mental health. The role of domestic actors including psychiatrists, psychologists and its NGOs in directing the activities of IOs' Turkish offices to mental health was important. A closer cooperation between the Ministry of Health and WHO resulted in the initiation of ICF related work at the Administration. The initiation of face-to-face interaction with IOs' Turkish offices has prepared a suitable milieu for their incremental demands for and activities in the realisation of disability mainstreaming in a wider range of policies illustrated in the following section.

4.5 Disability mainstreaming in transition

This section underlines that although there have been incremental demands for and activities of IOs' Turkish offices in disability, such developments in disability have not been aligned with the strategy of disability mainstreaming (which combines disability specific actions with the inclusion of a disability perspective in policies). This could demonstrate that disability mainstreaming has been in transition in Turkey.

4.5.1 The triggering forces for incremental demands and activities of IOs' Turkish offices

A spectrum of developments starting from 2009 led to the incremental activities of IOs Turkish offices in the realisation of disability mainstreaming in a wider range of policies. These developments comprise the ratification of the UN CRPD by Turkey in 2009, the establishment of MoFSP in 2011 and the election of Safak Pavey²⁵ as the first disabled female member of the Turkish Parliament in 2011. These policy actions intertwined with the following developments have been conducive to IOs' Turkish offices' incremental demands for establishing technical cooperation with the line ministries and involvement in activities in disability. The participation of Turkey in global governance such as the G20 demonstrated Turkey's changing role from a passive to proactive one in the global arena in terms of producing and disseminating good practices as a role model particularly for Turkish Republics, Middle Eastern and African countries. In addition to this, the establishment of the UN Hub in Istanbul - consisting of the United Nations Development Programme Regional Services Centre for Europe and the CIS in 2013 and the establishment of the UN Women Regional Office for the Europe and the Central Asia Region in 2014 – could represent the facilitator role of Turkey in transferring UN based policies across Europe and Middle Eastern countries. This facilitator role has been strengthened particularly by the Ministry of Foreign Affairs as an essential part of the government's long-term plan to transform Istanbul into the financial hub of the Middle-East. These developments represent triggering forces resulting in the incremental demands for and activities of IOs' Turkish

²⁵ The election of Safak Pavey as an MP has resulted in both increased visibility of disability and the incremental influence of the UN on policy-making in Turkey on the following grounds: Previously, she was the Secretary to the CRPD Secretariat at the Office of the UN High Commissioner for Human Rights in 2010. She was also involved in the establishment of the UN interagency support group for the Convention on the Rights of Persons with Disabilities (UN IASG for CRPD). She was elected as a member of the Committee on the Rights of Persons with Disabilities under the UN CRPD in 2012. She has also been rewarded with the 2012 'International Woman of Courage Award' by the US Secretary of State Hillary Clinton and First Lady Michelle Obama. However, her involvement in disability policy-making processes was limited due to that fact that she was a MP from the main opposition party, the Republican People's Party (CHP).

offices in disability. The prominent role of the ratification of the UN CRPD cannot be underestimated in their incremental demands for and activities in disability.

The ratification of the UN CRPD by Turkey in 2009 initiated face-to-face interaction with the UN headquarters that has facilitated direct disability policy transfer from the UN to Turkey. It could be expected that the policy transfer would increase after the submission of the first country report on the implementation of the UN CRPD in Turkey. The report was drafted in 2013 and it is about to be submitted to the Committee on the Rights of Persons with Disabilities at the UN. In the wake of the ratification, Turkey has been represented in Conferences of the States Parties to the UN CRPD since 2010. This has provided an opportunity to keep abreast of the international developments in disability as well as the UN agenda. Involvement in the conferences has resulted in sharing disability policy actions taking place in Turkey with large audiences at an international level. To illustrate, a panel on 'Gender Inequality: Empowering Women with Disabilities in Employment' was co-organised by MoFSP, Permanent Representation of Turkey to the United Nations, Department of Economic and Social Affairs (UN) and Global Partnership for Disability and Development affiliated with the World Bank in the States Parties Conferences on 13 September 2012 in New York. The panel focused on the investigation of a gender perspective on the labour market participation of women with disabilities. Statements of the Turkish Delegation during the conferences have also led to them sharing practice examples with the audience.

The involvement in the international area at UN level has also paved the way for further establishment of coordination between MoFSP and IOs. For instance, the initiation of communication between the Ministry and the Global

Initiative for Inclusive ICTs (G3ict)²⁶ in the conference in 2010 led to the inclusion of disability related information representing Turkey in the documents²⁷ of the organisation. The involvement in the conferences has increased the Ministry's policy transfer from the UN in terms of the implementation of disability mainstreaming. This was evident in the Deputy Minister's (of Family and Social Policies of Turkey) speech at the Seventh session of the Conference of state Parties to the UN CRPD held 10-12 June 2014. She highlighted that '*...We [the Ministry] are trying to mainstream disability into all policy areas and practices in parallel with various acts aimed at different target groups...*' (UN WEB TV, 2014). Such policy transfer is also evident in the establishment of the Committee on Monitoring and Evaluation of Rights of Persons with Disabilities²⁸ in 2013 to ensure the inclusion of disability perspective in policies.

These developments creating a positive impact on the realisation of disability mainstreaming in a wider range of policies in Turkey have given rise to the incremental demands of IOs' Turkish offices for establishing technical cooperation and activities in disability. The following section addresses this issue in detail.

4.5.2 Incremental activities of IOs' Turkish offices in disability mainstreaming

Two features of the UN CRPD - its legally binding characteristic and the recognition of disabled people as human right holders - have led to the incremental demands of IOs' Turkish offices for establishing technical cooperation and activities in disability as of 2009. However, this does not mean that all IOs' Turkish

²⁶ The Global Initiative for Inclusive Information and Communication Technologies was established in 2006 by the United Nations Global Alliance for ICT and Development, in cooperation with the Secretariat for the Convention on the Rights of Persons with Disabilities at UN DESA. Its mission is to assist the effective implementation of the UN CRPD in terms of the accessibility of Information Communication Technologies and assistive technologies (G3ict, 2015).

²⁷ To illustrate, <http://www.g3ict.org/resource_center/country_profiles/Turkey> Accessed 28 April 2015.

²⁸ The Committee established in 2013 involves DPOs, Civil society Organisations, universities and the line ministries (UN WEB TV, 2014).

offices included in this research have had an activity in disability nor that their activities have been aligned with the strategy of disability mainstreaming. Considering their activities in disability, apart from UNESCO and the OIC, the remaining IOs' Turkish offices have had an incremental activity in disability. The demand of the country offices of the World Bank and the ILO for establishing technical cooperation failed to turn into technical assistance in disability for reasons that will be considered. For the adoption and implementation of disability mainstreaming on the basis of the strategy of disability mainstreaming, country offices of UNICEF, UNDP and WHO have had some good practices in disability. In contrast, country offices of UNESCO, OIC, the World Bank and the ILO have not had any activity in disability. Relating to the influence of IOs' Turkish offices on disability mainstreaming, the following concrete examples can illustrate their influence on the realisation of disability mainstreaming in Turkey.

Before 2009, it was evident from an interviewee's account that there was no disability mainstreaming in the technical cooperation established by the World Bank by arguing

...[in 2001] there was cooperation with the World Bank to conduct a project called Social Risk Mitigation that was based on Conditional Cash Transfer to income generating projects. However, the inclusion of a disability perspective in the project was ignored and thereby this did not provide a good example in terms of disability mainstreaming in Turkey...

Even so, The World Bank's Turkish office visited MoFSP in 2011 for the first time to establish cooperation between the World Bank and the Ministry on the special occasion of the launch of the World Report on Disability. The reason for the sudden interest of the Bank in disability has been associated with the cumulative effects of the above-mentioned contributing factors that have increased disability

mainstreaming in Turkey. In addition to this, the working area of the Bank has tended to decrease due to the strengthening economic power of Turkey meaning that the line ministries no longer require loans or grants from the Bank. Aside from this, the emergence of Bank trust funds²⁹ in disability has provided a stimulus to search for a new area including disability to establish technical assistance. During the event, the Minister of Family and Social Policies launched the World Report and a conference focusing on accessibility and data collection took place the following day (WHO, 2015b). The launch of the report provided a basis for the introduction of the Japan Social Development Grant administered by the World Bank to establish technical cooperation with the Ministry. The Ministry leaned towards cooperation in a project idea focusing on accessibility. In order to develop the idea further, there were two video conferences with the Bank in 2011. However, cooperation has yet to be established. An interviewee working for an international organisation clarified the reason for the unfulfilled cooperation arguing that

...The General Directorate of Services for Disabled Persons and the Elderly [under the Ministry] is still willing to cooperate with the World Bank on this project idea. However, the fundamental problem is that disability has not been defined as a priority in the Ministry to establish technical cooperation with the World Bank. Presumably, the appointment of a new undersecretary and the new Minister might have been a reason for not finalising the technical cooperation on the basis of the project idea. I think the reason could be also linked with the fact that the transition period regarding the restructuring of the Ministry has not completed yet...

²⁹ The trust funds include the Trust Fund for Environmentally and Socially Sustainable Development that promotes activities concerning raising awareness of HIV/AIDS, accessible transport and urban infrastructure, and disability assessment; the Japanese Policy and Human Resources Development Fund (PHRD) promotes disability awareness raising activities in all Bank projects. The Multi-Donor Trust Fund on Global Partnership for Disability and Development and the Bank coordinate the Disability & Development Donor Forum, which comprises multilateral development agencies to strengthening international cooperation for an effective implementation of the UNCRPD (Waddington, Quinn and Flynn, 2012, p.466-467).

The World Bank's lack of activity in disability in the national context partly arose from the lack of policy focus of its Headquarters, demonstrating disability has not yet been defined as a separate component in a Country Assistance Strategy (CAS)³⁰ (Waddington, Quinn and Flynn, 2012, p.468). An interviewee working for an international organisation in Turkey attributed its Turkish office's lack of activity in disability to the lack of demands of the line ministries by arguing that

... Disability has not been inserted in the CAS. Therefore, the organisation has not had any specific work on this subject. We [The organisation] have not received any demand from a government institution to work with the organisation in disability. In order to insert disability in our working area, the issue should be included in an axis of the CAS at first...

The UNICEF Country Programme for Turkey³¹ 2006-2010 as well as 2011-2015 defined the areas where technical assistance between UNICEF and Turkey occur as reducing infantile mortality rates, child legal protection, child rights monitoring, inclusion of child poverty in the national agenda, and reducing regional disparity in terms of children's well-being and opportunities. They failed to make any reference to disability as one of the areas where technical assistance will be established. Even so, its Turkish office visited MoFSP for the first time in 2011 to establish technical cooperation in disability, shortly after the establishment of the

³⁰ The Bank drafts a Country Assistance Strategy (CAS) for countries who would like to borrow from the World Bank. The CAS is closely linked with the country's development programme. The CAS provides a plan to achieve the targets set in the country's development programme by establishing collaboration between the World Bank Group and its individual institutions. The CAS should reflect the opinions of the line ministries before getting the approval by the Bank's executive board (Waddington, Quinn and Flynn, 2012, p.468).

³¹ The programme defines the areas where technical assistance between UNICEF and Turkey takes place.

Ministry. The visit yielded the first collaboration between the Ministry and UNICEF to participate in the UNICEF Global Partnership on Children with Disabilities involving non-governmental organisations (NGOs), DPOs, Governments and the private sector held in New York in September 2012. It provided an opportunity for the insertion of a disability perspective into the rights of children. The main aim of the event was to raise awareness of the need to include the diverse needs of children with disabilities in the post-2015 development agenda. MoFSP delivered a presentation on the services for children with disabilities in Turkey and announced an international conference titled 'Life without Barriers for Every Child' in Ankara in December 2012. During the event, a Turkish desk was established to introduce services for children with disability in Turkey and ushered in exchanging good practice between Turkey and the other participant countries in disability. Subsequently, the conference³² took place in collaboration with UNICEF.

Collaboration between the Ministry and UNICEF has been maintained. To illustrate, the collaboration led to a project on 'There is Another You' aimed at reducing the social distance between children with disabilities, their families and society. This project was been implemented between 2013 and 2015. It comprises conducting research into general attitudes towards children with disabilities in the education system and a campaign to raise public awareness that children with disabilities have the same rights as non-disabled children. Moreover, a medical health report for children with disabilities on the basis of ICF has been developed within the project in participation with the relevant parties (Ministry of Family and Social Policies, 2014b). However, before 2009 its Turkish office failed to include a disability perspective in a campaign entitled '*Let's Go Girls to School*' to support school enrolments of girls aged 6-14 across Turkey in 2003.

³² The conference included the following themes: - to promote the right to access to education; - to emphasise the role of social policies to reduce child poverty; - to raise awareness of the early prevention ; - to emphasise the importance of collection of disaggregated data on disability; - to encourage effective monitoring of the rights of Children with disabilities (UNICEF, 2012).

The absence of a disability perspective in the MDGs could be a contributing factor to the lack of the UNDP's Turkish office's activity in disability before 2008. The lack of organisational policy focus on disability was evident in the following interviewee's account:

...We [The organisation] have carried out awareness raising activities including poverty reduction in terms of the implementation of the MDGs. Within this programme, we are building capacity of the member states to collect data on poverty and sharing good practices among the countries. However, the organisation has not included any disability aspect in this programme...

On the basis of an interviewee's account, the involvement of the UNDP's Turkish office with disability started in 2008 when the Alternative Life Association, an NGO, established communication with UNDP to secure funding for its *Dreams Academy* project, which aimed to give disabled people an opportunity for to express themselves through art. The UNDP's Turkish office had a mediator role in ensuring the involvement of the Vodafone Turkey Foundation affiliated with Vodafone Group Plc that contributed to the project on the basis of the realisation of corporate social responsibility. This project led to the initiation of another project called *No Barriers for My Country* in 2012 in collaboration with the Alternative Life Association and the UNDP and Koc Holding that is one of the largest groups of companies in Turkey. The aim of the project was to raise Koc Holding employees' awareness of disability coupled with making its companies and stores accessible to disabled people (Koc Holding, 2015). UNDP has also participated in 'Dreams Kitchen' to support self-realisation of disabled people through their involvement in pastry-making³³. In 2013 the establishment of the United Nations Development Programme Regional Services Centre for Europe and the CIS in Istanbul has led

³³ For further information: (<www.turkiyevodafonevakfi.org.tr/projects-dreams-academy.php and <www.duslerakademisi.org/en/Projeler Accessed 28 April 2015.

to the further involvement of the private sector in disability. Its recent efforts have yielded the involvement of Peugeot in the realisation of disability mainstreaming in coordination with UNDP and MoFSP. This project based initiative is about the inclusion of a disability perspective in its in service training programmes to raise employees awareness of disability.

There is technical cooperation between the UNDP's Turkish office and MoFSP on the basis of a project to '*Support the Implementation and Monitoring of the UN Convention on the Rights of Persons with Disabilities in Turkey*'⁸⁴. The same interviewee clarified the background behind the development of the project idea by stating that

... South-south cooperation among countries to exchange experiences has tended to increase over the last few years. In this respect, the Ministry of Social Affairs in Croatia, via the United Nations Development Programme Regional Services Centre for Europe and the CIS in Istanbul, invited the UNDP's Turkish office to participate in a meeting focusing on exchanging experience regarding the implementation of the UN CRPD in 2013. We [the UNDP's Turkish office] invited the General Directorate of Services for Disabled Persons and the Elderly to participate in the meeting. During the two-day meeting, the UNDP's Turkish office liaised with the General Directorate for the first time to discuss establishing technical cooperation on the basis of a project. They informed us that they have difficulty regarding preparation of the Report on the Implementation of the UN Convention on the Rights of Persons with Disabilities by Turkey. The project idea was developed by the General Directorate and the UNDP's Turkish office

³⁴ The Project serves to attain the following objectives in the period of 2013 and 2014: i) developing a set of indicators for the purpose of monitoring the implementation of the convention and ii) raising the line ministries' awareness of UNCRPD and ensuring their active involvement with the preparation of the Report on the Implementation of the UN Convention on the Rights of Persons with Disabilities by Turkey (UNDP, 2015b).

assigned a national expert to the project and ensured the involvement of UNDESA with the project...

The ILO's Turkish office, on the basis of an interviewee's account, established a communication with the General Directorate for the first time in 2012 to initiate technical cooperation on the basis of a project idea focusing on establishing a link between employment and accessibility, and collection of disaggregated data on disability. Due to ongoing restructuring processes of the Ministry, technical cooperation has yet to be established. The ILO Turkish office has yet to have a project specifically focusing on disability. However, they included disabled people in a project focusing on employment of youngsters implemented in the period of 2009 - 2012. During the project, the ILO delivered an entrepreneurship training programme. The other initiative took place on 26 September 2013 in coordination with the Turkish Confederation of Employer Associations (TISK). The ILO's Turkish office made a presentation on the introduction of the ILO Global Business and Disability Network. This meeting brought together multinational and national companies, as well as disability resource groups for the realisation of exchanging good practices on the inclusion of disabled people in the workplace. During the event, the Ford Otosan Theatre Club Without Borders, which is a club of 20 Ford Otomotiv employees, 14 of whom are hearing impaired performed a show. The following day, the European Association of Service Providers for Persons with Disabilities (EASPD) held its annual conference on 'Employment of persons with disabilities' in coordination with MoFSP in Istanbul.

Aside from the limited work of the ILO's Turkish Office in disability, the influence of ILO arising from the Headquarters has tended to increase the inclusion of a disability perspective in policies in Turkey. This influence is due primary to the legally binding characteristic of the ILO's conventions. The ILO has only one Convention in disability that is Vocational Rehabilitation and Employment

(Disabled Persons) Convention adopted in 1983. Turkey ratified the Convention in 2000. The first report on the implementation of the Convention in Turkey, including an observation by the Turkish Confederation of Employer's Associations (TISK) was submitted to the ILO in October 2002.

The report of the TISK highlighted the '*great disparity*' in the employment rate of disabled people between the public sector and the private sector. The official figures indicated that in 2001 the private and public sectors employed 1,369 and 11,731 disabled people respectively. The committee responsible for monitoring the implementation of the Convention requested further information on the vocational measures that are made available to all categories of disabled people and the manner in which employment opportunities for disabled people are promoted in the open market (ILO, 2004). In May 2004, the government submitted detailed information and statistical data in its report. According to data submitted by the Turkish government to the ILO, a total of 1,756 disabled people were employed in the private sector, whereas the employment figure in the public sector was 99³⁵. This demonstrated the persistency of '*great disparity*' in the employment rate of disabled people between the public sector and the private sector and most importantly an alarmingly lower rate of employment of disabled people in the public sector.

In this respect, the committee requested that the government provide information on the measures adopted to promote the employment of disabled people, particularly in the public sector (ILO, 2005). The report of the Confederation of Turkish Trade Unions (TURK-IS) in September 2009 highlighted that 22,986 disabled people were still waiting for placement in the public sector as part of the quota system. The Committee, therefore, invited the government to provide detailed information on the measures adopted to promote the employment

³⁵ There is a discrepancy between the number of disabled people employed in the public sector reported in 2001 and 2004, the State Personnel Agency statistics reported a total of 8,717 disabled people were employed in 2004 (State Personnel Agency, 2015), so it is likely that the figure of 99 disabled people employed in the public sector in 2004 is incorrect.

for disabled people, particularly in the public sector (ILO, 2010b). The committee received the government's report with the observations from TURK-IS and TISK in March 2010. The committee repeated the necessity of taking necessary measures to fill the reach the quotas of disabled people in employment (ILO, 2011b). By enforcement of the Law No. 6111³⁶, the Public Personnel Selection Examination for Persons with Disabilities (OMSS) initiated centralised examinations across Turkey. As a result of the policy practice, the employment rate for hiring disabled people in the public sector has been increasing since 2012.

The influence of the Headquarters could further increase disability mainstreaming in Turkey. This influence could be mediated by the line ministries' membership status in the World Associations affiliated with the ILO. To illustrate, on the basis of an interviewee's account, the Turkish Employment Agency became a member of the World Association of Public Employment Services (WAPES)³⁷ in 2012 and subsequently the line ministry became the vice president of the association. The 10th WAPES World Congress was held in Istanbul in May 2015. This membership could usher in the transfer of the ILO's perspective of disability mainstreaming to the policies of the government organisations in the near future.

With the exception of the adoption of National Mental Health Policy and the initiation of ICF related work, the involvement of WHO with the other areas of disability was realised in 2009 to work in a joint EU funded IPA project titled 'promoting services for persons with disabilities' that was jointly implemented by SHCEK and the Ministry of Health. The project was completed in April 2014. The project aimed to contribute to the effort of the Turkish government in the provision of effective, appropriate and efficient community based support services for

³⁶ It regulates the restructuring of certain receivables, Social Insurance & General Health Insurance Issues and Some Other Laws (O J No: 27857 bis, 25.02.2011)

³⁷ WAPES was established on 18 October 1988 at ILO in Geneva in order to serve as an informal platform to sharing good practices in employment (WAPES, 2015).

persons with disabilities. An interviewee involved in the project clarified the late involvement of WHO in other areas of disability by arguing that

... The WHO's partner in each country is the Ministry of Health that limits the mandate of WHO. When it comes to working with the Ministry of Health, we have great relations with that in every country. But when it comes to other sectors beyond health, it becomes more difficult because people do not know WHO ...

The Landmine & Cluster Munition Monitor³⁸ serves as a facilitator NGO to ensure the impact of UN based policies on the insertion of special needs of the victims of landmine and cluster munition into policies in Turkey. This NGO initiated strong lobbying activities to influence the line ministries on the adoption of specific services for the victims of landmine and cluster munitions in Turkey in late 2010. Its country office established the first contact with the General Directorate of Services for Disabled People and the Elderly to collect information about the number people who were disabled due to landmine and cluster munitions at that time. They also arranged an in-house training seminar on the UN Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on their Destruction on the premises of the General Directorate as Turkey is one of the States party to this convention. A meeting involving the Ministry of Foreign Affairs, the General Directorate, the Ministry of Interior Affairs and Landmine & Cluster Munition Monitor was also organised on the premises of the Ministry of Foreign Affairs in May 2011. The NGO presented specific needs and concern of victims, and family members based in Diyarbakir to raise the line ministries' awareness during this meeting (Landmine & Cluster Munition Monitor, 2011).

³⁸ This NGO aims to provide information on all aspects of the landmine, cluster munition and explosive remnants for the international community particularly the UN (Landmine & Cluster Munition Monitor, 2015).

Since victim assistance is an overlapping issue with the UN Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on their Destruction and the UN CRPD, the General Directorate tends to address the issue of victim assistance within the context of the implementation of the UN CRPD. This preference is associated with the fact that the General Directorate is the focal point of disability (Landmine & Cluster Munition Monitor, 2014). Despite the NGOs' emphasis on special needs of the victims of landmine and cluster munition arising from the way of becoming disabled, the General Directorate delivers services to these people without separating them from the rest of disabled people as they are prone to share similar needs and concerns with the other disabled people in general.

The Turkish National Commission for UNESCO has not been involved in any activities to influence the line ministries on the inclusion of a disability perspective in policies. This lack of involvement could be linked with the Headquarters' financial constraints stemming from the Global Financial Crisis 2008-2009 that have adversely affected its ability to formulate disability specific policy actions. The financial problems could also be associated with the withdrawal of the US, one of the biggest financial contributors, from the organisation in 2011. However, it was evident that the National Commission had a lack of prior activity in disability due to financial constraints. It is difficult to see the central office's emphasis on the realisation of inclusive education in the activities of the National Commission. This was evident in an interview account stating that even if they have raised public awareness of the covenants, decisions and recommendations of the international organisation regarding inclusive education in Turkey, they have not had any activity touching upon disability.

... We [The organisation] regard persons with disabilities as one of the disadvantaged groups. The organisations' mission is to raise public awareness of inclusive education including disabled persons, and

people living in rural areas. However, the organisation has not had neither any specific official document devoted to disability nor any project included disability perspective so far...

It is also difficult to predict the future involvement of UNESCO in disability mainstreaming since it is currently facing financial constraints that constitute a barrier to having specific disability initiatives. A small number of studies have considered the influence of UNESCO's inclusive education policy on special education policies and practices in countries including Turkey. To illustrate, Ciyer (2010) points out that inadequate implementation of UNESCO's policies in Turkey arose from a limited emphasis on the human right perspective on those policies. This study demonstrates a limitation that it failed to evaluate UNESCO's policies. However, it was important as it suggested the lack of the influence of the organisation on Turkey stemmed from a 'top down' approach to policy making in Turkey.

The OIC's involvement in disability mainstreaming, on the other hand, seems to take a longer time on the basis of an interviewee's account. They stated that

...A high priority is given to economy and trade in line with the main objective of the organisation, which is to strengthen intra-Islamic economic and trade cooperation in order to achieve economic integration leading to the establishment of an Islamic Common Market... disability is a new issue for the OIC Member States and it will take time to absorb...

Summary

These developments could demonstrate the incremental demands for technical cooperation and activities of the UN specialised agencies including UNICEF, UNDP, ILO, the World Bank and WHO in disability mainstreaming.

Seemingly, the impetus for their efforts to the realisation of disability mainstreaming to compensate for their late involvement in disability could continue. The establishment of the UN hub in Istanbul in particular could be a triggering force to ensure the UN specialised agencies' involvement in disability. Bhouraskar (2013) argues the UN system suffers from a lack of coordination and coherence among the UN agencies. In order to deal with this problem, since 1998 a Common Country Assessment and United Nations Development Assistance Framework has been adopted as a solution.

The United Nations Development Cooperation Strategy Turkey 2011-2015 defined ensuring full and effective participation of vulnerable groups including 'people with mental health disorders and disabilities' in decision making processes as the number one priority area for the first time. The responsible UN agencies for implementing this priority were identified as WHO, UNDP and ILO (UNICEF,2010b). This cooperation strategy provides an example of disability mainstreaming not only by including disabled people but also by inserting one of the most disadvantaged disabled people, namely people with mental health difficulties. However, as a weakness, it does not include any disability specific measure. In this respect, it could be argued that this document failed to comply with the strategy of disability mainstreaming. On the other hand, the persistent lack of activity and the influence of the Turkish National Commission for UNESCO on the inclusion of disability perspective in education is too far from reflecting the strategy. The same goes for the OIC in that SESRIC has not had any activity in disability nor the inclusion of a disability perspective in its activities.

To sum up, although there has been an incremental involvement of UN specialised agencies in disability, this involvement has not been aligned with the strategy of disability mainstreaming. IOs' Turkish offices have tended to use either the inclusion of disability perspective in policy areas or the adoption of disability specific policies when drafting and/or implementing projects/policy documents.

This ambivalent attitude towards disability mainstreaming, could demonstrate the transition to disability mainstreaming on the basis of human rights for disabled people. If the transition prolongs, it will lead to an adverse impact on the line ministries' policies on ensuring equality in society.

4.6 Conclusion of the chapter

The long involvement of IOs with policy formulation and implementation in Turkey dates back to 1932 when Turkey became a member of the League of Nations. This membership ushered in improving health conditions, enhancing working conditions and promoting a sufficient income for a decent living. The initiation of the establishment of IOs' Turkish offices after the late 1940s has increased their role in the other policy areas including improving health services, preserving cultural heritage, reducing infantile mortality rates, and developing infrastructure. The involvement of IOs' Turkish offices in social areas in Turkey arose from the renewal of their headquarters' organisational structure coupled with innovating their agenda. The end of the Cold War in the early 1990s particularly represented a milestone in the initiation of an increasing involvement of headquarters' in social issues. This policy shift ushered in the activities of IOs' Turkish offices in raising awareness of sustainable development, social security, the launch of the conditional cash transfer programme, and promoting increase in educational attainment of girls.

However, the increasing involvement of IOs' Turkish offices in social issues did not include disability. This was evident in the lack of involvement of IOs' Turkish offices in establishing technical cooperation with the line ministries and activity in disability between 1980 and 1999. This was a result of the interplay between IOs' Turkish offices and the line ministries. The advancement on human rights for disabled people had not been prioritised in the modernisation of the state as of the proclamation of the republic in 1923. The successive governments'

failure to include a disability perspective in policies might have contributed to the lack of activity of IOs' Turkish offices in disability. This was associated with the fact that the country programme laying out the priorities that provide a basis for technical assistance between IOs and Turkey had to be approved by the government prior to coming into force. This effect of the line ministries on directing policy orientation of IOs' Turkish offices was evident in establishing technical cooperation with IOs' Turkish offices in health. The cooperation served to strengthen the perspective on disability as a health condition that can be eradicated or ameliorated by medical intervention without making any reference to disability.

The lack of activity of IOs' Turkish offices in disability led to a far reaching development in disability that was the introduction of domestic actor-led policy transfer. This type of voluntary policy transfer refers to the proactive role of policy actors and NGOs in the realisation of policy transfer. This mechanism has compensated for the IOs' inertia in disability by conducting policy transfer mainly from UN policy documents. This was evident in the establishment of the first disability unit under the Ministry of Labour and Social Security in 1983 on the basis of the UN resolutions and decisions on disability. The Foundation of Protection of Disabled People played a crucial role in the establishment. This establishment was a direct result of the introduction of the Association law in the same year that ushered in the direct involvement of DPOs in decision making process in disability. This involvement resulted in the subsequent establishment of the National Coordination Commission for Protection of Disabled People in 1985. The influence of the UN Standard Rules on the Equalization of Opportunities for Persons with disability on disability was important to promulgate the rule throughout all relevant parties. The domestic actor-led policy transfer from the UN strengthened the role of DPOs in decision making processes. This was evident in the influential role of DPOs in the establishment of the Administration for Disabled

People in 1997. The influence of domestic-actor-led policy transfer ensured disability mainstreaming in mainly transport (mainly tax and custom exemption).

In 1999, the first involvement of IOs' Turkish offices in disability was initiated. The 1999 Marmara Earthquakes attracted some IOs' Turkish offices' attention to promoting the mental health side of disability. The role of domestic actors including psychiatrists, psychologists and its NGOs in directing the activities of IOs' Turkish offices to mental health was important. Closer cooperation between the Ministry of Health and WHO has resulted in the initiation of ICF related work at the Administration. The initiation of face-to-face interaction with IOs' Turkish offices had prepared a suitable milieu for their incremental demands and activities of IOs' Turkish offices in the realisation of disability mainstreaming in a wider range of policies post 2009.

The triggering forces for incremental demands and activities of IOs' Turkish offices in disability comprise most importantly the ratification of the UN CRPD by Turkey in 2009. Conversely, the establishment of MoFSP in 2011 and the election of Safak Pavey as the first disabled female of the Turkish Parliament in the same year provided a suitable milieu for the initiation of demands and activities of IOs' Turkish offices in disability. Moreover, indirect effects of the participation of Turkey in global governance such as G20 and the establishment of the UN Hub in Istanbul in 2014 on the involvement of IOs' Turkey offices in disability was also important in the change of policy direction of IOs' Turkey offices. Moreover, the mediator role of IOs' Turkey offices in ensuring contribution of NGOs, CSOs, DPOs and the private sector to disability was also instrumental.

This chapter demonstrates that the influence of IOs on the realisation of disability mainstreaming has been limited to meeting quotas for disabled people in the public sector, the promotion of mental health, the promotion of the adoption and implementation of the ICF, monitoring implementation of the UN CRPD, and promotion of the inclusion of disabled children in mainstream schools. However,

such developments in disability have not been aligned with the strategy of disability mainstreaming. This could demonstrate that disability mainstreaming has been in transition in Turkey.

5. The EU and disability mainstreaming

5.1 Introduction

Chapter Four demonstrated that the influence of IOs is based on partial and selective disability mainstreaming in policies including meeting quotas for disabled people in the public sector, the promotion of mental health, promotion of the adoption and implementation of the ICF, monitoring implementation of the UN CRPD, and promotion of the inclusion of disabled children in mainstream schools. This chapter investigates EU policies. It focuses on finding answers to the following sub question: *To what extent have the EU adopted and implemented disability mainstreaming in policies?* This leads into Chapter six, which considers how Europeanisation has influenced the realisation of disability mainstreaming in Turkey.

The chapter argues that resistance of the Member States has constituted a barrier to the realisation of equality for disabled people at the EU level. Here the issue of competence has a pivotal importance in the creation of this barrier, since it has made EU institutions unresponsive to disabled people in the Member States. The chapter focuses on the ways in which the Member States have prevented the expansion of the EU's competence¹ in disability. Azoulai (2014, p.3) argues that this stems from the political sensitivity of the Members States. They see that the more they confer powers to the EU, the less national sovereignty they have in designing national policies. The competence issue is closely associated with the future of European integration in that resistance can be an obstacle to further integration in Europe. This chapter also examines how EU institutions including the

¹ 'Competence' is a continental public law term that refers both to the scope action and to the issue of power (the means and instruments for action) (Azoulai, 2014, p.2).

European Parliament, the European Commission and the Court of Justice of the European Union (CJEU) have responded to this through using the strategy of disability mainstreaming in order to extend the scope of EU legislation and policies in disability.

To illustrate, the limited competence has led to the implementation of disability mainstreaming in a partial way in policies at the EU level. Although all EU Disability Action Plans were strategic, they failed to include disability specific indicators and targets. This demonstrated the lack of a disability policy characteristic in the activities of the EU. This was evident in the adoption of non-binding action programmes/plans to govern disability issues until the adoption of the European Disability Strategy 2010-2020. The European Commission has also tended to realise selective disability mainstreaming in policies including transport, employment and structural funds where it has shared², coordinating³ and exclusive⁴ competences respectively. Specifically, legally binding human rights treaties and conventions have been used as a way to insert a disability perspective into policies since discrimination has been accepted as a prominent impediment to the internal market⁵ at the EU level. The most prominent example of this is the tendency of the EU to extend the scope of EU legislation and policies in accessibility in order to make it a Common European Policy. In a similar way, promoting a high level of employment has been seen as an essential objective of

² *'The Union and the Member States may legislate and adopt legally binding acts in this area. The Member States shall exercise their competence to the extent that the Union has not exercised its competence.'* (TFEU, Art.2.2).

³ *'The Member States shall coordinate their economic and employment policies within arrangements as determined by the Treaties, which the Union shall have competence to provide.'* (TFEU, Art.2.3).

⁴ *'When the Treaties confer on the Union exclusive competence in a specific area, only the Union may legislate and adopt legally binding acts, the Member States being able to do so themselves only if so empowered by the Union or for the implementation of Union acts.'* (TFEU, Art.2.1).

⁵ The term refers to an area without internal borders where free movement of goods, capital, services, and people is guaranteed in order to improve the efficiency of the allocation of resources (Bonde, 2009,p.59).

the EU⁶. This is evident in the implementation of selective disability mainstreaming in employment on the basis of non-discrimination at the EU level. However, disability mainstreaming in education, health care, migration and refugees, access to goods and services including housing and insurance and social protection has not yet succeeded due to limited EU competence in these policy areas.

This chapter is structured in a chronological way to investigate both the ways in which the Member States have prevented expansion of EU competence in disability and how EU institutions have responded to this through the use of disability mainstreaming in five historical periods including 1957-1980, 1981-1992, 1993 -1996, 1997-2009 and 2010-2015.

5.2 1957–1980: The emergence of selective and partial disability mainstreaming

This period highlights the emergence of selective disability mainstreaming in employment and structural funds in policies where the EU have shared and exclusive competences respectively. This was a policy response to the resistance of the Member States to expand EU competence in disability within the complex EU decision making processes.

5.2.1 The Commission and the limited competence

The Commission's approach to diversity of disability policy across the Member States is critical in as much as it ensures political support for EU disability policy. If the Commission's activism goes too far, its proposals will merely not be adopted due to domestic resistance in the Council, and the influence of EU based

⁶ Council Resolution of 17 June 1999 on equal employment opportunities for people with disabilities [OJ No C186/3, 2.7.99].

coordination and knowledge exchange programmes will be minimised due to the negative domestic political attitudes towards the EU (Hosking, 2013, p.97).

The Commission is a promoter and a legislative leader. It prepares agendas and determines terms for discussion. The consultation mechanism is important throughout the legislative process from policy formulation to final adoption of policy. The duty of consultation is granted to the European Commission by the Treaties. According to Protocol (No 7) on the application of the principles of subsidiarity and proportionality, annexed to the Amsterdam Treaty, the Commission should operate a consultation mechanism before proposing legislation (European Commission, 2002, p.4). The Commission brings interest groups together to oversee relevant developments, create European level networks, agencies and stimulate dialogue through arranging forums, open consultation, seminars, workshops, surveys, and open hearings. Arranging forums⁷ is particularly devised as a way to compensate for the limited competence in disability by ensuring the interest groups support the Union's policy on disability (Hine, 1998, p.8-9).

The European Commission has given a considerable importance in such a stakeholder consultation in particular for the implementation of disability mainstreaming as interest groups often have a good knowledge of how a proposal might have an effect on the group they represent. Disability mainstreaming has also been used by the European Commission to insert a disability perspective into the assessment of potential impacts of its proposals on disability (European Commission, 2009, p.2-4). Development of regulatory powers and agencies at EU level serve alternative mechanisms to expand its competence especially when its budgetary resources are stringent, as well as demand for regulation at the Member

⁷ These are the authorised social dialogue arena devoted to discuss social issues with government representatives, civil society organisations, interest groups including DPOs, regional and local authorities, academics, technical experts, the institutional advisory bodies of the EU (Economic and Social Committee and the Committee of the Regions).

States' level is low (Majone, 1998, p.14-35). Furthermore, the promotion of trans-European networks via the European Disability Forum⁸ by the Commission was an attempt to use alternative methods to alleviate problems stemming from overwhelming national competency on the formulation and implementation of disability policy at EU level (Mabbett, 2005).

The Commission has a significant duty to find a common ground between national interests advocated by the Member States and European integration defended by the Commission. Its main aims in negotiation are to enlarge the area of Community competence to achieve new policy fields and also to maximise its competence and impact on the policy process (Ross, 1995 cited in Pierson and Leibfried, 1995, p.36). Traditionally, the competence problem has been seen as a reason for the EU's long-time reluctance to regulate disability policy issues both in terms of 'constitutional foundation' and in terms of 'political will' (Hine, 1998, p.5). Moreover, this problem has limited the EU level action to moral 'soft' actions⁹ including awareness raising, monitoring, reporting, and sharing experience to encourage the Member States to find common solutions for common problems in

⁸ It performed a function of an umbrella NGO representing NGOs from each Member State at EU level. It served as a platform that brought Member States, DPOs and employee and employer Federations to collaborate in disability [OJ No L56/30, 9.3.93].

⁹ Policy instruments at the EU level can be grouped into four categories including 'hard' legally binding rules, 'soft' non-binding regulation, education and information and economic instruments. The differentiation between 'soft' and 'hard' legislation is important in disability. The 'hard' legislation includes Regulations, Directives and Decisions. Regulations are required to be implemented by the Member States as the specific form and methods that regulations include, whereas the way of harmonisation of Directives into national policies can differ among the Member States. Decisions, however, are legally binding on those to whom the decision is addressed at the individual, member state or company levels. The 'soft' regulation is chosen when the subsidiarity and proportionality analyses show that there is no need to use 'hard' legislative methods. The former is based on the evaluation of the relevance and EU added value of existing interventions, whereas the latter is about the limitation of the content and form of the EU action to not go beyond what is necessary to meet the policy objectives. This policy instrument in disability includes Recommendations and the Open Method of Co-ordination (OMC). The former is used when the EU has supporting competence, complementing the action of the Member States. The adoption of a Recommendation cannot guarantee that action will be implemented by all Member States. The latter is an intergovernmental method to align national policies of the Member States with certain common objectives defined at the EU level. The role of the European Commission is restricted to surveillance in the policy areas where this method is used. When the EU has shared or coordinating competence in the policy areas including employment, social protection, social inclusion, education, youth and training, the method is chosen by the European Commission to coordinate national policies in given areas (European Commission, 2015a, p.86-92).

disability. The limited competence stemmed from the Member States' resistance to federalism that is projected onto the EU. This is closely associated with the inclination of the Member states to protect their sovereign policies from the influence of the EU.

5.2.2 The emergence of selective disability mainstreaming in employment and structural funds

This period also witnessed the adoption of the principle of equality of opportunity on the basis of the removal of economic disadvantage to complete an internal market. The origin of the principle was to guarantee equal pay between men and women. The reason was associated with a concern of the French Government. Its laws protected equal pay for men and women, whereas the laws of the other Member States failed to provide such protection. This created a competitive disadvantage that needed to be overcome by the adoption of a principle emphasising non-discrimination (Chalmers, Davies and Monti, 2014, p.570-571). Aside from the perspective on discrimination as a barrier to the completion of an internal market, another reason for the adoption of such a principle was also an argument of political integration. Ensuring protection against discrimination has been devised as a way to strengthen societal support for European integration. This was considered as a way to curb the resistance of the Member States to the influence of the EU on national policies. These reasons have been instrumental in the adoption of legislation including the Community Charter of Basic Social Rights for Workers since the late 1980s (Chalmers, Davies and Monti, 2014, p.572). The Treaty on the Functioning of the European Union (TFEU)¹⁰ also stipulated non-discrimination on the ground of disability on the basis of Article 10 and Article 19.

¹⁰ Formerly Treaty established the European Community (TEC).

It is striking that employment has been chosen as a primary theme for the specific orientation of disability mainstreaming during this period. It was restricted to the involvement of disabled people with the labour market that was initiated in the 1960s with the adoption of Council regulation May 1963 47/63/EEC. It expanded the definition of an unemployed worker to cover persons who had been unemployed due to physical or mental disability. This provision ensured unemployed disabled people benefited from European vocational training funds. Employment was chosen as a theme for disabled people in line with the periods of instantaneous mine closure between 1961 and 1964 in particular in Belgium, Germany and France. This adversely affected disabled and elderly miners in that they could not find a job as easily as most redundant workers could. European Union intervention was requested since no method could provide a comprehensive solution to ensure (re)integration of disabled miners into the labour force (Collins, 1975a, p.49-51; Collins, 1975b, p.64-65). This was also associated with the ultimate aim of the creation of an internal market on which a high cost of disability could be a burden. In order to prevent that from happening, the policies should be targeted at the encouragement involvement of disabled people in the labour market. In this respect, the 1971 Reform of the European Social Fund for the first time included disabled workers among other groups in order to ensure their integration/reintegration into the economy through the Fund¹¹. This was fulfilled by the EU without encountering any resistance from the Member States since the EU had an exclusive competence in Structural Funds including the European Social Fund. These developments were initiated at the Union level irrespective of the

¹¹ The establishment of a European Social Fund (ESF) in the Treaty of Rome in 1957 – the implementation of the fund was initiated in 1960 – (Kleinman, 2002, p.83) was the only relevant policy development to disability. The fund originally aimed at '*rendering the employment of workers easier and of increasing their geographical and occupational mobility within the Community.*' (The Treaty of Rome, Art.123). The ESF has been used as a financial instrument to support activities in disability. This started in 1974 with reference to '*improving the quality of vocational rehabilitation facilities and the organisation of training and advanced training courses for the personnel required to ensure the vocational and social integration of handicapped persons.*' (Council Decision of 27 June 1974, 74/328/EEC, OJ No L 185/22, 9.7.74] (European Communities, 1974a). The Single European Act (SEA) in 1986 made some amendment to this fund including the introduction of 'cohesion' – a political goal for a more egalitarian society that offers the same opportunities for all citizens through ensuring economic convergence in the EU – in order to realise the successful implementation of the internal market programme by the end of 1992.

treaties of Paris and Rome¹² that made no reference to disability.

To accomplish a gradual increase in the number of disabled people in the labour market, in 1969 the Council requested the Commission to prepare a long-term social action plan dedicated to disability. This plan was subsequently adopted in 1974¹³. In the meantime, the heads of state were affirmed that economic expansion should be accompanied by an enhancement of the standard of living at their conference held in Paris in October 1972; this brought about strengthening of the understanding of selective disability mainstreaming in employment. This policy approach to disability was pursued by the successive action plan delineated in *Council resolution of 21 January 1974 concerning a social action plan*¹⁴. It was based on ensuring full and better employment in the Community by initiating a programme for the vocational and social integration of disabled people. This policy approach was followed by the adoption of successive council resolutions¹⁵. Besides the selective disability mainstreaming in employment and structural funds, the realisation of disability mainstreaming was also initiated in a partial way in policy areas including customs¹⁶, consumer protection¹⁷, accessibility (information

¹² The founding treaties of the European Community/European Union

¹³ [OJ No C347/14, 31.12.81]. (European Communities, 1981a).

¹⁴ [OJ No C 13/1, 12.2.74] (European Communities, 1974b).

¹⁵ These council resolutions were associated with the initiation of Community action program for the vocational rehabilitation of disabled persons (1974-1979) [OJ No C80/30, 9.7.74]. The use of the European Social Fund aimed to enhance the quality of vocational rehabilitation facilities. The organisation of training and advanced training courses for personnel was required and ensured the vocational rehabilitation of disabled workers in an open market economy in particular [OJ No 74/328/EEC, 9.7.74] (European Communities, 1974c). In 1976, the financing of pilot schemes in connection with the construction and adaptation of dwellings was fulfilled under the Community Action Programme for the Vocational Rehabilitation of Handicapped Persons [OJ No C347/1, 31.12.81].

¹⁶ Regulation (EEC) No 2783/79 of 12 December 1979 laying down provisions for the implementation of Council Regulation (EEC) No 1028/79 on the importation free of Common Customs Tariff duties of articles for the use of handicapped persons [OJ No L 318, 13.12.79].

¹⁷ Council Resolution of 14 April 1975 on a preliminary programme of the European Economic Community for a consumer protection and information policy [OJ No C 92/1, 25.4.75].

technologies¹⁸ and housing¹⁹), medical rehabilitation (technical aids²⁰), regional development²¹, transport²² and further education and training²³.

5.3 1981 – 1992: Strengthening the implementation of selective and partial disability mainstreaming

This period emphasises the implementation of selective and partial disability mainstreaming in employment and transport in the policy documents. The Declaration of the International Year of Disabled Persons (1981) adopted by UN General Assembly on 16 December 1976 (United Nations General Assembly, 1976) ushered in the adoption of the rhetoric for human rights for disabled people for the first time at EU level. The declaration had a ripple effect on the inclusion of a disability perspective in the consecutive soft law²⁴. The adoption of a human rights understanding of disability at the EU level was evident in the following quote:

¹⁸ European Society Faced with the Challenge of New Information Technologies: A Community Response COM (79) 650 final, 26 November 1979

¹⁹ This included an examination of the minimum technical standards of a dwelling that is used by wheelchair users and the financing of projects devoted to the construction and renovation of dwellings in the Member States [OJ No C 347/1, 31.12.81]. (European Communities, 1981b).

²⁰ This was based on arranging workshops on technical aids in health care and on tools for living [OJ No C347/1, 31.12.81].

²¹ The European Development Fund was allocated to developing countries to improve health and sanitary measures on the basis of the primary prevention of disability [OJ No C 347/1, 31.12.81].

²² First Council Directive of 4 December 1980 on the introduction of a Community driving licence (80/1263/EEC) [OJ No L 375/1, 31.12.80].

²³ Council Resolution of the Council and of the Ministers of Education, Meeting within the Council on 9 February 1976 comprising an action programme in the field of education [OJ No C38/1, 19.2.76]; Council Resolution of the Council and of the Ministers of Education Meeting within the Council of 13 December 1976 concerning measures to be taken to improve the preparation of young people for work and to facilitate their transition from education to working life [OJ No C 308/1, 30.12.76].

²⁴ Resolution of the European Parliament, of 11 March 1981, on the Motions for Resolutions concerning the Economic, Social and Vocational Integration of Disabled People in the European Community with particular reference to the International Year of Disabled Persons 1981 [OJ No C77/27, 6.4.1981]; The Situation and Problems of the Handicapped prepared by the Economic and Social committee on 2 July 1981 (Soc 63 of 2 July 1981); Communication from the Commission to the Council of 4 November 1981 [OJ No C347/14, 31.12.81]; Council Resolution of the Representatives of the Governments of Member States of the European Community, Meeting with the Council of 21 December 1981 on the Social Integration of Handicapped People [OJ No C 347/1, 31.12.81].

“Handicapped people should have the same right as other people to participate in and contribute to all aspects of economic and social life”
(Council of the European Communities) [OJ 347/1, 31.12.81].

The Decade of Disabled Persons (1983-1992) flagged *the World Programme of Action concerning Disabled Persons*, and resulted in a structural change in the Parliament by the establishment of the Disability Intergroup²⁵ under the European Parliament (European Commission, 2014a, p.38). However, this could not change the way in which selective disability mainstreaming was implemented. The predominant perspective on the realisation of social integration of persons with disabilities through vocational rehabilitation still existed at the EU level.

The establishment of a Disability Unit under the DG V (DG Employment and Social Affairs) (Quinn, 2005,p.300) could provide a substantial example of the selective approach to disability mainstreaming in employment. This approach was persistently inserted in the action plans²⁶, the recommendations²⁷ and the

²⁵ This intergroup is formed of Members of European Parliament so as to ensure the participation of civil society in disability policy-making processes in the European Union Parliament (European Commission, 2014a, p.38).

²⁶ The Council resolution of 21 December 1981 [OJ No C347/1, 31.12.81) established a first action programme for the period of 1983 to 1988 to promote the social integration of disabled persons. A second Community action programme for disabled persons for the period of 1 January 1988 to 31 December 1991 was set up by Council Decision of 18 April 1988 (88/231/EEC). The aims of this were to promote vocational training and rehabilitation, economic integration, social integration and independent living for persons with disabilities (HELIOS). This programme was designed as a single Community action programme consisting of the two halves that were to promote social integration and independent living. Both parts were designed to ensure that the Community would be able to continue to contribute to the World Action Programme prepared by the UN [OJ No L 104/38, 23.4.88]. Just before the HELIOS programme came to a close, and to reinforce this programme, the Commission established a Community initiative concerning persons with serious disabling conditions and people suffering from long-term unemployment and deterioration in socio-economic situation (HORIZON-1) on 18 December 1990. This initiative was directed at improving the conditions of two groups of people for the period of 18 December 1990 to 31 December 1993. The objectives were to boost the chances of accession to the open labour market and the competitiveness of disabled people, in particular, by providing occupational training on new technologies and adapting infrastructure to their specific needs [OJ No C 327/9, 29.12.90] (European Communities, 1990a).

²⁷ The Council Recommendation of 24 July 1986 on the employment of disabled people in the European Community (86/379/EEC) was based on the principle of provision of fair opportunities for

Community Charter. To illustrate, a non-binding Community Charter of the Fundamental Social Rights of Workers on 9 December 1989 included the following declaration in favour of the integration of disabled people into society through employment:

All disabled persons, whatever the origin and nature of their disability, must be entitled to additional concrete measures aimed at improving their social and professional integration. These measures must concern, in particular, according to the capacities of the beneficiaries, vocational training, ergonomics, accessibility, mobility, means of transport and housing.

The Council resolution of 22 December 1986 on an action programme on employment growth also highlighted the importance of the realisation of selective disability mainstreaming in providing vocational training for disabled people in order to realise employment growth across Europe (European Communities, 1986a).

The 1986 Single European Act (SEA) approved qualified majority voting, making the decision-making process easier by alleviating the resistance of the Member States (European Communities, 1987a). However, disability policy as well as the other social policy issues still required unanimous voting. Especially the unanimity rules in the Council had a function to limit further its role in disability policy (Pierson and Leibfried, 1995, p.1-9). Even so, the SEA led to the implementation of disability mainstreaming in other policy areas despite the predominant focus on the integration into the labour force. To illustrate, the Council and the Ministers of Education held a meeting²⁸ on 14 May 1987 associated with a

disabled people. Vocational training and employment should be attained by Member States for disabled people through positive action and non-discriminatory measures (European Communities, 1986b).

²⁸ This meeting subsequently led to the adoption of Council Resolution of 31 May 1990 concerning integration of children and young people with disabilities into ordinary systems of education [OJ No C 162/2, 31.5.90]. (European Communities, 1990b).

programme of European collaboration on the integration of disabled children into ordinary schools²⁹. For the first time, the European Parliament began to adopt resolutions to include diverse needs of disabled people in policies. To illustrate, the resolution³⁰ on the social situation of handicapped women and women who cared for disabled relatives aimed to include a gender perspective in the implementation of disability mainstreaming at the EU level. This resolution particularly highlighted the need to ensure equality for women with disabilities in terms of pay, working hours, and social security. The European Parliament adopted another resolution on sign languages for the deaf³¹ to grant official recognition of sign language in the Member states. The consecutive resolutions concerning women with disabilities and people with hearing impairments were instrumental in highlighting the need of the adoption of specific actions in order to include the diverse needs of these groups in policies.

5.3.1 The Resistance of the Member States in transport

The Member States' resistance to federalism dates back to the establishment of the European Economic Community in 1957 with the Treaty of Rome. This was evident in the introduction of a Common Transport Policy where the Member States showed resistance to confer powers to the EU. This resistance demonstrated itself in the Council where the national interests were defended by the Member States and the unanimity rules were applied as a voting procedure. This served as a function to limit further the EU's role in the policy since even one member state's vote against a policy development could block the adoption of policy (Pierson and Leibfried, 1995, p.1-9). That is why no progress was achieved in transport until the mid 1980s when the European Parliament finally decided to instigate proceedings against the Council due to its failure to take action in

²⁹ [OJ No 211/1, 8.8.1987]. (European Communities, 1987b).

³⁰ [OJ No C158/383, 26.6.89].

³¹ [OJ No C187/207, 18.7.88]. The European Parliament adopted another resolution on the same issue on 7.12.98 [OJ No C379/66, 7.12.98].

transport. The CJEU exhorted the Council to act on transport policy with the Judgement case 13/83 on 22 May 1985, with the ruling resulting in the EU making progress in transport policy (European Parliament, 2015a; Steer Davies Gleave, 2009, p.7). Mobility has been seen to be important for the realisation of the internal market and for improving the quality of life of citizens in line with the objectives of the establishment of the Union³². A strong link between the internal market and transport led transport to be defined as a distinct policy area at the Union level. In contrast, such a link between disability and the internal market has not been established and therein lies the emergence of a lack of a comprehensive strategy to govern disability in the EU. The role of the Member States' resistance to transfer powers to the EU also played a significant role in the introduction of this selective approach to disability mainstreaming during this period.

The improvement of the legislative process in transport in the Council and the adoption of the SEA, which expanded the legislative power of the EU in transport services, have strengthened selective disability mainstreaming in transport (Steer Davies Gleave, 2009, p.7). To illustrate, the European Parliament adopted a Resolution on 19 October 1987 on transport for disabled and elderly people³³. This underlined that independent mobility is the right of these groups. The regulation also established a link between mobility and the participation of disabled people in the labour market. At the beginning of 1991, the Commission established a proposal for a Council directive for improving mobility and transport services for disabled persons (COM (90) 588 final) by taking into consideration the HELIOS (European Communities, 1990c). This proposal stipulated that the Member States had to provide 'available and accessible' and affordable transportation. However, this proposal was rejected in the legislative and amendments process due to British opposition. Geyer, (2000, p.190) clarified the reason for this opposition. The proposal was based on health and safety matters of Article 118a in the draft

³² A main reason for the creation of the Union is the establishment of the internal market to promote the creation of similar economic and monetary conditions among Member States.

³³ [OJ No C281/85, 19.10.87].

version of the Treaty of the European Union. Since the treaty basis was rejected, the proposal of the Directive was unable to progress any further.

The legislative role of the EU, representing functions of the Commission regarding the execution of Council directives, was further delimited by the Member States. Council Decision 87/373/EEC of 13 July 1987 on the 'comitology' system consisting of management and regulatory committees was introduced. These committees had a power to stop a Commission measure and transfer the case to the Council which could overturn the Commission. However, Majone (1998, p.14-23) argues, the Committees have tended to not cause serious blockage of the Commission' proposals as a 98% acceptance rate of its proposals by the committees has been reported by the Commission.

The adoption of the Community Charter as well as Social Action Programmes gave rise to gradual strengthening of the vocational training and employment rights of disabled people in EU policy processes. Even so, disability mainstreaming was initiated in education and transport during this period. However, there was a need to implement disability mainstreaming in other policy areas (Geyer, 2000, p.190) including access to goods and services. The Member States' willingness was still crucial to the expansion of the EU's influence on the other policies.

5.4 1993 – 1996: Further attempts to limit the competence of the EU and the incremental implementation of selective and partial disability mainstreaming

The landmark of this period was the increase in the Member States' attempts to limit the competence of the EU in disability. There was also a proliferation of policy documents representing selective disability mainstreaming in employment and transport.

The introduction of the principle of subsidiarity³⁴ and proportionality with the Treaty on European Union reinforced the adoption of selective disability mainstreaming in employment. The difference between subsidiarity and proportionality is that the former is about whether a policy action should be effectively dealt with at the EU level or the Member State level. As an example of subsidiarity, the Social Protocol³⁵ attached to the Treaty on European Union gave power to the Council to take social policy action only through '*directives, minimum requirements for gradual implementation, having regard to the conditions and technical rules obtaining in each of the Member States.*' The competence problem led to the omission of harmonisation in the Social Protocol. *The White Paper on European Social Policy: A Way Forward for the Union* in July 1994 emphasised the principle of subsidiarity and the leading role of Member States in actions in social policy³⁶. The Paper acknowledged that total harmonisation of social policies had not been an objective of the EU, although convergence over time was possible, and indeed considered 'vital' by the realisation of common objectives.

The latter, the principle of proportionality, on the other hand, served as a tool for limiting the actions taken by the institutions of the Union. Actions of the institutions were restricted to what needs to be done in order to attain the objectives of the Treaties. Hantrais (1995, p.26 cited in Kleinman, 2002, p.90) argues that the tendency of the adoption of non-binding instrument, recommendation, in social protection demonstrated the Member States' reluctance

³⁴ A communication of October 1992 elaborated the principle of subsidiarity: The EU was authorised to undertake action only when it was more achievable at European other than at Member State level, and European institutions had to provide evidence about what action should be taken at that level together. They should also demonstrate that binding instruments were required rather than non-binding instruments (Kleinman, 2002, p.90). The principle of subsidiarity made its first express appearance in the EU legal order in 1986 when introduced by the Treaty amendments made by the SEA. At that time, however, it was introduced specifically in respect of environmental measures (Foster, 2013, p.84).

³⁵ It was subsequently replaced by the Amsterdam Treaty.

³⁶ The Preface underlined that '*Many of the challenges are for individual Member states to face, but the Union can and must play its role...The Union cannot do everything and certainly should not seek to supplant the responsibilities at national, regional and local level.*' More to the point, the rest of the document also underscored the actions of Member States and the supporting/coordinating role of the EU in these actions.

to the intervention of the EU in social policy. Rowell (2013,p.4) claims that the Member States tend to safeguard their legitimacy in disability policy as in other social policies. The lack of legal competence³⁷ has constituted a barrier for Community institutions to formulate disability policy at the Union level. That is why disability issues were mostly regulated on the basis of non-binding recommendations, resolutions and took the form of action programmes (Waddington, 2006, p.4).

The implementation of disability mainstreaming had been hampered by the overriding principle of subsidiarity. There had been resistance by the Member States to shifting away from selective disability mainstreaming in vocational training/rehabilitation and employment to a human rights based approach. The lethargy was relevant to a concern that the rights based approach could lead to downsizing the traditional disability policy based on the delivery of social assistance to disabled people (Hosking, 2013, p.97). The resistance demonstrated itself in the further adoption of selective disability mainstreaming in employment illustrated in the HELIOS II action programme³⁸. This was the third Community action programme dedicated to disabled people covering the period of 1 January 1993 to 31 December 1996. The aims of this programme were laid out to promote equal opportunities for (and the integration of) disabled people. However, the Union's emphasis on achieving social integration of disabled people through employment did not fade away. This programme was just the broadening of the EU's employment related objectives to include promotion of functional rehabilitation, educational integration, vocational training, employment rehabilitation, economic and social integration and independent living for disabled people. The underlining themes of this action plan, which were different from the previous action plans, were educational integration of disabled children and the

³⁷ There is a difference between subsidiarity and competence. Competence refers to the power of the Community to act. In order to act, there is a need to have competence. If not, there is no room for the application of subsidiarity.

³⁸ Council Decision of 25 February 1993 (93/136/EEC)

establishment of the European disability forum. The introduction of EMPLOYMENT-HORIZON³⁹ further aimed '*to improve the employment prospects of disabled persons and other disadvantaged groups*'.

The further adoption of equality of opportunity for disabled people was fulfilled in the *Green Paper on European Social Policy: Options for the Union* on 17 November 1993 COM(93) 551. The concept of disability mainstreaming was officially launched for the first time with this Green Paper to implement equality of opportunity. The definition was made as '*acceptance of people as full members of society, with opportunities for integrated education, training and employment, and to lead their lives independently*' (European Commission, 1993, p.48). It highlighted the implementation of disability mainstreaming in accessibility and transportation in order to ensure the inclusion of disabled people in mainstream education, training and employment.

After the completion of a consultation process launched by the Green Paper, a white Paper on European Social Policy: A Way Forward for the Union on 27 July 1994 COM(94) 333 was adopted. The White Paper broadened the perspective of the issues covered by the Green Paper. A contributing factor to this expansion was the adoption of *the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities* by the United Nations General Assembly on 20 December 1993. This was evident in highlighting the importance of a human rights based understanding of disability in the White Paper in order to alleviate a wide range of obstacles facing disabled people in ordinary life. Moreover, the white paper stressed the valuable contribution of the European Structural Funds, the HORIZON Initiative and the HELIOS Action Programme to promote the training of disabled people to enable them to engage or reengage in the labour market. This white paper firmly involved the EU's recognition that the Member States had an obligation to disabled people as members of society. This Paper also welcomed the establishment of the European Disability Forum as an

³⁹ The renewed version of the former HORIZON programme (Geyer, 2000, p.191)

opportunity to enable disabled people to participate actively in decision-making processes at the Union level. Additionally, the Paper initiated the preparatory work needed to adopt *the Standard Rules on the Equalisation of Opportunities for Persons with disabilities* in the Union. Finally, the Paper offered an alternative method to increase employment opportunities for disabled people, by preparing a code of good practice including personnel policies to encourage employers to hire disabled people.

Aside from the White Paper, the influence of the Standard Rules ushered in the adoption of the following developments at the Union in 1996. The adoption of *the Communication of the Commission on Equality of Opportunity for Persons with Disabilities: A New European Community Disability Strategy* on 30 July 1996 (COM(96) 406 final) could be regarded as the first step towards developing a global disability policy at EU level. An interviewee involved in the decision making process in the EU argued that

...The 1996 Commission Communication completely transformed the Commission's perspective on disability, which explicitly nailed the colours to the mast to the equal opportunity's philosophy. That is the most vital inflection point... in the broad history in EU disability law and policy and that gives explanation to the Treaty of Amsterdam...

The Communication underlined disability as a 'European problem' for the first time (Rowell, 2013, p.10). The concept of mainstreaming was also inserted in the Communication, showing the evolution of the understanding of mainstreaming from social provision into policy processes. Mainstreaming was highlighted in the Communication as the EU's primary implementation tool for the equal opportunity policy that could eradicate ineffectiveness of the precedent disability specific action programmes (Mabbett, 2005, p.100). The adoption of mainstreaming represented a landmark in that the policy tool would remain as one of the main implementation

instruments of the Commission (Hosking, 2013, p.84).

The goal of this strategy in the Communication was defined as the realisation of the rights-based equal opportunities approach to disability and non-discrimination both at the Member States and Community level. Therefore, the common task was set up in respect of human diversity that would in turn lead to fairness and efficiency across the Community. This approach to disability was also promoted by the EU Parliament by adopting a resolution in December 1996 on the rights of disabled people⁴⁰. The resolution underlined the importance of the implementation of non-discrimination to full realisation of equality of opportunity for disabled people.

The following actions were realised in order to achieve equal opportunities for disabled people. An Inter-Service Group on Disability (ISG) at the Commission was established to realise disability mainstreaming in community policies and actions governed by Departments⁴¹. A Disability High-Level Group⁴² was also set up to review disability policy developments in the Member States. Through strengthening social dialogue between employers and unions and civic dialogue with NGOs, European cooperation in disability was encouraged. To (re)integrate disabled people into the labour market, the Commission promoted policy developments to increase the employment rate of disabled people. To promote the developments of ICT's in the pursuit of equal opportunities, the Commission established an internal *ad hoc* group. Lastly to combat social exclusion for the period of 1994 and 1999, the Structural Funds continued to be allocated to fund projects in disability under the exclusive competence of the EU (Commission of the European Communities, COM(96) 406 final, 1996). According to Geyer (2000,

⁴⁰ [OJ No C20/389, 20.1.97].

⁴¹ These departments included Employment, Social Affairs and Inclusion; Regional and Urban Policy; Communications Networks, Content and Technology; Mobility and Transport; Health and Food Safety, Economic and Financial Affairs as well as Competition.

⁴² It involves various EU based NGOs, DPOs and representatives of Member States and service providers. The contribution of the high-level group has been significant in terms of the inclusion of a disability perspective in the EU level policy-making.

p.192), the Communication represented a first step to implement disability mainstreaming in a way it could lead to adopt a human rights based approach to disability. However, it was based on selective disability mainstreaming in employment, reflecting the EU's exclusive focus on the participation of disabled people in the labour market.

The second disability policy development was Council Resolution of 20 December 1996 on equality of opportunity for persons with disabilities (97/C 12/01) (European Communities, 1997a). The resolution highlighted the principle of equality of opportunity for all including disabled people as a key value shared by the Member States. In order to ensure full inclusion of disabled people in economic and social life, necessary measures⁴³ should be taken by the Member States.

Despite the positive developments including the implementation of equality of opportunity for disabled people at the EU level, these developments still reflected the selective and partial disability mainstreaming in employment resulting from the resistance of the Member States. The Member States had tried to prevent the emergence of a disability policy at the EU level that could decrease national sovereignty in disability.

5.5 1997 – 2009: The incremental attempts to compensate for selective and partial disability mainstreaming

This time period witnessed the adoption of the legal capacity to implement disability mainstreaming arising from the adoption of the Treaty of Amsterdam. This led to the proliferation of selective and partial disability mainstreaming in

⁴³ They included non-discrimination, full participation of disabled people, mainstreaming a disability perspective into all relevant sectors of policy formulation, accessibility and awareness raising activities based on equal opportunities and promoting the participation of DPOs in the decision making processes [OJ No C 12/1, 13.1.97].

transport and accessibility alongside the predominant selective approach to disability mainstreaming in employment.

5.5.1 The Treaty of Amsterdam: the resistance of the Member States to expand the EU's competence in disability

The attempts of the Member States to protect sovereign policies resulted in making no reference to disability in all the pre-Amsterdam Treaties⁴⁴ (Hantrais, 2000; Hendriks, 2005). Thus, there has been no disability-specific competence at the EU level (Waddington, 2013, p.178) to define the role of the EU in disability. The Member States' attempts to straightjacket any transfer of power to the EU were documented by Pollack (1999 cited in Kleinman, 2002, p.101) during the negotiations of the Amsterdam Treaty. An example of these attempts:

The Employment Chapter agreed to in Amsterdam and incorporated into the Treaty (Articles 125-130 [109n-109s]) formally makes 'a high level of employment' an EU objective and provides for coordination and monitoring of national employment policies, and the creation of an advisory committee on employment. However, at the summit Blair [Tony Blair] and Kohl [Helmut Kohl] joined together to rule out any harmonization in the area of employment policy, and to block any major new EU spending on employment programs, which are restricted to pilot projects of limited scope and duration. In short, the new treaty provisions place employment clearly on the EU agenda...yet the approach is voluntary and falls of granting the Union any significant regulatory or redistributive capacity.

This straightjacket was also well documented by Geyer (2000, p.193) in disability. The proposal to insert disability into internal market legislation would

⁴⁴ It includes the Treaty establishing the European Economic Community, the Single European Act and the Treaty on European Union

make human rights of disabled people the heart of policy making at EU level. The Member States were against transferring their competence in disability issues to the EU level. Instead, they accepted Declaration 22 attached to the Treaty laying out a vague statement '*The Conference agrees that, in drawing up measures under Article 95 (formerly 100a) of the Treaty establishing the European Community, the institutions of the Community shall take account of the needs of persons with a disability*'. Even so, the Commission took the initiative to mainstream disability into the social policy package during negotiations on the Treaty of Amsterdam (Rowell, 2013, p.5).

The role of disability policy activists, notably the European Disability Forum, in the insertion of disability into the Treaty was prominent. They tried to include disability as the special category of action in Article 137 (Formerly 118) in the final version of the Treaty (Fredman, 2001, p.165 cited in Mabbett, 2005, p.108). This would have been a suitable action to the realisation of disability mainstreaming as the 'twin-track approach'. However, they could not achieve the inclusion of the rights of disabled people in the Treaty, which was their primary aim. A broad perspective on disability was adopted in the earlier draft versions of the Treaty. To illustrate, the Irish Presidency of the Council (July to December 1996) demanded the insertion of a non-discrimination clause into the Treaty that would have enabled persons to apply to the CJEU. The Dutch Presidency (January to July 1997) wanted to establish a link between disability issues and internal market legislation in Article 100a. However, the final version of the Treaty includes none of them. Specifically, German opposition to any emphasis on human rights of disabled people in the Treaty was a reason for the reluctance to adopt further legislation to strengthen a comprehensive disability mainstreaming approach at EU level (Geyer, 2000, p.192-193).

The article 13 of the Treaty of Amsterdam demonstrated that non-discrimination on the grounds of sex, racial and ethnic origin, religion or belief, disability, age and sexual orientation has been an attempt of the EU to create a

new competence (European Communities, 1997b). This was in line with tackling the adverse effects of discrimination on the European integration of which the EU were the guardian. As Leibfried (2010, p.279) argues, this was also associated with the old social policy issues including social protection, social security, health service provision, welfare, and unemployment benefits already occupied by the actions of the Member States. The EU have expected that the introduction of a non-discrimination clause could make a major EU influence on national policies. In order to fulfil this influence, disability mainstreaming as a policy tool for the realisation of non-discrimination has been strengthened by the adoption of the Article. Mabbett, (2005, p.108-109) asserts that the EU's emphasis on this policy tool serves as an aim for extending rights of representation and engagement as a programmatic advancement of rights.

A non-discrimination package⁴⁵ was subsequently adopted in the Council on the basis of the Article 13. However, only the Directive 2000/78/EC made a reference to disability. Even so, an interviewee argued that this directive reflected selective understanding of disability mainstreaming in employment. Another interviewee ascribed the emergence of this understanding in the Directive to the resistance of the Member States, demonstrating itself in the existence of unanimity voting in the Council as a barrier to transfer additional competence to EU level. The non-discrimination clause of the Treaty was validating a broader and deeper conception of equal opportunities. That means the expansion of the influence of the EU to the other areas of national policies including access to and supply of goods and services for disabled people. Lest this expansion would happen, selective disability mainstreaming in employment was promoted by the Member States since the EU have already had a coordinating competence in the policy.

⁴⁵ This package was including Directive 2000/43/EC of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin [OJ No L 180/22, 19.7.2000] (European Communities, 2000a), Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation [OJ No L 303/16, 2.12.2000] (European Communities, 2000b) and Council Decision 2000/750/EC of 27 November establishing a Community action programme to combat discrimination (2001 to 2006) [OJ No L 303/23, 2.12.2000]. (European Communities, 2000c).

5.5.2 The proliferation of selective and partial disability mainstreaming in employment

The adoption of selective disability mainstreaming in employment intensified in parallel with the increase in the debate about disability rights within the EU after the adoption of Article 13. Specifically, the European social inclusion strategy, under which most of the disability-related policies were identified, was initiated (Disability High Level Group, 2007) to help the Member States to fight more effectively against the marginalisation of disabled people by means of ensuring their social integration into the labour market (Kleinman, 2002). The Treaty of Amsterdam ushered in the insertion of a new chapter on employment into the EC Treaty (Title VIII). That provided a new tool, the Open Method of Co-ordination (OMC)⁴⁶, for ensuring the co-ordination of national and European policies (Bell, 2004, p.197).

The social policy documents⁴⁷ adopted at EU level reinforced the selective understanding of disability mainstreaming in employment. High levels of

⁴⁶ It was launched at the Lisbon summit in 2000 as a 'soft' strategy to harmonise national policies including disability in which the Member States have exclusive competence (Pochet, 2005, p.19-20). Further information about OMC is given in footnote 9.

⁴⁷ The Social Programme 1998-2000 on 29.04.1998 (COM (1998) 259 final) highlighted that economic and social progress go hand in hand. The Social Programme was built on three main areas: Jobs, skills and mobility, the changing world of work and an inclusive society. Within the disability, the Programme stressed that the Commission's will to follow European Community Disability Strategy on 30 July 1996. The only piece of legislation mentioned in the Social Programme was a proposal for a directive on minimum requirements to improve the mobility and the safe transport to work of workers with reduced mobility (COM (90) 588 final) that was on the list of pending proposals (European Communities, 1998). In terms of the 1998 Employment Guidelines, disability issues were inserted into the Guidelines at the November 1997 Employment summit. The following statement was included in the section titled '*Strengthening the Policies for Equal Opportunities*': Member States should '*give special attention to the problems people with disabilities may encounter in participating in working life*' (European Communities, 1997c). The 1998 National Action Plan for Employment emphasised increasing employment rates for disabled people (Rowell, 2013, p.11). The communication 'Agenda 2000: For a stronger and wider Union' [COM(97) 2000], 15 July 1997, presented a comprehensive road map for the future of the EU for the period 2000-2006. The communication highlighted the need for the preparation of the EU's instruments to the future and to the challenge of enlargement to include ten countries of Central

unemployment in the 1990s in tandem with the decreasing active working population were contributing factors to strengthen this understanding. In 1998, the DG V adopted a working paper titled '*Mainstreaming Disability within EU Employment and Social Policy*' to strengthen the limited understanding of mainstreaming equality of opportunity for disabled people further ((European Commission, 1998a). The rhetoric adopted by the paper was the full participation of disabled people in society and the realisation of a right to equality of opportunity on the basis of a civil rights approach to disability. However, the main focus was to realise disability mainstreaming in the labour market. This viewpoint was emphasised in the Council Resolution of 17 June 1999 on equal employment opportunities for people with disabilities⁴⁸. The aim was to ensure necessary measures taken by the Member States to (re)integrate disabled people in the labour market in accordance with the 1998 Employment Guidelines.

The proliferation of the implementation of disability mainstreaming in the secondary legislation⁴⁹ in the area of transport, continued during the period. The

and Eastern Europe and Turkey. The need for setting conditions for sustainable, employment-intensive growth, putting knowledge and technology to the forefront, modernising employment systems and improving living conditions was articulated in this communication (European Communities, 1997d). The adoption of Lisbon Strategy (Agenda) [OJ No C157/4, 30.5.2001] was devised as a way to ensure economic growth and competitiveness on which those challenges adversely impact in March 2000. This strategy was based on the realisation of specific targets by 2010 including increasing the employment rate to 70% and to increase the participation of women in the labour market to over 60%. There was no target to increase the participation of disabled people in the labour market foreseen in this strategy. However, as this strategy affected European social policy developments in general, it supported the overriding emphasis on increasing participation of disabled people in employment. The failure to reach the targets necessitated the revision of the strategy in March 2005 (European Communities, 2005). However, this could not secure the achievement of the revised targets. The strategy paved the way for the adoption of Europe 2020 targets in 2010.

⁴⁸ [OJ No C186/3, 2.7.99].

⁴⁹ The legislation included a Council Recommendation launched that the EU model of a parking badge for persons with disabilities in 1998. This recommendation was updated in 2008 due to EU enlargement. This policy development ensured a standardised approach to benefit from certain parking facilities under preferential conditions in Member States (European Commission, 2014a, p.25). This policy practice was based on disability specific policy approach in the twin-track approach of disability mainstreaming; Directive 2002/85/EC of the European Parliament and of the Council of 20 November 2001 relating to special provision for vehicles used for the carriage of passengers comprising more than eight seats in addition to the driver's seat aims to guarantee the safety of all passengers including disabled people. This Directive stipulates that all new buses and coaches in the EU should be accessible to passengers with reduced mobility including people with

proliferation is line with the fact that transport is an area of ‘shared competence’. Article 2(2) TFEU stipulates that *‘When the Treaties confer on the Union a competence shared with the Member States in a specific area, the Union and the Member states may legislate and adopt legally binding acts in that area. The Member States shall exercise their competence to the extent that the Union has not exercised its competence.’* Since the EU have exhaustively regulated the area in question, the Member States are prevented from acting in transport. Therefore, the Union could implement disability mainstreaming more easily in transport without countering resistance from the Member States.

The designation of the year of 2003 as the European Year of People with Disabilities by the Commission led to the proliferation of disability mainstreaming in legislation⁵⁰ focusing on education and training and accessibility aside from

heavy luggage, older people, pregnant women, people with children and people with shopping trolleys [OJ No L 42/1, 13.2.2002] (European Communities, 2002); establishing technical standards applicable to transport modes and infrastructure (Regulation (EC) No. 2899/2006 of the European Parliament and of the Council of 12 December 2006 amending Council Regulation (EEC) No. 3922/91 on the harmonization of technical requirements and administrative procedures in civil aviation, [OJ No L377/1, 27.12.2006]; Directive 2006/87/EC of the European Parliament and of the Council of 12 December 2006 laying down technical requirements for inland waterway vessels and repealing Council Directive 82/714/EEC, [OJ No L389/1, 30.12.2006]; Commission Regulation (EC) No.8/2008 of 11 December 2007 amending Council Regulation (EEC) No. 3922/91 as regards common technical requirements and administrative procedures applicable to commercial transportation by aeroplane, [OJ No L10/1, 12.1.2008], and general passenger rights (Regulation (EC) No.1370/2007 of the European Parliament and of the Council of 23 October 2007 on public passenger transport services by rail and by road and repealing Council Regulations (EEC) Nos. 1191/69 and 1107/70 [OJ No L315/1, 3.12.2007], and Regulation (EC) No. 1371/2007 of the European Parliament and of the Council of 23 October 2007 on rail passengers’ rights and obligations [OJ No L315/14, 3.12.2007]. There was only one disability-specific instrument by contrast, a Regulation relating to the rights of disabled persons and persons with reduced mobility when travelling by air (Regulation (EC) No 1107/2006 of the Parliament and of the Council of 5 July 2006 [OJ No L 204/1, 26.7.2006].

⁵⁰ The legislation is given as follows: Council Resolution of 15 July 2003 on promoting the employment and social integration of persons with disabilities [OJ No 175/01, 27.03.2003] (European Communities, 2003a); Council Resolution of 6 May 2003 on accessibility of cultural infrastructure and cultural activities for persons with disabilities [OJ No 134/04, 7.6.2003] (European Communities, 2003b); Council Resolution of 5 May 2003 on equal opportunities for pupils and students with disabilities in education and training [OJ No C134/04, 7.6.2003] (European Communities, 2003c); Council Resolution of 6 February 2003 on eAccessibility: improving the access of persons with disabilities to the knowledge based society [OJ No 39/03, 18.2.2003] (European Communities, 2003d) and communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions:

employment. This proliferation served the aim to expand the scope of the EU's competence to accessibility. This was evident in the selection of the operational objectives of the EU Disability Action Plan (DAP)⁵¹ for the period of 2003 and 2010 COM (2003) 650/3 final, 30 October 2003. These are: a) achieving full implementation of the Directive 2000/78; b) reinforcing mainstreaming of disability issues into relevant Community policies; and, c) improving accessibility for all⁵² (European Commission, 2003). The desire of the EU was also evident in the proliferation of the legislation focusing on accessibility and the way in which it has established a link between disability and the internal market⁵³. In fact, disability mainstreaming has tended not to be realised in the internal market legislation that

towards a barrier free Europe for persons with disabilities COM 284 final, 12.5.2000 (European Communities, 2000d).

⁵¹ After the HELIOS II ended in December 1996, the adoption of Community action programmes restarted but in the name of the EU Disability Action Plan (DAP). The DAP run through successive phases of two years. The first phase of implementation of the EU Disability Action Plan for the period of 2004 and 2005 focused on creating the conditions necessary to promote the employment of disabled people, while making the mainstream labour market more accessible to them across the enlarged Union. It concentrated on the following four concrete employment related priority actions: Access to employment, including the fight against discrimination faced by disabled people; lifelong learning to increase employability, and active citizenship; new technologies to facilitate accessibility to employment and to the public built environment (European Commission, 2003). The second EU Disability Action Plan for the period of 2006 and 2007 (COM/2005/604) promoted the independent living of disabled people with the following key priorities: Encouraging activity; promoting access to quality support and care services and fostering accessibility of goods and services (European Commission, 2005). The third EU Disability Action Plan for 2008 – 2009 concentrated on actions related to realise accessibility as a priority for active inclusion and access to rights in link with the implementation of the UN Convention on the Rights of Persons with Disabilities (the UN Convention) throughout Europe (European Commission, 2007).

⁵² The adoption of the last objective was inspired by the Commission communication of 15 May 2000 on towards a barrier free Europe for persons with disabilities COM 284 final. This communication underlined the removal of the environmental barriers to the full participation of disabled people in society.

⁵³ To illustrate, Directive 95/16/EC on approximation of the laws of Member States relating to lifts, [OJ No L213/1, 7.9.95], as amended on lifts refers to the need to ensure accessibility for disabled people; Directives 2004/17 coordinating the procurement procedures of entities operating in the water, energy, transport and postal services sectors, [OJ No L134/1, 30.4.2004] and 2004/18 on the coordination of procedures for the award of public works contracts, public supply contracts and public service contracts, [OJ No L134/114, 30.4.2004] provided that, whenever possible, technical specifications relating to public procurement contracts should take into account accessibility for disabled people and design for all requirements; and Directive 2002/22 on universal services and users' rights relating to electronic communication networks and services [OJ No L 108/51, 24.4.2002] required Member states to ensure that covered services were affordable for disabled users and that they had the same conditions of access as others. All of these instruments had, as their legal basis, Article 114 TFEU (ex 95 EC, in the case of Directive 2004/17 and 2004/18 on public procurement, Articles 47(2) EC and 55 EC were also legal bases in addition to Article 95 EC).

does not relate to accessibility. To illustrate, the General Product Safety Directive (Directive 2001/95/EC of the European Parliament and of the Council of 3 December 2001 on general product safety⁵⁴) had no link to disability (Waddington, 2013, p.179-180).

This action plan also demonstrated the adoption of partial disability mainstreaming for achieving these objectives. This was evident in the understanding of disability mainstreaming adopted in the action plan: *'the integration of a disability perspective into every stage of policy processes – from design and implementation to monitoring and evaluation – with a view to promoting equal opportunities for people with disabilities'*. (European Commission, 2003, p.13). This understanding does not reflect 'the twin-track approach to disability' due to the lack of the component of disability specific actions. It has only a narrow definition of mainstreaming emphasising the inclusion of a disability perspective in policies. In addition, selective disability mainstreaming in employment in the action plan does not take into consideration the diverse needs and characteristics of disabled people. Rowell (2013, p.14-15) criticised the Commission's emphasis on the involvement of disabled people in the labour market in the action plan. He argued that the action plan did not consider the widespread lack of educational qualifications and skills of disabled people that has constituted barriers for them to find a job easier in the open market. The plan also tended to see disabled people as a "reservoir" for increasing the overall level of employment.

The Treaty of Nice came into force on 1 February 2003 and included provisions in disability including respect for physical and mental integrity (Article 3), the recognition of the rights of the elderly (Art.25), rights to education (Article 14) and social security benefits and social services (Article 34). These were areas where the EU had achieved limited progress in comparison with the areas of

⁵⁴ [OJ No L11/4, 15.1.2002].

employment, transport and structural funds. Furthermore, the Treaty ushered in the adoption of a non-binding EU Charter of Fundamental Rights⁵⁵ emphasising the right to human dignity that was relevant to disability.

The adoption of selective disability mainstreaming in the Directive 2000/78 EC has created a ripple effect such that this understanding has been disseminated to other policy documents. The European Network of Legal Experts in the Non-discrimination Field⁵⁶ was established in 2004 to advise the Commission on the inclusion of a disability perspective in legislation (European Equality Law Network, 2015). Additionally, guidance was prepared by the Commission on disability mainstreaming in the European Employment Strategy in 2005. It laid out the expectation from the Member States to prepare the National Reform Programmes for the period of 2005-2008. The European Commission's aim to expand the influence of Europeanisation in a broader range of national disability policies led to the establishment of The Academic Network of European Disability Experts (ANED) in 2007. ANED aims to strengthen disability specific policy developments at the EU level and also include a disability perspective in EU legislation, statistics and policy transfer (Lawson and Priestley, 2013). In order to compensate for the selective disability mainstreaming in employment, the Disability High Level Group on Disability prepared a discussion paper on mainstreaming in the new streamlined European Social Protection and Social Inclusion Process in 2007. The main message of the paper was that disability mainstreaming should be considered in the formulation and implementation of all policies, not just employment related policies (Disability High Level Group, 2007).

⁵⁵ The charter had two explicit disability related articles. Article 21 extended the prohibition of discrimination on any grounds including disability and genetic features beyond employment. Article 26 stipulated that the Union should acknowledge the human rights of disabled people and take necessary measures to ensure their independence, social and vocational inclusion in society. The Commission also adopted a mechanism to systematically screen all legislative proposals for compatibility with the EU Charter of Fundamental Rights. Key instruments in the process include impact assessment on the effect of legislation on fundamental rights and examination of legal reasoning for legislation. It became a binding document with the adoption of Treaty of Lisbon.

⁵⁶ It was renamed as The European Network of Legal Experts in Gender Equality and Non-Discrimination in December 2014 (European Equality Law Network, 2015).

5.5.3 The Member States' desire for pursuing selective disability mainstreaming in employment and transport: the case of the proposal for a directive

Persuading the Member States to extend the scope of EU legislation and policies in disability was not easy. They have kept EU intervention to the employment area. This policy orientation could show their rejection to the extension of the scope of EU legislation and policies in access to and supply of goods and services for disabled people. This was evident in the Member States' blockage to adopting the proposal for a Council Directive on Implementing the Principle of Equal Treatment between Persons irrespective of Religion or Belief, Disability, Age or Sexual Orientation.

The European Disability Forum, representing organisations of disabled people across Europe, has highlighted the need for a disability-specific Directive. This would apply to all aspects of social life within EU competence, not merely employment as in the cases of Directive 2000/78 but also the 1998 Employment Guidelines. Furthermore, the failure to realise disability mainstreaming in the access to and supply of goods and services regulated by the Directive 2004/113 of 13 December 2004 necessitated the adoption of a new directive. With this in mind, the proposal of the European Disability Forum gained support from the relevant European Commissioner (Lawson and Gooding, 2005) and subsequently the EU Commission presented '*Proposal for A Council Directive on Implementing The Principle of Equal Treatment Between Persons Irrespective of Religion or Beliefs, Disability, Age or Sexual Orientation*' on 02 July 2008. It extended non-discrimination in a way that it covered social protection (including social security and health care), social advantages, education, as well as access to and supply of goods and services, such as housing and transport (COM(2008) 426 final, 2.7.2008). (European Commission, 2008).

The EU's understanding of mainstreaming was expanded to include five grounds in this proposal. It reflected the prevailing tendency that was more focussed on diversity including all disadvantageous groups including disabled people. A legal basis for this expansion was given as the implementation of Article 10 of the European Treaty. In accordance with this article, policies and activities of the Union should aim to fight discrimination on these five grounds (European Commission, 2008). However, mainly, German and Polish vetoes shelved this proposal in 2008. According to an interviewee's account, this veto was made in opposition to the inclusion of sexual orientation in the policy document and the victims of this action were gay people and people with disabilities.

An interviewee from an umbrella DPO at the EU level claimed that they had collected 1 million 400 thousand signatures for a specific directive in 2004. However, the proposed directive was prepared to include different grounds not only disability, and this proposal suffered from a lack of political appetite for a more general directive. Another interviewee involved in the decision making processes at the EU level argued that currently there is no political desire to adopt a comprehensive horizontal directive. The main reason behind the lack of political will was asserted that the EU want to expand its competence in four different areas in this proposal. As a consequence, the Member States are afraid of losing their sovereign competence in these areas. The Commission's report on the implementation of the UN Convention on the Rights of Persons with Disabilities endorsed that implicitly by stating '*the proposal is under negotiation in the Council, where the unanimous vote of the Member States is required for its adoption.*' (European Commission, 2014a, p.11).

There have been many revisions, amendments and Council sessions to enable this proposal to be adopted by the Member States including a European Parliament resolution proposing numerous amendments⁵⁷. However, this revised

⁵⁷ European Parliament legislative resolution of 2 April 2009 on the proposal for a Council directive on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation, COM(2008)0426 - C6-0291/2008 - 2008/0140(CNS)

proposed directive would be replaced with an entirely new proposal whose content would be the same as the previous proposal (Waddington, 2011, p.163).

5.5.4 The Treaty of Lisbon and selective and partial disability mainstreaming

The adoption of the Treaty of Lisbon⁵⁸ could not expand the EU's limited competence in disability. According to Rossi (2012, p.105-106), the Treaty of Lisbon accentuated the principle of conferral in a way that revealed the motto of a more effective and more democratic control that was applied to the implementation of the European competences.

The Treaty aimed to make clearer the division of competence. Indeed, the new Articles 4 and 5 TEU dedicated to the principles of competence, conferral, subsidiarity and proportionality and new Articles 2-6 TFEU stipulated further details about the categories and areas of Union competence and the division of competences (Foster, 2013, p.87). The competencies were defined under three categories including exclusive, shared and supporting (coordinating) competencies. The Treaty could be regarded as an effort to maintain unity and autonomy for all political actors by articulating the issue of competences (Millet,2014,p.256) rather than transferring new competences to EU level.

By further articulating the competence in social policy, the Union described its commitment to the promotion of a high level of employment, the guarantee of

⁵⁸ The Lisbon Treaty came into force on 1 January 2009, representing a shift from the early emphasis of economic integration towards political union embracing a comprehensive economic, political and social power. The Treaty contained most of the context of the proposed EU Constitution that was declined in the French and Dutch referendums on 29 May and 1 June 2005 consecutively. This Treaty altered the Treaty on European Union (TEU) and the Treaty established the European Community (TEC), which was retitled "Treaty on the Functioning of the European Union"(TFEU). The Treaty brought new developments in order to strengthen its political unity including the abolishment of the tripartite pillar structure, the introduction of the new leadership positions (European Communities, 2007).

adequate social protection, the fight against social exclusion and a high level of education, training and protection of human health in the formulation and implementation of its policies (Art.9, TEC). Moreover, to fight against discrimination on the basis of disability and other grounds was underlined as an issue to take into consideration the process of defining and implementing its policies and activities (Art.10, TEC). Specific actions to combat discrimination against disability and other grounds were secured by Article 19 (ex Article 13 TEC). It stipulated that the Council, acting unanimously, might take appropriate action to fight against discrimination based on disability and other grounds, after obtaining the consent of the European Parliament.

There was a boundary problem regarding the categories of competence in social policy. The uncertainty was especially experienced in the area of shared competences since it was ambiguous whether the EU or the Member States had the competence for a specific action (Foster, 2013, p.79). Moreover, some parts of social policy were under shared competence, whereas other parts were under the category of supporting, coordinating, and supplementary action. To illustrate, Article 4(2) (b) TFEU stipulated that social policy was under the shared competence '*for the aspects defined in this Treaty*'. Article 151 TFEU laid out the general objectives of EU social policy⁵⁹. It highlighted transposition: the promotion of employment and improved living and working conditions to '*make possible their harmonisation while the improvement is being made*'. However, other articles on social policy explicitly did not mention transposition (Art 253(2)(a) TFEU). The rest of the provisions on social policy did not provide any guidance regarding the areas of social policy covered by shared competence (Craig, 2010, p.169, 179-180).

The Lisbon Treaty also introduced some changes with regard to disability. Article 10 TFEU included a mainstreaming provision, which stipulated that in '*defining and implementing its policies and activities, the Union shall aim to combat*

⁵⁹ It included promotion of employment, improved living and working conditions, proper social protection, dialogue between management and labour, the development of human resources, and the fight against exclusion.

discrimination based on...disability'. Moreover, to grant the legally binding new status of the EU Charter of Fundamental Rights facilitated the inclusion of a disability perspective in all activities of the EU. The Member States should also be obliged to comply with the Charter when they are implementing EU law (Waddington, 2013, p.178-179).

The adoption of the Treaty could introduce neither disability specific competence nor any disability specific provision or action. The ratification of the UNCRPD, in the following time period, has strengthened the adoption of disability mainstreaming in all policies on the basis of the recognition of human rights for disabled people. This policy orientation triggered a transition from the selective and partial approach to disability mainstreaming to the human rights based one illustrated in the following section.

5.6 2010 – 2015: The transition from selective and partial disability mainstreaming to human rights based one

This period was signified by the EU's ratification of the UN CRPD. This development has led to the initiation of a transition period from selective and partial disability mainstreaming in employment, transport and structural funds to the realisation of disability mainstreaming in all policies. The latter is based on the recognition of human rights for disabled people, so that it enables the EU to capture a comprehensive picture of disability intertwined with diverse needs and policy responses. Although the ratification could introduce neither disability specific competence nor any disability specific provision or action, its legally binding characteristic could provide a useful tool for the EU to implement disability mainstreaming in all policy areas.

5.6.1 The ratification of the UN CRPD and the transition process

The landmark of this period was that the EU signed the United Nations Convention on the Rights of Persons with Disabilities⁶⁰ on 30 March 2007 and became one of the parties. During this period, the ratification has slightly reshaped the orientation of the EU disability policy from the selective and partial implementation of disability mainstreaming in employment towards the human rights based one.

The targets of Europe 2020⁶¹ failed to include a disability perspective in all of its flagship initiatives. Europe 2020 is the European Union's ten year programme for smart, sustainable and inclusive growth targets in the scope of poverty, employment, innovation, climate/energy and education as an exit strategy from the financial crisis in 2008. The targets have been inserted in all European social policy areas including 2010-2020 European Disability Strategy⁶² in order to ensure synchronisation of the strategy with the policy areas. Waddington, Quinn and Flynn, (2013, p.209) argue that the inclusion of a disability perspective in the

⁶⁰ The UN Convention was adopted by the United Nations General Assembly on 13 December 2006 and opened for signature on 30 March 2007. The Council adopted the Decision for conclusion of the UNCRPD on 26 November 2009 (2010/48/EC). On 23 December 2010 the EU completed the procedure of conclusion of the Convention by depositing its instruments of formal confirmation with the UN Secretary General in New York. The Convention came into force with respect to the EU on the 22 January 2011 (European Commission, 2013a).

⁶¹ Europe 2020: A strategy for smart, sustainable and inclusive growth was launched by a communication from the Commission in March 2010 (COM(2010) 2020 final). It is the renewed strategy for Europe as the Lisbon Strategy failed to reach the targets twice. The progress in achieving the targets by Member States is monitored through the European Semester – an annual cycle of economic policy coordination in the EU on the basis of the Commission's Annual Growth Survey (European Commission, 2013b, p.151).

⁶² The European Disability Strategy for the years 2010-2020 which takes into account the UNCRPD and the experience of the Disability Action Plan (2004-2010) was adopted on 15 November 2010. It marked a renewal of the EU's commitment to improve the situation of citizens with disabilities (European Commission, 2012a). The Strategy set clear objectives to remove the barriers for persons with disabilities in their everyday life. Specific measures over the next decade are clustered around eight priority areas dealing with (1) Accessibility, (2) Participation, (3) Equality, (4) Employment, (5) Education and training, (6) Social protection, (7) Health, and (8) External Action (European Commission, 2012a). During preparation of the strategy, the Commission investigated the European Disability Action Plan as well as the Action Plan of the Council of Europe. An analysis of the UNCRPD was also carried out by clarifying responsibilities for Member States and the EU, defining actions and relevant services in the EU to make the strategy be in conformity with the UNCRPD (ANED, 2009, p.25). The Commission also engaged with CSOs and DPOs in order to collect their opinions on the content of the strategy.

targets implied that the targets could only be achieved if there is an improvement of the situation of persons with disabilities in Europe. However, an interviewee argued that the link between Europe 2020 and the Disability Strategy is not so clear since Europe 2020 failed to include any specific disability related targets. Moreover, the targets are mostly about increasing employment attainment, although the attempts to strengthen a connection between disability and labour force participation have yet to yield positive results. This selective disability mainstreaming in employment adopted in the disability strategy failed to reflect the pervasive complexity of disability intertwined with attitudinal, policy, and physical aspects.

However, the transfer of the Disability Unit from DG Employment and Social Affairs to DG Justice in 2010 could be viewed as an attempt to change the predominant implementation of disability mainstreaming restricted to employment. With this transfer, the long-running emphasis on employment of disabled people has partly shifted at least at the level of the political discourse. An interviewee involved in decision making processes at the EU level considered this transfer as a landmark in terms of the implementation of disability mainstreaming:

“...Disability mainstreaming was started in the real sense when the Disability Unit was moved from the DG Employment and Social Affairs to the DG Justice...”

The ratification of the UN CRPD and the adoption of the strategy have called for increased efforts of the Inter-Service Group on Disability (ISG) in order to ensure the insertion of a disability dimension not only into new legislative proposals but also into the implementation, scrutiny and evaluation phases of policies and actions. The interviewee argued that

...[S]tructural funds have been radically overhauled to take very explicit account of the UNCRPD. That is in part down to the

entrepreneurial efforts of the DG Justice relative to DG REGIO. The interservice group at the EU Commission has become very important precisely because they have added weapon of the UNCRPD. It means it requires extra attention of the other DGs...

The desire of the EU to expand its actions in accessibility to make accessibility a common European policy area has also been pursued during this period. This was evident in the proliferation of accessibility related policy initiatives⁶³ that disability mainstreaming was implementing. The European

⁶³ To illustrate, accessibility to the physical environment, to transport and to information and communication was accepted at the core of the European Disability Strategy (European Union, 2012). Action 6 of the European Disability Strategy highlighted the need for the development of a mutually recognised EU disability card in order to deal with the problems experiencing in intra-EU mobility and provide access to certain benefits in transport, tourism culture and leisure across the EU (European Commission, 2014a, p.21-22). Action 6 of the European Disability Strategy also highlighted the need for the development of a mutually recognised EU disability card in order to deal with the problems experiencing in intra-EU mobility and provide access to certain benefits in transport, tourism culture and leisure across the EU (European Commission, 2014a, p.21-22). Mainstreaming was highlighted as an element of the general disability policy framework in the Council resolution directing the Commission to prepare the Strategy (Resolution of the Council of the European Union and the Representatives of the Governments of Member States, meeting within the Council, on a new European disability framework, [OJ No C316/1, 20.11.2010]). Disability mainstreaming was not only incorporated in each of the eight themes but also touched upon heavily in the Implementation Plan for the strategy. For instance, accessibility was given a place in the Urban Mobility Action Plan, in the enforcement of the electronic communication Directives, in the Digital Agenda and in public procurement regulations. Under the participation theme, a disability perspective was inserted into EU consumer rights initiatives and in the selection of the recipient of the European Capitals of Culture award. Disability was particularly given a place in the programmes devised to promote implementation of the Employment Equality Directive. Equal opportunities and non-discrimination for disabled people were incorporated in the Europe 2020 employment strategy and in the European Social Fund in as much as calls for proposals under the Lifelong Learning Programme could encompass accessibility and reasonable accommodation among the selection criteria. This insertion also enabled the following programmes to have a disability perspective: the Youth on the Move initiative, the Education and Training 2020 strategic framework, the Lifelong Learning Programme, the European Platform against Poverty and OMC social. Furthermore, Directive 2014/24/EU of the European Parliament and of the Council of 26 February 2014 on public procurement and repealing Directive 2004/18/EC, [OJ No L 94/65, 28.3.2014] stipulates that 'for all procurement which is intended for use by natural persons, whether general public or staff of the contracting authority, the technical specifications shall, except in duly justified cases, be drawn up so as to take into account accessibility criteria for persons with disabilities or design for all users.' Regulation (EU) No 236/2014 of the European Parliament and of the Council of 11 March 2014 [OJ No L 77/95, 15.3.2014] stipulates that in the design and implementation of programmes and projects, criteria regarding accessibility for persons with disabilities shall be duly taken into account.' Moreover, the Better Regulation 'Toolbox', which was adopted to ensure the European Commission's proposals meet policy goals at minimum cost and deliver utmost benefits, includes accessibility of stakeholder consultations. The aim is to enable

Accessibility Act⁶⁴ could be seen as an important step towards making accessibility a common European policy. This act could also demonstrate how the legally binding characteristic of the UN CRPD has been used by the European Commission to expand its influence on accessibility. *The Consultation Document European Accessibility Act* is based on Article 19 of the UN CRPD to adopt regulatory measures to ensure accessibility of goods and services (European Commission, 2011b). The Commission's report published in 2011 also justified the EU intervention in the supply of accessible goods and services by stating that making services and products accessible to all was an urgent need. The EU market for accessible goods and services was still fragmented, and they were expensive. The product as well as the service development failed to take into consideration disability perspective sufficiently. This made goods, services and the built environment inaccessible to disabled people and older people (European Commission, 2011b). However, this disability specific act has been in preparation since 2010. Ms. Marianne Thyssen⁶⁵ on behalf of the Commission elaborated the process in the European Parliament on 12.1.2015 by arguing

'A lot of work has already been done — stakeholders have been consulted on different occasions, namely through a public consultation, a Eurobarometer, an SME Panel and a High-Level dialogue with industry and users representatives. Stakeholders largely agree on the advantages of having common accessibility rules at EU level. The

disabled people to contribute the Commission's policy developments on the basis of the UN CRPD (European Commission, 2015a, p.314-315).

⁶⁴ It will include accessibility of products and services that would be of benefit to disabled people, older people, people with small children, pregnant women as well as other groups with functional limitations whether permanent or temporary (European Parliament, 2015b). It also included '*standardisation or public procurement rules to make goods and services to disabled people while fostering and EU market for assistive devices*' (European Commission, 2011a). There was a proposal for a European Accessibility Act in 2008. However, it was not adopted due to the difficulties in reaching agreement. Hosking (2013, p.90-93) argues that the new version of this Act demonstrates a paradigm shift from the individual rights/discrimination paradigm towards a social rights/structural paradigm in terms of the anticipatory duties provisions in the advent of the ratification of the UNCRPD.

⁶⁵ European Commissioner for Employment and Social Affairs

Commission services have also commissioned an in-depth market study to gather further data of the situation in the EU and its Member States.’ (European Parliament, 2015b).

Some interviewees argued that the delay of the adoption of this Act could be a barrier to the operation of the internal market. This suggested that the initiation of the EU intervention in the EU market for the supply of accessible goods and services by the adoption of this Act could lead to the realisation of disability mainstreaming in internal market related policies at the EU level. Only time will tell whether this Act aiming to ensure accessibility of the built environment, including transportation and ICT could expand the EU’s actions in accessibility.

The proliferation of selective disability mainstreaming in the EU’s secondary legislation regarding transport⁶⁶ has been pursued during this period. To illustrate, Regulation (EU) No 1177/2010 concerning the rights of passengers travelling by sea and inland waterways⁶⁷ stipulated carriers and terminal operators to establish, or have in place, non-discriminatory access conditions for disabled people and people with reduced mobility. In addition, Regulation (EU) No 181/2011 concerning the rights of passengers in bus and coach transport⁶⁸ provided a legislative example of disability mainstreaming (European Commission, 2014a, p.11). These regulations provided an example of the application of the twin-track approach to

⁶⁶ These regulations represented a revised version of a proposal for a directive on minimum requirements to improve the mobility and the safe transport to work of workers with reduced mobility (COM (90) 588 final) that had been long awaited. It is striking that the limited scope of the previous version focusing on the mobility of workers with reduced mobility was expanded in a way that also included all passengers and covered sea and inland waterways. Regulation (EU) No 181/2011 (p.55/2) stipulated that

‘Bus and coach passenger services should benefit citizens in general. Consequently, disabled persons and persons with reduced mobility, whether caused by disability, age or any other factor, should have opportunities for using bus and coach services that are comparable to those of other citizens. Disabled persons and persons with reduced mobility have the same rights as all other citizens with regard to free movement, freedom of choice and non-discrimination.’

⁶⁷ [OJ No C316/1, 20.11.2010].

⁶⁸ [OJ No L 55/1, 28.2.2011].

disability mainstreaming in that they included disability specific policy practices as well as the inclusion of a disability perspective in transport related policies.

Aside from transport, the realisation of disability mainstreaming in legislation⁶⁹ regarding the protection of victims of crime, external cooperation and human rights related programmes has been initiated. An important achievement introduced in this period was the adoption of the European Structural and Investment Funds' Regulation⁷⁰. It provided a good example of disability mainstreaming at EU level as the compliance with the UN CRPD is introduced as a precondition for receiving the fund to promote independent living for disabled people. Seemingly, the effective implementation of disability mainstreaming in this policy area could be line with the fact that the policy area has been regulated under the exclusive competence of the EU. The regulation highlighted the importance of combating discrimination on the grounds of disability and realising

⁶⁹ The legislation is as follows: Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council framework Decision 2001/220/JHA [OJ No L315/57, 14.11.12]. It is a good example of disability mainstreaming since the purpose of this directive was to strengthen the rights and protection of victims with disabilities in criminal proceedings. Conversely, it included accessibility related disability specific actions including facilitating the accessibility to premises where criminal proceedings are conducted, providing accessible language and ensuring access to information. In addition, it necessitated taking necessary measures when assessing victims with disabilities since they tend to experience a high rate of secondary and repeat victimisation, of intimidation and of retaliation. Another good example of disability mainstreaming is Regulation (EU) No 1381/2013 of the European Parliament and of the Council of 17 December 2013 establishing a Rights, Equality and Citizenship Programme for the period 2014 to 2020 [OJ No L354/162, 28.12.2013]. It explicitly stated that the regulation pursued the mainstreaming of non-discrimination in the programme. Regular monitoring and evaluation should be implemented to evaluate the programme activities when they address non-discrimination. Regulation (EU) No 235/2014 of the European Parliament and of the Council of 11 March 2014 establishing a financing instrument for democracy and human rights worldwide aimed to provide financial assistance to promote human rights and democratisation in coordination with civil society in the scope of the Union's external action. This regulation included a disability perspective and also focused on promoting the equal participation of disabled people in society by implementing equality of opportunity and non-discrimination. Moreover, a disability perspective was also introduced in the impact assessment of the European Commission's proposals by asking 'Does the option ensure respect for the rights of people with disabilities in conformity with the UN CRPD? How?' in the Better Regulation 'toolbox' attached to the Better Regulations Guidelines.

⁷⁰ It was adopted on 17 December 2013 [OJ L 347/321, 20.12.2013]. The regulation was prepared in compliance with Europe 2020 Strategy to attain smart, sustainable and inclusive growth as well as the UNCRPD (European Communities, 2013).

accessibility for disabled people in particular to increase economic, territorial and social cohesion. It represented a positive step towards the inclusion of a disability perspective in the programmes. It stipulated necessary arrangements should be made by the Member States in order to ensure the active participation of disabled people and their organisations in the preparation and implementation of programmes.

5.6.2 The CJEU and disability mainstreaming

Despite the initiation of the implementation of disability mainstreaming on the basis of human rights in the policy documents, there was still resistance of the Member States to adopt disability specific competence and actions at the EU level. This called for the definitive and significant role of the CJEU in the implementation of disability mainstreaming in all policies. The Court has often taken decisions to expand its own role and competence of the EU in social policy (Pierson and Leibfried, 1995, p.11).

The boundary between policy areas has been indistinct; this is due to the process of European integration over a period of time. This could make the role of the CJEU important due to its legal supremacy over the Courts of the Member States within its boundary of competence (Walby, 1999, p.130). The role of the CJEU could be considered similar to that of the Commission as a guardian of the European integration by expanding competence of the EU (Murphy, 2003). The CJEU has used European law to buttress European integration at the expense of decreasing the competence of the Member States (Pierson and Leibfried, 1995; Dimitrakopoulos, 2001, p.123). This has resulted in strengthening its position to have an ultimate decisive role in directing and forming the social policy developments of the Member States (Hine, 1998). Murphy (2003) argues that the expansion of the competence in the EU has widened the gap between society and EU institutions. This touches upon the persistent problem of the EU which is the lack of 'post national public sphere' to support European integration.

The Court's effects on disability policy developments have been gradually increasing over time. As formulating and implementing disability policy are in the competence areas of the Member States, the national courts define specifications of a disability condition. The CJEU's contribution to disability has been mostly based on the interpretation of the Employment Equality Directive 2000/78 and the UN CRPD more recently. Previously, the Court focused on employment without touching upon human rights for disabled people. This was evident in the case of *Chacón Navas*. Its jurisprudence in this case was that having long-term illness cannot as such be regarded as disability. Therefore, a person whose employment contract was terminated by his/her employers due primarily to the person's long-term illness did not fall within the Employment Equality Directive.

In contrast, the adoption of the UN CRPD by the EU in 2010 ushered in the interpretation of the concept of disability on the basis of the human rights approach, as in the joint case of *Ms. Ring and Ms. Skouboe Werge*⁷¹. This interpretation also expanded the scope of the application of the Directive to enable the carers for a disabled child to be regarded as the direct victims of discrimination on the grounds of disability (Stewart, Niccolai and Hoskyns, 2011). This represents a different approach to disability. The latest ruling of the Court was related to its interpretation of obesity that can constitute a disability on the basis of the Employment Equality Directive 2000/78, as in the case of *Karsten Kaltoft v. Kommunernes Landsforening* (Court of Justice of the European Union, 2014). The European Court of Human Rights has also provided jurisprudence on prohibiting discrimination on the grounds of disability as in the cases of *Glor v. Switzerland*,

⁷¹ The case was that the employers of *Ms. Ring and Ms. Skouboe Werge* wanted to terminate their employment contracts on the basis of Danish employment law. The law stipulated that an employer may terminate the employment contract with a 'shortened period of notice' of one month, with his salary being paid for 120 days during the previous 12 months, if the employee concerned the absence stemming from illness. The CJEU found that disabled workers were more frequently subjected to a 'shortened period of notice' than nondisabled workers since disability constituted the additional risk of developing an illness. Therefore, the legislation led to indirect discrimination against disabled workers (Court of Justice of the European Union, 2013).

Price v. UK, and *Pretty v. UK*. The jurisprudence from these cases was interpreted on the basis of Article 14 of the Convention (European Union Agency for Fundamental Rights, 2011, p.100-102).

In this respect, it can be considered that the CJEU has played a facilitator role in the implementation of disability mainstreaming at EU level in the ways in which it has expanded the influence of the EU on national policy on disability. However, this role has yielded neither the realisation of disability mainstreaming in all policies nor the introduction of disability specific competence at the EU level.

5.6.3 The UN CRPD and selective and partial disability mainstreaming

A strong treaty based protection of the main responsibilities of the Member States in disability at the EU level highlights that this policy is a sovereign area of the Member States. This demarcation has constituted a barrier to the influence of the EU at a national level. That is the main reason for the limited progress that has been achieved in disability mainstreaming at Community level. This was evident in the lack of a concerted definition of neither disability nor people with disabilities in the Union (European commission, 2014a, p.8). The ratification of the UN CRPD by the EU has provided an opportunity to realise disability mainstreaming in all policies since the ratification has provided an effective tool for its influence on national policies on disability.

The coordination of national action in the UN was defined under the International Cooperation Article 208 (Ex Art 177 TEC) in the Treaty of Lisbon⁷². The nature of the Convention represented a 'mixed' international agreement in that the EU and the Member States are separate contracting parties. Article 3(2) TFEU defines the EU's exclusive competence for '*the conclusion of an international agreement when its conclusion is provided for in a legislative act of the Union*'. In

⁷² According to this article, the Union and Member States should comply with the commitments and take account of the objectives they have approved in the context of the UN and other competent IOs.

this respect, the realisation of provisions of the UNCRPD falling to EU competence was obligatory for the EU institutions. Conversely, the Member States also had responsibility for executing the provisions of the UN CRPD, stemming from their states parties to the convention. Therefore, ensuring effective cooperation between the EU and the Member States was important to ensure the effective implementation of the Convention in the EU area (European Commission, 2014a, p.7).

The competencies regarding the implementation of the UN CRPD were defined by the adoption of *the Council Decision of 26 November 2009 concerning the conclusion, by the European Community, of the United Nations Convention on the Rights of Persons with Disabilities (2010/48/EC)* (European Communities, 2009). The Council declared that both the Community and its Member States had competence in the fields covered by the UN CRPD. The Commission was a focal point for matters concerning the implementation of the UN CRPD. The Council clarified that the issues covered by the UN CRPD were under the *exclusive* competence of the Community, sharing competence between the Community and the Member States, and *coordinating* competence of the Community. The Community had *exclusive* competence concerning the compatibility of State aid with the common market and the Common Custom Tariff. The Community had *shared* competence with the Member States regarding action to combat discrimination on the ground of disability, free movement of goods, persons, services and capital agriculture, transport by rail, road, sea and air transport, taxation, internal market, equal pay for male and female workers, trans-European network policy and statistics. The Community had a *coordinating, supporting and supplementing* role in policy areas including employment, education, vocational training, economic and social cohesion and development cooperation with third countries.

Using these three different forms of competence – *shared, coordinating* and *exclusive* - could create a barrier to an effective implementation as well as monitoring of the UN CRPD at the Union level. The Council Decision (2010/48/EC) did not sufficiently clarify what are the disability issues in the convention are under competence of the Member States in comparison with those of the Union. This could create confusion about the implementation of the responsibilities under *shared* competence areas in particular and thereby resulting in a barrier to the effective exercising of human rights by disabled people in the Member States (Reiss,2014). This confusion could also result in the continuation of the selective approach to disability mainstreaming in employment at the EU level. This was evident in an interview account of an interviewee representing an umbrella DPO at the EU level

“[The DGs] ... still see this [the convention] as something related to employment and social affairs... in many parts of the Commission they believe that the Convention is not legally binding...”

This lack of knowledge about the convention at the Commission level was endorsed by another interviewee involved in decision making processes at the EU level. They highlighted that this confusion stemmed from the lack of clarification of the obligations in the provisions of the Convention. These were not clearly spelled out in the convention and therein lies the resistance of DGs to implement disability mainstreaming in their responsibility areas. This ownership problem has demonstrated itself in asking questions of the DGs such as *‘this is not my territory’*, *‘why should I do this’* and *‘I do not know what needs to be done’*. This has constituted a difficulty to get the DGs work on disability mainstreaming. The attitude of the DGs was documented by Rowell (2013,p.8) by highlighting tensions between DGs and within DGs to describe priorities, devise problems, and define the responsible body for existing policies. These tensions have resulted in the realisation of ineffective disability mainstreaming in policies at the EU level.

More importantly, the ratification of the UN CRPD by the EU has still not expanded the existing competence of the EU that constitutes a barrier to the realisation of disability mainstreaming in all policies across Europe. An interviewee involved in decision making processes at the EU level argued that the formula adopted by the Commission was to internalise the Convention in a way that it did not add any competence to existing competence of the EU. The reason could be to avoid further Member States' blockage to extending the scope of EU legislation and policies in ensuring access to and supply of goods and services for disabled people, as happened in adopting the *proposal for a Council Directive on Implementing the Principle of Equal Treatment between Persons irrespective of Religion or Belief, Disability, Age or Sexual Orientation*.

This makes the scope of the implementation of the UN CRPD at EU level more limited than that of the Member States. The EU complemented the national frameworks and independent mechanisms. The EU have ensured the promotion, protection and monitoring of the implementation of the UN CRPD regarding EU legislation and policy and the implementation of the UN CRPD by EU institutions and bodies. The Commission has been arranging the Work Forum initiative since 2010. The forum serves as a platform to reinforce mutual learning and the exchange of good practice by discussing common problems that the Member States and the EU face in the implementation of the UN CRPD in a coherent and coordinated manner (European Commission, 2014b). In addition, the EU have been encouraging disabled people and their representative organisations to monitor the implementation of the UN CRPD at EU level by means of this forum (European Commission, 2014a, p.10).

Although the forum provides an important platform in terms of the realisation of the mutual learning for the Member States and civil society, no concerted action has so far been achieved to guarantee an effective implementation of disability mainstreaming in a way that it covers all aspects of

disability at EU level. Seemingly, the resistance of the Member States to the influence of the EU in disability coupled with the lack of a European model in an effective implementation of disability mainstreaming in all policies have constituted a barrier to the realisation of equality for disabled people at the EU level. To illustrate, the establishment of an independent Austrian monitoring committee on the implementation of the UN CRPD has been advertised as a good policy example by the Commission. However, this is not a good example because the committee is an independent structure (in accordance with the Article 33 of the Convention) making it difficult to identify an independent source of funding for the committee and its members.

5.7 Conclusion of the chapter

This chapter demonstrates some historical milestones highlighting both the ways in which the Member States have prevented expansion of EU competence in disability and how EU institutions have responded to this through the use of disability mainstreaming between 1957-2015.

The period of 1957 to 1980 highlighted the emergence of selective disability mainstreaming in employment and structural funds in policies where the EU has shared and exclusive competences respectively. The political sensitivity of the Member States to the expansion of the EU's competence in disability in tandem with a gradual expansion of EU integration appeared for the first time. This resistance ushered in the EU's long-time reluctance to regulate disability issues in terms of 'constitutional foundation' and in terms of 'political will'. However, the role of the European Commission in the expansion of EU's competence to new policy areas in disability was prominent. The Commission expanded the EU's competence in disability by means of creating European level networks and agencies, stimulating dialogue through arranging forums, open consultation, and seminars. The adoption of the principle of equality of opportunity served to recognise discrimination as a barrier to the completion of an internal market. This

adoption also served to strengthen societal support for European integration. This was considered as a way to curb the resistance of the Member States to the influence of the EU on national policies. The reason for the emergence of employment as a primary theme for the specific orientation of disability mainstreaming was associated with instantaneous mine closure between 1961 and 1964 in Europe. This adversely affected disabled and elderly miners in that they could not find a job as easily as most redundant workers could. European Union intervention was requested since no method could provide a comprehensive solution to ensure (re) integration of disabled miners into the labour force. This was also associated with the ultimate aim of the creation of an internal market on which a high cost of disability could be a burden. In order to ensure the involvement of disabled people in the labour market, the 1971 Reform of the European Social Fund was made and for the first time disabled workers were regarded as an eligible group for benefiting from the fund. Moreover, a gradual expansion of the inclusion of a disability perspective in policies including customs, consumer protection, accessibility, medical rehabilitation, regional development, transport and further education and training was also initiated during this period. This expansion was a result of the DPOs increased lobbying activities in tandem with the increasing influential role of the UN based policy development.

The period of 1981 to 1992 witnessed the implementation of selective and partial disability mainstreaming in employment and transport in the policy documents. The Declaration of the International Year of Disabled Persons (1981) highlighting the importance of the adoption of a human rights understanding of disability was instrumental in the incremental inclusion of a disability perspective in soft law. However, the adoption of the human rights approach to disability in the policy documents was based on the realisation of social integration of disabled people through vocational rehabilitation and employment. The establishment of a Disability Unit under the DG V strengthened the implementation of a selective approach to disability mainstreaming in employment. Even so, the adoption of the

1986 Single European Act led to an incremental increase in the adoption of disability specific actions in the policies including education and social security. Aside from the SEA, the improvement of the legislative process in transport in the Council initiated selective disability mainstreaming in transport.

The period of 1993 to 1996 witnessed further attempts to limit the competence of the EU and the incremental implementation of selective and partial disability mainstreaming in employment and transport. The introduction of the principle of subsidiarity and proportionality with the Treaty on European Union reinforced the implementation. The official launch of the concept of disability mainstreaming was realised by the Green Paper on European Social Policy in 1993. This introduction ushered in the implementation of disability mainstreaming in accessibility and transportation to ensure the inclusion of disabled people in mainstream education, training and employment. The adoption of the UN standard Rules on the Equalisation of Opportunities for Persons with Disabilities reinforced the policy shift towards the implementation of the rights-based equal opportunities approach to disability and non-discrimination at the EU level. The policy development including the establishment of an Inter-Service Group on Disability and a Disability High-Level Group could have influenced the realisation of disability mainstreaming in all policies. However, the selective and partial disability mainstreaming in employment resulting from the resistance of the Member States was prominent in this period.

The period of 1997 to 2009 demonstrated the incremental attempts to compensate for selective and partial disability mainstreaming in transport, accessibility and employment. These attempts were associated with the adoption of the legal capacity to implement disability mainstreaming arising from the adoption of the Treaty of Amsterdam. The Treaty ushered in the introduction of a non-discrimination clause that could make a major EU influence on national policies. The Treaty also strengthened the role of disability mainstreaming as a policy tool for the realisation of non-discrimination. However, the adoption of the

non-discrimination clause intensified the selective understanding of disability mainstreaming in employment such as the adoption of Directive 2000/78/EC. Moreover, the proliferation of the implementation of disability mainstreaming in secondary legislation in the area of transport continued during the period. However, the designation of the year of 2003 as the European Year of People with Disabilities by the Commission led to the proliferation of disability mainstreaming in legislation focusing on education and training and accessibility aside from employment and transport. An increasing policy focus on accessibility served to expand the scope of the EU's competence to accessibility. The Member States' desire for pursuing selective disability mainstreaming in employment and transport was evident in the Member States' blockage to adopting the proposal for a Council Directive. They rejected the extension of the scope of EU legislation and policies in access to and supply of goods and services for disabled people. On the other hand, the adoption of the Treaty of Lisbon neither could expand the EU's limited competence in disability, nor ensure disability mainstreaming in all policies.

The period of 2010 to 2015 demonstrated a shift from selective and partial disability mainstreaming to a human rights based one. The hallmark of the period was the ratification of the UN CRPD by the EU. Although ratification could introduce neither disability specific competence nor any disability specific provision or action, its legally binding characteristic provided an important tool for the EU to implement disability mainstreaming in all policies. Conversely, the desire of the EU to expand its actions in accessibility to make accessibility a common European policy area has also been pursued during this period. This was evident in the proliferation of accessibility related policy initiatives that disability mainstreaming was implementing. The tendency of the realisation of disability mainstreaming in transport was also another prominent policy orientation in this period. Aside from that, there was an expansion of the implementation of disability mainstreaming in new policies including the protection of victims of crime and external cooperation. Moreover, compliance with the UN CRPD was introduced as a precondition for

receiving funds to promote independent living for disabled people with the adoption of the European Structural and Investment Funds' Regulation. Despite the initiation of the implementation of disability mainstreaming on the basis of human rights in the policy documents, there was still resistance of the Member States to adopt disability specific competence and actions at the EU level. This called for the definitive and significant role of the CJEU in the implementation of disability mainstreaming in all policies. The Court has often taken decisions to expand its own role and competence of the EU in social policy. However, its role has yielded neither the realisation of disability mainstreaming in all policies nor the introduction of disability specific competence at the EU level. Disability mainstreaming has not been realised in policies including education, health care, migration and refugees, access to goods and services (housing and insurance) and social protection due to the EU's limited competence in these policies. Despite the ratification of the UN CRPD, the EU has tended to realise selective and partial disability mainstreaming in policies including transport, accessibility, employment and structural funds.

6. The influence of Europeanisation on the realisation of disability mainstreaming in Turkey

6.1 Introduction

Chapter Five highlighted the existence of selective and partial disability mainstreaming in EU policies including transport, employment and structural funds where it has shared, coordinating and exclusive competences respectively. This chapter aims to find answers to the following sub questions: *what is the role of Europeanisation in the realisation of disability mainstreaming in Turkey; What are the barriers to effective adoption and implementation of disability mainstreaming in Turkey?* The chapter particularly seeks to understand *why increasing Europeanisation has led to the adoption of selective and partial disability mainstreaming in the delivery of social assistance and employment of disabled people in the public sector in Turkey?* Process tracing was used to investigate this question. The chapter is structured as follows: the first section focuses on windows of opportunity: policy transfer from the EU. The penultimate section concentrates on manifestations of particularism in disability mainstreaming. The final section is about the interaction between particularism and the influence of Europeanisation.

6.2 Windows of opportunity: policy transfer from the EU

Chapter Five demonstrated the shift from selective and partial disability mainstreaming (the inclusion of a disability perspective) in employment, transport and structural funds to the realisation of disability mainstreaming in all policies on

the basis of ensuring human rights for disabled people at the EU level. This section underlines that accession to the EU has provided an opportunity for successive governments to acquire the necessary knowledge, ideas and policy examples from the EU in order to adopt and implement disability mainstreaming in all policies on the basis of the realisation of human rights for disabled people. The section comprises two sub-sections: a scarcity of information, ideas and policy practices to deal with disability, and the increasing influence of Europeanisation in disability mainstreaming.

6.2.1 A scarcity of information, ideas and policy practices to deal with disability on the basis of the realisation of human rights for disabled people

This subsection highlights that the acceleration in the liberalisation of the economy in Turkey since the 1980s has had a knock-on effect on the adoption and implementation of disability mainstreaming in policies on the basis of the realisation of human rights for disabled people. However, as previously stated in Chapter Two and detailed in Appendix II, the emergence of the need to adopt and implement such policies in Turkey was influenced by social movements taking place in Europe in the 1960s. This was evident in an interviewee's account, arguing that

'...[T]he emergence of social movements in the 1960s in Turkey necessitated the adoption of disability mainstreaming in policies for the first time since there had been no state tradition to formulate such policies for disadvantaged groups...[T]he diverse needs of disabled people used to meet within the confines of family by the implementation of general legislative arrangements for family...'

This quote highlighted the predominance of particularism in the delay of the adoption of disability mainstreaming in all policies on the basis of the realisation of the human rights for disabled people. The social movements in the 1960s

emphasised the necessity of a shift from the particularist approach to individualistic policy making on the basis of the realisation of the human rights for disabled people. This shift necessitated the adoption of disability mainstreaming in policies complying with the new human right based direction arising from the social movements. However, policy makers lacked information and ideas about how to formulate such policies due to their lack of familiarity with this kind of policy. They took limited measures to realise selective disability mainstreaming in social assistance, rehabilitation, special education and employment rather than formulating a comprehensive national strategy for disability. An interviewee involved in policy making processes argued that the lack of a disability perspective of these policies meant that

‘... [T]hose measures widen the gap between disabled people and non-disabled ones rather than strengthening their inclusion in society...’

The shift from particularism to individualism in society required the acquisition of knowledge and policy practices that would give rise to the adoption and implementation of disability mainstreaming in all policies. This shift required both successive governments and society to be prepared for the realisation of policy transfer from the EEC (EU). Although Turkey has a long tradition of transferring policies from Europe dating back to the Ottoman Empire, this only happened for those relating to disability in the wake of the 1999 Helsinki Summit. Europeanisation has led to the initiation of the adoption and implementation of selective and partial disability mainstreaming in other policies including non-discrimination in employment, community-based living and access to education. Such disability mainstreaming is addressed below.

6.2.2 The increasing influence of Europeanisation in disability mainstreaming

This subsection demonstrates the incremental effect of Europeanisation on the realisation of disability mainstreaming in policies in Turkey.

6.2.2.1 Background

Turkey as a candidate country has to harmonise its limited legislative measures on disability in compliance with the *Acquis*. Accession to the EU means that each and every responsibility arising from being a member of the supranational structure of the European Union should be accepted and implemented by the country. To this aim, the points raised by the European Commission in accession partnerships and progress reports should reflect well on the formulation and implementation of disability mainstreaming in all policies.

From 1957 onwards most government programmes have underlined the importance of establishing/enhancing relations between Turkey and the European Communities¹, not only benefiting from economic integration but also improving practices of human rights and fundamental freedoms. However, this European policy orientation has not facilitated accession to the EU, which was initiated as early as the 1963 Ankara Agreement. The process accelerated in 1996 by Turkey becoming a member of the Customs Union². However, the recognition of Turkey as a candidate for accession was not made until the Helsinki European Council in 1999, which ushered in a new era in the relations between Turkey and the EU. For both parties, the Helsinki Summit marked a relatively new beginning and a process of strategic mutual transformation.

¹ When looking at the history of the 'extremely demanding' accession process of Turkey, one can trace the process back to the creation of the European Economic Community in 1958. Turkey made its first application to join in July 1959. Bache, George and Bulmer (2011, p.544-545) argued that the attempt of elites in Turkey was a driving force behind the application for membership of the EC/EU so as to establish it as a western country. They further claimed that by making this application the initial intention of the elites was to reinforce its western identity rather than being an Eastern, Muslim nation.

² This refers to the free circulation of goods, which is limited to industrial products and processed agricultural products (European Commission, 2015b).

The recognition of Turkey as a candidate for accession in 1999 was desperately hoped for by some MPs to ensure the realisation of disability mainstreaming in all policies. To illustrate, in 2000 an MP, Bulent Akarcali, asked the Prime Minister, Bulent Ecevit, in parliament: *‘What is the situation of Turkey in terms of harmonisation of European Union Standard Rules?’* It appears that the MP was referring to the *‘UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities’* as there are no such Standard Rules in the EU. The answer provided by the State Minister, Mr. Suayip Usenmez, demonstrated that the question was taken from the UN perspective by responding that *“...UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities was on the agenda of a meeting of National Coordination Commission for Protection of Disabled People held on 1 December 1994. During the meeting, a decision on the implementation of those rules in Turkey was taken and subsequently all government institutions have been made aware of those rules...”* The same MP also asked the Prime minister of the EU accession process *“Are you planning to establish harmonisation with the EU norms for disability?”* The answer was *‘...the harmonisation with the Acquis Communautaire has been progressing within the 31 chapters in coordination with State Planning Organisation as of July 1998. As disability is a part of the Acquis, the necessary harmonisation with the Acquis in disability will be established in line with the transposition process of the Acquis.’* (TBMM, 2000). This demonstrates the willingness of some MPs to catch up with the international as well as European Union standards in disability.

The European Council of December 2004 confirmed that Turkey fulfilled the Copenhagen political criteria³ that were a prerequisite for the opening of accession

³ These criteria were adopted in 1993 by the EU to list the requirements that the candidate country should fulfil for membership. They involved i) *‘stability of institutions guaranteeing democracy, the rule of law, human rights and respect for and protection of minorities’*, ii) *‘the existence of a functioning market economy as well as the capacity to cope with competitive pressures and market forces within the Union’*, and iii) *‘membership presupposes the candidate’s ability to take on the*

negotiations with Turkey. The accession negotiations were opened on 3 October 2005 with the adoption of the Negotiating Framework by the Council of the European Union. The Framework includes the principles governing the negotiations, the substance of negotiations, negotiating procedures and a list of negotiation chapter headings (Ministry for EU Affairs, 2010b).

Even before initiation of the accession negotiations, Turkey began to formulate the National Programme for Adoption of the *Acquis Communautaire* (NPAA)⁴. The first NPAA was submitted to the European Commission in 2001 with further submissions in 2003 and 2008. Among them, only the NPAA 2008 addressed a measure to disability. There was only one measure identified under the political criteria in the NPAA 2008, which was *'The accessibility of disabled people to all private or public services will be ensured.'* (Ministry of EU Affairs, 2009). The developments regarding this measure have been monitored quarterly by the Ministry of EU Affairs.

6.2.2.2 Turkey Progress Reports

In 1998 before the initiation of accession negotiations, the Commission adopted its initial strategy for Turkey (European Commission, 1998b). However, this strategy was disappointing for those concerned with policy making for disabled people as it failed to reference disability. Disability would, otherwise, have been inserted under the existing section on *'co-operation in the field of human rights and humanitarian issues'*. The adoption gave rise to the launch of progress reports on Turkey as of 1998. As opposed to the Strategy for Turkey, the progress reports have included a disability perspective in policy areas incrementally, particularly from 2008 following the signing of the UNCRPD by both Turkey and the EU in

obligations of membership including adherence to the aims of political, economic and monetary union' (European Commission, 2012b).

⁴ It is a comprehensive multi-annual document that identifies strategic guidelines, policies, reforms, structures, resources and deadlines that are supposed to be fulfilled by Turkey to attain the prerequisite for the Accession to the European Union (Ministry for EU Affairs, 2009).

2007. The EU have adopted an approach to include disability issues in policy areas under each chapter of the *Acquis*, including employment and the rights of children. Disability issues were also mentioned as part of a special section under the chapter on fundamental rights and freedoms. This understanding reflects the formulation of disability mainstreaming as a horizontal/cross cutting issue at the Community level.

The reports tend to indicate the policy areas where a necessary transposition needs to be performed by the relevant government institutions to catch up with EU standards on disability. An interviewee working in a decision making mechanism in disability asserted that

'[P]olicy makers have paid great attention to the European Commission's comments on the progress reports.'

This was evident in the following example. The 2010 Turkey Progress Report stated that *'...There has been no progress towards transposition of the Acquis in the field of antidiscrimination... There is no definition in Turkish legislation of direct and indirect discrimination.'* In order to close the gap between national legislation and the EU in anti-discrimination, a necessary legislative measure was adopted by the government. The 2014 Turkey Progress Report included the positive steps attained by the government by stating *'In February 2014, legislation [law no 6518] was adopted to improve the situation of the socially vulnerable and/or people with disabilities. The principle of non-discrimination on the basis of disability is now explicitly mentioned in national education legislation and labour laws... provisions on direct and indirect discrimination on the basis of disability were aligned as well with that UN Convention.'* (European Commission, 2014c). The contribution of progress reports to realise disability mainstreaming in policies has been important. The reports have been a useful tool of reminding government institutions of their responsibilities to disabled citizens in Turkey.

6.2.2.3 The pressure arising from both the international arena and Europeanisation: the establishment of Hope Houses

Some interviewees claimed that Turkey was highly sensitive to both positive or negative feedback received from the international arena and was influenced by it. They argued that there has been a substantial shift from institutionalisation to community-based services in Turkey. The reason for that orientation stemmed partly from the European Commission's comment on *Screening Report Turkey: Chapter 19- Social Policy and Employment*. The Commission underscored that 'the necessary attention, which ought to be paid to the creation of community-based services as an alternative to institutionalisation' (European Commission, 2006). According to an interviewee involved in the policy shift argued that

'...[T]his shift was also initiated in 2008 by Sarah Ferguson...'

Sarah Ferguson, the former wife of Britain's Prince Andrew, made a trip in disguise to Turkey during which she covertly visited two state-run orphanages with two British TV journalists on 22 September 2008. Footage of five children was filmed at the Saray Rehabilitation and Care Centre orphanage near Ankara and Zeytinburnu Rehabilitation Centre in Istanbul broadcast on the British ITV programme '*Duchess and Daughters: Their Secret Mission*'. The secretly filmed images appeared to demonstrate children tied to their beds or left in cribs.

Ferguson's secret mission was planned by Mental Disability Rights International (MDRI) for which she served as Global Advocate⁵. The organisation's prominent role played in the visit was evident in its report⁶. The reports of MDRI

⁵ The following link provides evidence of her connection with this organisation www.espeakers.com/marketplace/speaker/profile/11147/Sarah-Ferguson, Accessed 2 September 2015.

⁶ Three years prior to her visit to the residential care institutions, MDRI published a report on Turkey titled '*Behind Closed Doors: Human Rights Abuses in the Psychiatric Facilities, Orphanages and Rehabilitation Centers of Turkey*' on 28 September 2005. Page 13 of this report

have also been influential on the content of the Turkey Progress Report. To illustrate, on page 1758 of the Report titled Country Reports on Human Rights Practices for 2008 Vol.I mentions that *'The NGO Mental Disability Rights International announced that the Government circulated a notice condemning the use of electroconvulsive or "shock" therapy (ECT) without anaesthesia in 2006...'* (Department of State, 2010). The Turkey Progress Reports 2005 and 2006 mentioned this by stating *'The use of electroconvulsive or "shock" therapy (ECT) without anaesthesia has been reported.'* The same statement can be found on page 1 of the previous stated report of MDRI.

An interviewee involved in the shift to community-based living claimed that the footage and the subsequent report described a crime against humanity in those residential care institutions secretly filmed in 2008. They argued that

'... Turkey has accepted the reality and closed down such institutions...'

However, the acceptance of this reality took time and it was not until 2012 that the residential care institutions were turned into community based half way houses. The resistance to the influence on the promotion of independent living for disabled people was evident in the sequence of events that occurred in the wake of Ferguson's secret mission to Turkey. On 4 November 2008, the State Minister Ms. Nimet Cubukcu, who was responsible for family, women, children and disabled people, made the following statement *'It is a remarkable coincidence that her visit was timed to coincide with the periodic launch of the Turkey Progress Report. It is apparent that Ms. Sarah Ferguson is ill-intentioned and is trying to launch a smearing campaign against Turkey by opposing Turkey's EU membership.'*

stated *"MDRI examined conditions at three so-called "rehabilitation centers" for children and adults with disabilities under the authority of SHCEK [General Directorate of Social Services and Child Protection Agency], serving a total of approximately 900 people. We visited one rehabilitation center outside of Ankara (Saray), one in Istanbul (Zeytinburnu), and one in a remote area two hours from Ankara (Ayas)..."*. This report also included pictures taken at the facilities.

(Milliyet, 2008). She further stated that *'It has not been clarified yet that the footage was taken in the state-run residential care institutions. The footage will be investigated to ascertain whether it was taken in the institutions. If there is evidence of staff negligence, necessary criminal action will be taken. However, it is sad that Ms. Sarah Ferguson is trying to generate public indignation by filming the images secretly in Turkey in an orientalist way that she cannot do that in her country because it is unlawful...'* (Milliyet, 2008). On the same date, the General Director of Social Services and Child Protection Agency, Mr. Ismail Baris, with which the residential care institutions were affiliated, apprised the President of the Grand National Assembly of Turkey Commission on Human Rights Inquiry of the images. They asserted that *'the EU standards are carried out in these residential care institutions. I consider that the images in the footage are made up'* (Milliyet, 2008).

The policy makers' resistance to the influence on independent living was robust. On 6 November 2008, the State Minister, Ms. Nimet Cubukcu stated *'I react strongly against the way of Ms. Sarah Ferguson's secret visit to those institutions before anything else. She asked permission for her visit to those institutions at first. We kindly informed her that those institutions are under construction and thereby we could not grant permission for her visit. However, she infringed the law by trespassing on those institutions by deceiving some philanthropists. She represents neither the British government nor the royal family. She is not a journalist, nor a representative of an international institution. She has to answer our question about what organisation she represents by filming those institutions secretly in Turkey?'* (BBC, 2008).

To whitewash Turkey's tarnished reputation by the allegation of human right abuses in those residential care institutions, On 7 November 2008, the Turkish Foreign Minister, Mr. Ali Babacan, met with David Miliband, the UK Foreign Secretary in London on the last leg of a European tour. The resistance to the influence arising from the international arena was evident in a joint press conference (T24, 2008). During which, Mr. Babacan stated that *'We actually regret*

the approach and the attitude displayed for the preparation of this documentary. The way in which the disguised Duchess of York was used to shoot scenes with a hidden camera. This was done without taking into consideration of the adverse effects of such unprepared visits on the intellectual and emotional development of these children. On the other hand we believe it is still not too late to correct these wrongs. We invite this TV station as well as other TV stations here in the UK and the Duchess herself to come and see the progress in those very facilities as well as other facilities. We have already done this for the Turkish media. It was last week. They came in, they did their work and so forth. We are open to that also. So what I want to stress is that they are our sons and daughters and we care for them.' (MFA,2008).

On 12 January 2012, the General Directorate of Social Services and Child Protection Agency indicted Sarah Ferguson and two British journalists on charges of trespassing on two residential care centres by disguising themselves and secretly filming five children. The General directorate also accused them of violating the right to privacy of those children by distributing their images to the media. (Milliyet, 2012a). On 24 September 2012, the verdict was postponement of the trial. If she does not commit a crime in Turkey by November 2015, the case will be dropped (Sabah, 2013).

Aside from the international arena, pressure stemming from the European Parliament in 2009 also accelerated the shift from residential care to community based rehabilitation in Turkey. MEP Linda McAvan⁷ sent an official letter to the Minister of Foreign Affairs to get information on the necessary steps being taken by Turkey to harmonise EU standards on orphanage and care centres. The ministry requested a fact-sheet concerning this question in an official letter dated 29 April 2009. The fact sheet mentioned that '*a necessary importance has been*

⁷ A Labour MEP sits in the Socialist and Democrat (S&D) Group in the European Parliament (www.lindamcavanmep.org.uk/about-linda/)

attached to the process of de-institutionalisation of people with disabilities wherever appropriate. The first step taken by Turkey to promote independent living in Turkey was to participate in the project named “the Comparative Cost Analysis: Community-based Services as An Alternative to Institutions” carried out by a consortium led by the University of Kent and the London School of Economics funded by the European Commission...’

Pressure arising from the international arena and the European Union eventually yielded the establishment of Hope Houses⁸ in Turkey on 27 October 2012. The Turkey Progress Report 2014 stated that ‘*Some progress was achieved on the transition to community-based services... The Ministry of Family and Social Policies opened ‘hope houses’, where people with psycho-social disabilities can live within a community.*’ It further asserted that ‘*In the area of mental health operational guidelines for community mental health centres and for community-based social care services were disseminated. There were 81 community mental health centres in 59 provinces. Fifty-two ‘hope houses’ have been opened to provide residential care. Work continued on building the necessary human resources capacity in this field. An ‘omnibus’ law in February 2014 aligned provisions for residential care for people with mental disabilities with the Acquis. An independent body to monitor and inspect mental health institutions has yet to be established.*’

6.2.2.4 Turkey’s participation in the Community Action Programmes

The widespread perception of the EU as a policy transfer opportunity to fill the knowledge and policy practice gaps between Turkey and the EU in disability gave rise to Turkey’s participation in the Community Action Programme in disability. The Framework Agreement between the EU and Turkey on 26 February

⁸ Hope Houses refer to half way houses for disabled people who do not have family that can look after them. These houses enable them to live independently in society in tandem with providing vocational training opportunities that increase their qualifications and assist in attaining a job (Bugun, 2012). There were 84 Hope Houses across Turkey in November 2014 (Ministry of Family and Social Policies, 2014a).

2002 ushered in Turkey's participation in the Community action programmes including *the Community Action Programme to combat discrimination (2001-2006)*, and *the Community Action Programme to combat Social Exclusion (2002-2006)*. In order to support activities combatting all kinds of discrimination the Council of the European Union *launched the Community Action Programme to combat Social Exclusion (2002-2006)*⁹. Subsequently, Turkey was involved in the community Action Programme¹⁰ in 2003. This programme was coordinated by the Ministry of Labour and Social Security. Within the context of the programme, the seminar on '*Combatting Discrimination in European Union and Reflections in Turkey*' was organised on 11-12 October 2004 in Ankara in order to raise awareness of European Union legislation on discrimination and also ensure a concerted action through cooperation between government organisations, CSOs and social partners to fight all kinds of discrimination (Ministry of Labour and Social Security, 2004). The seminar was also important to raise the participants' awareness of disability discrimination on the basis of Directive 2000/78/EC of 27 November 2000¹¹.

Turkey's further participation in the Community Action Programme has strengthened policy practices transferred from the EU in disability. The European Commission Programme on Employment and Social Solidarity (PROGRESS)¹² ushered in funding for the '*Fighting Discrimination against Persons with Disabilities in Turkey*' project in 2009. The first project was conducted under this programme

⁹ This was established by Decision No 50/2002/EC of the European Parliament and of the Council of 7 December 2001.

¹⁰ The Memorandum of Understanding between the European Community and the Republic of Turkey on Turkey's participation in the community Action Programme was signed and published in the Official Gazette of 21 February 2003 no:25027.

¹¹ This directive is regarded as the only hard law that the EU expects from Turkey to fully transpose to national legislation in disability.

¹² The European Commission Programme on Employment and Social Solidarity (PROGRESS) was established by Decision No 1672/2006/EC of the European Parliament and of the Council of 24 September 2006. Subsequently, the Memorandum of Understanding between the European Community and the Republic of Turkey on Turkey's participation in the Programme was signed on 25 May 2009 no 2009/15031 and published in the Official Gazette of 20 June 2009 no: 27264.

by the Administration for Disabled People¹³ with the partnership of the Prime Ministry Human Rights Presidency. The aim was to measure disability discrimination across Turkey by conducting a survey of disabled people. The results of the survey were disseminated in a symposium on disability discrimination held in Ankara on 04-05 November 2010. The survey results showed that legal arrangements are inadequate to fight discrimination. They also highlighted that measures should be taken to improve knowledge of the human rights of disabled people and also raise society's awareness of disabled people as human rights holders.

6.2.2.5 Screening process

Participation in the action programmes prior to accession was a preparatory stage for Turkey to have access to the necessary knowledge on EU legislation and to establish working relationships with EU institutions. The accession process represented obligated policy transfer from the EU on the basis of the definition of Hantrais (2009) and Dolowitz and Marsh (1996), as previously stated in Chapter Two (section 2.3.2). Turkey is obliged by the EU to harmonise national legislation with the *Acquis*. The *Acquis* consists of 35 different chapters and disability issues are mainly considered in the Chapter on Social Policy and Employment. The adoption of the UN CRPD also led to the inclusion of disability issues in the chapter on Judiciary and Fundamental Rights. The *Acquis* in the social field includes minimum standards in areas such as labour law, equal treatment of women and men in employment and social security, as well as health and safety at work. It also comprises specific binding rules with respect to non-discrimination on grounds of racial or ethnic origin, religion or belief, disability, age or sexual orientation. Disability issues were touched upon in the social inclusion and non-discrimination parts of the *Acquis* (the Ministry for EU Affairs, 2013).

¹³ The Administration for Disabled Persons was established under Prime Ministry in 1997 to bring coordination with these agencies coordinate the services for disabled people.

Accession negotiations began with the first stage of the process, 'screening' in February 2006. The main contributors to this process have been Turkish bureaucrats and EU Commission members. The Ministry of Labour and Social Security and the Ministry of Development (formerly State Planning Agency) in Turkey coordinated this chapter. The main purpose of screening was to speed up the accession process. It was the process in which information on the legislation under the *Acquis* was provided, the differences between EU legislation and legislation of Turkey were determined, and a broad calendar of the accession process and the potential obstacles that may get in the way of this process were addressed. The screening process regarding social policy and employment chapter was fulfilled on 22 March 2006 (Ministry for EU Affairs, 2013).

At this time, the European Commission delivered a presentation introducing the EU strategy on disability. The presentation highlighted that the main pillars of the EU disability strategy comprise four components, including EU anti-discrimination legislation and measures, elimination of environmental barriers, mainstreaming disability issues in community policies and mobilising stakeholders through dialogue. The European Commission also detailed *the EU Disability Action Plan for 2006-2007* (COM(2005) 604 final). The adoption of mainstreaming disability issues in Community policies was emphasised during the presentation to facilitate active inclusion of disabled people. This emphasis was partly related to the fact that '*disability mainstreaming in the European Employment Strategy*' was adopted in 2005. This document served as a guide on how to formulate and implement the strategy in disability. The emphasis might have served as an aim that the Commission would like to transfer this strategy in order to ensure equality and non-discrimination of disability in Turkey. This emphasis was also clear in a '*Non-exhaustive list of questions: Chapter 19- social policy and employment*' that was received prior to the meeting where the Turkish authorities would make a presentation on 20-22 March 2006. The highlight of the questions was '*Does your national disability policy operate on the basis of the mainstreaming concept? If*

yes, can you give any examples of where and how the mainstreaming approach was used and worked successfully? How do you ensure the application and implementation of the mainstreaming concept across various policy areas?’ The Administration for Disabled People was not familiar with this strategy at first since there had been no policy document mentioning the adoption of disability mainstreaming strategy in the Turkish policy documents. The concept of mainstreaming was only known in education. After the painstaking investigation of the strategy and the corresponding policies, the Turkish Disability Act¹⁴ was given an approximation of disability mainstreaming as a response to these questions. The full response of the Turkish Government to the question was that

Mainstreaming is the central concept in the formulation of the national disability policy. It can be seen in the general principles of the Turkish Disability Act, as “State shall not exercise discrimination against the disabled people. Combating discrimination is the basic principle of the policies towards the disabled people”. Mainstreaming is also guaranteed in the field of education through the Act of Special Education (Law No: 573). By this Act, the education of children with disabilities is provided in the same environment as other children. Moreover, the employment of people with disabilities is provided by a Quota System that is mainly based on mainstreaming issues in the process of placement of people with disabilities into labour market. These practices can be given as the examples of mainstreaming concept.

Upon completion of the screening process of the social policy and employment chapter, the EU Commission provided a report. The assessments and propositions in this document played a vital role in determining whether the

¹⁴ The Act regulates various issues facilitating the enjoyment of human rights for disabled people for the first time. The provisions include prohibition of discrimination against disabled people, employment, reasonable accommodation, accessibility, sheltered workshops, care services, rehabilitation, early diagnosis and prevention, social assistance, and Turkish sign language.

chapter was ready to be opened. In this report the EU commission reviewed the information given by Turkey during the screening process and decided that Turkey was not ready for the chapter to be opened. In the report the EU Commission presented a set of opening benchmarks to be fulfilled in order for this chapter to be opened.

According to the European Commission's overall assessment regarding the degree of alignment and implementing capacity in this chapter was that '*...Turkey has reached a satisfactory level of alignment in the field of social policy and employment. In order to prepare for the full application of the Acquis, further measures to transpose legislation are necessary...*' The European Commission's specific assessment regarding disability policy in Turkey was that '*...substantial work is still necessary in order to improve the situation of people with disabilities. Attention should be paid to the creation of community-based services as an alternative to institutionalisation as well as to the improvement of access to education for children with disabilities. Developments in this field should be monitored carefully...*' (European Commission, 2006).

The screening process raised the line ministries' awareness of the importance of the realisation of disability mainstreaming in all policies. This was evident in gaining legitimacy for the Administration for Disabled People in the wake of the screening process. Starting from its inception, on the basis of the interviewees' accounts, the Administration had difficulty ensuring coordination and collaboration with the line ministries in the realisation of disability mainstreaming in policies. It was frequently assumed by the government institutions as a DPO rather than a government institution. The lack of acknowledgement of the Administration as a government institution dealing with disability could also demonstrate the lack of activities of the line ministries to realise disability mainstreaming in their policies. The reluctance of the organisations to be involved in activities in disability was an impediment to the realisation of disability mainstreaming in policies. Therefore,

there was a need to have alternative mechanisms to realise this aim. An interviewee who participated in the screening process underscored the importance of the EU accession process as a tool for raising the line ministries' awareness of disabled people as a disadvantaged group. In addition, they argued that previously, each and every ministry adopted partial measures to disability without establishing any coordination with the other ministries. The accession process has led to establishing working relations among the line ministries. In fact, the screening process has raised bureaucrats' awareness of new policy practices in the EU in order to realise disability mainstreaming in a wider policy.

To illustrate, the bureaucrats did not at first have any familiarity with the function, or know how to establish, an independent equality body, which was a requirement addressed in the EU Directive 2000/43, in order to tackle all grounds of discrimination. This was mainly due to the fact that there has not been an example of such an equality body in Turkey. As a result of the screening process, the bureaucrats have gained knowledge of how to establish an independent equality body in Turkey and eventually prepared draft legislation for its establishment. The first draft proposal establishing an anti-discrimination and equality body was prepared by a group of academics under the coordination of the Ministry of Interior Affairs. It was subsequently sent to the relevant government institutions to collect their opinions on the draft proposal. It was presented by the Ministry of Interior Affairs to the European Commission in 2009 during the screening meeting in Brussels. The proposal comprised the definition of discrimination and also prohibits discrimination on various grounds including gender, ethnicity, skin colour, language, religion, sexual orientation, social status, civil status, health condition, disability, and age. It also contains a definition of reasonable accommodation¹⁵.

The screening process has resulted in the adoption of non-discrimination against disabled people in national education legislation and labour law with the

¹⁵ Further information was given in footnote 31 of this chapter.

law no 6518 dated 6 February 2014¹⁶. During the screening process, the European Commission asked *'Could you confirm that the definition of discrimination on the different grounds given in the directives of 2000/43 and 2000/78 article 2 are not harmonised with the national legislation including Labour law and the other law?'* The answer of the Turkish authorities was *'nine professors specialised in law were selected with the participation of civil society organisations in the decision in order to amend the labour law. There was an agreement that the law would be harmonised with the ILO standards as well as the EU directives in the field. In this respect, a new article on 'equal treatment', which was not in the previous version of the law, was inserted into the amended version. The definition of discrimination was made as "discrimination on the basis of religion, ethnicity, belief, or for similar reasons is prohibited in employment relations."* The ruling of the Constitutional Court regarding the insertion of "for similar reasons" into the article was that it comprises the other grounds of discrimination including direct and indirect harassment, age, sexual orientation. That is why we did not specify the other grounds of discrimination in this law... More to the point, we think that since we are talking about the discrimination arising from the issue of employment relations here it would not be appropriate to talk about discrimination in society in a general sense.' The European Commission highlighted that *'there is a requirement that all protected grounds of discrimination given in the directives should be harmonised with the national legislation on the basis of the past experiences stemming from the previous enlargements... We are not convinced that the national legislation is harmonised with the directives. Therefore, we concur that there is a partial compliance in anti-discrimination as a whole.'* This influence of Europeanisation subsequently yielded the adoption of the definition of discrimination in Turkish legislation, law no 6518 on 6 February 2014, in compliance with the directives, as previously indicated.

¹⁶ Act No. 6518 dated 6 February 2014 to amend the Decree having force of Law concerning the Organisation and Duties of the Ministry of Family and Social Policies and to some Laws and Decrees having force of Law.

6.2.2.6 The Joint Memoranda on Social Inclusion

As one of the requirements for accession to the EU, the preparation of the Joint Memoranda on Social Inclusion (JIM)¹⁷ has also served as an important tool for the realisation of disability mainstreaming in Turkey. The preparation of the document required the establishment of working relations among the government institutions to collect and include necessary information about disadvantaged groups. Prior to initiation of the accession negotiations, this process established coordination among the line ministries. An interviewee who was involved in the accession negotiations explained how this process has raised the Ministry's awareness of disability:

A couple of EU officials came to the Ministry in 2003 and informed us that we should prepare the document called JIM. We asked them what the document was about since we did not have any information about it. They explained that the document should comprise the Turkish government's policies on increasing participation of disadvantaged groups including disabled people in every realm of societal life. The preparation process raised the Ministry's awareness of the fact that there was a government institution called Administration for Disabled

¹⁷ The main aim of the document is to facilitate the country's transition to the implementation of the Open Method of Co-ordination on social inclusion in the wake of the realisation of its accession to the EU. The European Commission expects that this could lead to harmonise the EU's common standards to national policies. The document includes the main problematic areas to deal with poverty and social exclusion and also comprises policies to tackle these problems (European Commission, 2015c). The process of the preparation of this document was initiated and coordinated by the Ministry of Labour and Social Security in December 2003 with the collaboration of the relevant government institutions. The European Commission made a revision of the preparation process of the document in 2010 and 2012. The preparation process was suspended until 2013 due to a disagreement between the European Commission and the Ministry stemming from minority rights. Further revision was made in the preparation of the document by the European Commission in compliance with European 2020 Strategy in 2013. The current version of the document is titled Employment and Social Reform Programme (ESRP) and comprises the previous two separate documents i.e. the Joint Assessment Paper of Employment Policy Priorities (JAP) and the Joint Memoranda on Social Inclusion (JIM). The document is now in the preparation process in the Ministry on the basis of an interviewee's account.

People affiliated with the Cabinet Office.

The same interviewee also argued that the initiation of the accession negotiations and the JIM preparation process led to the establishment of a Department of Disadvantaged Groups under the Ministry in 2010 since the concepts of disadvantaged and social inclusion have gained in popularity stemming from the accession to the EU.

6.2.2.7 TAIEX

Aside from the screening process that gave the government institutions insights into their responsibilities to disabled citizens, the European Commission placed great stress on effective implementation of disability mainstreaming by providing other policy transfer mechanisms from the EU for Turkey. The Technical Assistance and Information Exchange instrument (TAIEX)¹⁸ has been extensively used to ensure policy learning and transfer from the European Union for the realisation of disability mainstreaming in all policies. To illustrate, the following TAIEX workshops have been arranged in Turkey in order to learn and transfer the relevant good practice examples from European Countries. The workshops were *'Anti-discrimination Mechanisms in the EU Countries'* in 2009, *'National Implementation and Monitoring of the UN CRPD in European Countries'* in 2011 and *'the Efforts of Data Collection and Statistics in European Countries'* in 2012, *'Long-term Care and Financing Models'* in 2013 and *'Participation of Persons with Disabilities in Political Life'* in 2014. These workshops have raised awareness for

¹⁸ The Technical Assistance and Information Exchange instrument (TAIEX) managed by the Directorate-General Enlargement of the European Commission aims to provide a suitable milieu for policy learning and the transposition of EU legislation into the national legislation for beneficiary countries. The technical assistance comes in many different forms and across a wide range of areas. Partner administrations can benefit from TAIEX's flexibility to help meet wider training needs in EU legislation by reaching a significant number of officials. The expert and study visit format, depending entirely on requests received from beneficiary partners, also provides a complementary institution building service (European Commission, 2013c).

the necessity of realisation of disability mainstreaming in wider policy so as to ensure effective implementation of the specific provisions of the UN CRPD.

6.2.2.8 EU financial assistance (Instrument for Pre-Accession¹⁹)

The importance of EU financial assistance in the realisation of disability mainstreaming in policies cannot be underestimated. As a candidate country, Turkey has been using pre-accession funds to prepare its institutions and society for accession to the EU and supporting its own modernisation efforts. EU financial assistance was initiated in 1964 immediately after signing the Ankara Association Agreement in 1963. The financial cooperation between 1964 and 1999 was based on using loans provided by the EU. However, in tandem with the recognition of Turkey as an EU candidate country in December 1999, it has been benefiting from grants starting from 2002 (Ministry for EU Affairs, 2014). The grants have been distributed to projects by taking into consideration the priority areas defined by the Multi-Annual Indicative Planning Document (MIPD)²⁰.

The EU Delegation to Turkey has facilitated the adoption and implementation of disability mainstreaming in all policies through promoting the use of the EU financial assistance in disability by the line ministries. To illustrate, the idea of the project titled '*Improved Integration of Disabled Persons into Society*²¹' was given to the Administration for Disabled Persons by the Delegation. They visited the Administration in January 2009 to promote the EU Funds allocated to Turkey. They informed that since there had so far been no application on the basis of projects from the Administration to benefit from these funds, the

¹⁹ Instrument for Pre-Accession Assistance (IPA) aims to provide financial aid for the accession countries in the harmonisation of European policies that is obligatory to ensure integration into the EU (Europa, 2015).

²⁰ The purpose of this document is to elaborate the EU's priorities for assistance to Turkey for the defined programming period. It is based on the needs defined in the Accession Partnership of the country as well as the latest progress report. The Government of Turkey, local stakeholders, EU Member States and other donors have all been consulted in the design of this MIPD (European Commission, 2011c).

²¹ For further information www.ec.europa.eu/enlargement/pdf/turkey/ipa/2009/tr2009_013501-integration_of_disabled_persons_into_society_en.pdf Accessed 8 April 2015].

chance of benefiting from these funds was high. They assured the Administration that they would provide any guidance that might be needed during the preparation of the project fiche. The given idea was inserted into the project fiche and the project was subsequently awarded as one of the projects financed by the EU financial assistance in 2009. It aims both to strengthen advocacy activities of CSOs in disability and to improve institutional capacities of the General Directorate of Services for Disabled Persons and the Elderly under MoFSP (formerly the Administration for Disabled People).

The grants have been used by government organisations to strengthen their institutional capacities, to promote cooperation between civil society and government organisations and also to improve effectiveness of the services for disabled people. To illustrate, a project titled '*Strengthening Special Education*²²' aims to improve the learning environments for disabled people through in-service training, psychological assessment and diagnostic tests. Another project on '*Promoting Services for People with Disabilities*²³' was a contribution to the Turkish government's effort in the provision of effective, appropriate and efficient community based support services for people with disabilities.

An interviewee involved in the EU negotiation processes asserted that EU financial assistance has so far been granted to build capacity of the line ministries including MoFSP and the Ministry of National Education and DPOs. However, it will soon be directed towards making significant impact on the adoption and implementation of disability mainstreaming in all policies in order to meet the diverse needs of disabled people.

²² For further information www.ec.europa.eu/enlargement/pdf/turkey/ipa/2008/tr080105_strengthening_special_education-final_en.pdf [Accessed 8 April 2015].

²³ For further information www.ec.europa.eu/enlargement/pdf/turkey/ipa/2008/tr_080104_promoting_services_for_pwd-final_en.pdf [Accessed 8 April 2015].

The EU enable the Turkish Ministries to exchange knowledge among the Ministries in the Member States through the implementation of these projects. A head of a DPO who was working in an EU funded project of a Ministry argued that study visits carried out under those projects have been effective for the Ministries to see the implementation of disability mainstreaming in the EU Member States. Such visits demonstrated that the realisation of disability mainstreaming in all policies were not an impossible mission.

6.2.2.9 EU policy transfer channel opened by civil society organisations

Policy transfer from the EU in the realisation of disability mainstreaming in all policies could also occur through the channel opened by membership of Turkish CSOs to European umbrella organisations. The agenda of the umbrella organisations has been defined in line with EU disability strategy. Subsequently, the agenda has been transferred to Turkish CSOs via their membership of those organisations. The agenda could be disseminated to government institutions through the Turkish general CSOs' various local activities including awareness raising events, lobbying and their contribution to Progress Reports. To illustrate, Sabanci Foundation, Aydin Dogan Foundation, Vehbi Koc Foundation, Third Sector Foundation of Turkey and Anadolu Foundation all have membership of the European Foundation Centre²⁴. The centre had a study on challenges and good practices in the implementation of the UN CRPD VC/2008/1214 in 2010. This study has increased awareness of the foundations of the UN CRPD and their prominent role in its effective implementation in Turkey. This would, in turn, disseminate to the line ministries to guarantee the effective implementation of the UN CRPD in Turkey. This was evident in an interviewee's account. The interviewee working for the international relations department of a line ministry endorsed this policy transfer channel using the following example. One of the European channels that the institution used was a European umbrella organisation

²⁴ This centre was established in 1989 as an international membership association of foundations and corporate funders. Its mission is to strengthen the European philanthropic sector (European Foundation Centre, 2015).

called *the Global Network of Cities, Local and Regional Governments*. The umbrella organisation has been transferring policies to local governments in Turkey through municipal international cooperation, twinning and sister city relationships²⁵. In particular, sister city practices have provided a useful policy transfer opportunity from the EU to local governments in Turkey in terms of accessibility policy. The Turkish nationality of the president, Kemal Topbas, has helped this organisation exert influence on the realisation of disability mainstreaming in all policies in Turkey.

Another example of such policy transfer was evident in an interviewee's account, who worked for a European umbrella organisation with which a line ministry in Turkey has had a cooperation agreement. They stated:

It was 5 years ago [2010]. A DPO from Turkey who is a member of the organisation contacted us to work on an accessible mosque in a [city]. He mediated to establish a connection between me and a General Director of a Ministry in 2011. I was in Ankara to discuss cooperation with the Ministry and the other people and then we invited the General Director and an MP from the European Parliament to sign a cooperation agreement in 2011. Subsequently, we organised an annual conference on employment in 2013 in Istanbul.

6.2.2.10 Turkish Disability Act as an EU policy transfer example

The formulation process of the Turkish Disability Act 2005 could be regarded as policy transfer from the EU, which filled the knowledge gap in disability.

²⁵ A sister city relationship is based on the establishment of cooperation between two cities located in different countries in the areas including technical, educational, cultural and so on. The relationship is initiated when a memorandum of understanding is signed by two mayors. The implementation of those activities is usually carried out by local governments (Sister Cities International, 2015).

However, the demand for the formulation of the Turkish Disability Act stemmed from the decision taken during the First Disability Council held in 1999. This was evident in the two interviewees' accounts as well as the book written by Mehmet Aysoy²⁶. They clarified the driving force behind the formulation of the act by arguing '*...the preliminary work regarding the formulation of this act was not initiated by the demand arising from the EU...*' (Aysoy, 2008, p.55-56). The adoption of this Act was also not due to the demand from the EU since neither Accession Partnerships²⁷ nor the Turkey Progress Reports had touched upon the need for the adoption of such an act before 2005. Yet, when it was formulated, the French Disability Act of 11 February 2005²⁸ was taken as a model. This was particularly evident in a number of provisions²⁹. The French Disability Act was given in the list of legislation in order to transpose the Employment Equality Directive (2000/78)³⁰. The 2003 and 2005 Turkey Progress Reports highlighted the need for the transposition of this directive by stating '*full transposition of the EC directives concerning discrimination on grounds of sex, racial or ethnic origin,*

²⁶ Mehmet Aysoy was the president of Administration for Disabled People in the period of 2003-2006. He was personally involved in the formulation of this Act.

²⁷ Accession partnerships refer to periodic documents that identify the framework of the accession process. They include both priority areas where candidate countries are obliged to make improvements and pre-accession assistance (European Commission, 2012c).

²⁸ Loi n° 2005-102 du 11 février 2005 pour l'égalité des droits et des chances, la participation et la citoyenneté des personnes handicapées.

²⁹ The commonalities can be given as follows: a) reasonable accommodation: the way of the insertion of reasonable accommodation (Art.14/3) into the Turkish Disability Act the same as that of French Disability Act. The responsibility is confined to those who are already acknowledged as workers with disabilities in both pieces of legislation; b) accessibility: the Turkish Disability Act (provisional articles 1 and 2) stipulates that the existing official buildings of public institutions and organisations, all existing roads, pavements, pedestrian crossings, open and green areas, sporting areas and similar social and cultural infrastructure areas and all kinds of structures built by the natural and legal people serving public and mass transportation shall be brought to a suitable condition for the accessibility of disabled people within seven years from the date of effect of this Law. The French Disability Act stipulates that the built environment including pavements, buildings, streets, and public facilities must allow total accessibility for disabled people within ten years of publication of the Law on Disability and public transport must offer complete accessibility within three years, or offer substitute transport services to disabled people and c) Penal Code's prohibition of discrimination: the existence of reference to the Penal Code's prohibition of discrimination in the provision of services is a common element in both the Turkish and French Disability Acts. There is no definition of indirect, direct discrimination, harassment, and victimisation in either of the acts.

³⁰ The list of legislation can be accessed on French government's official website on www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000000883358&dateTexte= (accessed 23 March 2015)

religion or belief, disability, age and sexual orientation is still required.' The adoption provided only one legislative effort to transpose the directive during the accession negotiations regarding *Chapter 19: Social Policy and Employment*, which took place on 20-22 March 2006 in Brussels. The Act was regarded as a unique piece of legislation that included provision of discrimination at that time, although it failed to include a definition of discrimination. The book written by Mehmet Aysoy, gave an explanation for the definition being missing in this Act by stating '*...the article regarding discrimination against disabled people in this Act created huge debate during the adoption of the Act at the Grand National Assembly of Turkey. In order to increase the chance of the adoption of the Act it failed to include the definition of discrimination as there was a huge possibility that the article regarding discrimination against disabled people could have been omitted from the Act at any time...*' (Aysoy,2008, p.49). He also argued in his book that the omission of the equality body³¹ that deals with discrimination on the various grounds from the Act during the adoption make it impossible to have effective implementation of the article other than through the judiciary mechanism. The reason provided for the omission was a disagreement among the Administration for Disabled People, DPOs, CSOs and the policy makers about the most effective model for the institution (Aysoy, 2008, p.49).

Therefore, although the demand for the adoption of the Act arose from the domestic influence, its formulation process was based on European policies on disability. The adoption of this act had a ripple effect on the adoption for disability mainstreaming in legislation.

³¹ The 2010, 2011,2012, 2013 and 2014 Turkey Progress Reports highlighted that '*A draft law on the establishment of an Anti-discrimination and Equality Body remained pending at the Prime Ministry. References to discrimination on grounds of sexual orientation or gender identity were taken out of the initial draft.*' An interviewee who was involved in the preparation of this proposal confirmed this and also provided another reason for the pending status by arguing '*the proposal is still in the Prime Ministry. The Prime Ministry has not sent it to the Grand National Assembly of Turkey. The reason was that the proposal is also included discrimination against ethnicity including Kurdish nationality. I expect that the proposal could be adopted next year.*'

6.2.2.11 The proliferation of disability mainstreaming in legislation

The majority of interviewees considered that disability mainstreaming was in transition. They argued that although the realisation of disability mainstreaming in all policies has not yet developed in society, there has been a significant shift. An interviewee underscored that the first step taken in the realisation of disability mainstreaming in all policies was the establishment of the Administration for Disabled People that was responsible for its implementation. The second milestone was the adoption of the Turkish Disability Act in 2005 as this legislation includes disability specific provisions as well as the insertion of disability into miscellaneous legislation. Another interviewee provided evidence of this shift by arguing that

‘The ministry had to remind the other ministries of the insertion of disability perspectives into the legislative process 10 years ago. But, now, this insertion has been realised in a spontaneous way by the other ministries without the need for the minister’s attempt to do so.’

It has been argued that, especially after its second electoral victory in the 2007 general elections, the current government has taken a more independent stance *vis à vis* the EU and its democratisation agenda (Onis, 2010, p.9, Noutcheva and Aydin-Duzgit, 2012). The reduced reliance on the EU was evident in some interviewees’ accounts. They lamented that Turkey would never qualify for accession as long as the EU keep moving the goalposts. However, they underscored their commitment to the realisation of EU standards in disability, although doubting that accession would happen. This was evident in an interviewee’s account, while they were mentioning the opening benchmarks for the Chapter 19.

... [F]irst opening benchmark for the chapter is the full harmonisation to the Acquis and the relevant ILO standards in terms of the realisation of freedom

of association³² in the public sector as well as in the private one. This should have been closing benchmarks. The benchmarks were defined by the European Council...We haven't as yet realised this benchmark. But we [the Ministry] have not given up yet...

Such attachment to the EU standards in disability was evident in the following policies, demonstrating further realisation of disability mainstreaming in all policies. The first national employment strategy (2014-2023)³³ comprised the realisation of disability mainstreaming in employment policies by adopting job creation measures for disabled people and increasing their participation in the labour force (Ministry of Labour and Social Security, 2014). In addition, all 'pejorative' expressions including 'retarded', 'invalid', 'crippled' and so on were replaced with 'disabled people' in all legislation in spring 2013. In particular, law no 6518, 6 February 2014, made a significant achievement in the insertion of the principle of non-discrimination on the grounds of disability into national education legislation and labour laws. The law also included new provisions that redefined the concept of accessibility and provisions on direct and indirect discrimination on the basis of disability. The principle of accessibility in urban environments, public transport services, electronic services and emergency services has now an improved definition. In this respect, the 2014 Turkey Progress Report stressed the importance of these achievements to complete the full transposition of Directive 2000/78 as well as the harmonisation of the UN CRPD in disability.

To sum up, nearly all interviewees involved in the decision-making mechanisms underscored the cumulative impact of Europeanisation on the realisation of disability mainstreaming in policies including non-discrimination in

³² It refers to the right for workers and public employees to establish and join organisations of their own choosing without previous authorisation (ILO, 2015b). The compliance with the ILO standards is stemming from the fact that Turkey has ratified Freedom of Association and Protection of the Right to Organise Convention (No.87) and Right to Organise and Collective Bargaining Convention (No.98).

³³ It was adopted on 6th March 2014

employment, community-based living and access to education. They claimed that the process has led to both strengthening policy learning and transfer from the EU and cooperation between Turkey and the EU, particularly after 2005. They considered Europeanisation as a driving force for achieving the EU standards in every realm of societal life. Nonetheless, they also highlighted some manifestations of particularism in policy maker's perspective of disability. These are fleshed out in the following section.

6.3 Manifestations of particularism in disability mainstreaming

As stated in Chapter Two and detailed in Appendix II, the predominance of particularism in policy making processes has delayed the progress of the adoption of human rights based policies. This section argues that particularism has manifested itself in policy maker's perspective of disability. These manifestations are addressed in detail below.

6.3.1 Policy makers' perspective of disability

The adoption and implementation of selective and partial disability mainstreaming in policies as well as giving a high priority to disability have depended on how strongly decision makers including prime ministers, ministers, undersecretaries and general directors are influenced by particularism. This dominant role of decision makers in the disability policy orientation was highlighted in Focus Group 1 and also in some interviewees' accounts. To illustrate, Focus group 1 argued that

'...[T]he minister for Family and Social Policies, Fatma Sahin, left and Aysenur Islam, was appointed as a new minister. This has adversely affected the policy achievements that have so far been made in disability. A new minister means new policies. All work that has been done in disability has already gone back to square one with the new

minister since there is no continuity of policy. The new minister does not know anything about disability. We have to educate the new minister about disability and our problems. It will take time...'

Focus Group 1 and some interviewees underscored the highly influential role of the former Prime Minister, the current President of the Republic of Turkey in the realisation of disability mainstreaming in policies. The President's awareness of disability dated back to 1996 when he was the Mayor of the Istanbul Metropolitan Municipality. During that time, he instructed an investigation to consider how the municipality could deliver social services to disabled people. During the celebration of International Day of Persons with Disabilities on 3 December 2010, the President also allocated one and a half hours to listen to the problems of confederations and federations of disabled people and he told them that he did not know the problems they raised and he stated that the responsible minister, Ms.Selma Aliye Kavaf, did not inform him of them. This was given by the focus group as a contributing factor to the minister's dismissal in July 2011.

The particularist approach to disability could also demonstrate itself in the influential role of ministers who have disabled family members in the realisation of selective and partial disability mainstreaming. An interviewee attached importance to the Minister's policy initiative role in the establishment of the General Directorate of Special Education and Guidance Services affiliated with the Ministry of National Education in 1992. Koksal Toptan who was the Minister of National Education between 1991 and 1993 had a child with intellectual disability and thereby put great emphasis on the effective implementation of special education in Turkey. Due to the significant contribution of the Minister and his appointed general director (Prof.Dr.Necate Baykoc Donmez³⁴), the Turkish government declared

³⁴ Who was responsible for the General Directorate of Special Education and Guidance Services between 1992 and 1995. She was also subsequently an advisor for the Administration for Disabled People between 1997-2001.

1993 as the Year of Special Education in Turkey.

Another example of particularism was the prominent role of the first visually impaired MP, Lokman Ayva, in the realisation of selective and partial disability mainstreaming. His activities included the insertion of articles relating to visually impaired people and increasing the amount of disability benefit into the Turkish Disability Act (Aysoy,2008, p.49-50). Furthermore, the project on free transportation of children with disabilities to/from school was personally prepared by him and has been implemented across Turkey as of 2004. He was also involved in the preparation of laws associated with increasing the levy charged to employers who do not employ people with disabilities. Due to his disablement, policy makers tended to delegate all matters relating disability to him in order to avoid taking responsibility for the realisation of disability mainstreaming in policies.

Some interviewees highlighted some negative impacts of strong particularism on the attitudes of policy makers towards the realisation of disability mainstreaming. Those negative attitudes were also well-documented by media coverage. To illustrate, the Minister of Health, Recep Akdag, told a person with visual impairments who was informing him of his financial problems *'the government gave you a job, even though you are blind. What more do you want the government do?'* (T24, 2011). Another example of the existence of this attitude was as follows: An MP, Ziyaeddin Akbulut, - while he was delivering a speech in an opening ceremony of a vocational training and special education centre for disabled people – made his position clear by saying *'the government treated disabled people as human beings by the adoption of Turkish Disability Act in 2005 even if they don't deserve it'* (Zaman, 2013). The following example could also demonstrate some negative connotations associated with disablement in the policy makers' discourse. The State Minister, Ali Babacan, responded to a critic who suggested that the transition to the new Turkish Lira could throw the public into total confusion by arguing *'why the transition could lead to a confusion? No country can ill-treat Turkish people as if we were disabled [due to the low value of*

Turkish Lira].’ (Hurriyet, 2004a).

The particularist approach of the finance Minister, Kemal Unakitan, also constituted a barrier to the adoption of a comprehensive disability act to realise disability mainstreaming in a wider range of policies. This had significant media coverage. To illustrate, the newspaper Hurriyet (2004b) highlighted that *‘a law proposed on disability that was formulated in accordance with the EU standards met with ‘the Unakitan obstacle’. He objected to 40 articles out of 94. Therefore, the proposal could not be sent to the Grand National Assembly of Turkey.’* The article also included an interview with Mehmet Aysoy about this hurdle. He stated that *‘we included some articles in the proposal to enable disabled people who do not have insurance to be insured. In addition, we would like to remove the legal obstacles in the Civil Servants Law to employ a disabled person as a civil servant. He objected to that as well. The Finance Minister strongly objected to all disability related provisions regardless of the economic aspects.’* The book of Mehmet Aysoy (2008, p.52) also included a statement of Kemal Unakitan during the budget negotiations in 2007 *‘all state budget was allocated to people with disabilities this year.’*

This section demonstrated that some manifestations of particularism in policy maker’s perspective of disability. The interaction between the particularism and the influence of Europeanisation is addressed in the following section.

6.4 The interaction between particularism and the influence of Europeanisation

The interaction of the predominance of the particularist approach to disability with the influence of Europeanisation has resulted in attenuating the effect of Europeanisation in the realisation of disability mainstreaming. This was

evident in the following policies. These include closing down the Department of Disadvantaged Groups, selective implementation of the *Acquis*, lack of support to mainstream education, the designation of MoFSP as a focal point on disability, the postponement of the implementation of the accessibility clause of the Turkish Disability Act, the introduction of Carer's Allowance, the delivery of social assistance to disabled people, the employment of disabled people in the public sector, and lack of influence of European academics on the realisation of disability mainstreaming in Turkey.

6.4.1 Closing the Department of Disadvantaged Groups

The predominance of particularism can attenuate the effect of Europeanisation in the realisation of disability mainstreaming in policies. This was evident in an interviewee's account. In 2010, the Department of Disadvantaged Groups was established as a result of the influence of Europeanisation on policies of the Ministry of Labour and Social Security. The duty of the department was to insert the diverse needs of disadvantaged groups including disabled people into the policies of the Ministry. However, the department was closed in 2014 and subsequently restructured as the Department of Employment Policies, demonstrating a gradual decrease in the motivation of the policy makers to adopt and implement disability mainstreaming in policies. The decrease in the motivation also demonstrated itself in the lack of a person responsible for dealing with disability issues in some ministries on the basis of some interviews.

6.4.2 Selective implementation of the *Acquis*

The predominance of particularism embedded in the line ministries was associated with giving higher priority to binding legislation over non-binding legislation. In this respect, the *Acquis* lacks legally binding characteristics which may lead to a lower priority to adopt and implement disability mainstreaming in all policies on the basis of some interviewees' accounts. The lack of legally binding characteristic has led to an understanding of no obligation to adopt and implement

disability mainstreaming by policy makers. This was evident in the emphasis on the harmonisation of the Directive 2000/78 in Turkish legislation rather than the harmonisation of recommendations in disability.

6.4.3 Lack of support to mainstream education

The societal embeddedness of particularism led to the lack of support for families with disabled children for the realisation of disability mainstreaming in education. This reluctance stemmed from the tendency of overprotection of disabled people by their parents, reflecting the predominance of collectivism in society. This overprotection has constituted a barrier to the realisation of independent living for disabled people as holders of human rights in Turkey. Such overprotection was evident in families with disabled children's support for segregated school facilities. The Ministry of National Education issued a draft regulation³⁵ strengthening mainstream education. This regulation required closing down segregated schools for disabled children. When a minister responsible for national education visited one of the schools that would be closed down, the families informed him of their dissatisfaction with this policy practice since they did not want segregated schools to close. The minister assured them by saying *'I believe that we should increase the number of this kind of segregated schools for children with disabilities and we should also establish segregated boarding schools for them.'* (Ministry of National Education, 2014).

6.4.4 The designation of MoFSP as a focal point on disability

Some interviewees highlighted the adverse effect of the establishment of a ministry designated as a focal point on disability on the relevant ministries' efforts to insert a disability perspective into policies. They claimed that since the establishment of MoFSP, the relevant ministries were reluctant to take additional

³⁵ The draft regulation on Special Education and Counselling Services addressed mainstreaming in education as the basis of education of disabled children (Art.13(c)).

responsibility outside of their traditional working area in disability. They were trying to hand over responsibility to the Ministry. This suggests that the inclination of the line ministries to not take responsibility for the realisation of disability mainstreaming in line with the dominance of particularism in the ministries.

This was evident in the appointment of the ministry rather than all line ministries as to the realisation of the following broad measure to disability identified in the National Programmes for the Adoption of the Acquis (NPAA) 2008. It stipulated that *'The accessibility of disabled people to all private or public services will be ensured.'* (Ministry of EU Affairs, 2009). This constitutes a barrier to the realisation of disability mainstreaming in all policies on the basis of the realisation of human rights for disabled people in that this has decreased the motivation of line ministries for the realisation of disability mainstreaming in policies.

6.4.5 The postponement of the implementation of the accessibility clause of the Turkish Disability Act

On the basis of some interviewees' accounts the predominance of particularism in policy making led to the postponement on two successive occasions of the implementation of the accessibility clause of the Turkish Disability Act. The postponement could demonstrate the resistance of the line ministries to the influence of Europeanisation on the formulation of the Turkish Disability Act. According to the provisional article two of the Turkish Disability Act, the existing official buildings of the public institutions and organisations, all existing road, pavement, pedestrian crossing, open and green areas, sporting areas and similar social and cultural infrastructure areas and all kinds of structures built by the natural and legal people serving the public and the mass transport services in the city had to ensure accessibility to disabled people by 2012. However, the deadline has already been extended twice. There was limited media coverage regarding the extension. To illustrate, Milliyet (2012b) ran the story under the headline *'fading away the expectation of the implementation of the Turkish Disability Act: the last minute proposal given to the Grand National Assembly of Turkey came as a*

bombshell that made disabled people rebel against the decision'. An interviewee participating in decision making processes at European and national level criticised the limited media coverage and the DPOs' silence to the postponement by arguing

'...DPOs and the media would have had a harsh reaction to the postponement if this had happened in a European country...'

Additionally, another interviewee argued that

...[A]ccessibility to disabled people was still neglected in new buildings even though there is legal provision in the Turkish Disability Act...

6.4.6 The introduction of Carer's Allowance

The introduction of Carer's Allowance in 2006 is another policy transfer example from Europe in the Turkish Disability Act where the main benefit is for carers for disabled people. However, this policy was illustrated by some of the interviewees as a barrier to the promotion of independent living for disabled people in Turkey. This was particularly evident in shifting policy direction from the adoption of long term care insurance for severely disabled people towards the adoption of Carer's Allowance on the basis of interviewees' accounts.

An interviewee who was involved in the establishment of the Administration for Disabled People in 1997 explained the background of the policy shift. The policy idea was previously developed as a long term care insurance scheme. It was a response to the concern of the families who had disabled relatives over who would take care of them when they pass away. An official meeting to discuss how to develop the care insurance scheme was held on 2-3 May 1999 with the participation of the relevant government institutions. However, the idea shifted from long term care insurance towards Carer's Allowance. The care strategy and

its action plan (2011-2013) highlighted the need to establish a long term care insurance scheme. The care strategy provided a warning against the shift from a long term care insurance scheme towards social assistance. Currently, the number of beneficiaries from this social assistance is too high and so cannot be turned into a care insurance scheme, which was the original plan. The increase of beneficiaries of the carer's allowance in tandem with the increase in total payment amount is given in Table 1.

Table 1: The number of beneficiaries of Carer's Allowance and total payment

| Year | The number of beneficiaries | Total Payment amount (£) |
|-------------|------------------------------------|---------------------------------|
| 2014 | 450.031 | 1,029,981,200 |
| 2013 | 427.434 | 892,115,807 |
| 2012 | 398.335 | 761,492,878 |
| 2011 | 347.756 | 572,671,614 |
| 2010 | 284.595 | 383,591,691 |
| 2009 | 210.320 | 22,244,697 |
| 2008 | 120.000 | 107,860,914 |
| 2007 | 30.638 | 9,053,074 |

Source: The Ministry of Family and Social Policies, 2015

The interviewees' accounts in focus group 1 highlighted the DPOs' displeasure at this policy. They stated that they had participated in all preliminary meetings regarding the formulation of this policy practice in order to reach European standards in this policy. However, the result was disappointing since the policy was making them more dependent on family members by depriving them of the opportunity to live independently. Another interviewee working in a decision making mechanism endorsed this viewpoint. They claimed that the policy makers have tended to adopt social policy for disabled people irrespective of the possible adverse result of the policies such as Carer's Allowance. They further asserted that this policy could lead to an increase in abuse cases where carers could abuse their dependents in order to get the allowance.

Another interviewee working for an international organisation argued that this allowance could be a barrier to the realisation of independent living for disabled people by asserting that

In the beginning, the introduction of the scheme was great due to the overwhelming duty of care to cater for the disabled person in the family at least two family members could not be involved in employment. So the scheme provided a regular income for the family members who could not participate in employment. But, on the other hand, it has subsequently become an incentive for the families to keep the disabled person within the family as a barrier to independent living for the disabled person for the sake of preserving the allowance.

This dependency has been promoted by the state. This was evident in a speech by MP Ziyaeddin Akbulut stating that

'...[N]ow families see persons with disabilities as "the fertility of their household" and take good care of them to be able to continue to get money from the state.' (European Network of Legal Experts in the Non-Discrimination Field, 2013).

6.4.7 Selective disability mainstreaming in the delivery of social assistance to disabled people

The selective disability mainstreaming in social assistance reflects the predominance of particularism in policy making. This was evident in the majority of interviewees' accounts, asserting that policy makers' perspective on disability has been confined to the delivery of social assistance to disabled people rather than the realisation of disability mainstreaming in all policies. An interviewee involved in decision making process highlighted that

‘...[P]roviding social assistance for disabled people could be considered as a part of the reflection of charity based understanding of disability embedded in Turkish society...’

The head of a DPO criticised the current disability policy: it has focused on increasing social assistance, concessions to disabled people and the delivery of free of charge services to them in various aspects of life. They further claimed that this selective disability mainstreaming has tipped the balance in favour of disabled people and could in turn have a detrimental effect on equality in society. The increase in social assistance is also evident in the official statistics given in Table 2.

Table 2: The distribution of people on disability benefit by years and budget allocation

| Year | Severely Disabled (70% and over) | | Disabled people (40%-69%) | |
|------|-----------------------------------|--------------------------|-----------------------------|--------------------------|
| | The Number of beneficiaries | Total Payment Amount (£) | The Number of beneficiaries | Total Payment Amount (£) |
| 2014 | 268.038 | 325,589,990 | 332.432 | 276,454,090 |
| 2013 | 225.457 | 281,626,290 | 300.242 | 254,472,240 |
| 2012 | 201.670 | 219,042,670 | 298.617 | 219,301,280 |
| 2011 | 187.711 | 178,182,290 | 293.141 | 194,733,330 |
| 2010 | 168.559 | 159,303,760 | 290.558 | 188,268,080 |
| 2009 | 142.288 | 146,114,650 | 275.028 | 163,441,520 |
| 2008 | 114.518 | 102,409,560 | 255.990 | 150,252,410 |
| 2007 | 92.904 | 77,324,390 | 239.110 | 133,442,760 |
| 2006 | 82.891 | 41,118,990 | 233.910 | 97,495,970 |
| 2005 | 84.072 | 22,757,680 | 243.519 | 64,911,110 |
| 2004 | 79.811 | 13,706,330 | 220.600 | 38,532,890 |
| 2003 | 72.805 | 12,413,280 | 204.332 | 35,170,960 |
| 2002 | 68.598 | 4,913,590 | 193.780 | 14,482,160 |

Source: The Ministry of Family and Social Policies, 2015

The focus group interviewees with the confederations and federations as well as the other DPOs demonstrated that there was no demand for the adoption and implementation of disability mainstreaming in all policies. The reason for this was explained as the current selective disability mainstreaming in social assistance and employment of disabled people in the public sector has met the demand of DPOs and thereby they have not pushed the government for further realisation of disability mainstreaming in all policies. The interviewees attributed the inertia of the DPOs to the predominance of particularism among disabled people as in the rest of society. Furthermore, they argued that the adoption of human rights for disabled people stemming from the UN CRPD was required to implement policies on the basis of individualism. However, the predominance of particularism promoted by the strong role of the state in society has delayed the adoption of such rights for disabled people. The interviewees ascribed their lack of involvement in policy making processes to the gradual increase in the strong role of the State in society. This has tended to further strengthen particularism by implying the inability of disabled people to have control over their own life.

The formulation of the Turkish Disability Act as the example of the influence of Europeanisation was also criticised by some interviewees to strengthen selective disability mainstreaming in social assistance. An interviewee who was involved in the preparation process of the Act argued that priority was given to catering for the needs of disabled people at the lowest socio-economic level. The head of a DPO during focus group 1 supported this and argued that its emphasis on the delivery of social assistance to disabled people has reduced the incentive for disabled people on disability benefit to gain legitimate employment because they did not want to lose their benefits. They further argued that they did not have any intention of being involved in the labour force because they had sufficient income to live on. Their wives that had carer's allowance support their children and the municipalities provided food for them.

An interviewee claimed that there was little difference between the level of social assistance for disabled people and the salary they would earn in employment. That is why most of them preferred to be on benefits rather than in employment. This was endorsed by an interviewee. They stated that the increase in social assistance has provided an incentive for them to not be involved in the labour market. This also created an incentive to have undeclared work. Another head of a DPO admitted the DPO's role in strengthening selective disability mainstreaming in social assistance and that the DPO was against the initial version of the act in 2004 since it failed to include any material rights. They protested against the adoption of the first version since they wanted the act to include provisions for social assistance for disabled people. Now, they regretted that the inclusion of the provision in the Act has strengthened the particularist approach to disability. Another interviewee highlighted that disabled people tend to internalise the needy status derived from the particularist approach to disability. They provided evidence of that by arguing that according to the results of *the Survey on Problems and Expectations of Disabled Persons in Turkey*, the vast majority of disabled people expect financial support from the government.

6.4.8 The employment of disabled people in the public sector

The predominance of particularism also reflects the realisation of selective disability mainstreaming in employment in the public sector. The influential role of the ILO in the policy orientation towards meeting quotas for disabled people in the public sector was already underlined in Chapter Four. The influence of Europeanisation was also important for pursuing this policy on the basis of the EU's selective and partial disability mainstreaming in the realisation of non-discrimination in employment. However, the predominance of particularism was evident in designing a segregated employment placement exams, the Public Personnel Selection Examination for Persons with Disabilities (OMSS) to meet quotas for disabled people in the public sector. There was previously also a separate examination for disabled people to be hired as civil servant. However, public institutions themselves ineffectively carried out the examination, without

regular dates sets for examinations. Additionally the same examination procedures were performed on all disabled people irrespective of the type and severity of their disability. To deal with the inefficiency of the previous examination, the OMSS initiated centralised examinations across Turkey by enforcement of the Law No. 6111³⁶ (Ministry of Family and Social Policies, 2012).

As a result of this, the employment rate for hiring disabled people as civil servants has been increasing since 2012. However, the increase in disabled civil servants in government institutions has strengthened the particularist approach to disability in government institutions hiring disabled civil servants. This was evident in the Turkey Progress Report (2014, p.58), stating that *'Discriminatory practices have been observed in employing public servants with disabilities, despite an increase in their employment in recent years...'*. Some interviewee asserted that the OMSS has been perceived by government institutions as an alternative way to the delivery of social assistance to disabled people rather than the realisation of the right to employment for disabled people. The interviewees further argued that the employers at the public sector have told their disabled workers that they could earn their salary without even coming to their workplace since they do not have any expectation from them to produce work. They do not even check whether their disabled workers come to the workplace. They frequently complain about the lack of productivity of disabled people due to the persistent effect of particularism on disability. Another interviewee involved in the EU accession negotiations supported this by arguing

'...[M]ost government institutions are totally against further implementation of the policy regarding the increase in the participation of disabled people in the public sector. They think that disabled people do not have any intention to be in employment...'

³⁶ It regulates the restructuring of certain receivables, Social Insurance & General Health Insurance issues and Some Other Laws (O J No: 27857 bis, 25.02.2011)

6.4.9 The lack of influence of European academics on the realisation of disability mainstreaming in Turkey

The predominance of particularism led to a lack of influence of some European academics on the realisation of disability mainstreaming in policies. This was evident as detailed below.

Especially in the wake of the impetus gained by the adoption of the Turkish Disability Act in 2005, the policy makers have been using alternative ways to realise disability mainstreaming in all policies by establishing coordination and collaboration with academics in Europe. On 5 October 2005, the president of the Administration for Disabled People was informed about Nicholas Keynes Humphrey³⁷'s forthcoming visit to Turkey. The origin of his visit was detailed on the Wikipedia page titled '*The Family That Walks On All Fours*³⁸': '*Nicholas Humphrey at his Cambridge home in June 2005 received a call from Dr. John Skoyles who has seen an unpublished paper by Turkish Professor Uner Tan that focuses upon hand dominance in a family of quadrupeds that does not explore their usual gait. Humphrey explains his reaction and why the British scientists go off immediately to Turkey.*'

His subsequent visit was not welcomed by the Turkish authorities as well as local people. A reason for that was associated with the predominant state tradition in Turkey requiring advance permission from the Turkish authorities to film in Turkey. However, Mr. Humphrey did not get permission. Aside from that, the predominance of particularism among local people constituted a barrier to the involvement of Mr. Humphrey and his team in the realisation of disability mainstreaming in policies. Local people attempted to protect the family from unknown foreign people whose aim was not clear. The negative attitude towards the team was well documented by the Wikipedia page as well as phone calls and

³⁷ Emeritus Professor of Psychology, London School of Economics

³⁸ www.en.wikipedia.org/wiki/The_Family_That_Walks_On_All_Fours

e-mails received from Defne Aruoba. Wikipedia stated the problem that *'The story develops in Turkey: Defne explains there is local tension. The local military police visit the family and ask the documentary makers to leave. It is explained it is against the law in Turkey to insult Turkey and they fear that the documentary might compare the family to animals. But Professor Humphrey explains the real problem is religious sensitivity. He is shown visiting and talking to the local imam. But the religious objection to the idea people did not arise from Adam and Eve does not only exist in Turkey: an evangelistic pastor in America expresses his creationism.'*

However, the real problem did not arise from religious sensitivity but stemmed from the predominance of particularism in Turkey. This led to a lack of cooperation of Turkish authorities and the local people with Mr. Humphrey and his team. This was evident in the following e-mail received from Defne Auroba on 14 October 2005: *'As I mentioned to you on the phone that we need to conduct some medical tests and treatment to the family. [...] Hospital previously opened its doors to us. But now they do not want to help us...'* Despite the lack of involvement of Turkish authorities and the local people in the preparation of the documentary programme, the documentary was filmed. It was subsequently announced on BBC News Channel on 7 March 2006³⁹ and broadcasted on BBC Two titled *The Family That Walks On All Fours* on 17 March 2006. The story has got a significant media coverage⁴⁰. The documentary was also presented as an LSE Research Online Discussion Paper called *'Human hand-walkers: five siblings who never stood up'*⁴¹, prepared by Nicholas Humphrey, John R. Skoyles and Roger Keynes.

This section demonstrated the effect of the interaction between the predominance of particularism and the influence of Europeanisation on the

³⁹ <www.news.bbc.co.uk/1/hi/sci/tech/4782492.stm>

⁴⁰ <www.dailymail.co.uk/news/article-2698298/Turkish-family-walks-fours-scientists-say-dont-like-four-legged-animals-ARENT-example-reverse-evolution.html>

⁴¹ <www.eprints.lse.ac.uk/463/1/CPNSS2.pdf>

realisation of disability mainstreaming in policies including employment, education, accessibility, social assistance and international cooperation. Therefore, it could be argued that the predominance of particularism has attenuated the influence of Europeanisation on the realisation of disability mainstreaming in all policies.

6.5 Conclusion of the chapter

This chapter demonstrated that the social movements in the 1960s necessitated a policy shift from the particularist approach to disability to a human right based one. However, policy makers lacked information and ideas about how to formulate such policies due to their lack of familiarity with this kind of policy. They took limited measures to realise selective disability mainstreaming in social assistance, rehabilitation, special education and employment. The influence of Europeanisation starting from the 1999 Helsinki summit provided an important tool for the acquisition of knowledge and policy practices that would give rise to the adoption and implementation of disability mainstreaming in all policies.

The influence of Europeanisation channels through different pathways intertwined with obligated and voluntary policy transfer on the realisation of disability mainstreaming in Turkey. The Turkey Progress Reports provided an obligated policy transfer mechanism by indicating the policy areas where a necessary transposition is needed to realise disability mainstreaming. Another important mechanism for the obligated policy transfer was the screening process since it highlighted the policy areas where disability mainstreaming should be realised in the legislation of Turkey. The preparation of the Joint Memoranda on Social Inclusion served the other obligated policy transfer through facilitating the realisation of disability mainstreaming in all policies on the basis of promoting human rights of disadvantaged groups. The obligated policy transfer was also triggered by the interaction between the international arena and Europeanisation in the example of the establishment of Hope Houses. This policy was the creation of community-based services as an alternative to institutionalisation. The other

examples of the obligated policy transfer were the transposition of the Employment Equality Directive (2000/78) to legislation by the adoption of law no 6518 on 6 February 2014, the inclusion of a disability perspective in the first national employment strategy (2014-2023), and the improvement of access to education for children with disabilities.

The influence of Europeanisation was also exerted through the voluntary policy transfer. Turkey's participation in the Community Action Programmes raised societal awareness of discrimination against disabled people in employment and also to promote a human rights based understanding of disability. Moreover, organising TAIEX workshops on disability provided the other mechanism for the voluntary policy transfer by simulating policy learning and policy transfer from European countries to realise disability mainstreaming in all policies. The voluntary policy transfer of EU financial assistance provided support for national institutions and society for the realisation of disability mainstreaming in policies. The financial assistance has been used to promote cooperation between civil society organisations including DPOs and government organisations and also to ensure education of disabled children in mainstream educational settings. Membership of Turkish CSOs to European umbrella organisations represented an indirect channel of the influence of Europeanisation. The agenda of the EU in disability has been disseminated to government institutions through this channel. There has been the cumulative impact of Europeanisation on the realisation of disability mainstreaming in the formulation of the Turkish Disability Act. The realisation of non-discrimination in employment, community-based living and access to education also provided the other examples of Europeanisation.

The predominance of particularism constitutes a barrier to the realisation of disability mainstreaming in all policies on the basis of human rights. This predominance demonstrates itself in policy maker's perspective of disability intertwined with the dominant role and/or negative attitudes of decision makers to

disability. The interaction of the predominance of the particularist approach to disability with the influence of Europeanisation has resulted in attenuating the effect of Europeanisation in the realisation of disability mainstreaming. This was evident in the following policies. These include closing down the Department of Disadvantaged Groups, selective implementation of the *Acquis*, lack of support to mainstream education, the designation of MoFSP as a focal point on disability, the postponement of the implementation of the accessibility clause of the Turkish Disability Act, the introduction of Carer's Allowance, the delivery of social assistance to disabled people, the employment of disabled people in the public sector, and lack of influence of European academics on the realisation of disability mainstreaming in Turkey.

The findings demonstrated that Europeanisation has yet to yield neither the realisation of disability mainstreaming in all policies nor the adoption of a national disability strategy. Furthermore, the predominance of particularism has led to the adoption and implementation of selective and partial disability mainstreaming (disability specific action) in social assistance and employment of disabled people in the public sector. The particularist outlook on the implementation of these policies constituted a barrier to the promotion of independent living for disabled people in Turkey.

7. Conclusion and implications

7.1 Introduction

The previous four chapters have concentrated on answering how IOs influence the realisation of disability mainstreaming in Turkey. In this final chapter, the researcher aims to:

- summarise the research,
- discuss the findings within the relevant literature,
- present policy implications and
- research recommendations

7.2 An overview of the thesis

This thesis explored the role of IOs as producers and/or mediators of disability developments in the realisation of disability mainstreaming in Turkey. With this aim, firstly, there was a need to define the main concepts and the relationship between them in the light of existing literature. These attempts shed light on a close association between disability mainstreaming and human rights, as equality suggests that no individual should have fewer human rights or opportunities than any other. This understanding of disability mainstreaming allowed the researcher to suggest a close connection between disability mainstreaming and the universalist model of disability on the basis of ‘the twin-track approach to disability’. This approach requires not only the adoption and implementation of disability targeting actions but also the insertion of a disability perspective into all policies on the basis of the realisation of human rights for disabled people.

To answer the research question of the thesis also required defining the role of IOs as actors to promote a just society in Turkey. This role suggested that Turkey's membership of IOs strengthens democratic reforms and rules out the likelihood of a return to authoritarianism and a non-secular state. Democratisation of the state is relevant to disability since it tends to strengthen an effective realisation of exercising human rights for disabled people. Different dynamics arising from the unique contexts and socio-economic conditions of IOs were instrumental in defining their outlook on social and disability policies and the advancement of human rights. This outlook underlying their policies has been transferred to countries including Turkey. The role of Europeanisation in such policy transfer has been important for Turkey. This stems from not only the initiation of concrete efforts to policy transfer from Europe in the early 19th century through the liberalisation of the Ottoman Empire but also the increase in Europeanisation initiated in 1999 when the EU granted Turkey candidacy for accession to the EU. Even so, the predominance of particularism, referring to the predominant role of longstanding state tradition involving strong, paternalistic (including the predominance of charity-based understanding of disability), and collectivist attributes, has constituted a barrier to the realisation of equality and human rights for disabled people in Turkey. To sum up, it could be argued that Turkey is a unique case in terms of disability policy developments produced as a result of the interaction between the traditional values and structures in Turkey and the aims and practices of IOs.

The research design of the case study including the two-part qualitative methodology was employed to answer the research question. This methodology included the descriptive analysis of major policy documents, and *process-tracing* of different steps and sequences of the influence of IOs on the realisation of disability mainstreaming in Turkey. In total 275 policy documents (131 from IOs and 144 from the EU-see Appendix III and IV) were analysed using a three-stage framework. Aside from policy documents, the other primary sources employed

were semi-structured and focus group interviews. The purpose of conducting interviews was to acquire information on how IOs influence the realisation of disability mainstreaming in Turkey as such information was not available in official policy documents. This data source was also used to delineate the position of international and domestic organisations and their motivation for adopting and implementing disability mainstreaming. In total, 47 semi-structured and two focus group interviews were undertaken. The participants included civil servants, researchers, historians, policy experts and members of lobbying organisations and DPOs had all been directly involved in decision-making processes at international and/or local level.

With fulfilling the purpose of the thesis, first, there was a need to *answer* the following question delineating the direction of policies of IOs: *To what extent have IOs adopted and implemented disability mainstreaming?* The IOs addressed in this thesis comprise the World Bank, the International Labour Organization (ILO), the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Development Programme (UNDP), the United Nations Children’s Fund (UNICEF) and the Organization of Islamic Cooperation (OIC). The findings showed that there has been a shift from selective disability mainstreaming in prevention of disability and vocational rehabilitation to the realisation of disability mainstreaming in other policy areas including education, development and health promotion.

As of 1970, the continual emphasis on human rights of disabled people has required shifting from the selective and partial approach to the realisation of disability mainstreaming in all policy areas. Before 1993, the IOs activities in disability predominantly focused on ameliorating deficiencies of disabled people stemming from impairment by providing rehabilitation for reintegration into the labour market. Strengthening the link between disability and human rights has been a recurrent theme in the wake of the adoption of the UN CRPD in the policy

orientation of IOs. During this period, their activities have tended to focus on promoting community-based living, transport, accessibility, the promotion of the adoption of national disability strategy, inclusive education, the realisation of employment of disabled people in the private sector, and health promotion for disabled people.

However, IOs have been struggling with the transition from the selective and partial one to disability mainstreaming as a comprehensive strategy for the realisation of equality and human right rights for disabled people historically. The findings of this thesis suggested that the exclusion of disability from the development agenda at the international level has been a contributing factor to the emergence of this struggle. Furthermore, the findings underlined that the lack of disability stand alone actions in their policies has been a common practice among IOs. The findings supported the results of a study of the UN Department for Economic and Social Affairs that the adoption of the UN CRPD led to the inclusion of a disability perspective in key UN Country Team planning and reporting documents between 2008 and 2010. However this adoption has not yielded an increase in the inclusion of disability specific actions or programmes in their policies (United Nations Department of Economic and Social Affairs, 2010).

On defining the influence of IOs on the realisation of disability mainstreaming in Turkey, the researcher focused on answering the following questions: *what is the role of IOs in the realisation of disability mainstreaming in Turkey?* And *what are the barriers to effective adoption and implementation of disability mainstreaming in Turkey?* The researcher was specifically interested in *why increasing developments in the realisation of disability mainstreaming in Turkey have aligned with the UN documents on disability despite IOs' Turkish offices having a lack of activity in disability?* The findings revealed that IOs have been exerting influence on policy making and implementation in various policy strands over six decades in Turkey. However, their influence has had a tendency to exclude disability. This was evident in the IOs' Turkish offices' lack of a

proactive role in establishing technical cooperation with the line ministries and activity in disability between 1980 and 1999. Domestic actor-led policy transfer referring to a proactive role of the government organisations in carrying out voluntary policy transfer mainly from the UN to realise disability mainstreaming in Turkey has served as a mechanism to compensate for such inertia in disability.

The 1999 Marmara Earthquakes had attracted some IOs' Turkish offices' attention to promoting the mental health side of disability. The role of domestic actors including psychiatrists, psychologists and its NGOs in directing the activities of IOs' Turkish offices to mental health was important. Closer cooperation between the Ministry of Health and WHO has resulted in the initiation of ICF related work at the Administration. The initiation of face-to-face interaction with IOs' Turkish offices had prepared a suitable milieu for their incremental demands and activities of IOs' Turkish offices in the realisation of disability mainstreaming in a wider range of policies post 2009. The influence of IOs on the realisation of disability mainstreaming has been limited to meeting quotas for disabled people in the public sector, the promotion of mental health, the promotion of the adoption and implementation of the ICF, monitoring the implementation of the UN CRPD, and the promotion of the inclusion of disabled children in mainstream schools. However, such incremental activities in disability are not currently aligned with the strategy of disability mainstreaming due to the lack of disability specific targets.

In order to explore the influence of Europeanisation on the realisation of disability mainstreaming in Turkey, it was also necessary to answer the following question: *To what extent have the EU adopted and implemented disability mainstreaming in policies?* The findings demonstrated that disability mainstreaming in EU policies has only been partial and selective, stemming from the resistance of the Member States for the EU to influence sovereign disability policy. This finding buttressed the findings of the study of Cunningham (1992) about the period of 1975 to 1992, that Member States' efforts to limit the

competence of the EU constitutes a barrier to the implementation of equality of opportunity as a primary right at the EU level. The findings also supported the study of Priestley (2007) arguing that high levels of national subsidiarity constituted a barrier to the influence of Europeanisation on the disability policies of the Member States.

The findings of this thesis underlined that selective disability mainstreaming has tended to be implemented by the EU in policy areas including transport, employment and structural funds where the EU have shared, coordinating and exclusive competences respectively. However, disability mainstreaming in education, health care, migration and refugees, access to goods and services (including housing and insurance) and social protection has not yet succeeded due to the EU's limited competence in these policies. Disability policy at the EU level has suffered from a lack of disability specific competence and targets in disability. Even so, it was striking that the ratification of the UN CRPD by the EU has led to a shift from the selective and partial implementation of disability mainstreaming to one that covers all policy areas. The research findings supported the research of Priestley (2007) and Waldschmidt (2009) in that there has been a shift from a rehabilitation viewpoint to a human rights one at the EU level. The role of the ratification of the UN CRPD by the EU has had an important role in this shift. The legally binding characteristic of the Convention has been used by the European Commission to implement disability mainstreaming in accessibility in a way that this attempt could make the policy area a Common European Policy.

Having defined the policy directions to disability mainstreaming in the EU, the researcher investigated their influence on the realisation of disability mainstreaming in Turkey. First, he aimed to find answers to the following questions: *to what is the role of Europeanisation in the realisation of disability mainstreaming in Turkey? And what are the barriers to effective adoption and implementation of disability mainstreaming in Turkey?* Particularly, the researcher sought to understand *why increasing Europeanisation has led to the adoption of*

selective and partial disability mainstreaming in the delivery of social assistance and employment of disabled people in the public sector in Turkey? The findings demonstrated that there has been a highly influential effect of Europeanisation on the adoption and implementation of selective and partial disability mainstreaming in the realisation of non-discrimination in employment of disabled people, community based living and access to education. The findings partly supported the findings of Chapter Five, demonstrating the tendency of the EU in the realisation of selective and partial mainstreaming in employment and community based living by promoting the use of structural funds including IPA (Instrument for Pre-Accession Assistance). However, its influence on the realisation of selective and partial mainstreaming in access to education and also the lack of its influence on the realisation of accessible transport in Turkey did not fit its policy orientation. This suggested that when the EU exerts its influence on Turkey as a candidate country, The EU do not take into consideration whether they have shared, coordinating or exclusive competences in policy areas. This could also demonstrate that the EU have exerted its influence on Turkey on the basis that the UN CRPD is a versatile tool for expanding its competence in policy areas in order to achieve disability mainstreaming in all policies in the candidate country.

Having said that, the findings also demonstrated that Europeanisation has yet to yield the adoption and implementation of disability mainstreaming in all policies. The predominance of particularism in policy making has attenuated further influence of Europeanisation on the realisation of disability mainstreaming in policies including employment, education, accessibility, social assistance and international cooperation. Furthermore, the predominance of particularism has led to the adoption and implementation of selective and partial disability mainstreaming in social assistance and employment of disabled people in the public sector. Overall, the finding about the increasing impact of Europeanisation on disability mainstreaming supports the relevant literature underlining the impact

on different policies in Turkey (Tocci, 2005; Aybars and Tsarouhas, 2010; Barabasch and Petrick, 2012; Ertugal, 2011; Noutcheva and Aydin-Duzgit, 2012).

7.3 A comparison the influence of IOs with Europeanisation

The findings showed that the approach to the realisation of disability mainstreaming in policies of IOs have not been aligned with the strategy of disability mainstreaming in Turkey since they have not combined disability specific actions with the inclusion of a disability perspective in policies. This partial approach could demonstrate that disability mainstreaming has been in transition in Turkey. This conclusion supported the conclusion of Chapter Four emphasising this transition. The findings in Chapter Four also suggested that the influence of IOs on Turkey demonstrated a striking contrast with that of Europeanisation. Except the promotion of inclusive education, the predominant activities of IOs at the international level including the promoting of community-based living, transport, accessibility, the promotion of the adoption of national disability strategy, the realisation of employment of disabled people in the private sector, and health promotion for disabled people were generally absent at the local context. This lack of influence could partly be attributed to the lack of involvement of IOs' Turkish offices in the realisation of disability mainstreaming in policies. The absence of such influence could also be ascribed to the predominant role of domestic-actor led policy transfer in defining the agenda of IOs' Turkish offices in a way that failed to reflect headquarters' policy direction.

Nonetheless, the effects of IOs on the realisation of disability mainstreaming in policies in Turkey was found to be similar to that of Europeanisation. However, the findings suggested that the predominance of particularism did not manifest itself as a barrier to the influence of IOs on disability mainstreaming. This could be relevant to the embedded nature of particularism in the formulation of technical cooperation. The formulation process is based on negotiations and approval of technical cooperation by the line ministries. This suggests that if technical

cooperation includes a matter that is the polar opposite to the predominant perspective of the government, technical cooperation might not be established. This also suggests that establishing technical cooperation could reflect the predominance of particularism by prioritising project topics that could strengthen particularism. In contrast, in the EU, the line ministries and governments of candidate countries do not have any influence on customising the *Acquis Communautaire* according to their perspective. The *Acquis* is the bedrock of the EU. If the government was against the perspective promoted by the *Acquis*, they would not consider applying for EU membership.

On comparing the influence of IOs with Europeanisation in terms of policy transfer literature, the predominance of voluntary policy transfer from IOs was found in the establishment of the disability unit under the Ministry of Labour and Social Security, the establishment of the National Coordination Commission for Protection of Disabled People, the adoption of National Mental Health Policy and the Adoption of ICF. The only example of obligated policy transfer was an increase of number of disabled people working in the public sector due to Turkey's ratification of the ILO's Vocational Rehabilitation and Employment (Disabled Persons) Convention. In contrast, the influence of Europeanisation was intertwined with both obligated and voluntary policy transfer. The former was found in the establishment of Hope Houses, the transposition of the Employment Equality Directive (2000/78) to legislation by the adoption of the law no 6518 on 6 February 2014, the inclusion of a disability perspective in the first national employment strategy (2014-2023), the creation of community-based services as an alternative to institutionalisation and the improvement of access to education for children with disabilities. The latter was found in the participation in the Community Action Programmes, arranging TAIEX workshops in disability, using pre-accession funds in disability, membership of Turkish CSOs to European umbrella organisations, and the formulation of Turkish Disability Act.

7.4 One-paragraph summary

The overall finding of the thesis was that policy transfer from IOs has produced partial and selective disability policy stemming from the interaction between international policies and the predominance of particularism. Besides that, the thesis has come to four conclusions. First, disability mainstreaming has been in a transitional period, demonstrating its evolution from –here termed – ‘selective and partial disability mainstreaming’ to a human rights based approach. The selective and partial disability mainstreaming has been a predominant policy direction shared by the EU, IOs and Turkey. However, the shift from selective and partial disability mainstreaming to a human rights based approach has been in progress. Second, the implementation of disability mainstreaming has faced different barriers for the EU, IOs and Turkey. These barriers have stemmed from member states, organisation mandates, financial constraints, the lack of disability mainstreaming in the development agenda, and the dominance of the particularistic approach to disability. Even so, the common denominator is the lack of adoption of disability specific targets in policies. Third, there have been influences of both Europeanisation and IOs on disability mainstreaming in Turkey. However, the influence of Europeanisation has tended to be stronger. Fourth, the ratification of the UN CRPD has played a predominant role in the inclusion of a disability perspective in policies at the EU, IOs and within Turkey level.

7.5 Implications for policy

Having summarised the results in the previous section, the researcher addresses the implications of the findings for the effective adoption and implementation of disability mainstreaming in Turkey, the EU and the IOs in this section.

For Turkey

1- Collectivist, family based policy making has constituted a barrier to the adoption and implementation of human rights based policies. This has revealed itself in the lack of adoption of policies promoting independent living for disabled people. To illustrate, the postponement on two successive occasions of the implementation of the accessibility clause of the Turkish Disability Act is a prominent barrier to the realisation of independent living for disabled people.

2- There is an urgent need to update the Turkish Disability Act of 2005. The act was formulated to prioritise the needs of disabled people at the lowest socio-economic level. However, it did not include a road map about how to realise the transition from the predominance of the delivery of social assistance to independent living. The lack of such a map in the Act has strengthened the predominance of the particularist approach to disability due to its emphasis on providing social assistance. This approach is also evident in the adoption of the regulation on sheltered workshop in 2013 on the basis of the Act. The aim is to realise the transition to an active employment scheme. However, again there is no road map defined as yet for how this transition can be realised. A reformulation of the Act on the basis of the realisation of the provisions of the UN CRPD could ensure the realisation of independent living for disabled people.

3- Effective implementation of disability mainstreaming is dependent on strengthening the involvement of DPOs in decision making mechanisms. Promoting such involvement could strengthen effective implementation of the UN CRPD in Turkey. The General Directorate of Services for Disabled Persons and the Elderly affiliated with MoFSP is the focal point of monitoring the implementation of the UN CRPD in Turkey. In order to ensure effective implementation, the coordination among the stakeholders including other General Directorates in the Ministry, the line ministries and DPOs in disability should be

strengthened. To attain this aim, the Recommendation of Cabinet Office 2013/8 stipulates the establishment of the Committee on Monitoring and Evaluation of Rights of Persons with Disabilities in 2013 to ensure the inclusion of disability perspective in policies. However, the role of the Minister in this Committee is overemphasised in this committee. This could constitute a barrier to the involvement of DPOs in decision making processes.

4- Organising awareness raising activities is still crucial to strengthening the paradigm shift from the charity based understanding of disability to a human rights based one in Turkey. In 2012, a series of seminars were arranged by MoFSP to promote disability mainstreaming on the basis of human rights. The target groups were defined as the line ministries, CSOs and DPOs. Such awareness raising activities should be extended to the public and arranged at regular intervals to further strengthen the human rights based understanding of disability.

5- The lack of a national disability strategy is the main problem to the effective adoption and implementation of disability mainstreaming in Turkey. This has led to the adoption and implementation of selective and partial disability mainstreaming. This has demonstrated itself in the particularist policy orientation towards delivering social assistance and implementing measures to increase the employment of disabled people in the public sector. Furthermore, disability mainstreaming in education is a particularly important problem. The barrier stems from the directors of schools, teachers and families who are against mainstream education. So some *ad-hoc* solutions have been devised to this pervasive problem. However, there is a need to tackle this problem within a national disability strategy. Such a strategy that has a programmatic characteristic can meet the need of evaluation and monitoring disability policy over time. Developing indicators to monitor developments in disability and collecting disaggregated data on disability could support the implementation of the strategy. This can dismantle the predominance of particularism in policy making processes whereby policy makers are the driving force behind the continuation of disability mainstreaming. Such a

strategy should be designed in collaboration with the line ministries, the EU and IOs to acquire disability mainstreaming in a comprehensive way on the basis of the human rights based understanding.

6-The Penal Code prohibition of discrimination in the provision of services is not working in Turkey since Judges are not familiar with anti-discrimination law. This has constituted an impediment to ensure equality of opportunity for disabled people. An in-service training programme on anti-discrimination law needs to be delivered to judges and should be designed in collaboration and coordination with the EU and IOs.

7-MoFSP has an important role in the realisation of disability mainstreaming in Turkey. However, the understanding of mainstreaming is still in a nascent stage since disability has not been regarded by the policy makers as an issue that intersects with gender, sexual orientation, age and ethnicity. This viewpoint on mainstreaming should be promoted by the DPOs of the under-represented groups by developing the sense of 'ownership', as Shaw (2005) underlines. This could secure effective implementation of the inclusion of the diverse needs in policies. Furthermore, MoFSP should play an important role in promoting a balance between disability specific actions and the inclusion of a disability perspective in policies.

For the EU

1- The limited competence of the EU in disability is a barrier to an effective influence of its policies on disability mainstreaming in Turkey, since the line ministries have not taken into consideration soft law based policies derived from its limited competence when harmonising EU legislation in Turkey. Therefore, the influence of the EU on the realisation of disability mainstreaming has currently been confined to the realisation of non-discrimination in employment on the basis

of the harmonisation of Directive 2000/78 and the realisation of community based living on the basis of the use of IPA funds. In contrast, such limited competence has resulted in a lack of its influence on the realisation of accessibility, ensuring access to and supply of goods and services and the promotion of mainstream education in Turkey.

2 - Adoption of the proposal for a Council Directive on Implementing the Principle of Equal Treatment between Persons irrespective of Religion or Belief, Disability, Age or Sexual Orientation (COM(2008) 426 final, 2.7.2008) could serve an important step to the realisation of disability mainstreaming in social protection (including social security and health care), social advantages, education, as well as access to and supply of goods and services, such as housing and transport at the EU level.

3- The development of the OMC indicators in disability on the basis of the provisions of the UN CRPD could strengthen the implementation of disability mainstreaming as Priestley (2012) argues. Such specific indicators in disability could provide for disaggregated data on disability that is needed for an effective implementation of disability policy at the EU and domestic levels. In addition, the OMC process should be extended to Turkey as a candidate country to benefit fully from the influence of Europeanisation on disability mainstreaming in Turkey. This extension could provide an opportunity for achieving greater convergence towards the realisation of disability mainstreaming in wider policies.

4- Candidate countries including Turkey are not under the responsibility area of the European Union Agency for Fundamental Rights. This has constituted a barrier to the realisation of disability mainstreaming in all policies in Turkey since the agency is the only independent body mandated to ensure the realisation of fundamental rights stipulated by the Charter of Fundamental Rights of the European Union. Such an expansion of the coverage area could promote the

realisation of disability mainstreaming in Turkey by establishing cooperation and coordination.

For IOs

The World Bank: Disability should be inserted into the CAS document on the basis of defining technical cooperation between Turkey and the Bank. This could extend its activities related to disability in Turkey.

The International Labour Organization (ILO): The implementation of the conventions and the recommendations ratified by Turkey in disability should be monitored regularly. To illustrate, the monitoring of disability mainstreaming in the Discrimination (Employment and Occupation) Convention, 1958 (No.111) has been weak. Furthermore, the lack of activity by the ILO's Turkish office in disability mainstreaming has been neglected by the headquarters. This has limited its influence on disability mainstreaming in Turkey on the basis of the realisation of social justice and equality of opportunity for disabled people. The ILO's Turkish office's role is currently limited to promoting a 'decent work' agenda in Turkey. Its inadequate activities regarding acquiring disability mainstreaming in this agenda is a prominent problem. Furthermore, the organisation should implement disability specific programmes to promote the labour market involvement in the private sector.

The World Health Organization (WHO): The weak WHO mandate has constituted a barrier to its influence on disability mainstreaming in Turkey. Such a mandate is limited to the Ministry of Health rather than other line ministries. This has constituted an impediment to its influence on disability mainstreaming in a comprehensive way. Furthermore, although it is very responsive towards tobacco, it is hard to see such responsiveness towards the promotion of health in disabled people. It should extend its activities to promote health for all, including disabled

people across Turkey. Furthermore, there is a need to further its involvement in the promotion of independent living for disabled people especially people with intellectual and psychosocial disabilities in Turkey. In this respect, it should be involved in the realisation of independent living for disabled people across Turkey by benefiting from the results of the project on 'Promoting Services for People with Disabilities'.

The United Nations Educational, Scientific and Cultural Organization (UNESCO): it has suffered from a lack of finance since the US, one of the biggest financial contributors, decided to withdraw from the organisation in 2011 after rejoining in 2003. This has constituted a barrier to adoption and implementation of disability mainstreaming since it has not had a stand alone programme devoted to disability. Its influence on disability mainstreaming in Turkey is negligible. The predominance of its activities in preserving cultural heritage over education of disability has been the case. Moreover, the organisation should be involved in promoting mainstream education for children with disabilities since this area needs a drastic policy solution. Concerted action involving the line ministries and IOs could improve the situation. Its continued lack of activity in disability has had a detrimental effect on the realisation of the EFA goals and Salamanca Statement in Turkey.

The United Nations Development Programme (UNDP): Its late involvement in disability is promising since the development of indicators on the basis of the UN CRPD could ensure effective monitoring and result in the adoption of a national disability strategy. However, the organisation should establish working relations with the line ministries alongside the private sector to promote comprehensive disability mainstreaming in Turkey. Such promotional activity could raise its awareness of disability, which could lead extend the sector's activities in disability. Although the inclusion of a disability perspective in the Sustainable Development Goals has not yet been realised, the organisation should establish a link between disability and development in their activities to acquire disability mainstreaming.

The United Nations Children's Fund (UNICEF): its recent focus on children with disabilities has resulted in organising several campaigns focusing on children with disabilities in the education system on the basis of the UN CRPD. Moreover, its involvement in the formulation of a medical health report for children with disabilities on the basis of ICF is promising to promote a human rights based understanding of disability in Turkey. This could be a response to the critic of Horton (2009,p.1734) highlighting a lack of involvement of governments with its programmes. Moreover, its activities in disability are currently limited to conducting promotional campaigns on early childhood development and protection. The orientation of its activities should be shifted to conduct disability specific activities especially to encourage youngsters with disabilities to pursue independent living.

The Organization of Islamic Cooperation (OIC): Its priority has been given to promote economic growth and free trade in order to achieve an Islamic Common Market. Although there has been a limited number of policy documents that have a disability perspective, there has been no activity devoted to disability in this organisation. Moreover, there has been no technical cooperation between Turkey and the organisation in disability. In this respect, a concerted action involving Turkey and the OIC in disability could promote the adoption and implementation of human rights based understanding of disability. Its activities in disability could start with arranging promotional campaigns to raise awareness of disability in the Member Countries. These campaigns could highlight the importance of the participation of disabled people in the societal life as a way of completing an Islamic internal market. This could provide a solution to reconcile the diverse needs of disabled people living in the countries and the market.

7.6 Research recommendations

There is a need to conduct further research into investigating the influence of wider IOs such as the Council of Europe, Association of Southeast Asian Nations

(ASEAN), Japan International Development Agency (JICA), OECD, Islamic Development Bank, and African Union. These IOs could not be included in the thesis due to the limitations arising from the research schedule for the completion of the PhD. Furthermore, investigating the influence of IOs on disability mainstreaming in different countries could lead to comparing the findings of this thesis derived from the context of Turkey with other countries. Such a comparative study could generalise the findings to other countries.

Final words

Finally, to summarise the main points derived from the thesis: Turkey has been moving towards disability mainstreaming. However, the pace has been slow since the shift from the particularist understanding to a human rights based understanding requires an attitudinal change towards disability at the societal level. The majority of the interviewees were very optimistic about the achievement of this shift in the near future. The role of the ratification of the UN CRPD by Turkey as a concrete step in this road cannot be underestimated. Turkey will soon submit its first report on the implementation of the UN CRPD to the Committee on the Rights of Persons with Disabilities. With this in mind, some DPOs have already prepared their shadow reports to the Committee. Influences stemming from the EU and IOs have been conducive to push forward the realisation of comprehensive disability mainstreaming in Turkey. However, the impetus for ensuring effective disability mainstreaming in policies triggered by the adoption of the UN CRPD by the UN is very much contingent on the insertion of disability specific targets into the Sustainable Development Goals at the international as well as the EU level.

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Appendices

Appendix I - Policy orientation of IOs

The IOs addressed in this thesis comprise the World Bank, the International Labour Organization (ILO), the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF) and the Organization of Islamic Cooperation (OIC). Different dynamics arising from their unique contexts and socio-economic conditions have tended to shape their policies and the policies of countries over time. Brief information about policy orientation of IOs is considered below.

The World Bank – was established in 1944. Its activities are concentrated on poverty alleviation, pension, health and education policies. Sarfaty (2009) highlights that the Bank lacks an operational policy on human rights. The Bank has exerted its influence on countries through project-based lending and project conditionality in addition to the above mentioned channels of general influence. Jolly (2008, p.636) suggests a dramatic shift from the UN to the World Bank in international funding and leadership for economic and social development since the early 1980s. In the period between the 1980s and early 1990s, the Bank's influence concentrated on the promotion of the Washington Consensus. The Bank attached a condition to project based loans that was the country's commitment to export led growth including decreasing excessive public spending and the privatisation of many state-owned businesses.

The promotion of this one-size-fits-all approach in countries was pursued by the Bank due to the influential role of the USA in the activities of the Bank (Deacon, 2011, p.24-25). Boas and McNeill (2004) highlight the predominant role of the USA in moulding the policies of IOs including the World Bank. Deacon (2011, p.25-143) claims that the agenda of the Bank has differed from that of the UN

agencies that have promoted social cohesion, equality and social investment in human capital. There is also another difference between the UN and the World Bank in terms of the voting rights of countries. The Bank is ruled by boards of their members and voting rights are contingent on financial contributions of countries to the Bank. This could explain the highly influential role of the USA in the Bank's policies as it is the biggest financial contributor. In contrast, voting rights in the UN General Assembly are defined as one country, one vote. The Bank is regarded as a UN agency, however, it pursues independent policy from the UN and the member states, as Martin and Simmons (2013, p.329) argue.

As of the early 1990s the Bank's policy orientation has been shifting to deal with poverty intertwined with social and individual aspects. This shift was primarily due to the onset of the debt crisis at the Bank from 1982. The crisis was a result of the adverse effect of the implementation of the Washington Consensus policy conditionality on the prospects for the poor and for the sustainability of social services in developing countries including Latin America and Turkey (Deacon, 2011, p.27). Prior to the early 1990s, its problematic organisational structure arising from the strict division between policy formulation and operations in the Bank's activities led to have an ineffective role in countries. The World Bank consists of three different organisations including the International Bank for Reconstruction and Development (IBRD) that oversees conditional money lending on a project basis; the International Finance Corporation (IFC) promotes private sector development and the International Development Association (IDA) offers low-interest rate loans to low-income countries. Prior to major organisational reforms in 1996, there were only three departments in the Bank: Environment; Education and Social Policies and Development Economics.

Social policy was under the responsibility area of Education and Social Policies where the issues of labour-intensive growth, investment in education and health and pension reform were addressed. The reforms led to the emergence of

five networks under the structure of the Bank. Social issues are dealt with by each of the networks including Finance, Private Sector and Infrastructure (FPSI); Environmentally and Socially Sustainable Development (ESSD); Poverty Reduction and Economic Management (PREM); Operational Core Services (OCS) and Human Development Network (HD). Poverty is primarily dealt with by PREM. It also has specialised sections including the Gender Group. The formulation of Bank's approach to social issues is realised by Health, Nutrition and Population; Education and Social Protection branches under HD (Deacon, 2011, p.26-27).

The major reforms in 1996 ushered in the incremental involvement of the NGOs and INGOs including Oxfam in the Bank's policies on poverty. A Poverty Reduction Strategy Paper was prepared in 1999 in cooperation with civil society organisations. The 2006 annual World Development Report marked a watershed in the initiation of the emphasis on Equity and Development and equality of opportunity for children and youth. The Bank's 2005 operational document entitled 'Social Development Operational Plan: Empowering People by Transforming Institutions' represented an important step towards the initiation of its activities in the realisation of social development. The document emphasises lending as a supplementary activity to reinforce the efforts of government to realise social inclusion, accountability and the participation of civil society in the policies. Mainstreaming a gender perspective into policies is also highlighted in the document (Deacon, 2011, p.28-37). Currently the Bank's activities are focused on the health and education fields.

In the literature, the influence of the Bank on domestic policies has tended to have a narrow focus in the context of neoliberalism. This focus is associated with the impact of the Bank on reducing social expenditure in domestic policy making. To illustrate, Hall (2007) argues that the World Bank has not generally been regarded as an obvious supporter of social policy in spite of its leading role in promoting international development. Its approach fails to evaluate human welfare needs in a holistic manner. The 'social' components of development are diminished in the main to deliverable goods and services such as welfare sector

investments or risk-mitigating and targeted interventions. This governing viewpoint is overtly indicated, for instance in the Bank's Country Assistance Strategy (CAS) documents, which regularly outline strategic priorities and plans for Bank operations in client countries. In these documents, social policy is wrongly interpreted as if it were all about conditional cash transfer schemes. Abel and Lewis (2002) claim that state welfare programmes in Latin America, for example, have been heavily condemned for strengthening existing economic and social inequalities instead of encouraging redistribution or growth. Williamson (1990) defines the influence of the World Bank during the 1990s as the adoption of the 'Washington Consensus' package involving privatisation and state deregulation of welfare service provision including disability.

The International Labour Organization (ILO) – Developing and ensuring implementation of common labour and social standards were mandates for the ILO when it was established in 1919 in the wake of the First World War. It consists of three main institutions: i) the International Labour Office; ii) the International Institute of Labour Studies: established in 1962 to promote research, public debate and disseminate knowledge of the ILO areas of responsibility, and iii) the International Training Centre: set up in 1965 to provide training and learning in ILO interest areas and assist member states in the realisation of economic and social development. Its 1944 meeting held in Philadelphia ushered in the adoption of the convention on freedom of association and the protection of the right to organise. This meeting also importantly emphasised its role in ensuring social justice and to have lasting peace in the world. This included ensuring economic security and equal opportunity for all (Deacon, 2011,p.63-64).

Plant (1994, p.158) argues that to attain such a broad mission requires the involvement of the ILO in monitoring all international economic and financial policies and measures in the countries that have ratified its conventions. Gormley (1966, p.18) claims that the ILO has extended the notion of human rights to

economic and social rights in various conventions. Deacon (2011, p.64) underlines the proactive and influential role of the ILO in the UN adopting the 1966 Covenant on Economic, Social and Cultural Rights. In 1969, the Nobel Peace Prize was given due to the ILO for its contribution to peace by the implementation of social justice based policies (Hughes,2005,413). It has played a role in setting labour standards by means of conventions and recommendations, and establishing technical cooperation to assist the member countries to implement them (Van Daele, 2008,p.485, Maul, 2009, p.388).

Knowledge development is one of its three pillars (Standing, 2010,p.311). Its influence has been exerted on countries via publishing studies, reports, periodicals, convening seminars and conferences. Its legally binding conventions enforce countries to implement them. However, ratified conventions, unratified conventions, and recommendations create similar legal obligations on the Member Countries, despite the less formal nature of recommendations (Gormley, 1966,p.28). The Conference Committee have had an enforcement role in the Member Countries that do not comply with conventions and recommendations. Its organisational structure has tended to not be overly bureaucratized, instead it is contingent on informal relations to secure an effective administrative functions of the organisation (Maier-Rigaud, 2009, p.167).

In its first twenty-five years ILO activities predominantly concentrated on its standard setting role in defining labour standards including minimum wages, working hours, social security and human rights issues such as freedom from forced labour. ILO activities in the period of the 1950s and 1970s adopted an 'integrated approach' comprising the standard setting and technical assistance to assist its developing member countries in the road to social, economic and political modernisation on the basis of the promotion of liberal democracy in their nation-building activities (Maul, 2009,p.388-394). Its influence on the establishment of universal human rights in the countries was exerted through technical cooperation as a form of development aid (Van Daele, 2008,p.501). This new agenda was launched with the announcement of a World Employment Program (WEP) in 1969

that focused on alleviating poverty (Maul, 2009, p.399). Its activities concentrated on the establishment and promotion of social insurance, social support and social assistance. Its conventions covered the areas of employment policy, human resource development, social security, social policy, wage-fixing machinery, conditions of work, industrial relations, labour administration and the protection of women, children and disabled people.

Its tripartite structure enables the organisation to involve industry, workers and governments in its policies and thereby expanding its influential role in moulding countries' policies. The reaccession of the Soviet Union to the ILO in 1954 led to it abandoning its clear position in the East-West conflict. The 1970s heralded a decade of strong politicisation and weakened legitimacy at the ILO due to polarisation during the Cold War. In 1977 the US terminated its membership of the ILO as a result of the ILO condemnation of Israel on the basis of exercising racial discrimination and the infringement of trade-union rights in the occupied territories. The acceptance of the Palestine Liberation Organization as an observer at the International Labour Conference was also relevant to the termination of US membership. This adversely affected the ILO by severely reducing its budget (Van Daele, 2008, p.502), since the US contributed approximately a quarter of the main ILO budget (Standing, 2010,p.311). The US rejoined the ILO in 1981. In the 1980s, the incremental impact of liberalisation of economy on countries coupled with an increased influence of the World Bank and the IMF on structural adjustment programmes of countries made it difficult for the ILO to ensure and protect social justice (Deacon, 2011, p.64). Orenstein (2003, p.175-81) emphasises that the ILO was highly influential in countries over the adoption of pension systems on the basis of Bismarkian or Beveridgean principles, or more usually an incorporation of both types in the period of the 1930s and 1970s. To attain this aim, the ILO has exerted the influence on countries through multiple channels including regional conferences, dispatch of experts, publications and the articulation of principles.

Vosko, (2002) argues that the ILO was successful in updating its organisational agenda and prospects by addressing new issues and problems to tackle.

The emergence of revolutionary changes in the demand for labour, in the nature of work and in personal attitudes towards employment has necessitated the ILO to orient its activities towards tackling the social costs of globalisation in the late 1990s. With this aim, its traditional stresses on work and social dialogue have been embedded in a broader framework of human rights. In 1998, it adopted a Declaration on fundamental Principles and Rights at Work. This demonstrated a shift from a long-lasting tradition of standard-setting role to a promotional one on the basis of the adoption of soft law policy orientation. The aim was to promote fundamental rights in member countries by means of technical assistance (Hughes and Haworth, 2011,p.46-53). In 1999, it launched the Decent Work initiative to underline the need to enhance working conditions through social and labour protections. The insertion of the Decent Work agenda into the policy documents of the other IOs has been promoted to combine rights with opportunities. To illustrate, the inclusion of the agenda in the PRSP strategy run by the IMF and the World Bank (Hughes,2005). The agenda is also closely aligned with WHO approach to health as a human right.

In order to balance the necessities of the country, society and the market, the ILO has further established and promoted a new system of income security covering all citizens. This perspective lays out in its document on 'Standards for the XXIst Century: Social Security' published in 2002 (ILO, 2002). This perspective highlights the adoption and implementation of flexicurity consisting of universality and flexibility. This perspective was also inserted into a report on 'Economic Security for a Better World' in 2004 (ILO, 2004). This defines the different aspects of insecurity including income, labour, market, employment, work, skills, job and voice/representation. The report particularly recommends the following policies to be rolled out in countries: Care work grant referring to granting basic security to care workers and delivery of basic income as a right to all including disabled people.

The ILO has had a proactive role in the recommendation of a 'social protection floor (SPF)' to countries in 2012. This involves the delivery of a basic income security to all throughout the life cycle coupled with providing free access to essential health care. In 2009 the United Nations System Chief Executives Board for Coordination (UNCEB) approved the concept of a global 'Social Protection Floor Initiative'(SPF-I) formulated by the ILO and WHO. In 2011 the G20 communique after the Cannes meeting recognised the SPFs and invited IOs to work together on the social impact of globalisation (G20, 2011 cited in Deacon, 2013, p.2). Subsequently, the World Bank designed its new Social Protection and Labour Strategy for the period 2012-20. In 2012 the European Commission adopted its first Communication on social protection policy within its development agenda. Additionally, in 2012, a new UN Social Protection Inter-Agency cooperation Board was set up (Deacon, 2011, p.1-2). However, Standing (2010, p.314) criticises the ILO initiative as it focuses more on the formal labour market in a way that this approach neglects care work, voluntary and community work. The renewed ILO emphasis on 'workfare' that makes state benefits conditional on being involved in the labour market is against its convention No.122 of 1964 stipulating that employment should be 'freely chosen'.

The World Health Organization (WHO) – its mandate is to formulate global health policy and to guide governments on domestic policies under the supervision of the World Health Assembly in which national ministries of health participate. The Assembly focuses on technical standards and diagnostic criteria in health and carries out reference work. The WHO uses soft guidance and guidelines including benchmarks and priorities for governments to influence domestic health policy making. It has a function to issue conventions. The WHO has only one convention, which regulates tobacco i.e. Convention on Tobacco Control (Koivusalo and Ollila,2014, p.165). However, conventions are not legally binding (Schiller, Hensen and Kuhnle, 2009, p.220). Deacon (2011, p.68) highlights the incremental

involvement of the World Bank and the World Trade Organization (WTO) in global health issues. This involvement has an impact on the policy orientation of WHO. Its role in health dates back to the first International Sanitary Conference in 1851 which defined its activities as fighting the spread of communicable diseases including typhus, smallpox, cholera and yellow fever. When it was established in 1948, its activities, orientated by the medical professions, were limited to eradicate and control major diseases.

However, its inefficiency to stop the outbreak of malaria in 1955 through its malaria eradication programme marked a watershed in reorientation of its activities to the classification of diseases and general health services (Walt, 1993; Koivusalo and Ollila, 1997 cited in Deacon, 2011, p.68-69). The adoption of both the Alma Ata Declaration of 1978 and 'Global Strategy for Health for All by the Year 2000' in 1981 have demonstrated its new policy focus highlighting universal access to and equity of health services. The ineffectiveness of WHO on influencing countries to adopt this new agenda was associated with the World Health Assembly being over politicised during the late 1970s and 1980s. Its campaign against infant feed manufacturers coupled with highlighting the adverse effect of the Israel-Palestine conflict on the health status of the Arabs (Koivusalo and Ollila, 1997, p.12 cited in Deacon, 2011, p.69) was a contributory factor to the reduction on funding for WHO (Deacon, 2011, p.69).

The dominant understanding of health for all was left in the period of the 1980s and the early 1990s. Instead, the policies were more focused on selective health care policies on the basis of a risk approach. The Health for all approach was resuscitated in the late 1990s due to the end of the Cold war. The new policy orientation focused more on quality of life, equity in health and access to health services. However, its focus on policies was again changed by the appointment of the new Director General in 1998. It concentrated on investment in health expenditure. Richter (2004, p.78 cited in Deacon, 2011, p.70) argues that the influence of the World Bank on WHO's policies was a prominent during that period. This was evident in the 2001 report 'Macroeconomics and Health: Investing in

Health for Economic Development'. This publication recommends that middle-income countries undertake fiscal and organisational reforms to ensure universal coverage for essential health services though loans received from the World Bank (WHO, 2001, p.6).

Despite the clear WHO mandate, its inefficient performance and vague role in the global health system has been criticised. Such weakness has stemmed from its highly bureaucratic organisational structure, limited resources and lack of funding opportunity for countries to implement health policy for all (Hein and Kohlmorgen, 2008; Peabody, 1995). In addition, Schiller, Hensen and Kuhnle (2009, p.221) argue that restriction of the mandate to the health sector has been an impediment to its broader influence on national policies. Moreover, the professionals working for WHO are primarily doctors who do not have the necessary skills relating to policy and management (People's Health Movement et al., 2005 cited in Schiller, Hensen and Kuhnle, 2009, p.221). Walt (2006 cited in Schiller, Hensen and Kuhnle, 2009, p.221) underlines the ineffectiveness of WHO country offices. This is associated with them being prone to spending their entire budget on 'ad-hoc financing of fellowships or study tours, workshops and miscellaneous supplies or equipment' rather than spending it on the promotion of health and raising awareness of health related issues. Koivusalo and Ollila (2014, p.166) claim that WHO has been struggling with ensuring the involvement of civil society and various interest groups in global health decision making processes. Its normative role in global health regulation constitutes a barrier to establishing partnerships with civil society and interest groups in activities. However, its recent close contact with pharmaceutical companies has led to the initiation of receiving donations from them to implement its activities in neglected diseases. This could strengthen concerns about the way interest groups should be involved in its health regulatory activities.

The United Nations Educational, Scientific and Cultural Organization (UNESCO) – was established in 1945 to guide countries to design education policies including vocational and technical aspects. It does not provide funding for countries to implement education policies due to a lack of funding especially between 1984 and 2002. This was partly due to the US withdrawal from UNESCO in 1984. This decision was associated with UNESCO granting Palestine associate membership (Siddiqi, 1995, p.1;Deacon, 2014, p.65). Its work has been oriented to ensure education for all people since its conference took place in Jomtien, Thailand in 1990. During the conference, the World Declaration on Education for All (EFA) was adopted. It highlights the right to benefit from education for all people including children, young people, adults and disabled. The educational goals for attaining the aim of education for all were defined in a subsequent World Education Forum (Dakar 2000).

A comprehensive strategy was laid out in 2002 in order to realise the EFA goals (Deacon, 2011, p.73-74). There is a need to differentiate the role of UNESCO from UNICEF in education. In the mid-1970s, a co-operative agreement between UNICEF and UNESCO was signed. According to this agreement, the former's responsibility in education is the provision of goods and services, whereas UNESCO serves as the technical analyst and normative assessor of global educational policies. However, in the mid-1980s the cooperation between UNICEF and UNESCO had 'virtually collapsed'. UNICEF and the World Bank have been taking an increasingly influential role in education, while the role of UNESCO has diminished over time. The trend was not related to the political, management and financial crisis at the UNESCO in the mid 1980s.

However, it stemmed more from a radical shift in perspective on country-based programmes at UNICEF. This new perspective aimed for greater involvement in educational planning. The withdrawal of the US and the UK from UNESCO in 1987 ushered in increased UNICEF involvement with education as Pérez de Cuéllar, UN Secretary General, supported its further involvement in education. During an inter-agency meeting at UNICEF headquarters in 1988 with

the participation of UNESCO, the World Bank, UNDP, the UNICEF Executive Director Jim Grant (1980-1995) delineated his proposal regarding organising the World Conference on Education for All in 1990. The World Bank undertook the intellectual leadership of organising this conference since its educational head Wadi Haddad was transferred to UNICEF Headquarters as Executive Secretary for the conference. This transfer led to the dominance of the World Bank's policies and perspective in the conference (Jones, 2009,p.595). UNESCO has suffered from financial problems that are partly due to the withdrawal of the US from the organisation in 2011. This withdrawal was as a result of the Palestinian Authority being granted full membership of UNESCO in 2011.

The United Nations Development Programme (UNDP) - lacked a mandate when it was established in 1966. This resulted in its late involvement in development and disability. Only in the early 1970s was its mandate defined to improve economic condition and institutional development. In the late 1980s, UNDP provided technical assistance to countries in order to make them manage their structural adjustment programmes (Bhouraskar,2013, 45). A lack of a strategic approach to specific target groups or sectors before the 1990s led to a renewal of its organisational structure at national, regional and global levels (Kienbaum and Partners, 1991, p.12). Its mandate was expanded to comprise poverty alleviation, human resource development, democratic governance, environment and national ownership in the 1990s (Bhouraskar,2013). In 1990, its involvement in helping countries achieve sustainable human development became a significant alternative approach to the Washington consensus (Emmerji, Jolly and Weiss, 2005, p.231).

The UNDP's duty to alleviate poverty ushered in its significant role in ensuring the implementation of the Millennium Development goals (MDGs) by countries in the period of 2000-2015 (Deacon, 2011, p.74-79). The organisation has also prepared its annual 'Human Development Report' since 1990 in order to

strengthen the link between social progress and economic development. Its approach to human development tends to be broader than that of the World Bank which is limited to providing support for education and health. Its definition of human development comprises expanding choices of people ranging from a long and healthy life to guaranteed human rights and dignity (Jolly, 2008, p.636). The UNDP is the world's largest multilateral technical cooperation institution operating on the basis of grants. Its revenue base consists of annual contributions from governments (Klingebiel, 1999, p.385). Jacob, Lal and Buragohain (2014) argue that the inclination of UNDP towards working with the tobacco industry including receiving funds from them has had a detrimental effect on collective global efforts to tackle non-communicable diseases stemming from the use of tobacco.

The United Nations Children's Fund (UNICEF) – was established in 1946 as an emergency relief fund for children in post-war Europe. Subsequently, it was restructured as permanent agency in 1953 (Schiller, Hensen and Kuhle,2009,p.223). Its organisational objective shifted to provide education, health and nutrition based services in the 1970s. It was involved in the joint action to adopt the International Code of the Marketing of Breast-milk Substitutes in 1981 (Sikkink, 1986,p.815). The debt crisis and world economic recession of the early 1970s had restricted its responsibility area to high impact campaigns including breast feeding and immunisation (LaFond, 1994). In 1982, it launched a strategy that promotes four specific primary health care interventions including i-) growth monitoring to detect early signs of child malnutrition, ii-) oral rehydration, iii-) breast-feeding and iv-) immunisation (Schiller, Hensen and Kuhle,2009,p.223). In the late 1980s this approach focusing on child survival shifted towards a more advanced agenda for child development and rights and special emphasis on the education of girls.

However, its special focus on child immunisation has preserved its importance in its policies. LaFond (1994,p.344-345) argues that this focus has raised its profile and funding base due to donors' incremental demands for high impact interventions of UNICEF policies. Deacon, (2011, p.85-86) argues that the

adverse effects of the World Bank and IMF adjustment policy on the welfare of children in countries has led to the proactive UNICEF role in establishing dialogue with the World Bank and the IMF in the early 1980s. To illustrate, UNICEF presented its paper on 'IMF Adjustment Policies and Approaches and the Needs of Children' during the joint Bank/UNICEF meeting in 1994 to suggest the need to change the policy orientation of the World Bank and the IMF

UNICEF is governed by a 36 member executive board. Board members are appointed by the UN Economic and Social Council on the basis of annual rotation for a three year term (LaFond, 1994, p.343). It is funded entirely by voluntary funds from governments, private organisations and the general public. Currently, UNICEF is much more focused on gender equality, HIV/AIDS, girls education, child protection and the empowerment of women. It has been working closely with WHO in various health related areas including the preparation of the Global Action Plan for the Prevention and Control of Pneumonia. Its Child Protection Program aims to alleviate social risks that impact on poor and disadvantaged children by strategies including conditional cash transfers and social insurance (Young,2011,234-238).

Some researchers argue that a special focus on child survival at UNICEF is still needed before shifting its agenda towards the education of girls. To illustrate, prenatal sex determination has been used in India to exterminate girls in the womb by using female feticide (Phadke,2005,p.289; Hackbarth,2005,p.290-291). Jones (2009) claims that a lack of clarity in the UNESCO role in education has constituted an impediment to its legitimacy in educational development. Horton (2009,p.1734) also criticises the implementation of UNICEF programmes. A lack of involvement of governments with its programmes has constituted a barrier to exert its influence on policies of countries.

The Organization of Islamic Cooperation (OIC) - has a membership of 57 states making it the second largest international organisation after the UN. It was established in 1969 to bring together countries around the Muslim faith (OIC, 2015). Its main objective is to realise an Islamic Common Market. An amendment to its charter in 2008 ushered in the inclusion of the objective of the promotion and protection of human rights and fundamental freedoms for women, children, youth, elderly, and disabled people in the charter. The 2008 Dakar Summit introduced new membership criteria. Previously, 'every Muslim State is eligible to join' the organisation by a two-third majority of the Member States and this represented an ambiguous and non-disciplining nature of this membership rule. The amended charter stipulates '*any state, member of the United Nations, having a Muslim majority*' can join by consensus method at the Council of foreign Ministers. The Statue of the OIC Independent Permanent Human Right Commission was adopted in 2010. The 2011 Astana summit encouraged Member States to take necessary legislative actions to protect the rights of women (OIC, 2011).

The first democratic election of a General Secretary of the Organisation, Prof.Dr.Ekmeleddin Ihsanoglu, took place in 2005. Before that all General Secretaries were appointed by a consensus mechanism. Ihsanoglu (2010, p.185), the former Secretary General, states that this amendment demonstrates the adoption of the main principles of the UN and the international instruments at the OIC. A Ten-Year Programme of Action was adopted in 2005 to promote joint action of Member States in various activities including science and technology, education, trade enhancement, and emphasises good governance. It also highlights the necessity of the promotion of human rights in the Muslim world (OIC, 2015). The influence of the organisation on Member states has been exerted through organising annual conferences of ministries covering various different issues, convening summit level conferences dedicated to specific issues, conducting research, setting agendas and providing an opportunity to establish cooperation to allow good practice transfer among countries. The US appointed a special envoy to the OIC in 2010, which marked a watershed in its increased role in global policies (Balcik, 2011,p.595).

One of the major challenges facing the OIC is a lack of funding. The large discrepancy among Member States in terms of the level of development has constituted a barrier as under developed Member States have tended to not pay their regular dues (Hossain,2012,p.299). The large gap among Member States has particularly demonstrated itself in the practices of the promotion of governance, democracy, human rights and literacy. This highly diverse picture of Member states has constituted an impediment to devise tailor made solutions to the diverse needs of Member states at the OIC level. In addition, Paula Schriefer (cited in Hossain, 2012, p.303-304), the vice president for global programs at Freedom House, argues that the governments of the OIC including Egypt, Saudi Arabia, Pakistan and Iran have had the worst human right violators in the world on the basis of the 2010 human violation records of Freedom House. In order to deal with this problem at the OIC level, the OIC Secretary General highlighted the necessity of the establishment of an independent human rights committee at the OIC level to monitor Member States' activities to protect and advance human rights.

Akbarzadeh and Connor (2005) claim that the organisation has lacked an influential role in Member Countries as it has been suffering from hidden conflicts within the organisation coupled with vague and inconsistent policies. Similarly, Hashmi (1996, p.18-23) asserts that its 1972 Charter (like in the 2008 amended version) includes a list of principles transferred directly from the UN Charter. He further argues that the adoption of Islamic ideology as the basis for the organisation has constituted a clash between the Western principles of equality, individual or collective rights and the Islamic understanding of justice. This was evident in the OIC's desire for the establishment of the International Islamic Court of Justice in 1987 as stipulated in its Charter. The International Islamic Court of Justice has not yet been established as the principal judicial organ of the organisation to apply Islamic law as the fundamental law for the resolution of international disputes. The focus on Islamic law presents an alternative approach

to that of the International Court of Justice. Bacik (2011,p.600) claims that the promotion of Islamic ideology is also incompatible with the basis of the modern international system since such a system is contingent on the characteristics of sovereign and territorial states in line with the realisation of the principle of nationality and citizenship. Kepel (2004,p.74) argues that the OIC has not had a proactive role in normal settings in global politics partly due to a lack of consensus among Member States at the OIC level. This is partly because of the lack of a strong executive body as Bacik (2011) argues.

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Appendix II - The role of particularism in the evolution of human rights based understanding of social and disability policies in Turkey

1. Introduction

As highlighted in Chapter Two, disability mainstreaming is based on the concept of equality, implying no individual should have fewer human rights or opportunities than any other. This text argues that the predominance of particularism has delayed the progress of the adoption of human rights based policies historically. This is particularly evident in the social and disability policies. Therefore, this text outlines the evolution of social and disability policy with a human rights lens.

This chapter considers the developments in four time periods: 1838-1918, 1919-1944, 1945-1979 and 1980-2015. Each time period presents different dynamics arising from socio-economic conditions, structures and political order that necessitate the introduction of social and disability policies.

2. The period of 1838 - 1918

This section highlights the initiation of liberalisation in the Ottoman Empire that resulted in the emergence of the human rights aspect in social and disability policies. It is divided into two subsections prior to the declaration of the constitutional monarchy in 1908 and after this declaration. The reason for this demarcation was to decrease the prominent figure of the Sultan after the declaration, which resulted in the emergence of the human rights aspect in the delivery of social services as the responsibility of the state. Such emergence also resulted in the diversification as well as the proliferation of social services. However, the prominent role of particularism in policy making was constituted a barrier to strengthening the human rights aspect in these policies.

2.1. General developments prior to the declaration of the constitutional monarchy in 1908

A lack of experience of the Industrial Revolution in the Ottoman Empire led to it following a different pathway to other countries. This played a significant role in strengthening particularism in the adoption and implementation of social and disability policies due to the lack of the human rights emphasis on these policies. By providing a brief information on the history of the Ottoman Empire it can facilitate the understanding of the predominate role of particularism in policy making. The Ottoman Empire was established in Anatolia around 1300. It expanded to West Asia, North-Africa and South-east Europe and became an empire in the 16th century. Its population was around 60 million and consisted of various ethnicities including Turks, Arabs, Slavs, Greeks, Jews, Armenians, Hungarians, Romanians, and Albanians and the other ethnicities. The Ottoman Empire was based on an agrarian society since the climate, nature, tradition and the skills and ability of the population provided a favourable milieu for agricultural production that was sufficient for meeting the needs of the population. However, it used rudimentary techniques in terms of cultivation and making manufactured goods. For a long time the Empire resisted transition from hand production methods to machine and mass production arising from the Industrial Revolution. This was one of the main contributing factors to the collapse of the Empire (Talas, 1992, p.33-36).

The emergence of human rights aspects in social and disability policies was initiated by the West which wanted to establish a free trade area on the vast land of the Ottoman Empire to expand the market for European products. In this respect, the Anglo-Turkish Commercial convention of 1838 was signed in order to abolish barriers to the realisation of trade by British merchants. Soon after, other European powers followed suit by taking part in the convention. A successful implementation of a market economy germane to ensuring free trade required to restrict absolute power of the Sultan and thereby gave rise to the emergence of the

human rights aspect in the policies. In this vein, the reforms including the introduction of legal concepts, property rights took place in tandem with the realisation of the Tanzimat reforms (Sunar, 1973).

The lack of human rights in policy making prior to the influence of the West was evident in preserving undifferentiated societal structure in the empire. The Ottoman Empire lacked any distinction between state and society. The power of the Sultan was restricted within limits of ensuring the welfare of his subjects and a Divine Law (*Sharia*). The way the Sultan's power was exercised was not so different from that of a father over his children. Both property and people pertained to God and were in the trust of the Sultan (Sunar, 1973). The subordinate role of civil society in the state also demonstrated the lack of human rights emphasis on policy making since society was not independent from the ruler. It just changed earlier in Britain for example. This subordination contradicts the Western understanding based on the independence. Officials were regarded as servants of the state as opposed to the ruler and were under no obligation to explain their decisions or actions as long as they did not violate the law. The state elites, the bureaucratic centre, were also sensitive to the crisis of divisiveness in society and thereby were prejudiced against the periphery's attempt to bypass the centre whenever it could, whereas the periphery tended to act in a way that confirmed this prejudice by rising in revolt on multiple occasions (Heper, 1985, p.11-17).

The period 1838 - 1918 witnessed the elites' attempts at protecting the integrity of the Ottoman Empire by pursuing modernisation influenced by the French Revolution (Kili. 1968, p.5). However, the modernisation attempts failed to include the introduction of human rights in social and disability policies. These attempts focussed on achieving an improvement in the army and the administration to regain its superiority over Western states (Karpas, 1959, p.vii). The establishment of a new Western style army was prioritised. Sultan Mahmud II (1808-1839) also initiated reforms of Ottoman bureaucracy that his successors pursued. These reforms included the introduction of new administrative institutions and new schools to train civil servants. The graduates from those schools,

bureaucrats, and the military began to play an active role in modernisation. However, the reforms of the Sultan could not eradicate the influence of the *ulema*, the religious group, in Ottoman society (Kili. 1968, p.8). A positive contribution of the proliferation of secular state schools which supported the Republic regime was important (Frey, 1965, p.39-40). This proliferation created a clash between the old (conservative-religious proponents) who were clinging to old traditions and the new (modernist-secularist supporters) who demanded reform (Kili. 1968, p.8).

The emergence of modernist-secularist thinking ushered in a positive step towards the introduction of human rights in social and disability policies by the initiation of Tanzimat reforms (1839-1876). The reforms demonstrated the incremental influence of Europe on administrative, judicial, military, financial and education in the Empire. To illustrate, new legal codes and institutions were introduced. This period witnessed the emergence of the understanding of equality of all Ottoman citizens before the law by decreasing the role of the Sultan as the initiator of modernisation. In contrast, the modernising bureaucrats took over the initiative to state modernisation. However, the theocratic nature of the State alongside religious schools and courts remained unchanged. Nor did the bureaucrats aim at establishing a constitutional government (Kili, 1968, p.8).

Strengthening human rights in social and disability policies required democratising the State by the establishment of a constitutional government. With this aim, the Young Ottoman movement consisting of young army officers, bureaucrats, and writers prioritised establishing a link between modernisation and constitutionalism. This establishment of constitutional government created a major impact on future Turkish reform periods. The activities of the Young Ottomans in modernisation were mainly led by the army, whereas the Tanzimat reforms were driven by the civil bureaucrats. As a result of the Young Ottoman's activities the adoption of the first Ottoman constitution took place in 1876, which was followed the next year with the establishment of the first Ottoman Parliament. However,

Aldulhamit II (1876-1909) was against the idea of constitutional reform and closed Parliament by presenting false excuses including 'emergency situations' and 'the inexperience of the people in the practices of constitutional government'. This gave rise to an era of total absolutism for thirty years (Kili. 1968, p.10). Some authors attribute the failing in the Tanzimat reforms initiated by the Young Ottomans, who received education in secular schools to the limited number of educated sympathisers since the majority of the educated class of Muslim Turks were madrasa-educated people (Lewis,1955; Ward, 1942 cited in Frey, 1965, p.39-40).

The Tanzimat reforms and proceeding adoption of the first Constitution of the Ottoman (1876) that was initiated by the influence of the West brought universal citizenship for Muslims and non-Muslims. This led to confusion of Muslims as to how one could integrate being a non-Muslim and an Ottoman at the same time. This confusion was created by the adoption linked with the authority of the state. Citizenship denotes that consent of the governed is the foundation of the state. However, the authority of the Sultan derives from *Sharia*. The concept of citizenship constituted a threat to the Sultan's autonomy in that his possible undemocratic acts could be monitored by the citizens and accounted for the abolishment of the Constitution in 1878 and proceeding period of absolutism in the Ottoman until 1908 (Sunar, 1973).

However, these reforms were unable to prepare a suitable context for the advancement of human rights in social policies since the state was lacking in the adoption of the concepts of social justice, and equality. This was particularly evident in the lack of legislation regulating employment relations especially in coalmining. Furthermore, there was no involvement of the state in the relations between employees and employers prior to 1908 and, the proclamation of constitutional monarchy. This period led to limited development in social policy, including the adoption of civil law (*Mecelle*). This law included limited legislation regulating the relations between employees and employers. The labour of employees was regarded as goods in this law. It was based on slavery and against remuneration. There was regulation governing coalmining, which was

adopted in 1865 and amended in 1869. This regulation had some articles including prohibition of involuntary servitude in coalmines; taking necessary precautions against occupational accidents; employing doctors and providing necessary medicines in coalmines and recompensing the miners and the families in case of occupational accidents (Talas,1992,p.37-39).

A particularistic approach to social policy in line with the pivotal role of the Sultan constituted a barrier to strengthening human rights. This approach was evident in the delivery of social assistance that was based on the decree of the Sultan. Widows and children of deceased husbands who had been the breadwinners were the beneficiaries of social assistance. Pensions directed towards orphans, widows and the retired were also delivered as part of the social protection (Ozbek,2006, p.36).

2.2. Disability policy developments prior to the declaration of the constitutional monarchy in 1908

The predominance of particularism was evident in the delivery of social services to disabled people. Permission for begging including women or men in need, orphans, the elderly, paralysed, and one-armed people who were incapable of working, was granted in accordance with *Sharia* law. The main approach to disability started as early as 1156 and was based on protection by the establishment of segregated institutions including hospices (alms houses) for people with long term illnesses and people with visual impairments. Providing social assistance through foundations and alms-house on the basis of Islamic beliefs was regarded as a way of carrying out the societal responsibilities of better off people in the community. Social assistance was granted to disabled people who sent a petition detailing their financial constraints to the Sultan and hospices in Istanbul provided them food aid. Despite the dominance of particularism in disability, the emergence of human rights in disability policy led to the first organised disability movement taking place in Istanbul in 1862 by people with

visual impairments. They complained to the Sultan about the abandonment of the delivery of food aid and financial support to disabled people. This protest resulted in the continuation of the delivery of social assistance to people with disabilities living in Istanbul (Balci, 2013, p.38-85).

The effect of the reforms ushered in the adoption of new roles for the local administration in the delivery of social assistance to disabled people with regulation (*Dersaadet idare-i Belediyye Nizamnamesi*) in 1868. Delivering social assistance and necessary services including health, vocational training, employment, and shelter for the people including the blind, deaf-mute, orphan, deprived, unemployed and beggar was stipulated in the responsibilities of local governments (Ozbek,2006, p.22-36). To illustrate, the local administration of Giresun gave a monthly disability benefit to an amputee who had his right leg amputated after getting frostbite. Social assistance was expanded during the period of Abdulhamid II (1876-1908). This expansion served to strengthen particularism rather than ensuring human rights for disabled people. To illustrate, deceased civil servants' sons with disabilities including visual impairments, paralysis, mental health difficulties and physical impairment were entitled to a disability allowance (Balci, 2013, p.84-86).

The establishment of the *Darulaceze* demonstrated one of the first examples of an eclectic policy in social services stemming from the influence of Europe and the predominance of particularism. In the aftermath of the war between the Ottoman Empire and Russia (1877-78), mass migration from the Balkans and Crimea to the land of the Ottoman Empire expanded. Despite the attempts at locating these people in different parts of the land, it could not prevent the accumulation of migrants in Istanbul. The expansion of the number of people in need necessitated the establishment of a modern hospice to deliver services. The fight against poverty was initiated by the decree of the Sultan in 1896 and it was on the agenda of the council of state on 7 September 1896. The establishment of the *Darulaceze* was fulfilled in Istanbul by the Council, which decided to issue a regulation on poverty influenced by relevant articles of the French Penal code. The

main aim of the Sultan by establishing the institution was to give the impression at the domestic as well as European level that he was sensitive to his people's need; he tried to achieve this by projecting a Façade of impressive architectural style and modern services.

The *Darulaceze* consisted of dormitories for men and women, hospitals, a nursery for orphan babies, an orphanage, vocational training workshops, a bacteriology laboratory, a school, mosque and church. The reason for the special interest in children was that the problems of orphans and/or children begging in the streets were high on the agenda at the international level in the late 19th century. The newspapers during that time frequently published news regarding the concern of the State about the high levels of infant mortality and abandoned children. Demonstrating the necessary efforts at reducing the high infant mortality rates was deemed important to preserve the positive image of the Sultan in Europe. In this respect, widespread promotional activities regarding the establishment of the nursery in 1903 were carried out in the press. The children staying in the orphanage were educated by a French governess as part of the promotional activities (Ozbek,2006, p.36-39). The establishment of a class for people with visual impairments in *Darulaceze* was fulfilled by Mehmet Esat MD who participated in the Universal Congress for the Improvement of the Condition of the Blind held in Brussels under the aegis of King Léopold II of Belgium in 1902. In the wake of the Conference, Mehmet Esat proposed the establishment of the class in *Darulaceze* to the Ministry of Interior Affairs. The class was subsequently established in 1908 (Balci, 2013, p.149).

The medical approach to disability rose in tandem with the rapid increase in segregated residential institutions and schools for disabled people in the nineteenth century in Europe and influenced the Ottoman Empire (Hughes,1998,p.68). The incremental influence of Europe on the Empire through the channel opened by the Tanzimat reforms strengthened the predominance of

the particularist approach to disability. Such an approach to disablement highlighted medical care and also charity on the basis of carrying out the corporal and spiritual works of mercy. This is why the foundations that were established primarily for delivering medical care services to disabled people have followed charitable objectives at the same time (Gokmen, 2007).

The strengthened particularism in disability by the advent of the medical model was evident in the attitudinal change towards deaf servants in the Ottoman Empire. Previously, deaf servants had an exclusive position in the Ottoman Empire as executors and guards but granting such position to deaf servants did not stem from the necessity that their inclusion in society should be realised on the basis of ensuring human rights. However, this position stemmed from the usefulness of disability in protecting the privacy of state affairs. Restructuring of the Harem in the twentieth century resulted in the eradication of his practice. The Harem was exemplified as a milieu where the social inclusion of people irrespective of disability, ethnicity and sexuality was fulfilled in a natural and stigma free way. The Harem made deafness visible to non-disabled people through the existence of sign language in the Empire (Mirzoeff, 1995, p.52; Scalenghe, 2006:Turner, 2015). Jean Jacques Rousseau highlights the existence of sign language among deaf servants in Harem by stating that

“...The mutes of great nobles understand each other, and understand everything that is said to them by means of signs, just as well as one can understand anything said in discourse.” (Jean Jacques Rousseau, 1966, p.9 cited in Mirzoeff, 1995, p.53).

The existence of deaf servants was previously evident in travellers' accounts, histories of the Ottoman Empire, literature and art describing the exotic life in the Harem. One of the contributing factors to the disappearance of the deaf servants was associated with the medical advancement in France in the nineteenth century (Mirzoeff, 1995, p.49-50).

2.3. General developments after the declaration of the constitutional monarchy in 1908

The period of 1908-1919 was signified by attempts to develop the human rights aspect in social and disability policies, illustrated by the initiation of the second wave of constitutional movement led by the Young Turks (formerly known as Young Ottomans) including army officers, bureaucrats and intellectuals. This movement was strongly supported by the West as a step towards introducing democracy and human rights, and strengthen the basis of the liberal economic order in the Ottoman Empire. The Young Turks lived in forced or voluntary exile in Europe; this experience resulted in the adoption of diverse political ideas influenced by French philosophers and sociologists including Auguste Comte and Pierre Fredic le Play. The Young Turks had different ideas about the type of new regime they wished to establish but were in agreement in readopting the 1876 Constitution. The revolution of 1908, initiated by the movement led to the re-adoption of the 1876 Constitution and reopening of Parliament. However, resistance to the second wave stemming from conservative-religious groups gave rise to the 1909 31st March uprising. The army contained the revolt and Abdulhamid, who organised the uprising, was forced to renounce the throne (Kili. 1968, p.11).

This period differs from the previous one in two aspects: i-) the pivotal role of the Sultan in delivering social policies disappeared. Instead, an institutional, modern and secular approach to social policy was adopted and ii-) the patchy delivery of social assistance was fixed by the establishment of an umbrella institution (*Müessesat-ı Hayriye-i Sihhiye idaresi*) and the proliferation of charitable organisations involved in the delivery of social assistance took place. The establishment of the umbrella organisation was inspired by the French model (Ozbek,2006, p.61).

The proclamation of a constitutional monarch introduced some gradual improvements in the human rights aspect in social and disability policies of the Empire. The emergence of social policy in Europe had close links with the implementation of such policies. To illustrate, labour unions were established and labour movements coupled with strikes were intensified. Many strikes occurred in the coalmines in Ereğli and Zonguldak that were run by foreign companies due to adverse working conditions. To deal with disagreements in the relations between employees and employers a committee consisting of representatives of the government and employees and employers was established. However, the predominance of particularism still existed in policy making. Legislation adopted in 1909 prohibited the establishment of a union by civil servants working in the railways, highways, at sea, and in coal, gas and harbours. It also prohibited the establishment of a union by workers. The involvement in strikes was not welcomed by the state (Talas, 1992,p.42-58).

Even so, social policy practices were initiated to deliver to all Ottoman citizens. The citizenship rights in the Ottoman Empire were based on the idea of cosmopolitanism that was an influence of the Tanzimat period. The citizenship was described as people of all ethnicities and creeds living in the land of Ottoman (Kili, 1968, p.12). The adoption of French and German social security systems played a role in strengthening the delivery of social services on the basis of citizenship rights. The extension of coverage of pensions to widows and orphans as well as the definition of pension entitlement age set at 65 years were fulfilled on the basis of a report prepared by a French actuary, F. Oltramar, on 1 February 1911 (Ozbek,2006, p.61).

The process of strengthening human rights was interrupted by the outbreak of the Balkans War (1912-1913) and World War I in 1914 and led to increased particularism in areas of social and economic life. Charitable organisations

including *Hilal-I Ahmer*¹ and *Donanma* served to deliver social assistance to the public under the supervision of the Ottoman Land and Naval Forces. The following social policy practices dominated this period: fighting contagious diseases, health prevention, and protection of war orphans. An orphanage was established on 25th November 1914 due to the increase number of orphans stemming from the Balkans War and the World War I (Ozbek,2006,p.22-78).

2.4. Disability policy developments after the declaration of the constitutional monarchy in 1908

The development of the human rights based policies ushered in the adoption of a regulation dated 27 June 1910 providing for the first time a legal basis of the delivery of social assistance to people in need (Ozbek,2006, p.33). On 29 February 1908, an early establishment of Council of State decreed that people with hearing and speech impairment could maintain themselves without needing any assistance. Conversely, people with hearing and speech impairment were considered to be disabled and were included in Decree on the Promotion and Retirement of Civil Servants (*Memurin-I Mulkiye Terakki ve Tekaud Kararnamesi*). In 1917 it was proposed that the parents of children with disabilities should be required to inform the General Registry Office about disablement of their child during the preparation of the birth certificate. However, the Legal Consultancy Department declined this proposal (Balci, 2013, p.87).

Despite strengthening the human rights aspect in disability, the predominance of particularism demonstrated itself in the approach to disability. This approach highlighted that disabled people were unable to maintain an independent life without the help of others, since they had special needs and

¹ *Hilal-I Ahmer Cemiyeti* (The Red Crescent) was established in 1877 as a result of the participation of a representative of the Ottoman Empire in the Red Cross Sanitary Matters Conference held in Paris in 1867. The aim of the organisation was to deliver medical service to injured soldiers during wars as a voluntary organisation. However, widespread epidemics, famine and poverty led it to expand its function to these areas (Ozbek,2006,p.79).

limitations stemming from impairment. The initiation of political reforms could not change the dominance of particularism in the Ottoman Empire. However, these reforms provided an initial step towards the adoption of understanding denoting that disabled people could be educated. With this aim, the establishment of schools for disabled people was initiated in the wake of political reforms. The first school for people with hearing and speech impairment (*Dersaadet Bîzebâan Mektebi*) was instituted in 1889 by Austrian Ferdinand Grati and was subsequently appointed as the school principal. The school curriculum was adapted from Europe. A class for people with visual impairments (*Âmâlar Mektebi*) was added to this school in 1891. The Christian activities of various missionary organisations that established schools for disabled people in various parts in Turkey including, Adana, Hacin, Maras, Antep, Malatya and Urfa played a role in this shift. To illustrate, American Board² set up Urfa Shattuck School for the Blind³ in 1902 in Turkey. In 1909 a school for people with hearing and speech impairment in Thessaloniki was established by a joint initiative of Fuat Efendi and Jak Farraci Efendi, who had hearing and speech impairments. In 1910 the Malatya School for the Blind was established by Ernst Jakob Christoffel, a protestant missionary and his sister Hedvick (Balci, 2013, p.149-158).

3. The period of 1919 - 1944

This period signified the initiation of the new state building activities in the state's modernisation programme. In this respect, social services to improve the

² American Board, which was an America based missionary organisation established in 1810 in Boston, initiated to have a function in Turkey in 1820 in order to 'survey the new field in the Ottoman Empire, assessing the needs of its various people and estimating the potential for Christian mission in this part of the world.' (Maynard, 1984, p.27).

³ There was a proliferation of schools for blind people opening in 19th century in the Ottoman Empire due to the high prevalence of trachoma, a contagious infection of the cornea caused by a bacterium. This kind of congenital blindness and blindness-inducing eye infections were caused by a combination of poor sanitary conditions and climatic conditions that served as a suitable environment for the infectious agents. It is why one of the first examples of schools for people with visual impairments was established in Egypt in 1874 (Balci, 2013, p.39).

adverse situation of children in line with the implementation of collectivist policies alongside preventive public health were prioritised. In addition, limited regulations governing working life including reducing daily working hours and maternity leave were introduced. However, there was a lack of policy development prioritising the advancement of human rights in social and disability policies. The continuation of particularism in policy making still constituted a barrier to the adoption of human rights based policies during this period.

3.1. General developments

The Ottoman Empire collapsed in 1918 mainly due to its inability to succeed in Industrialisation of the Empire. The other contributing factors included the lack of a programmatic/systematic characteristics of modernisation, high inflation, wars, foreign aggression, separatist movements stemming from the subject nationalities, and the reaction of the conservatives. The collapse of the Ottoman Empire ushered in the emergence of the Republic of Turkey as a result of the war of independence pioneered by Ataturk in 1919. The adoption of the principle of '*sovereignty rests unconditionally with the nation*' in the 1921 constitution ushered in the initiation of democratic regime in the Republic. That was also evident in the accumulation of legislative, executive and judiciary powers in the Grand National Assembly of Turkey, which was a sign of the abolition of the sultanate. However, the actual transition to the democratic political regime took place with the adoption of the 1924 Constitution which established a parliamentary system. This period witnessed the establishment of the nation-state of Turkey under a single party system in the wake of the abolishment of the monarchy in 1923 (Kili. 1968,p.5-13; Karpat, 1959,vii).

The modernisation efforts were based on the establishment of secularism, and a market economy (Altunisik and Tur, 2005,p.134). Niaz (2014, p.238) highlights the distinct characteristic of the modernisation efforts of the country. The decision to move towards liberalism was made by Mustafa Kemal at a time when

fascism and communism were competing successfully with traditional and democratic political systems. However, strengthening the human rights aspects of policies was not prioritised in the liberalisation of the state. This negligence was partly due to the fact that 80% of the total population was working in the agricultural sector, characterised by lacking education and living in poverty (Talas, 1992, p.44-47). This led to the prioritisation of cultural and political modernisation. The modernisation of the state in the areas including economic and social areas was initiated after 1946 (Karpat, 1959, p.viii). The following reforms served to increase the number of Westernised intellectuals executed at the first stage of the modernisation process. The old regime, the Sultanate, was abolished in 1922. Shortly after that, the Republican People's Party (CHP) was established. The religious institution, the caliphate was terminated in 1924. The Western civil, criminal and commercial codes were introduced instead of religious law. Secularism in the Constitution was secured by the removal of the statement that Islam was the religion of the State. A national system of education was primarily introduced in urban areas. The second stage of the modernisation process was to increase active participation of the peasants in political life and to improve their adverse economic condition (Frey, 1965, p.40-42).

However, the prioritisation of the establishment of the Turkish Grand National Assembly over strengthening the human rights aspects in policies widened the gap between the State and citizens. The predominate role of particularism in policy making revealed itself in a strong state and a weak civil society inherited from the Ottoman Empire to the Turkish Republic. The perception of the state as crucial for ensuring the integrity of society had dominated in the Republic, as it did in the Ottoman. Civil society has been seen as a threat to the wholeness of society (Heper,1985,p.16). Kazancigil (1981, p.48) highlights a common point between The Young Turks, Kemalist and the traditional Ottoman bureaucrats. Although they received education in secular schools to adopt Western ideas, they followed suit by practising the old patrimonial tradition that was based on the supremacy of the state over civil society and left the monopoly of legitimacy and authority to state elites.

Liberal policies that lacked strengthening of the human rights aspect had been implemented in order to modernise Turkey. The aim of the establishment of a market economy was also pursued during the years followed by the collapse of the Empire. The emergence of a market economy required the establishment of a single nationality that represented indivisibility and unity of the state rather than a people that had formerly identified themselves as Muslims and Ottomans. Therefore, the creation of Turkish nationality during the period between 1919 and 1949 was devised as a way to bring together all these groups under a single nationality so as to ensure effective operation of market forces (Sunar, 1973).

During this period, the particularist approach to social policy practices including the delivery of social assistance and the collectivist pro-natal policies⁴ was a landmark policy orientation. These policies suffered from the lack of the human rights aspects in since the main motive of the government was creation of a classless society in the Republic. Reasons included the initiation of industrialisation, the emergence of unionist workers movements in 1908, and the widespread class conflicts experienced in Europe. This period witnessed a lack of a central government institution dealing with social protection or ensuring the implementation of social policy (Ozbek,2006,p.21-23). The 1921 Constitution prioritised the establishment of the legal infrastructure of the state. That is why there was no provision governing social and economic rights inserted in the constitution. The adoption of 1924 Constitution ushered in the reform of the legal system including civil, commercial, administrative and penal laws on the basis of the translation of Swiss, French and Italian legislation (Boratav and Ozugurlu, 2006, p.162). Furthermore, the Constitution stipulated rights including collective bargaining, to strike and the establishment of unions on the basis of the realisation

⁴ The low population rate stemming from continuous wars, poverty, inadequate health service, and high infant death ushered in pro-natal policies. Low population density was a problem when taking into consideration the vastness of the land, which is 780 km in Turkey. The total population in Turkey was 13.6 million in 1927 (Turkiye Istatistik Yilligi 1989, p.33 cited in Talas, 1992, p.50-51). It was 75.6 in 2012 (DPT,2013, p.49).

of social justice. However, the Kurdish Sheikh Said revolt of 1925 aiming at attacking the secular characteristic of the state and led to strengthening particularism. That has prevented the positive effects of socialist ideas from flourishing in social policies in Turkey until when those rights were guaranteed with the adoption of the 1961 Constitution (Talas, 1992,p.21-67).

The particularistic approach was also evident in the improvement of child welfare to secure the future of the nation by the collectivist policies, and to achieve population growth. The interest of Political elites in improving the adverse situation of children led to the involvement of charitable organisations, particularly *Himaye-i Etfal Cemiyeti*. In this vein, several awareness-raising campaigns were organised to enhance the health conditions of children. Family was considered the basic institution in these nation building activities. The Red Crescent was also involved in delivering social assistance and aid in emergency cases including earthquakes and famine (Ozbek,2006,p.89-108).

3.2. Disability policy developments

The lack of the human rights aspects in the establishment of new state activities demonstrated itself in the lack of policy development in disability during this period. The Turkish government pursued the particularist approach to disability. This underlined that disability was a disease that needed to be eradicated and disabled people were objects of charity. The collectivist, family based policies were regarded as the only way to meet the needs of disabled family members partly due to a cost effective way of alleviating social risk and partly due to the lack of awareness of the diverse needs of disabled people. That revealed itself in the proactive role of people and charities rather than the government playing in the education of disabled people during this period. To illustrate, the School for Children with Hearing-Speech Impairment and Blind⁵ was established in

⁵ The Ministry of Health and Social Assistance took over this school in 1924 and the school provided education until 1950. Subsequently, the responsibility for the delivery of special education was transferred to the Ministry of National Education in 1951 (Akcamete, 1998 cited in Melekoglu, 2014, p.531-532).

Izmir in 1923 by a Jewish merchant who had a hearing-speech impairment (Ergin, 1966, p.967 cited in Balci, 2013, p.168-169).

4. The period of 1945 - 1979

The introduction of redistribution, collective bargaining and social security based policies on the basis of equality was a landmark of this period. However, the transition from the particularist approach to disability to the human rights orientated one was interrupted by consecutive military coups. These coups served to further strengthen the predominance of particularism. This resulted in a further delay of strengthening the human rights aspects in social and disability policies.

4.1. General developments

During the period 1946-1950, emphasis was placed on the transition to a multi-party democratic system. In the aftermath of World War II, the coalition between the local notables, the nationalist military officers and the elites collapsed due to securing significant amounts of private capital. During the war years (1944-1945), Turkey faced runaway inflation that led to soaring prices and at the same time increasing the accumulation of private capital significantly at the expense of state revenues that remained stagnant. The significant increase in the accumulation of private capital gave rise to the establishment of a new political party, the Democratic Party, involving the business circles and the large landlords in the 1950s. On 14th May 1950 the first democratic election was held in Turkey. The Democrat party was successful in acquiring popular support by using religion in an instrumental way in election campaigning (Sunar, 1973). The years followed by the election witnessed strengthening particularism in policies in a way that the government restricted freedom of the press, and freedom of expression. These

anti-freedom policies were a contributing factor to the introduction of the 1960 coup d'état⁶ (Talas, 1992,p.63-67).

In the aftermath of the Second World War, restructuring of Europe was based on redistribution and collective bargaining that led to achieving constitutional protection of social policies. Social policy practices in Turkey were influenced by the proliferation of social policy developments in Europe. The adoption of the Bismarckian welfare state model, which is based on public pension expenditure with a smaller fraction of private pension, and the establishment of modern social security institutions in Turkey was fulfilled by a great contribution of German and Austrian Jewish academicians who escaped from Nazi dictatorship in Germany (Ozbek,2006,p.23, p.143 and 159).

During this period, social policy developments mainly focused on working life and occupational safety. However, there was little progression in the area of human rights. The social policies had fragmented and *ad hoc* characteristics. The establishment of the Ministry of Labour and Social Security in 1945 resulted in an expansion of the coverage of social insurance, and an increase in the size of social services. A characteristic of a welfare state was provided by the 1961 Constitution. The link between human rights and social protection was established. Emphasis was given to macro-economic policies including full employment, employment policies on state-controlled enterprises, agricultural price adjustment, and inflationist wages policy during the period of 1960 to 1980. This period was the most influential period during the history of social policy in Turkey. (Ozbek,2006,p.23).

⁶ A common characteristic of all Turkish revolts and coups d'état to date, including the Young Turks, the Ataturk Revolution, the 'Gentle coup of May 27, 1960, the 1971 and the 1980 coups d'état was to stabilise democracy that from time to time has needed to be 'consolidated' or 're-established' as opposed to a regime change (Frey, 1965,p.38; Heper, 1985, p.150-151). To illustrate, the military leaders, particularly in the wake of the 1980 coup d'état, have articulated their fidelity to democracy (Heper,1985,p.13).

The necessity for the Republic to adopt the social services approach was established to alleviate failure to tackle complex social problems including income inequality, the dissolution of the nuclear family structure and increases in the crime rate arising from acceleration in the industrialisation process of the country from 1950. The state adopted an alternative approach to take the initiative in dealing with these problems by establishing relevant institutions. The Institute for Social Services was established in 1959 to conduct research into the area in order to provide guidance for state intervention. The United Nations contributions to the implementation of social services as well as the training of social workers were significant by 1961 to provide guidance to The General Directorate of Social Services affiliated with the Ministry of Health and Social Assistance was subsequently set up in 1963⁷. This institution pursued activities by solving problems deriving from the dissolution of the nuclear family and improving health conditions of adults and children during the 1960s and the 1970s (Ozbek,2006,p.189-193).

4.2. Disability policy developments

During the 1950s, attempts at policy formulation targeted, in particular, the basic tenets of special education. The catalyst which sparked government interest in special education may have been the UN Conference held in Geneva between 25 February and 3 March 1950 which discussed co-ordination among the specialised agencies in the field of rehabilitation of disabled people. The agreement brought about by the conference was based on the need to establish international standards for the education and treatment of disabled people (United Nations, 1998). As of 1951, special education was officially initiated in Turkey when the first school for blind people under the Ministry of National Education was set up. New legislation enacted in 1951 devolved the responsibilities of the

⁷ The General Directorate was restructured in 1983 as the General Directorate of Social Services and Child Protection Agency affiliated with a state minister. In 2011, it was restructured as a General Directorate of Services for Children under MoFSP.

Ministry of Health for delivering special education services to the Ministry of National Education. This legislation ushered in disability policy in Turkey in that disability issues were no longer regarded as merely delivering medical care to disabled people but also delivering education services (Ozurluler Idaresi Baskanligi, 2000).

The 1961 constitution brought libertarian, pluralist, and participatory democratic characteristics on the basis of the realisation of human rights for the first time. It was influenced by the civil rights movements experienced in Europe. The state was described as nationalist, democratic, secular and social in the constitution. That led to the emergence of the adoption of the welfare state in Turkey. This constitution explicitly mentioned disabled people as productive citizens and encompassed special education in its articles. The proactive role of Associate Professor Mitat Enc⁸ in both the adoption of the provisions regarding special education and disabled people in the 1961 Constitution and the establishment of the Six Dots Foundation for the Blind was a contributing factor to the advancement in special education and the promotion of human rights for disabled people (Ankara University, 2013). The 1960s witnessed the development of rehabilitation services for disabled people and a civil society movement in Turkey. Up to the 1960's the disability movement was based on the view that disabled people were in need of protection. Thus, associations were established for disabled people but not by them; thereby reinforcing the protective attitudes towards them. In particular, the movement had an effect on people with visual impairments who emphasised the importance of human rights. The reason for the revival of human rights among people with visual impairments was the increase in the number of visually impaired people who graduated from high school and vocational school and subsequently assumed positions in the labour market. These developments led to a change of perspective amongst disabled people prompting them to establish their own organisations. During this period, the idea

⁸ He had visual impairments and completed his master and PhD degrees in special education in the United States of America (Ankara University, 2013).

that disabled people could be educated and be productive spread through society (Gokmen, 2007).

The development of the human rights aspect in disability policy led to the introduction of a compensatory Quotas/Levy system to increase the participation of disabled people in the labour force. It was adopted from the French and German systems where it was the cornerstone of disability employment policy (Shrey and Hursh, 1999, p.47). In 1965 the Civil Servants Law (No. 657) introduced a 3% employment quotas for disabled civil servants. Government funded agencies and organisations employing workers falling within the scope of the legislation were required to meet the quotas. The law indicated that the qualifying examinations for official posts would be conducted in a different way for disabled applicants (Article 50). In 1971 the amendment of Labour Law numbered 1475 introduced a 2% employment quotas for disabled workers. The law required every private and public employer with at least 50 workers to employ disabled people -according to their working capacity- so that they would represent 2% of the total number of workers (Article 25A) (Karçkay,2001). If the quotas were not met, employers were required to pay a compensatory levy in proportion to the extent that the quotas was missed. The levy was held in a designated fund and allocated as grants to create jobs or training opportunities for disabled people. The Levy system was introduced in 2003 by the establishment of a Commission responsible for allocating the fund to projects.

However, the emphasis of the realisation of human rights characteristic in the 1961 Constitution had been eroded by the coup d'état in 1971. This strengthened particularism by imposing a restriction to freedom of association and human rights emphasised by the Constitution (Talas,1992,p.54-56). This was evident in the adoption of a supplemental security income programme for needy older people (over 65), disabled people and orphans who meet income and resources tests and other requirements in 1976. One of the criteria was the

absence of close relatives to take care of them. This reflected particularist policy-making stance of the state in association with the perception of family to alleviate a social risk.

5. The period of 1980 - 2015

The acceleration in the liberalisation of the economy during this period could not reduce the predominant role of particularism in policy making. However, this acceleration yielded an incremental adoption of human rights based policies. The particularism represented itself in increasing emphasis on social assistance for the needy who lacked social security. This was similar to growth of social services for disabled people. This trend was still based on the particularist approach to disability that slowed down the process of the advancement of human rights for disabled people in policies.

5.1. General developments

The Constitution of 1961 was abolished in 1980 with another coup d'état (Talas,1992,p.54-56). The constitution of 1982 was adopted. On the one hand, the adoption of human rights approaches by the 1961 constitution influenced the 1982 constitution and led to extended state responsibility to deliver social services to socially excluded people including disabled people, older people, migrants, and the unemployed (Ozbek,2006,p.190-191). To illustrate, The 1982 Constitution stipulates, '*The State shall take measures to protect the disabled and secure their integration into community life.*'(Art.61/2). The constitution also states, '*The State shall take necessary measures to rehabilitate those in need of special training so as to render such people useful to society.*'(Art.42/7). According to these provisions, the State is made responsible for taking protective measures in order to eliminate the disadvantaged position of disabled people within society to make their integration into all aspects of social life possible. On the other hand, the constitution of 1982 restricted the libertarian, pluralist, and participatory democratic characteristics of the state that were introduced by the Constitution of 1961. This created a barrier in pursuing a democratic political regime and also the

advancement of human rights and fundamental freedoms. To illustrate, the adoption of Higher Education law in 1982; the Law on Unions, Collective Bargaining, Strike and Lockout in 1983 tended to limit human rights. This restrictive environment provided a suitable environment for strengthening particularist approach, demonstrating itself in the increase in the emphasis on the implementation of conservative liberal policies (Talas,1992,p.72-73).

This approach was promoted by a conservative liberal party, ANAP that was elected for the first time in 1983 and re-elected in 1987. The party failed to amend the restricted characteristic of the Constitution. Its political agenda focused on increasing the accumulation of private capital by implementing liberal policies including privatisation and fighting high inflation. The ANAP was in pursuit of market orientated growth by making changes to the exchange rate at the expense of increased external debt, which mounted from US\$ 19 billion in 1982 to US\$ 67 billion by 1993. This policy orientation has also made the country highly susceptible to international capital movements. However, the advancement of human rights in social and disability policies was not a government priority. The democratisation process triggered by the liberalisation of the economy required the realisation of freedom of association providing for exercising the right for workers and public employees to establish and join organisations of their own choosing without previous authorisation. However, the predominant role of particularism in policy making, demonstrating itself in the tradition of a strong state and a weak periphery (Heper,1985,p.16) constituted a barrier to exercising such rights. This, in turn, widened the gap between citizens and the state.

The particularist policy trend was further strengthened by successive governments since 1987. This policy orientation reached a climax during the leadership of the Justice and Development Party (AKP). Turkey's economic growth (real GDP) has increased from US\$ 350 billion in 2003 to US\$ 1,000 billion in 2013 (Niaz, 2014,p.235-240). Moreover, the global financial crisis of 2008-2009 tipped

the balance in favour of Turkey politically. It provided a positive stimulus for playing a pro-active role in the Muslim Middle East and North Africa as a part of the growing coalitions of global governance including G20 (Onis, 2012,p.145). An amalgam of the growing particularism and neo-liberalism in social and disability policies has created a growing trend towards the decline of social security services delivered by the government in order to make room for the delivery of those services by the private sector. In contrast people who do not have social security have been covered by a social assistance delivery system. This policy focus has been orientated in three directions:

i) *bringing all institutions delivering social security together* under a single institution and institutional reforms in order to decrease or abolish government intervention in these areas. To illustrate, the establishment of the Social Security Institution⁹ in 2006;

ii) *restructuring delivery of social assistance and social services* in a way that particularism has been strengthened in these policies. This has coupled with increasing social assistance in order to fight income inequality and poverty. To illustrate, the introduction of the green card in 1992 in order to ensure people in need who do not have social security to access free health service; the establishment of Social Assistance and Solidarity Fund¹⁰ in 1986; the establishment of MoFSP in 2011¹¹ and

iii) *increasing the role of the local administrations as well as religious based charitable organisations* in delivering social assistance to the people in need who do not have social security (Ozbek,2006,p.23-25).

This trend does not include the advancement of the human rights aspects in policies. Instead, it strengthens the existing particularist structure coupled with

⁹ The aim of the establishment was to bring the fragmented social insurance system consisting of three different types of pension funds including workers, civil servants and self-employed together.

¹⁰ This Fund was respectively restructured as the General Directorate of Social Solidarity Fund in 2004 and the General Directorate of Social Assistance under MoFSP in 2011.

¹¹ The ministry also includes the General Directorate of the Status of Women and the Family Research Institution that were both established in 1990. In the wake of the establishment of MoFSP in 2011, these institutions were restructured as general directorates under the structure of the Ministry.

liberalisation of the economy. The trend does not take into consideration the fact that the particularist approach to social policies can no longer be pursued. This is associated with the process of dismantling the traditional role of the Turkish family particularly in the delivery of the traditional caring function. The increase in nuclear family structure in urban areas in tandem with a gradual decline in fertility rates that made families smaller were contributing factors to this trend.

5.2. Disability policy developments

This period witnessed the restructuring of the Social Assistance and Solidarity Fund influenced by the particularist approach of Ottoman charity. This policy orientation was based on strengthening the role of the family as formal safety nets in catering for the elderly and disabled people (Bugra and Keyder, 2006).

The development plans starting from 1963 onwards show the evolution of the human rights aspect in disability policy. The particularistic approach to disability has always been based on the protection of disabled people as needy people on the basis of the charity based understanding of disability. That is why they have been granted social assistance and social services comprising social protection, care and rehabilitation especially prior to the 6th Development Plan (1990-1994). Successive plans included disability in policy areas incrementally. A new outlook comprised the inclusion of the principle of equality of opportunity, mainstream education, reasonable accommodation, accessibility, promotion of health for disabled people, active employment measures and the promotion of the partnership between the government institutions, civil society organisations and the private sector. However, emphasis on the protection of disability through delivering social assistance, care and the importance of family (instead of the promotion of human rights and independent living) remain the dominant particularistic approach to disability.

The period of 1980 to 2015 witnessed the growth of social services for disabled people in tandem with the liberalisation of the economy. Delivering social services continued to be based on the particularist outlook rather than the advancement of human rights. This is evident in the emphasis on the delivery of social assistance. Such a policy direction has been regarded as a way to ensure family unity, particularly in the case of the existence of a disabled family member. This policy does not promote independent living for disabled people since the more the state increases the amount of social assistance, the more disabled people are dependent on their families due to the predominance of particularism in Turkey. Therefore, increasing the amount of social assistance serves as a function to protect disabled people within the confines of the family. The general public also think the same way, underlining the necessity of further increase in social assistance in association with the predominance of the charity based understanding of society. This was evident in the results of the Survey on the Societal Attitudes towards Disability in Turkey in 2008 (Ozurluler Idaresi Baskanligi, 2008), which revealed that society expected the state to be more involved in disability, particularly by increasing the amount of social assistance for disabled people. It also demonstrated that the people who have a disabled family member were more likely to have negative attitudes towards disability and the majority of people still regarded disability as divine retribution for sin. This shows the continuation of the particularist approach to disability in a way that it has strengthened the negative attitudes towards disabled people. This is a barrier to the realisation of human rights for disabled people in Turkey.

6. Conclusion

This text demonstrates that liberalisation of the state does not take into consideration the necessity of the advancement of human rights for disabled people. The predominance of particularism in social and disability policy making has constituted a barrier to the advancement of human rights for disabled people historically. However, it does not mean that IOs have had no influence on this shift

to a human rights based concept in the adoption and implementation of disability mainstreaming in Turkey, which is what the researcher explores in this thesis.

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Appendix III - The list of policy documents reviewed for Chapter Three

UN related documents

UN Resolution “Realizing the Millennium Development Goals for Persons with Disability” (A/RES/64/131)

MDG Progress Report 2010

Disability and the Millennium Development Goals: A Review of the MDG Process and Strategies for Inclusion of Disability Issues in Millennium Development Goal Efforts 2011

The Outcome Document of the High-level Summit of the Millennium Development Goals (MDGs)

The General Assembly at its sixty-fifth session adopted the resolution, “Realization of MDGs for persons with disabilities for 2015 and beyond”

Including the Rights of Persons with Disabilities in United Nations Programming at Country Level 2011

The sixty-seventh session of the General Assembly in 2012

First United Nations Development Decade in 1961

International Covenant on Economic, Social and Cultural Rights in 1966

Declaration on Social Progress and Development in 1969

The Declaration on the Rights of Mentally Retarded Persons of 20 December 1971

The Declaration on the Rights of Disabled Persons in 1975

The Declaration on the Right to Development, A/RES/41/128 in 1986

The International Development Strategy for the Third United Nations Development Decade in 1980 (General Assembly resolution 35/56)

International Development Strategy for the Second United Nations Development Decade (Resolution 2626 (XXV) in 1970

The UN World Programme of Action concerning Disabled Persons in 1982

The United Nations Decade of Disabled Persons (1983-1992)

The UN Declaration on the right to development in 1986

The Convention on the Rights of the Child, adopted in 1989

Tallinn Guidelines for Action on Human Resources Development in the Field of Disability

The Conference on the Abilities and Needs of Disabled Persons of the Economic and Social Commission for Western Asia

A mid-decade review of the United Nations Decade of Disabled persons in 1987

The Standard Rules on the Equalization of Opportunities for Persons with Disabilities adopted in 1993

The International Conference on Population and Development in 1994

The World Summit for Social Development in 1995

The Preparatory Committee for the United Nations Conference on Human Settlements in 1996

The World Conference on Human Rights in 1993

The Fourth World Conference on Women in 1995

Third World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace 1985

The World Summit for Social Development

Agenda for Development in 1997

United Nations Millennium Declaration 2000

2005 World Summit Outcome

Mainstreaming disability in the development agenda 2007

Mainstreaming disability in the development agenda: Report of the Secretary-General, E/CN.5/2012/6

Mainstreaming Disability in the development agenda: Towards 2015 and Beyond, Report of the Secretary-General, E/CN.5/2013/9

The MDGs Report of the Secretary-General in 2009

The Expert Group Meeting on Mainstreaming Disability in MDG Policies, Processes and Mechanisms: Development for All held in April 2009

Outcome of the Conference on the World Financial and Economic Crisis and Its Impact on Development in 2009

A review of the United Nations common country development framework at the country level from 1997-2010

The Rio +20 Conference in 2012

Commission for Social Development 1997 Report on the Thirty-Fifth Session (25 February-6 March 1997)

Baseline review on mainstreaming the rights of persons with disabilities into UN Country Level Programming 2010

The Millennium Development Goals Report 2014

A new global partnership: eradicate poverty and transform economies through sustainable development: The report of the high-level panel of eminent persons on the posts-2015 development Agenda 2014

A New Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development: The Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda in 2013

The United Nations and Disabled Persons -The First Fifty Years Report

Resolution adopted by the General Assembly on 27 July 2012, A/RES/66/288

Special Rapporteur on disability, Bengt Lindqvist's report on monitoring the implementation of the Standard Rules on the equalization of opportunities for persons with disabilities in 1997

Monitoring the implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities [E/CN.5/2000/3]

Monitoring the implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities [E/CN.5/2002/4]

Monitoring of the implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities [E/CN.5/2011/9]

Monitoring of the implementation of the standard rules on the equalization of opportunities for persons with disabilities [E/CN.5/2012/7]

Monitoring of the implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities [E/CN.5/2013/10]

Monitoring of the implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities [E/CN.5/2014/7]

The United Nations and Civil Society: The Role of NGOs, Report of the Thirtieth United Nations Issues Conference February 19-21, 1999

56/168. Comprehensive and Integral International Convention to Promote and Protect the Rights and Dignity of Persons with Disabilities Resolution adopted by the General Assembly [on the report of the Third Committee (A/56/583/Add.2).

Comprehensive and Integral International Convention on Protection and Promotion of the Rights and Dignity of Persons with Disabilities (A/58/118) 3 July 2003.

Views submitted by Governments, Intergovernmental Organizations and United Nations Bodies concerning A Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities. A/AC.265/2003/4+A/AC.265/2003/4/Corr.1

ILO related documents

ILO vocational rehabilitation in 1921

ILO Employment (Transition from War to Peace) Recommendation on workers with diminished capacity 1944

ILO Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159)

ILO Vocational Rehabilitation and Employment (Disabled Persons) Recommendation, 1983 (No. 168)

ILO Vocational Rehabilitation (Disabled) Recommendation, 1955 (No. 99)

ILO the Declaration of Philadelphia adopted in 1944

ILO the ILO Constitution

ILO Convention No. III

ILO Declaration on Fundamental Principles and Rights at Work 1998

ILO Report VI Fundamental principles and rights at work: From commitment to action ILC.101/VI, International Labour Conference, 101st Session, 2012

ILO resolution 1965 concerning vocational rehabilitation of disabled persons

ILO resolution concerning disabled workers 1968

ILO Code of Practice on Managing Disability in the Workplace 2001

ILO Standards for the XXIst Century: Social Security

ILO Economic Security for a Better World

ILO Report VI: the role of the ILO in technical cooperation: promoting decent work through field and country programmes

ILO The price of exclusion: The economic consequences of excluding people with disabilities from the world of work

ILO Evaluation Summaries

ILO Disability Inclusion Makes Good Business Sense

ILO International Labour Standards on Freedom of association

ILO Ratifications of C102 - Social Security (Minimum Standards) Convention, 1952 (No. 102)

UNESCO related documents

UNESCO Convention against Discrimination in Education in 1960

UNESCO Recommendation against discrimination in Education in 1960

UNESCO adopted the Salamanca Statement and Framework for Action in 1994

Dakar World Education Forum in 2000

The Dakar Framework for Action, Education for All: Meeting Our Collective Commitments

World Declaration on Education for All: Meeting Basic Learning Needs

WHO related documents

WHO Alma Ata Declaration in 1978

The adoption of ICIDH in 1980

The introduction of Global Burden of Disease

Disability Report by the Secretariat, Sixty-sixth World Health Assembly A66/12 11 March 2012

WHA58/2005/REC/1, Fifty-Eighth World Health Assembly, 16-25 May 2005

Resolution WHA58.23 Disability including prevention, management and rehabilitation

Resolution WHA 58.1 Health action in relation to crises and disasters, with particular emphasis on the earthquakes and tsunamis of 26 December 2004

Disability and Rehabilitation WHO Action Plan 2006-2011

A60/28 Progress reports on technical and health matters 5 April 2007

Capacity building for preventing injuries and violence: Strategic plan 2009-2013

World Report on Disability 2011

A66/VR/9 Ninth plenary meeting on disability, sixty-sixth World Health Assembly
27 May 2013

A67/16, Sixty-Seventh World Health Assembly, 4 April 2014, Draft WHO global
disability action plan 2014-2021: better health for all people with disability

UNDP related documents

UNDP (2001) Partnerships to Fight Poverty Annual Report 2001.

UNDP (2005). Turkey Local Agenda 21 Program.

UNDP (2009). Living up to its commitments

UNICEF related documents

UNICEF Annual Report 1985

UNICEF Annual Report 1989

UNICEF Annual Report 1995

UNICEF (1999). Less Fearful, More Active

UNICEF Annual Report 2001

UNICEF (2004). The United Nations Convention on the Rights of the Child

Turkey Country Programme (2006-2010)

UNICEF Annual Report 2010

Turkey Country Programme (2011-2015)

UNICEF (2012). Removing barriers to create equal opportunities for all children at
the International Day of Persons with Disabilities

UNICEF Annual Report 2014.

UNICEF of the Global Partnership on Children with Disabilities 2012

OIC related documents

The Ten-Year Program of Action in December 2005

The Report of the First Ministerial Conference on Women's Role in the Development of OIC Member States published in 2006

The amended OIC Charter in the Eleventh Islamic Summit, in Dakar in 2008

The Fourth Islamic Conference of Health Ministers with the theme of "Better Nutrition, Better Health, Better Ummah" was held in October 2013

Strategic Health Programme of Action 2014-2023 (OIC-SHPA)

The Three-Year Action Plan and Budget for the Years 2013-2015

Khartoum Declaration: Towards a Brighter Future for our Children in 2009

OIC Plan of Action for the Advancement of Women adopted in the Third Ministerial Conference on Women's Role in the Development of OIC Member States in December 2010

The Fourth Ministerial Conference on the Role of Women in Development of the OIC Member States in December 2012

Tripoli Declaration on Accelerating Early Childhood Development in the Islamic World, 3rd Islamic Conference of Ministers in Charge of Childhood "Reinforcing Development: Meeting the Challenge of Early Childhood Promotion in the Islamic World" 2011

The Cairo Declaration on Human Rights in 1990

Charter of ISESCO

Report of the First Ministerial Conference on Women's Role in the Development of OIC Member states 2006

OIC Plan of Action for the Advancement of Women 2008

Speeches of the OIC Secretary General dating 2004 onwards

Other organisations' relevant documents

The Global Partnership for Disability and Development (GPDD) was initiated by the World Bank in 2004

Disability and International Cooperation and Development: A Review of Policies and Practices, SP Discussion Paper No.1003

Appendix IV - The list of policy documents reviewed for Chapter Five

Treaties

The Treaty of Paris

Treaty establishing the European Economic Community (Treaty of Rome)

Treaty on the Functioning of the European Union (formerly Treaty established the European Community)

Single European Act [OJ No L169, 29.6.87].

Treaty on European Union (formerly Treaty of Maastricht)

Treaty of Amsterdam amending the Treaty on European Union, the Treaties establishing the European Communities and certain related acts

Treaty of Nice amending the Treaty on European Union, the Treaties establishing the European Communities and certain related acts

Treaty of Lisbon amending the Treaty on European Union and the Treaty establishing the European Community

Regulations

A Council regulation of May 1963 47/63/EEC (Réglements No 47/63/CEE du Conseil du 31 mai 1963 portant modification du réglements No 9 concernant le Fonds social européen [OJ No 1605/63, 10.6.63].

Regulation (EEC) No 2783/79 of 12 December 1979 laying down provisions for the implementation of Council Regulation (EEC) No 1028/79 on the importation free of Common Customs Tariff duties of articles for the use of handicapped persons [OJ No L 318, 13.12.79].

Council Regulation (EEC) No 918/83 of 28 March 1983 setting up a Community system of reliefs from customs duty [OJ No L 105/1, 23.4.83].

Commission Regulation (EEC) No 2289/83 of 29 July 1983 laying down provisions for the implementation of Articles 70 to 78 of Council Regulation (EEC) No 918/83 establishing a Community system of duty-free arrangements [OJ No L 220/15, 11.8.83].

Council Regulation (EC) No 1466/97 of 7 July 1997 on the strengthening of the surveillance of budgetary positions and the surveillance and coordination of economic policies, [OJ No L209/1, 2.8.97].

Council Regulation (EC) No 577/98 of 9 March 1998 on the organisation of the Labour Force Sample Survey in the Community [OJ No L 77/3, 14.3.98].

Regulation (EC) No 1177/2003 of the European Parliament and of the Council of 16 June 2003 concerning Community statistics on income and living conditions (EU-SILC): text with EEA relevance [OJ No L 165/1, 3.7.2003].

Regulation (EC) No 261/2004 of the European Parliament and of the Council of 11 February 2004 establishing common rules on compensation and assistance to passengers in the event of denied boarding and of cancellation or long delay of flights, and repealing Regulation (EEC) No 295/91 [OJ No L 46/1, 17.2.2004].

Council Regulation (EC) No 1698/2005 of 20 September 2005 on support for rural development by the European Agricultural Fund for Rural Development (EAFRD) [OJ No L 277/1, 21.10.2005].

Regulation (EC) No. 1899/2006 of the European Parliament and of the Council of 12 December 2006 amending Council Regulation (EEC) No 3922/91 on the harmonisation of technical requirements and administrative procedures in the field of civil aviation [OJ No L377/1, 27.12.2006].

Regulation (EC) No 1107/2006 of the European Parliament and of the Council of 5 July 2006 concerning the rights of disabled persons and persons with reduced mobility when travelling by air [OJ No L 204/1, 26.7.2006].

Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation [OJ No L 378/41, 27.12.2006].

Regulation (EC) No 1889/2006 of the European Parliament and of the Council of 20 December 2006 on establishing a financing instrument for the promotion of democracy and human rights worldwide [OJ No L 386/1, 29.12.2006].

Commission Regulation (EC) No 718/2007 of 12 June 2007 implementing Council Regulation (EC) No 1085/2006 establishing an Instrument for Pre-accession Assistance (IPA) [OJ No L 170/1, 29.6.2007].

Regulation (EC) No 1370/2007 of the European Parliament and of the Council of 23 October 2007 on public passenger transport services by rail and by road and repealing Council Regulations (EEC) Nos. 1191/69 and 1107/70, [OJ No L315/1, 3.12.2007].

Regulation (EC) No. 1371/2007 of the European Parliament and of the Council of 23 October 2007 on rail passengers' rights and obligations [OJ No L315/14, 3.12.2007].

Regulation (EC) No 458/2007 of the European Parliament and of the Council of 25 April 2007 on the European system of integrated social protection statistics (ESSPROS) [OJ No L 113/3, 30.4.2007].

Regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work [OJ No L 354/70, 31.12.2008].

Commission Regulation (EC) No 800/2008 of 6 August 2008 declaring certain categories of aid compatible with the common market in application of Articles 87 and 88 of the Treaty (General Block Exemption Regulation) [OJ No L 214/3, 9.8.2008].

Commission Regulation (EC) No.8/2008 of 11 December 2007 amending Council Regulation (EEC) No. 3922/91 as regards common technical requirements and administrative procedures applicable to commercial transportation by aeroplane, [OJ No L10/1, 12.1.2008].

Regulation (EU) No 1177/2010 of the European Parliament and of the Council of 24 November 2010 concerning the rights of passengers when travelling by sea and inland waterways and amending Regulation [EC] No 2006/2004 [OJ No L334/1, 17.12.2010].

Regulation (EU) No 181/2011 of the European Parliament and of the Council of 16 February 2011 concerning the rights of passengers in bus and coach transport and amending Regulation (EC) No 2006/2004 [OJ No L 55/1, 28.2.2011].

Regulation (EU) No 1303/2013 of the European Parliament and of the Council of 17 December 2013 laying down common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund and laying down general provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund and the European Maritime and Fisheries Fund and repealing Council Regulation (EC) No 1083/2006. [OJ No L 347/321, 20.12.2013].

Regulation (EU) No 1381/2013 of the European Parliament and of the Council of 17 December 2013 establishing a Rights, Equality and Citizenship Programme for the period 2014 to 2020 [OJ No L 354/62, 28.12.2013].

Regulation (EU) No 235/2014 of the European Parliament and of the Council of 11 March 2014 establishing a financing instrument for democracy and human rights worldwide [OJ L 77/85, 15.3.2014].

Regulation (EU) No 236/2014 of the European Parliament and of the Council of 11 March 2014 laying down common rules and procedures for the implementation of the Union's instruments for financing external action [OJ L 77/95, 15.3.2014].

Directives

First Council Directive of 4 December 1980 on the introduction of a Community driving licence (80/1263/EEC) [OJ No L 375/1, 31.12.80].

Council Directive 83/181/EEC of 28 March 1983 determining the scope of Article 14(1)(d) of Directive 77/388/EEC as regards exemption from value added tax on the final importation of certain goods [OJ No L 105/38, 23.4.83].

Council Directive 89/665/EEC of 21 December 1989 on the coordination of the laws, regulations and administrative provisions relating to the application of review procedures to the award of public supply and public works contracts [OJ No L 395/33, 30.12.89], as amended by Directive 2007/66/EC of the European Parliament and of the Council of 11 December 2007 amending Council Directives 89/665/EEC and 92/13/EEC with regard to improving the effectiveness of review procedures concerning the award of public contracts [OJ No L 335/31, 20.12.2007].

Council Directive 91/439/EEC of 29 July 1991 on driving licences [OJ No L 237/1, 24.8.91]

Council Directive 92/13/EEC of 25 February 1992 coordinating the laws, regulations and administrative provisions relating to the application of Community rules on the procurement procedures of entities operating in the water, energy, transport and telecommunications sectors [OJ No L 76/14, 23.3.92], as amended by Directive 2007/66/EC of the European Parliament and of the Council of 11 December 2007 amending Council Directives 89/665/EEC and 92/13/EEC with regard to improving the effectiveness of review procedures concerning the award of public contracts [OJ No L 335/31, 20.12.2007].

European Parliament and Council Directive 95/16/EC of 29 June 1995 on approximation of the laws of Member States relating to lifts, [OJ No L 213/1, 7.9.95], as amended by Directive 2006/42/EC of the European Parliament and of the Council on machinery, and amending Directive 95/16/EC [OJ No L 157/24, 9.6.2006].

Directive 95/46/EC of the European Parliament and of the Council of 24 October 1995 on the protection of individuals with regard to the processing of personal data and the free movement of such data [OJ No L 281/31, 23.11.95].

Council Directive 96/48/EC of 23 July 1996 on the interoperability of the trans-European high-speed rail system [OJ No L 235/6, 17.9.96], as amended by Directive 2004/50/EC of the European Parliament and of the Council [OJ No L 164/114, 30.4.2004].

Directive 97/67/EC of the European Parliament and of the Council of 15 December 1997 on common rules for the development of the internal market of Community postal services and the improvement of quality of services [OJ No L 15/14,

21.1.1998], as amended by Directive 2002/39/EC of the European Parliament and of the Council of 10 June 2002 amending Directive 97/67/EC with regard to the further opening to competition of Community postal services [OJ No L 176/21, 5.7.2002], and as amended by Directive 2008/6/EC of the European Parliament and of the Council of 20 February 2008 amending Directive 97/67/EC with regard to the full accomplishment of the internal market of Community postal services [OJ No L 52/3, 27.2.2008].

Directive 1999/5/EC of the European Parliament and of the Council of 9 March 1999 on radio equipment and telecommunications terminal equipment and the mutual recognition of their conformity [OJ No L 91/10, 7.4.99].

Directive 2000/31/EC of the European Parliament and of the Council of 8 June 2000 on certain legal aspects of information society services, in particular electronic commerce, in the Internal Market (Directive on electronic commerce) [OJ L 178/1, 17.7.2000].

Directive 2000/43/EC of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin [OJ No L 180/22, 19.7.2000].

Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation [OJ No L 303/16, 2.12.2000].

Directive 2001/29/EC of the European Parliament and of the Council of 22 May 2001 on the harmonisation of certain aspects of copyright and related rights in the information society [OJ No L 167/10, 22.6.2001].

Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community code relating to medicinal products for human use [OJ No L 311/67, 28.11.2001], as amended by Directive 2004/27/EC of the European Parliament and of the Council [OJ No L 136/34, 30.4.2004].

Directive 2001/85/EC of the European Parliament and of the Council of 20 November 2001 relating to special provisions for vehicles used for the carriage of passengers comprising more than eight seats in addition to the driver's seat, and amending Directives 70/156/EEC and 97/27/EC [OJ No L 42/1, 13.2.2002].

Directive 2001/95/EC of the European Parliament and of the Council of 3 December 2001 on general product safety, [OJ No L 11/4, 15.1.2002].

Directive 2001/16/EC of the European Parliament and of the Council of 19 March 2001 on the interoperability of the trans-European conventional rail system [OJ No L 110/1, 20.4.2001], as amended by Directive 2004/50/EC of the European Parliament and of the Council [OJ No L 164/114, 30.4.2004].

Directive 2002/21/EC of the European Parliament and of the Council of 7 March 2002 on a common regulatory framework for electronic communications networks and services (Framework Directive) [OJ No L 108/33, 24.4.2002].

Directive 2002/22/EC of the European Parliament and of the Council of 7 March 2002 on universal service and users' rights relating to electronic communications networks and services (Universal Service Directive) [OJ L 108/51, 24.4.2002].

Directive 2002/85/EC of the European Parliament and of the Council of 20 November 2001 [OJ No L 42/1, 13.2.2002].

Directive 2003/24/EC of the European Parliament and of the Council of 14 April 2003 amending Council Directive 98/18/EC on safety rules and standards for passenger ships [OJ No L 123/18, 17.5.2003].

Directive 2003/59/EC of the European Parliament and of the Council of 15 July 2003 on the initial qualification and periodic training of drivers of certain road vehicles for the carriage of goods or passengers, amending Council Regulation (EEC) No 3820/85 and Council Directive 91/439/EEC and repealing Council Directive 76/914/EEC [OJ No L 226/4, 10.9.2003].

Council Directive 2003/96/EC of 27 October 2003 restructuring the Community framework for the taxation of energy products and electricity [OJ No L 283/51, 31.10.2003].

Directive 2004/17/EC of the European Parliament and of the Council of 31 March 2004 coordinating the procurement procedures of entities operating in the water, energy, transport and postal services sectors, [OJ No L134/1, 30.4.2004].

Directive 2004/18/EC of the European Parliament and of the Council of 31 March 2004 on the coordination of procedures for the award of public works contracts, public supply contracts and public service contracts, [OJ No L134/114, 30.4.2004].

Council Directive 2004/113/EC of 13 December 2004 implementing the principle of equal treatment between men and women in the access to and supply of goods and services, [OJ No L 373/37, 21.12.2004].

Directive 2005/29/EC of the European Parliament and of the Council of 11 May 2005 concerning unfair business-to-consumer practices in the internal market and amending Council Directive 84/450/EEC, Directives 97/7/EC, 98/27/EC and 2002/65/EC of the European Parliament and of the Council and Regulation (EC) No 2006/2004 of the European Parliament and of the Council (Unfair Commercial Practices Directive) [OJ No L 149/22, 11.6.2005].

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Council Resolution of 21 January 1974 concerning a social action programme [OJ No C 13/1, 12.2.74].

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2013 Work Forum on the Implementation of the UNCPRD in the EU

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Appendix V - The list of organisations participating in the research

- Ministry of Family and Social Policies (Ankara/Turkey)
- Ministry for EU Affairs (Ankara/Turkey)
- Ministry of Labour and Social Security (Ankara/Turkey)
- Ministry of National Education (Ankara/Turkey)
- Ministry of Health (Ankara/Turkey)
- Ministry of Development (Ankara/Turkey)
- State Personnel Agency (Ankara/Turkey)
- Union of Municipalities of Turkey (Ankara/Turkey)
- Turkish Employment Agency (Ankara/Turkey)
- Ministry of Environment and Urban Planning (Ankara/Turkey)
- The National Human Rights Institution of Turkey (Ankara/Turkey)
- The Ombudsman Institution (Ankara/Turkey)
- Social Security Institution (Ankara/Turkey)
- Turkish Cooperation and Coordination Agency (Ankara/Turkey)
- Delegation of the European Union to Turkey (Ankara/Turkey)
- European Commission -DG Justice (Brussels)
- European Union Agency for Fundamental Rights (Brussels)
- The European Association of Service Providers for Persons with Disabilities (Brussels)
- European Disability Forum (Brussels)
- Mental Disability Advocacy Center (Budapest/Hungary)
- Université catholique de Louvain (Louvain-la-Neuve/Belgium)
- National University of Ireland Galway (Galway/Ireland)
- Organization of Islamic Cooperation,
- World Bank Turkey Country Office (Ankara/Turkey)

- International Monetary Fund (Washington/ United States)
- World Health Organization (Geneva/Switzerland)
- World Health Organization Turkey Country Office (Ankara/Turkey)
- United Nations International Children's Emergency Fund Turkey Country Office (Ankara/Turkey)
- The United Nations Educational, Scientific and Cultural Organization (Paris/France)
- Turkish National Commission for UNESCO (Ankara/Turkey)
- UNDP Turkey Country Office (Ankara/Turkey)
- International Labour Office (Geneva/Switzerland)
- International Labour Office for Turkey (Ankara/Turkey)
- Organisation for Economic Cooperation and Development (OECD) (Paris/France)
- Turkish Federation of People with Intellectual Difficulties (Turkey)
- Turkish Confederation of People with Disabilities (Turkey)
- Association of Women with Disabilities (Turkey)
- The Six Dots Foundation for the Blinds (Turkey)
- Association of Sanli Urfa Employment of People with Paraplegia (Turkey)
- Association of Social Rights and Research (Turkey)
- Istanbul Umutisigi Association of Support for People with Intellectual Difficulties and Autistics (Turkey)
- Human Rights in Mental Health Initiative (Turkey)
- Association of Turkey Youth Union (Turkey)
- Izmir Association of Protection and Adaptation of Children with Autistic Spectrum Disorder (Turkey)
- Association of People with Visual Impairment in Education (Turkey)
- Human Rights Joint Platform (Istanbul/Turkey)

Appendix VI - Topic guide for semi-structured interviews with IOs

- What are the primary aims of your organisation in disability?
- What is the organisational perspective on disability?
- What is the organisation's main work in disability?
- What were the triggering forces behind the interest of your organisation in disability?
- Could you evaluate the direction of disability policy at your organisation before 1996, between 1996 -2006 and after 2006?
- How do you implement 'the twin track approach' to disability mainstreaming at the organisation?
- When you formulate and implement disability mainstreaming, do you take into consideration gender perspective, and the underrepresented disability groups including psychosocial and intellectual disabilities?
- What is the role of your organisation in promoting disability mainstreaming?
- Could you briefly outline the history of disability mainstreaming at your organisation?
- Could you evaluate the formulation and implementation of disability mainstreaming before 1996, between 1996 -2006 and after 2006 at your organisation?
- Could you evaluate existing challenges (internal as well as external) to an effective formulation and implementation of disability mainstreaming?
- What would be the best way to tackle these challenges within your organisation?
- What would be the main role of your organisation in the realisation of disability mainstreaming?
- Could you provide some examples of the impact of your organisation's policies on the direction of disability policy before 1996, between 1996 - 2006 and after 2006?
- Could you evaluate the methods/tools of your organisation to influence the countries to include disability perspective when they were making policies?
- How do you describe your first contact with a government organisation in Turkey in the field of disability? When was it? What was the name of the organisation and what was the outcome?

- Could you evaluate the impact of your organisation on the realisation of disability mainstreaming in Turkey?
- Could you evaluate the future direction of your organisation's policies in disability?
- How does the ratification of the UN CRPD affect their policy orientation?
- How does the publication of World Report on Disability affect their policies?

OVERVIEW

- Is there anything else that the researcher should follow up in the research?
- Any areas of concern? Issues the researcher should be asking about?
- Is there anything else you would like to say about the topic of the research?

Would you like a summary of the research findings? Yes No

Appendix VII - Topic guide for semi-structured interviews with the line ministries

- What are the primary aims of your organisation in disability?
- What is the organisational perspective on disability?
- What is the organisation's main work in disability?
- What are the primary aims of your organisation in disability?
- What is the organisational perspective on disability?
- What is the organisation's main work in disability?
- What were the triggering forces behind the interest of your organisation in disability?
- Could you evaluate the direction of disability policy at your organisation before 1996, between 1996 -2006 and after 2006?
- How do you implement 'the twin track approach' to disability mainstreaming at the organisation?
- When you formulate and implement disability mainstreaming, do you take into consideration gender perspective, and the underrepresented disability groups including psychosocial and intellectual disabilities?
- What is the role of your organisation in promoting disability mainstreaming?
- Could you briefly outline the history of disability mainstreaming at your organisation?
- Could you evaluate the formulation and implementation of disability mainstreaming before 1996, between 1996 -2006 and after 2006 at your organisation?
- Could you evaluate existing challenges (internal as well as external) to an effective formulation and implementation of disability mainstreaming?
- What would be the best way to tackle these challenges within your organisation?
- Could you provide some examples of impact of IOs on your organisation's policies before 1996, between 1996 -2006 and after 2006?
- What are the method/s/tool/s that IOs use to influence your organisation's policies to realise disability mainstreaming?
- How do you assess the efficiency of these methods/tools?

- Could you evaluate the impact of your organisation on the realisation of disability mainstreaming in Turkey?
- Could you evaluate the future direction of your organisation's policies in disability?
- What would be the main role of your organisation in the realisation of disability mainstreaming?
- How does the ratification of the UN CRPD affect their policy orientation?
- How does the publication of World Report on Disability affect their policies?
- How do you describe your first contact with IOs in the field of disability? When was it? What was the name of the organisation and what was the outcome?

OVERVIEW

- Is there anything else that the researcher should follow up in the research?
- Any areas of concern? Issues the researcher should be asking about?
- Is there anything else you would like to say about the topic of the research?

Would you like a summary of the research findings? Yes No

Appendix VIII - Topic guide for focus group interviews

- Please, write first thing comes to your mind when you hear about disability mainstreaming
- What was your first experience regarding the necessity of the realisation of disability mainstreaming in all policies?
- Think back to when you first contacted IOs in terms of disability policy. What was your first impression?
- When was it? What were the names of the IOs? Outcomes?
- How do you describe your first contact with the EU in terms of disability? What was your first impression?
- When was it? What's the name of the DG? Outcomes?
- How do you define the evolution of disability policies historically?
- Which area is mainstreaming most in disability policy?
- What are the barriers to the realisation of disability mainstreaming?
- How do you assess the influence of IOs on the realisation of disability mainstreaming in Turkey?
- How do you assess the influence of Europeanisation on the realisation of disability mainstreaming in Turkey?
- Is there anything that we should have talked but we have not done it yet in this focus group?
- Would you like a summary of the research findings?

Appendix IX - Informed consent form

I confirm that I have read and understand the description of the research project, and that I have had an opportunity to ask questions about the project.

I understand that my participation is voluntary and that I am free to withdraw at any time without any negative consequences by simply informing the interviewer.

I understand that I may decline to answer any particular question or questions, or to do any of the activities. If I stop participating at all time, all of my data will be purged.

I understand that my responses will be kept strictly confidential, that my name or identity will not be linked to any research materials, and that I will not be identified or identifiable in any report or reports that result from the research.

I give permission for the researcher to have access to my anonymised responses.

I agree to take part in the research as described above.

Participant Name (Please print)

Participant Signature

Researcher Name (Please print)

Researcher Signature

Date