

SOCIAL JUSTICE FOR DISABLED PEOPLE

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Abstract

This paper aims to question the living conditions of disabled people in the 21st century from the framework of social justice. The concept of “social justice” has a long history, influenced by the works of numerous writers including Rawls (1971), Miller (1999), Reeves (2005), Fainstein (2009), Marcuse (2009) and Harvey (1992, 2009) and by the recent debates on inequality, diversity, segregation, exclusion, and discrimination. The debates on segregation, exclusion and discrimination are generally focused on inequalities in terms of economic, ethnic and gender dimensions; however, in these debates, there is very little reference to unequal opportunities of disabled people. On the other hand, the diversity issue is generally discussed with respect to ethnic and cultural elements, again with very little concern for the rights of disabled people. In many developing countries, including Turkey, a legal framework for addressing disability issues has started to be put in place. Awareness among governments and society of the needs and rights of people with disabilities is growing. In the last decade in Turkey, the difficulties faced by disabled people have started to be taken into consideration seriously. Before that, the only information about the disabled population could be obtained from General Population Census in Turkey. In 2002 “Turkey Disability Survey” was carried out collectively by the State Institute of Statistics and the Presidency of Administration on Disabled People. In this survey, it has been targeted to estimate the number of disabled people and comprehend their socio-economic characteristics, their problems in social life, expectations, types and causes of disability, regional differences and also the proportion of population having chronic illnesses. After this survey, many projects have started to be realized in order to propose strategies for eliminating discrimination in Turkey. In this paper, we will try to evaluate these sources of information so as to analyze the conditions of disabled people in Turkey with reference to the situation in other developed and developing countries. This evaluation will be made from the framework of social justice and with respect to particular rights, such as accessibility to necessary services at different scales, accessibility to job opportunities and integration into the work force as well as their participation in decision making mechanisms of local and central governments together with or within NGO’s.

Keywords: Disability; social justice; accessibility; discrimination.

INTRODUCTION: DIVERSITY, DIFFERENCE AND EQUALITY

This paper aims to question the living conditions of disabled people in the 21st century from the framework of social justice, with respect to the present situation in Turkey. The concept of “social justice” has a long history, influenced by the works of numerous writers and by recent debates on inequality, diversity, segregation, exclusion, and discrimination. When the vast literature on these issues in the fields of psychology, sociology, politics and economics are analyzed, it is seen that the debates on segregation, exclusion and discrimination are generally focused on inequalities in terms of economic, ethnic and gender dimensions, with very little reference to unequal opportunities of disabled people. On the other hand, the diversity issue is generally discussed with respect to ethnic and cultural elements, again with very little concern for the rights of disabled people. In the last decades, there is a growing interest in all these fields for expanding and refining the perspective of dealing with inequality and diversity, including all the groups who

are faced with excessive discrimination due to their special disadvantageous conditions in accessing societal resources in fulfilling their needs.

In order to perceive the reasons of such “exclusion” of disabled people even from the conceptualizations in different fields of research, various discussion points have been put forward. For example the findings of research in the field of contemporary psychology show that most people categorize or distinguish individuals basically by using ethnicity and sex rather than age or disability. It is argued that age and disability reminds difficulty and even death which people try not to remember or think about (Myers, 2001). In addition, in standard sociological texts (Giddens, 2001), generally the topics of gender, race and sexuality are explored without any concern on disability. There is also huge literature on urban transformation and regeneration in the field of geography and planning but the inclusion of children, aged and disabled people is rarely taken into consideration. Dealing with these topics seems as if it is the responsibility of some other fields of study, separate from these general discussions on societal issues.

Despite these negative aspects in approaching disability, there is a growing concern for distinguishing the concepts of difference and diversity, which are usually conflated and used in place of each other. Some writers argue that the concept of difference requires a reference point, which usually refers to what is accepted to be “normal” by the powerful dominant groups in society. Therefore, this “ideology of superiority” and power relationships leads the societies to be structured around the demands of the powerful groups and the subordinate groups perceive these demands and following measures as natural and inevitable. As a result, the minority groups which are assumed to be different and exceptional are expected to get adapted to the physical and social environment organized by the majority of the society. On the other hand, the concept of diversity does not have a reference point and it requires the inclusion of an equality perspective. In this frame of thought, “real equality” means ensuring that people with special needs and demands have equal opportunity of fulfilling them (Reeves, 2003, 2005). For this reason, it is claimed that there must be a complete shift in existing power relationships as well as ideological and social perceptions related to disability so as to create a favorable atmosphere in valuing diversity and including disabled people in the daily routines of life. In this respect, equality and diversity are expected to be complementary issues in providing people “equal capabilities” to attain “real equality of opportunities”. As Sen (1992: 1) states,

“The assessment of the claims of equality has to come to terms with the existence of pervasive human diversity. The powerful rhetoric of ‘equality of man’ often tends to deflect attention from these differences. Even though such rhetoric (e.g. ‘all men are born equal’) is typically taken to be part and parcel of egalitarianism, the effect of ignoring the interpersonal variations can, in fact, be deeply inegalitarian, in hiding the fact that equal consideration for all may demand very unequal treatment in favor of the disadvantaged.” (Sen, 1992: 1)

Therefore, according to Sen (1992), the capability to achieve can be defined as the ability to prevent bad living conditions that all people would try to refrain from, such as hunger, bad health, ignorance, and poor shelter conditions. In this respect, **poverty** is defined as being devoid of such capability of achievement. In this context, for disabled people, in addition to equal rights, particular support mechanisms, which take into account the special needs of those people, become crucial in order to enable them to get integrated into societal life as equal citizens. Another problem in the field of politics is the displacement of the concept of difference with the concept of equality (Philips, 1999). It is argued that it is easier to claim for equality in political rights rather than equality in economic conditions in liberal democracies and this creates an opportunity to distract attention from growing inequalities in the era of neoliberal globalization.

Another challenge to inadequate approaches to disability comes from writers who criticize the general implementation of welfare policies after 1950s. It is argued that in western industrial societies, an image of “normal” life course rests on non-disabled, white, heterosexual, male adult has been highly predominant in defining the boundaries of legitimate welfare claims depending on taking part in the labor force. In comparison to this culturally constructed ideal, the lives of

children, elders and disabled people have been devalued. It is known that throughout the history modernity and capitalism, mothers, children, elder people and disabled people of all ages have been exempted from labor force and considered to be impotent and dependent. For example, adult disabled people are not seen to be normal individuals who can work and raise children, which are the basic indicators of being an adult (Priestley, 2000). On the other hand, these assumptions started to be questioned after 1970s parallel to the globalization of production in crisis conditions, use of new technologies, an increase in different types of service employment, leading to an increase in female employment, an increase in unemployment levels and the introduction of a variety of new employment processes, which includes part-time work and home-working. These restructuring efforts in especially western societies also tend to challenge the idealized non-disabled male employment, resulting in a search for diverse measures so as to recover the profitability and the efficiency of the system.

Although these developments in the world economy creates opportunities in questioning the dominant assumptions, there has also been a dense debate on increasing poverty throughout the world parallel to industrial and financial globalization. Within the scope of primary distribution relations in this era, there is an effort in decreasing the wage levels, leading to increasing poverty and inequality in income distribution. It is observed that inequality in income distribution is usually measured in general categories without distinguishing the excessive exclusion and discrimination tendencies towards the most disadvantaged segments of population, including disabled people. On the other hand, the secondary distribution relations refers to the nature and quality of basic public services, such as education, health, social security and the extent of accessibility to such services. As can be expected, the problems with disabled people become more apparent in the secondary distribution relations and, in turn, also affect the primary distribution relations in the inability to get integrated into the workforce and to have an access to income. In the era of neoliberal globalization, it is also known that there is a retreat from welfare policies. Contrary to welfare state policies of full employment and poverty eradication, today social policies are being put forward to prevent social risks and the concept of “risk management” has been widely used. It is believed that especially in serious unemployment conditions and crisis periods when people are pessimistic about their children’s or their own destiny, the ongoing system itself is put into danger. Therefore, in this neoliberal globalization era, instead of redistribution policies of the welfare state, risk management methods are being used by giving financial or basic material aids for urgent basic needs (Yalman, 2007). This situation creates obstacles for the adoption of social policies on the basis of human rights.

The misconception on difference and diversity, which leads to some false expectations of equality, is also reflected in the laws and regulations against discrimination in different countries. Providing “equal citizenship rights” in the face of laws (**formal equality**) is assumed to bring about equal opportunities for everybody without considering that “equal rights” does not mean to be “equal capabilities” for achieving the desired improvements in living conditions. **Formal equality** approach rests on the assumption that all people are equal and contents with maintaining the present state unless apparent discrimination is made against various people or groups. According to this understanding of equality, discrimination is accepted to be an exception and structural inequalities are ignored. The measure of equality is accepted to be the equal protection of laws and regulations; therefore, the responsibility of preventing or eliminating inequalities among people and groups is not considered or only some special temporary measures are “allowed”. Therefore, in this approach people or groups are forced to fit into the structures and rules that are established according to the characteristics of dominant groups (Gül and Karan, 2011a). This approach appears to be the basic philosophy behind almost all international human rights documents and the law system of individual countries. In fact, even the debates on poverty is focused basically on providing “equal citizenship rights” in the face of laws without considering that “equal rights” does not mean to be “equal capabilities” for achieving the desired improvements in living conditions (Sen, 1992).

On the other hand, this understanding of equality is criticized by many writers and making “positive discrimination” by means of various institutional measures is considered to be crucial in

providing people with equal opportunities. Therefore, from the framework of **material equality**, “equality” does not mean “sameness”; it is claimed that in order to achieve equality, differences among people and groups should positively be taken into consideration without assuming that they are “equal” and “same” (Buğra, 2007). This approach to equality brings about two kinds of obligations for the state; the first one is **negative obligation**, which is related to refraining from discrimination. The other one is **positive obligation** and it gives the state the responsibility of taking temporary or permanent measures to improve the conditions of the disadvantaged and to prevent inequality by removing the effects of discrimination made in the past. This approach is usually identified with “positive discrimination” measures (Gül and Karan, 2011b).

In this context **inclusion** becomes a key word against discrimination and the vicious circle of increasing inequality among different disadvantaged people and groups, including the people with disabilities. The term “disabling city” is used to denote the urban settings that restrict, ignore and exclude people with disabilities from regular participation in social, cultural, economic and recreational activities. For Young (1990), the ideal of city life represents an urban population and environment that regard social differentiation of groups positively without leading to any kind of exclusion. In this environment, individual and group differences should be accepted as a natural reality and, in turn, a diversity of activities and uses of public spaces should be supported. To promote social justice in the city, this politics of diversity “lays down institutional and ideological means for recognizing and affirming diverse social groups by giving political representation to these groups, and celebrating their distinctive characteristics” (Young 1990: 240). Therefore, as noted above, the philosophy of inclusion should have a high regard for diversity, rather than sameness.

Ignatieff (1986:28) offers a similar vision on inclusion that would be realized by accepting diversity. He argues that in our urban societies of strangers, people should “feel common belonging and mutual responsibility to each other” based on human difference. As social beings, “our obligations to each other are always based on difference” and “it is difference which defines responsibilities and obligations in specific times and places”. Therefore, “inclusive city” is the one “where difference has a home thus enabling the development of a sense of common belonging” (Ignatieff, 1986: 131). And in order to achieve these ideals, an inclusive city should be accessible, multi-functional, equal, partial and universal. Jones and Payne (1997: 134) also share the same views and claim that the cities should be physical spaces for people with disabilities. Therefore accessibility is the crucial factor in enabling interaction; in this respect, urban environments should be organized so as to prevent discrimination against disabled people related to lack of mobility and access to infrastructure and services.

In this paper, we will first try to explain the mutual interactions among disability, poverty and exclusion from societal life, leading to a vicious circle that is hard to break unless substantial interventions are made. Then we will put forward major models adopted in different countries to solve the problems faced by disabled people and evaluate whether they are capable of providing adequate solutions. Then the developments in the laws and regulations will be evaluated within a historical perspective, including the ones that have been put into force in Turkey. Since the UN Charter of 1945 and the Universal Declaration of Human Rights (UDHR) of 1948, there has been a considerable effort in combating discrimination. On the other hand, the inclusion of specifically the rights of the disabled in the laws has been a more recent phenomenon; in fact, the (American) Rehabilitation Act of 1973 was the first civil rights law guaranteeing equal opportunity for people with disabilities. After 1970s, many laws have been passed to eliminate discrimination against people with disabilities; however, it is observed that there are still many problems with respect to inadequate implementation practices, especially in developing countries, including Turkey. In the final part of the paper, the data from different sources of information in Turkey will be analyzed so as to shed light on the conditions of disabled people with reference to the situation in other developed and developing countries. This evaluation will be made from the framework of social justice and with respect to particular rights, such as accessibility to necessary services at different scales, participation in the work force and accessibility to job opportunities as

well as their participation in decision making mechanisms of local and central governments together with or within NGO's.

VICIOUS CIRCLE IN THE MUTUAL INTERACTIONS AMONG DISABILITY, POVERTY AND EXCLUSION FROM SOCIETAL LIFE

According to the International Classification of Functioning, Disability and Health (ICF) developed by WHO, "disability is an umbrella term for impairments, activity limitations and participation restrictions" (WHO, 2001: 213). According to this classification, "impairments" are defined as problems in body function or structure, such as a significant deviation or loss, related to diseases, health disorders, injuries, and other health related conditions. "Activity" is the execution of a task or an action by an individual and "activity limitations" are difficulties an individual may face in executing his/her activities. "Participation" is defined as involvement in a life situation and "participation restrictions" defined as problems an individual may experience in getting involved in different life situations. "Environmental factors" constitute the physical, social and attitudinal environment in which people live and conduct their lives; and "personal factors" are the particular background of an individual's life and living, including gender, race, and age (WHO, 2001: 213).

According to World Disability Union (WDU) (2011) "persons with disabilities" are identified as persons who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society in equal terms with other people. "Disability" also includes many ways in which people with perceived impairments are excluded from full participation in society due to social, economic, legal, political and environmental barriers (WDU, 2011: 36). As can be seen from these definitions, various barriers to the accessibility of disabled people are considered to be responsible for exclusion from full participation in different societal activities.

According to Venter et al (2002), the majority of people with disabilities experience difficulties in mobility because of significant barriers. Three types of barriers can be identified; these are social barriers, psychological barriers, and structural barriers to mobility. The mobility of disabled people differs depending on the type of disability as well as their financial and family resources. When the type of disability is concerned, it is observed that people with hearing disabilities appear to be the most mobile; on the other hand people with vision impairments generally use specific modes to travel between familiar places. It is easier for people with walking difficulties to access smaller vehicles; however, wheelchair users are almost completely excluded from most of the public transportation means and sometimes they are even incapable of being a part of street environment related to inappropriate infrastructure.

As for social barriers, research findings show that there is a lack of disability awareness in society, which is reflected in not giving assistance to disabled people in public transportation means or in the streets. In addition, the unsympathetic attitudes of the staff or other people create problems. These problems are not only related to communication problems but also lack of empathy and the blasé attitude of especially urban dwellers, as Simmel (...) pointed out. In addition, the high cost of accessing and maintaining the mobility devices, such as canes, wheelchairs and crutches as well as the cost of public or private transportation appears to be the most important barriers to accessibility. In many countries the transportation means available for disabled people are frequently limited and more expensive. Therefore, the financial resources and family support for disabled people becomes important in increasing mobility. We can also talk about psychological factors in decreasing mobility; disabled people often express their fears related to personal security in public spaces. Especially women are afraid of being cheated or being disturbed by men. In addition, low self-esteem prevents them from getting into interaction with other people in various settings even if they have the opportunity (Venter, et. al, 2002).

When we consider the structural barriers to accessibility, it is seen inadequate information systems, vehicle designs inappropriate for disabled people, such as narrow door openings, narrow aisles and seat spacing, inadequate infrastructure in train stations or bus stops as well as inadequate pedestrian roads appear to be the major problems. For example road works left open without any warning or protection, vehicles parked on pedestrian roads, kiosks and other

structures blocking the ways or inappropriate ranks are some examples of structural barriers in streets (Venter, et. al, 2002). On the other hand, the entrance of the buildings and the interior designs 'disable' people to have an access to education and health services or any kind of cultural or entertainment facilities.

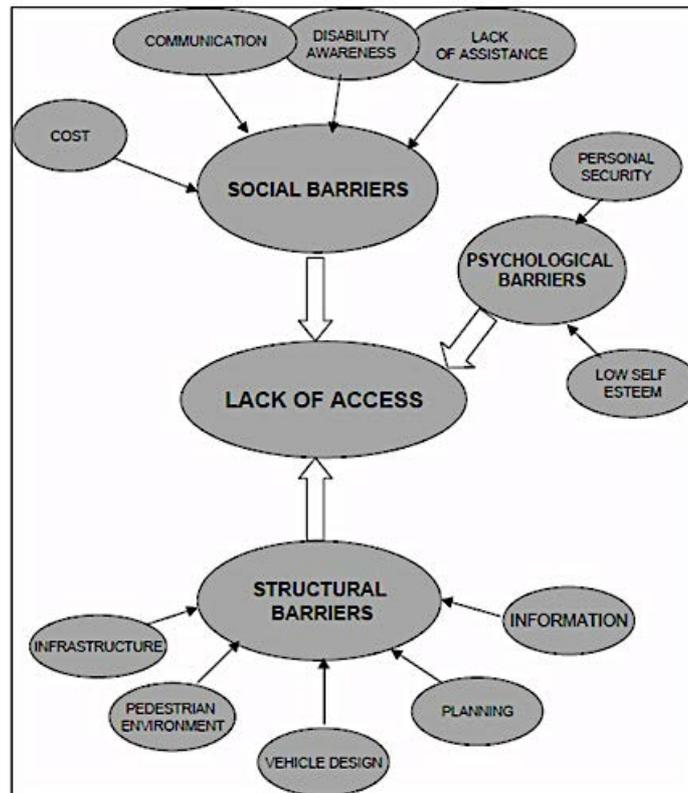


Figure 1: Barriers to Accessibility (Venter, et.al, 2002: 8).

Therefore, it can be asserted that measures taken to get rid of those social, psychological and structural barriers in accessibility will certainly make it easier to access education services, employment opportunities and social services, which, in turn, help to decrease poverty. The problems in transportation are more easily solved but it is harder to improve the conditions of buildings and the environmental conditions. Although numerous laws and regulations are put into force for the purpose of improving the structural conditions for the disabled in different countries, serious problems are still being faced at the implementation stage. Especially without the ability to travel, people with disabilities cannot benefit from improvements in the health care, education or socio-economic services adequately. Therefore improvement in transportation is accepted to be one of the most important factors in enabling the realization of the strategies to fight poverty and social exclusion (Mitra, et. al, 2011).

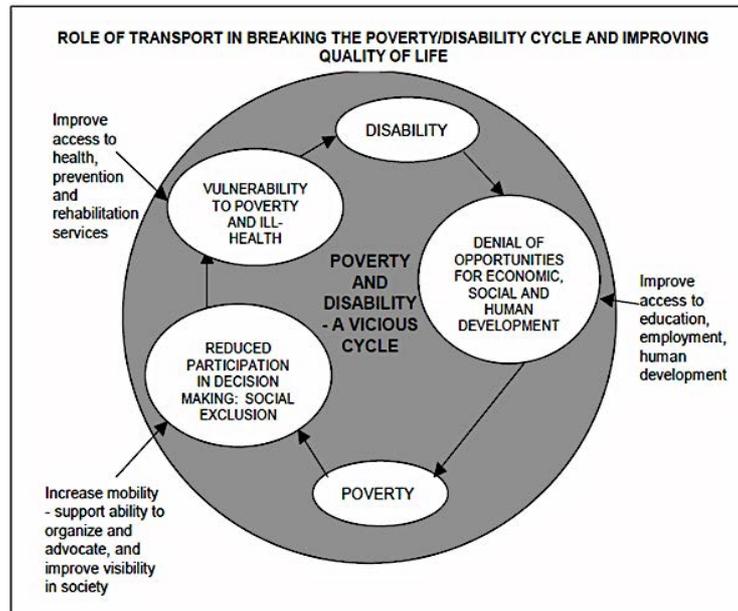


Figure 2: The Disability-Poverty Cycle and the Role of Transport (Adapted from “Disability, poverty and development”, DFID, 2000, p.4 cited in Mitra, et. al, 2011: 9).

The Close Relationship Between Disability and Poverty

When the share of disabled people in different country groups are analyzed, it is observed that especially in developing countries, poor socio-economic conditions seem to be responsible for high levels of disability. According to United Nations figures, poor nutrition, dangerous working and living conditions (including road accidents), limited access to vaccination programmes and to health and maternity care, poor hygiene, bad sanitation, inadequate information about the causes of impairments, war and conflict, and natural disasters all increase the chances of becoming disabled (Venter, et. al, 2002:4). According to the United Nations estimates, between 6% and 10% of people in developing countries are disabled. In addition, World Bank estimates show that one in five people are disabled in the world’s poorest countries (DFID, 2000). For example as the working conditions in the mines and civil war has increased the number of disabled in Mozambique, the struggle for emancipation has left a mark on especially the black people of South Africa. The problem of adequate transportation in using the health care services becomes especially important for people with HIV/AIDS and other diseases in Africa and it is observed that the insufficiencies in this respect leads to early mortality or disability. In addition, the statistics show that the proportion of disabled people among the poorest segments of population is higher. For example in South Africa, the proportion of the disabled in the poorest segments is more than double the proportion at other income levels mostly due to inadequate access to medical care and protection (Venter, et.al, 2002).

On the other hand, sociologists and economists emphasize the close relationship between access to education and employment, which seems to define an individual’s socio-economic status or class in society. It is claimed that not being able to have an access to paid work leads to poverty and, in turn, exclusion from society. Statistics show that disabled people without paid employment are the most vulnerable in this respect; for example, in Canada, 70% of disabled women of working age are unemployed, although the national average is around 9% (Chouinard, 1999:150, cited in Reeves, 2005). The situation is worse in countries where social welfare systems are less developed and protective and the people with disabilities tend to be extremely poor. For example in India, 50% of the disabled people have never been to school; only 5% have had proper education. On the other hand, the share of disabled employees in the biggest companies is only 0,4% and only 5% of the disabled people have an access to particular

therapies and devices to ease their mobility. In Mozambique the same relationship is observed between disability and lack of access to education and employment opportunities. 95% of Mozambicans with disabilities are illiterate, as compared to 60% in the overall population (Venter, et. al, 2002).

These figures clearly reflect that poverty among people with disabilities increases because of their lack of access to education, health care and employment opportunities. Therefore we can talk about a vicious circle in the relationship between disability and poverty; disability appears to be the cause and the consequence of poverty. Disability usually leads to lower standards of living and poverty, which negatively impacts education and employment opportunities and earnings as well as the ability to afford increased expenditures related to disability. On the other hand, poverty may increase the risk of disability related to poor health. Poverty may also increase the possibility that a health condition may result in disability due to lack financial resources for proper treatment. Moreover, limited financial resources in the community or society also have a negative impact on the investments that must be made to improve the physical environment for the disabled. Therefore, as noted above, in developing countries, where social welfare systems are less developed and protective, extreme poverty among people with disabilities is more apparent. If there is an attitude of isolating and excluding people with disabilities from mainstream society, people with disabilities who cannot get proper education are unable to find employment, leading to severe poverty conditions (Venter, et. al, 2002; Mitra, et. al, 2011). These conditions make it difficult it for an individual with a disability to get integrated in the community in those countries. That's why it is harder to meet disabled people in the streets and public spaces of developing countries when compared to the situation in more developed countries. The manuscript file should be as complete as possible. This means that the images, figures, tables, endnotes and bibliography will have to be placed within the script file as the author wishes them to appear in the final published article.

Different Approaches to Disability: Medical Model and Social Model

We can talk about two approaches to disability, namely the medical model and the social model. In **the medical model**, disability is defined to be caused by a disease, an injury or other health conditions and it is considered intrinsic to the individual. Under this model, addressing disability requires medical treatment and rehabilitation and an individual with any impairment is considered disabled, regardless of whether the person experiences limitations in his or her life activities due to this impairment or various structural barriers in the environment. In this model, it is believed that this impairment reduces the individual's quality of life and leads to disadvantages for the individual. Parallel to this understanding, curing or at least managing illness or disability by trained healthcare providers gain importance because disability is seen to be a kind of "illness" or a "personal anomaly". Therefore, this model concentrates on the adaptation of the disabled people themselves to the environment by changing their own behavior. The medical model also rests on the idea that a "just society" invests resources in health care and related services in order to cure disabilities medically to allow disabled persons a more "normal" life. Therefore the medical profession's responsibility is considered to have central importance (T.C. CUMHURBAŞKANLIĞI Devlet Denetleme Kurulu, 2009).

As can be expected, the social policies of the welfare state of the 1950s tended to favor the medical model as the social responsibility of the state and the laws were generally shaped in accordance with this point of view. This was coupled with the dictates of modernism, which is generally based on absolute/ universal truths and normative dualities, such as "normal" vs "abnormal" or "right" vs. "wrong". Therefore, in this model, it is accepted that providing separate institutions and facilities for disabled people, such as such as nursing homes, separate workshops, and special education schools would be more beneficial for the disabled in fulfilling their special needs (Waddington 1994, cited in Heyer, 2007). It also gave the opportunity of minimizing the efforts and decreasing the costs of solving the problems faced by disabled people.

On the other hand, **the social model** of disability analysis draws attention to the importance of the physical and structural conditions in the built environment, attitudes of citizens,

and the actions of policy makers in considering the difficulties disabled people face in living, working, playing, studying and getting integrated into the city in general. In fact, disability started to be seen as a social construct, rather than an individual “abnormality” and people with disabilities is considered as a minority group, similar to other minority groups based on race and ethnicity (Heyer, 2007). Because disability is not an easily identifiable feature such as gender, ethnicity or age, but a complex, dynamic interaction between a person’s health condition and the physical and social environment, it is very difficult to measure. The measures of disability have changed over time as the conceptual approach towards disability has changed. In time, the definition of disability has changed from an exclusively medical phenomenon measured by impairments toward a concept that consists of the interaction between an individual’s health condition and her/his environment. Therefore, the efforts to improve the living conditions of people with disabilities have started to be focused on measures that prevent activity limitations and participation restrictions rather than sole medical treatment (Mitra, et. al, 2011:5).

In this model, it is believed that functional insufficiency or impairment does not automatically lead to disability and disability is seen as the result of complex conditions created mainly by the social and physical environment of the individual. Therefore, the solution of these problems requires social practice by giving the responsibility to the whole society to make necessary improvements in the environment to make disabled people realize full participation in all areas of societal life (Seyyar, 2009, ICF, 2004: 21). This model explains the disadvantageous position of disabled people as “a product of negative attitudes and systemic discrimination that result in system-wide barriers to information, communication, and the physical environment”. In this respect, the social model concentrates on making social and physical environments accessible, reforming social institutions and trying to remove the stereotypes in the minds of people so as to include people with disabilities in society in equal terms (Heyer, 2007).

The approach behind this model appears to be the civil rights/ human rights movements of the 1960s. According to the UK organization, Union of the Physically Impaired Against Segregation (UPIAS) (1975), “...it is the society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society.” In 1983, the disabled academician Oliver used the term “social model of disability” in reference to these developments in the conceptual framework. Oliver focused on the idea of a social model rather than the medical model by taking into consideration the distinction made between impairment and disability by UPIAS. In time, the “social model” was developed by academicians and activists in the UK, USA and other countries, and it has been extended to include all disabled people, including those who have learning difficulties/ disabilities, the mentally handicapped or people with emotional, mental health or behavioral problems. In this model, “oppositional consciousness” has become an important strategy for fighting with the stigma related to living with a disability. This requires a complete shift in the dominant assumption that disability is “tragic” and sometimes “not worth living”. In this frame of thought, disabled people are encouraged to consider their disability positively and feel pride in it rather than denying it (Mansbridge and Morris, 2001, cited in Heyer, 2007).

LEGAL DEVELOPMENTS AGAINST DISCRIMINATION AND IN THE RIGHTS OF PEOPLE WITH DISABILITIES

The first changes in the laws and regulations about the rights of disabled people are seen in the framework of human rights and discrimination in general. The first legal developments were *UN Charter* of 1945 and the *Universal Declaration of Human Rights* (UDHR) of 1948. The United Nations Organization was founded basically to fight with discrimination throughout the world. Before 1945, minority treaties were the only means of prohibiting discrimination. After the adoption of the *UN Charter* in 1945, a non-discrimination clause entered the international law. UN Charter was expected to establish an effective system for the protection of human rights and this was claimed to be the major mission of UN. The Charter clearly states that the UN aims to “develop friendly relations among nations based on respect for the principle of equal rights and self-determination of peoples” and “promote and encourage respect for human rights and

fundamental freedoms for all without distinction as to race, sex, language or religion.” The Charter also imposed some vague obligations to “promote universal respect for, and the observance of, human rights” and to take “joint and separate action in co-operation with the Organization” to achieve this purpose.

The Universal Declaration of Human Rights (UDHR) of 1948 elaborates on the UN Charter’s equal rights principles within thirty articles. The following four articles reflect the general principles of the Declaration clearly:

Article 1: All human beings are born free and equal in dignity and rights.

Article 2: Everyone is entitled to all the rights and freedoms set forth in the Universal Declaration without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article 4: No one shall be held in slavery or servitude.

Article 7: All are equal before the law and are entitled without any discrimination to equal protection of the law.

The movements directly concerning the rights of people with disabilities began in the USA in 1960’s. *The (American) Rehabilitation Act* in 1973 was the first civil rights law guaranteeing “equal opportunity” for people with disabilities. Primary regulations were generally based on the principle of “formal equality” and also constituted the basis of the medical model which was dependent on the provision of basically health services. On the other hand, the regulations according to the principles of “material equality” which is also expressed in “social model approach” were reflected in *The World Plan of Action* (WPA) in 1982, in *The Revised European Social Charter* (RESC) in 1996, and *United Nations Convention on the Rights of Persons with Disabilities* (CRPD) in 2006. Nevertheless, the progressive changes in laws cannot be observed in real life practices especially in underdeveloped countries.

Legal Developments Against Discrimination

After the development of the framework against discrimination by UN, we can also talk about two international covenants, namely The International Covenant on Civil and Political Rights (ICCPR) and The International Covenant on Economic, Social, and Cultural Rights (ICESCR) in 1966. Turkey approved ICCPR in 2003, and additional protocol in 2006 but was chary of Article 27 about ethnic, religious and linguistic minorities. Turkey also approved ICESCR in 2003, but didn’t sign and approve the additional protocol. She was also chary of Article 13, paragraph 3 and 4, which was about education. The scope of choices in education according to parental preferences on beliefs and religion was restricted with state schools. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1979 was again a specific convention on the right of women. Turkey signed CEDAW in 1985 and approved additional protocol in 2002.

Parallel to these international developments in the legal system, there were also developments in this respect especially in the USA and Europe. The European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR) in 1950 was followed by The European Social Charter (ESC) in 1961 by the Council of Europe. Turkey signed the ECHR in 1950 and approved in 1954. They both included non-discrimination clauses emphasizing the promotion of human rights. This Charter was revised in 1996 and accepted to be the basic legal framework for human rights. The Convention on the Elimination of All Forms of Racial Discrimination (CERD) was accepted by EU in 1965. CERD is one of the first major conventions, which elaborated on the non-discrimination principles of the Universal Declaration of Human Rights. Turkey signed CERD in 1972 and approved two declarations and one chary. In the USA, the American Convention on Human Rights (ACHR) was adopted in 1969. The purpose of the ACHR is “to consolidate in this hemisphere, within the framework of democratic institutions, a system of personal liberty and social justice based on respect for the essential rights of man.” (http://en.wikipedia.org/wiki/disability_rights_movement)

Legal Developments in the Rights of People with Disabilities

United Kingdom is commonly considered to have initiated the social model of disability by the *Union of the Physically Impaired against Segregation* (UPIAS) during the 1970s. In the United States, disability studies became more apparent after the passage of the *Americans with Disabilities Act* (ADA) in 1990, which is considered to be the first comprehensive antidiscrimination law for people with disabilities in the world. With this law, there was a radical shift in approaching disability, which started to be seen as a social construct rather than an individual deficit; this perspective shift was reflected in the adoption of a social model in approaching disability (Heyer, 2007).

When we go through development of the legal framework in favor of disabled people, it is observed that this consciousness started with the *Disability Rights Movement* in USA in the 1960s. This movement aimed to secure equal opportunities and equal rights for people with disabilities and it was basically influenced by the African-American civil rights and women's rights movements. The specific goals and demands of the movement are accessibility and safety in transportation, improvements in architecture and physical environment, equal opportunities in independent living, employment, education, housing, prevention of abuse, neglect and violations of patients' rights. Effective civil rights legislation was also put forward to secure these opportunities and rights. For the first time, a cross-disability focus was adopted and people with different kinds of disabilities (physical and mental disabilities as well as visual and hearing impairments) and different needs and demands came together to fight for a common purpose.

After this movement, the *(American) Rehabilitation Act* was put into force in 1973. This was the first civil rights law guaranteeing equal opportunity for people with disabilities. *American Coalition of Citizens with Disabilities* in 1977 was another important turning point in fighting for the rights of disabled people. There was a nationwide sit-in in 1977 and led to the release of various regulations related to improvements in public transport. This was followed by *Americans Disabled for Accessible Public Transit* (ADAPT) in 1978. In this movement, city's transit system was protested because it was completely inaccessible for especially the physically disabled people in Denver. These civil disobedience demonstrations that lasted for a year and finally the Denver Transit Authority bought buses equipped with wheelchair lifts. In 1983, ADAPT organized another civil disobedience campaign also in Denver that lasted seven years together with the Americans with Disabilities Act (ADA). As can be followed, there was a prevalent public opinion on the rights of disabled, which was reflected in civil disobedience demonstrations in the USA.

World Program of Action (WPA) adopted by the General Assembly in December 1982 was a major outcome of the International Year of Disabled Persons. The WPA was a global strategy to encourage disability prevention, rehabilitation and equalization of opportunities, which would lead to full participation of persons with disabilities in social life and national development. Human rights perspective was prevalent in WPA and it was accepted that people with disabilities should be treated within the context of normal community services without isolating them.

The 1990 *Americans with Disabilities Act* (ADA) constituted the most comprehensive and encompassing civil rights protection for disabled people in work places and public places. The ADA defines disability discrimination from the framework of civil rights and identifies people with disabilities as a protected minority. In fact, this act represented the radical shift in the perception about disability by claiming that exclusion of people with disabilities from the public sphere was not the result of personal shortcomings or defects but a direct result of inaccessible social environments (Heyer, 2007). Therefore, this act brought many obligations for public institutions and private establishments. For example, employers with more than 15 employees were obliged to make "**reasonable accommodations**" for workers with disabilities and not to discriminate against qualified workers because of their disabilities. In addition, public places such as restaurants, stores and public buildings should not discriminate against people with disabilities and by making "**reasonable modifications**" to enable access for disabled people. The act also enforced adequate access in public transportation, communication, and in other areas of public life.

In the United Kingdom, after extensive activism of disabled people over several decades, the *Disability Discrimination Act* (DDA) was passed in 1995. As a result, it became unlawful in the United Kingdom to discriminate against people with disabilities in relation to employment, the provision of goods and services, education and transport. One of the most important legal developments in Europe came with *the Revised European Social Charter* (RESC) in 1996, which was put forward by revising *The European Social Charter* of 1961. All EU member states that are also members of the Council of Europe have ratified the European Social Charter. According to Article 30 of the Charter, all citizens have the right to be protected against poverty and social exclusion. *The Revised European Social Charter* (RESC) includes articles concerning **fundamental rights in the field of social policy** (health, social security, welfare) and specifically **in the fields of employment and industrial relations** (the rights to work, just conditions of work, fair remuneration and the rights to organize and bargain collectively as well as minimum income support and life-long education support for improving skills). In addition, the charter enforced various measures to prevent gender inequality and to resolve the problems concerning ethnic minorities and migrant workers as well as **measures for people with special needs, such as the disabled** and fulfillment of housing needs and improvements in low quality housing. This was the first international treaty recognizing the right to strike. States that ratify the Charter had to accept at least five of the seven core articles of the Charter, such as the rights to work, organize, bargain collectively, social security, social and medical assistance, rights of the family to social, legal and medical protection and the protection of migrant workers. Turkey approved European Social Charter in 1989. While approving RESC, Turkey was chary of Article 5 (right of organization), Article 6 (right of labor agreement), Article 2, paragraph 4 (minimum annual leave) and Article 4, paragraph 1 (wage and adequate level of living).

The final convention that will be mentioned here is *The Convention on the Rights of Persons with Disabilities* (CRPD) in 2006. The CRPD was the first treaty of the United Nations which comprehensively addresses every aspect of discrimination related to disability, such as education, employment, self-determination and privacy. In Article 1, the definition of disability was made; according to this definition, people with disabilities are “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” It is stated that “everyone is likely to experience disability at some point during his/ her lifetime because of illness, accident, or aging.”

In Article 2, discrimination is also defined as “any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with other, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.” In the same Article, the countries that have signed the convention are obliged to make “**reasonable accommodations**” and take regulative measures (“**reasonable improvements**”) in order to enable equal utilization of human rights and basic freedom opportunities on the behalf of disabled people. The responsibilities of the countries having approved CRPD are defined in Article 4; according to this, the governments are responsible for not allowing discrimination, for providing equality, providing accessibility, enabling integration into political and social life, preventing exploitation, violence and abuse, providing education, health and rehabilitation services and providing social protection. Turkey signed CRPD in 2007 and approved in 2009. Turkey has also signed the protocol concerning individual complaint; however hasn't approved it yet.

Legal Developments in the Rights of People with Disability in Turkey

Various institutional regulations have been made in favor of people with disabilities in Turkey starting from the Ottoman era. It is known that there have been serious attempts in providing facilities for rehabilitation and medical treatment so as to integrate the disabled people into society. For example, during the Ottoman era, various health units (“bimarhane”) were constructed adjacent to mosques to provide nursing homes as well as medical treatment and rehabilitation facilities for disabled people (Gül, 2006: 276-7). Being located at central locations of

urban areas, these facilities could be better utilized by disabled people. In addition, the foundations (“vakıf”) in those years served the function of protecting people with disabilities (CDDK, 2009: 5-6). In early 20th century, various institutions (“Himaye-i Etfal Cemiyet-i”) were established to protect and give medical treatment to poor, sick children as well as orphans. This institution had relationships with similar institutions in other countries. After the closure of this institution in 1923, a similar public institution, Child Protection Agency, was founded in Ankara for orphans or children with no parental protection. The agency had opened 25 branches in different cities of Turkey until 1945. This agency managed to get organized in 67 provinces and 450 districts in the form of daycare centers, nursery schools, medical centers, and soup kitchens until 1976 (CDDK, 2009: 6). Although this agency was not established for disabled people, it is important because it had the function of serving sick and unprotected children.

Although there were some attempts to improve the living conditions of disabled people, it is observed that they were mostly directed to providing education facilities in separate institutions or curing and rehabilitating them in public health care centers. We can certainly claim that the current situation in Turkey is far from being adequate in enabling the inclusion of disabled people in society in equal terms. It is hard to understand the indifference to the problems of disabled people in a society that showed such public sensitivity for all living creatures, reflected in the protection of injured storks in winter or construction of bird houses within public buildings. In 1950s, the foundation of a civil society organization for people with sight impairments (Altı Nokta Körler Derneği) and another one for disabled people in general (Türkiye Sakatlar Derneği) started to make the problem visible in society (Yılmaz, 2012). The efforts to improve the conditions of disabled people have gained pace after 1980s as can be observed in other countries. The rights of disabled people entered in the Constitution of 1982 as “equal citizenship rights” and prohibition of discrimination against disabled people. Until 1996, there wasn’t a specific law for disabled people and the prohibitions were vaguely defined. The issues related to these people took place in international laws and the national laws on social services and supports, health, education, employment and local governments. The first comprehensive effort with respect to disabled people was the enactment of the law no. 4216 in 1996, which enforced the government to establish Administration for Disabled People and make changes in various laws on the behalf of disabled people. In 1997, an article was added to the Zoning and Construction Law (Law no. 3194) and it became compulsory to make improvements in urban, social and technical infrastructures as well as buildings according to the standards set by the Turkish Institute of Standards.

In addition, in the seventh Five Year Development Plan (1996-2000), it is aimed to give the necessary training support to families for the care of aged and disabled people (CDDK, 2009:57). In the eighth Five Year Development Plan (2001-2005), more comprehensive measures took place, such as coordination between families and related institutions, establishment of an institution to give the necessary social services and supports to the risk groups, including children, aged and disabled people as well as poor people and the ones in need of special attention. In addition, in the plan, it is aimed to improve urban transportation services by considering the special needs of disabled people. In the ninth Five Year Development Plan (2006-2010), the necessity of improving the social and physical environmental conditions to increase the integration of disabled people in economic and social life.

We have to note that in Turkey, a new period have started for disabled people by the enactment of the Law 5378 on Disabled People and Some Changes Made in Certain Laws and Decree-Laws in 2005. The shift to “social model” in approaching disabled people was reflected the law. Article 13 forbids discrimination in choosing a profession, having an access to vocational education and training. Article 14 forbids discrimination in employment and Article 15 forbids discrimination in education. This law forbids discrimination but does not define what is meant by discrimination clearly. However, it enforces the government to make “reasonable accommodations” and take regulative measures (“reasonable modifications”), especially in enabling access to education and employment opportunities by considering the special needs of individuals. For this reason, some special measures are put forward in the law, such as giving

higher minimum wage, giving education support to families with disabled children without considering whether they have social security or not, permitting disabled people to make modifications in their houses and making tax exemptions in various activities.

In the law, a special emphasis has been made on accessibility, which is defined as having an access from one place to another or to knowledge to fulfill various needs without any obstacles. Therefore, Article 3, which is related to modifications in public transportation, enforces the Greater Municipalities and other district municipalities to modify public transportation facilities on the behalf of disabled people. According to the law, Turkey must make “improvements on the behalf of disabled people in all public buildings, all vehicle and pedestrian roads, pedestrian crossings, open green areas, sports areas, and other social and cultural areas in seven years after this law is put into force”. The dead line for improvements is the year 2012; but due to the inability of making the necessary modifications, the dead line has been recently extended until 2015. There are still serious problems in accessibility. Other than this law, by approving CRPD in 2009, Turkey is now responsible for making the necessary improvements, which are cited in this law. In addition, according to the change made in the Constitution in 2010, it is accepted that the measures taken to establish equality for women, aged and disabled people as well as widows and orphans would not constitute a violation of the principle of equality. However, this change does not directly enable “positive discrimination”.

We can state that until the Law on Disabled People was enacted in 2005, the approach towards disability was basically dependent on the medical model, which considers disability as a problem intrinsic to the individual as a kind of “illness” or a “personal anomaly”, which should be cured or rehabilitated. Therefore, until that date, the laws and related institutions were basically shaped according to the requirements of this perception. However, in the social model, social environment of the individual is considered to be responsible for creating disability; as a result, the central and local governments are obliged to make reasonable accommodations and modifications in order to improve the conditions of disabled people without isolating them in separate institutions and spaces.

CONDITIONS OF DISABLED PEOPLE IN TURKEY

In this part of the paper, the conditions of disabled people in Turkey will be analyzed by using the available database. Until recently, there has been scarce information about disabled people; however, the efforts to collect detailed information about the current conditions of disabled people have increased in recent years. Information about disabled population has been taken from General Population Census of 1985 and 2000 in Turkey. Yet, it has been observed that information in population censuses is insufficient due to the limited information obtained. To overcome those limitations, the first “Turkey Disability Survey” (SIS, 2002) was carried out in December 2002 by The State Institute of Statistics together with the Administration for Disabled People. In this survey, it has been targeted to measure the number of disabled people, share of disabled people, their socio-economic characteristics, their problems in social life and expectations as well as the types of disability (including chronic illnesses), causes of disability and regional differences. The other source of information has been obtained from “2002 Turkey Disability Survey - Secondary Analysis Report” (Tufan and Arun, 2006), which was supported by the Scientific and Technical Research Council of Turkey. This secondary analysis was an evaluation of 2002 Survey and gives information about the services given to people with disabilities, the extent of using these services, and their socio-economic conditions, including education, labor force status, social protection, and income.

The most recent information on disabled people has been obtained from a report prepared by the Turkish Republic Presidential Auditing Board in 2009. The report was prepared in order to audit all the activities based on increasing the awareness on the conditions of disabled people, their families and in society in general and to identify the measures to continue with these activities in efficiently. (CDDK, 2009: <http://www.tccb.gov.tr/ddk/ddk30.pdf>)

The Findings of the Surveys on Disabled People

According to the results of the first “Turkey Disability Survey” (SIS, 2002), there were 8.4 million disabled people in Turkey, with a ratio of 12,3% within the total population in 2002. Among the disabled people, 79,2% had chronic illnesses, 10,2% was physically impaired, 3,9% was mentally impaired, 3,1% had language and speech problems, and 3% was hearing and 0,5% visually impaired.

The findings show that disabled people in more developed regions in the western part of the country mostly live in rural areas; however, in the less developed regions in the eastern part of the country, they generally live in urban areas (Table 2 and Figure 3). In more developed regions, especially rural areas close to urban centers offer better living conditions compared to crowded and large urban areas. The extended family structure still prevalent in rural areas and closer social relationships reduce the hardships the families face in assisting the disabled people. Therefore, it is observed that rural areas around big urban centers are preferred more by families with disabled members. On the other hand, in less developed regions, only urban areas can provide the necessary services, such as health and schooling facilities. Therefore people prefer living in urban areas in those regions, where traditional relationships still exist. This type of mutual help is harder to find in the crowded urban areas of more developed regions.

Table 1. Urban and Rural Distribution of Disabled People by Regions in Turkey (Source: Authors).

Population by Regions	General Population		Disabled Population	
	Urban %	Rural %	Urban Disabled %	Rural Disabled %
Total	60	40	49	51
Marmara	77	23	32	68
Aegean	58	42	51	49
Mediterranean	55	45	47	53
Central Anatolia	66	34	42	58
Blacksea	41	59	71	29
East Anatolia	40	60	69	31
South East Anatolia	58	42	45	55

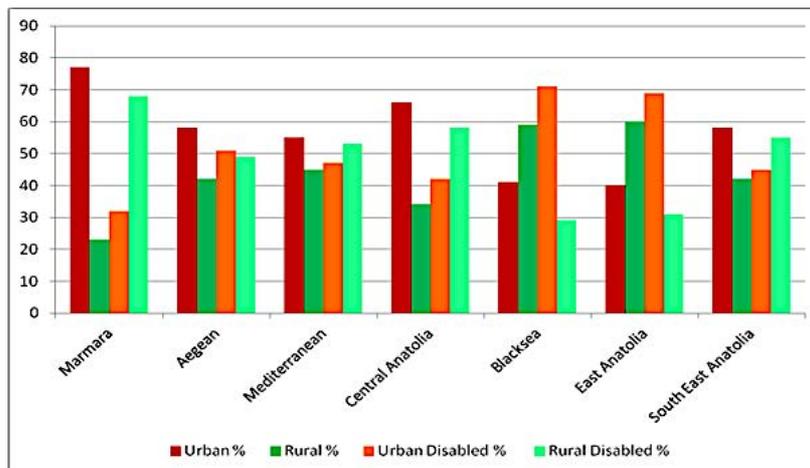


Figure 3: Urban and Rural Distribution of Disabled People by Regions in Turkey (Source: SIS, 2002).

Age and Gender Distribution of People with Disabilities in Turkey

Figure 5 indicates that the ratio of people with disabilities is low in childhood, while the ratio gets higher in adulthood. This is compatible with the findings that the highest share of disability is related to chronic illnesses. The recent population censuses show that there is a continuous decrease in the number of births. This also points to a threat of increasing hardships related to the increasing share of people over the age of 65, which is expected to reach three times the current population in 2050 (III. Özürlüler Şûrası: 42). Therefore, it is most probable that Turkey will also have to cope with the problem of disability based on chronic illnesses and ageing more in the future, similar to case encountered in Europe (CDDK, 2009:202)

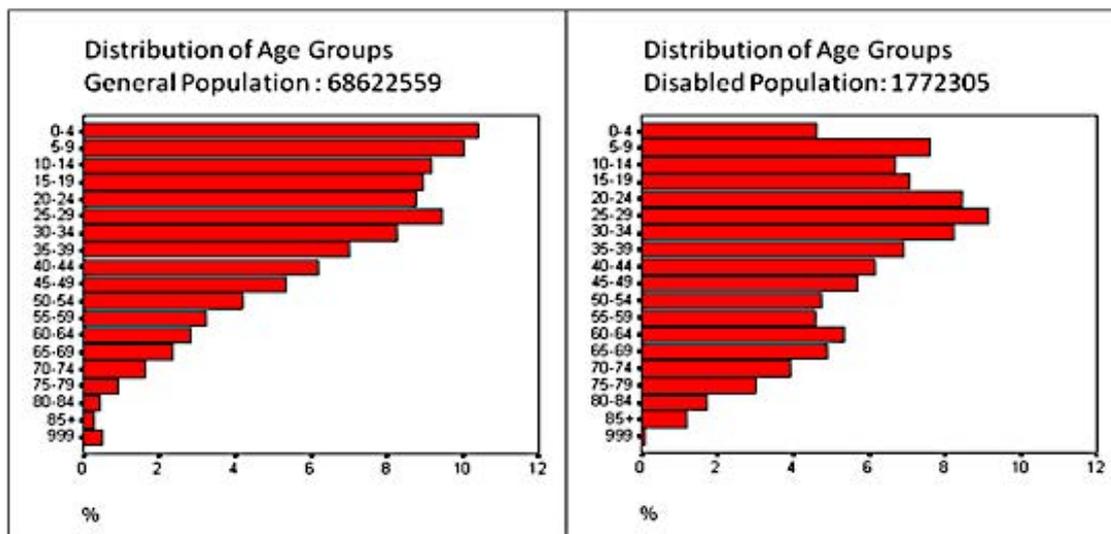


Figure 4: Distribution of Age Groups in General and in Disabled Population (Source: Tufan & Arun. 2006).

Another finding is that the share of disabled in male population (59%) is higher than that in female population (%41). When we analyze the distribution of disability types by gender, it is seen that especially in mental and speech impairments, the ratio is higher in male population (Table 3).

Table 2. Distribution of Disability Types by Gender (Source: Tufan and Arun, 2006).

Types of Disabilities	Male		Female	
	%	Number	%	Number
Physical	58,7	503553	41,3	354079
Visual	57,8	238304	42,2	174008
Hearing	54,6	138534	45,4	114275
Speech	62,7	164939	37,3	98068
Mental	60,1	199027	39,9	132215

Accessibility to Basic Services: Education

According to Article 42 of the Constitution of 1982, “nobody can be left devoid of the right to education” and the state is responsible for giving eight-year compulsory primary education to children both for both sexes. In the same article, it is stated that the state supports the people with limited financial means by giving scholarships to successful students or use other support mechanisms. It is also the obligation of the state to take measures for the individuals who require special education or training facilities. For these individuals, Decree-law no 573 on Special Education was enacted in 1997.

According to Article 15 of the Law on Disabled People, the disabled people cannot be devoid of the right to education and disabled children, young people and adults are provided with equal opportunities of education by considering their special needs in integrated environments, where they get education together with other people. Separate schools for heavy mentally handicapped persons are accepted to be reasonable, but it is not proper for all disabled groups. In terms of human dignity and equality, separating people who have visual, physical and hearing impairments from normal life and keeping them together with those with physical is not acceptable. This application is also accepted to be discriminatory according to the United Nations Convention on Disability; the method “inclusive education” in mainstream schools is recommended for disabled students (CDDK, 2009: 185). However it should be noted that if the conditions in mainstream schools (access to schools, provision of special training tools and materials, specially trained teachers and attitude of non-disabled students and their families) are not improved, it is not possible to mention about inclusive education in mainstream schools (Şenyurt, et.al. 2010: 31).

In Turkey, there are three types of special educational institutions; namely special schools for people with mental, hearing, sight, physical and autistic impairments; private special schools; and special Education and Rehabilitation Centers (CDDK, 2009: 85). According to the data in web site of the Ministry of Education, there are only 36.599 disabled students in public schools although it is known that the number of disabled people at the education age are much more than a hundred thousand (Şenyurt, et.al. 2010: 32). As can be expected, these inadequacies are reflected in the figures showing the education levels of the disabled. The education levels in 2002 Disability Survey show that accessibility to the education services seems to be very poor for the total population, but the conditions for people with disabilities are even worse. Figure 8 shows that approximately 36% of people with disabilities are illiterate, about 15% of them are literate but not completed school, and about 33% of them have primary education.

The right to have education is one of the basic human rights; however, and as the figures reflect, people with disabilities couldn't not have adequate access to education services in Turkey. The disadvantageous situation of disabled people depends on inadequate transportation services as well the lack of adequate modifications in buildings and the environmental conditions. Despite the obligations based on the laws, it is known that the Ministry of Education does not fulfill the task of free transportation to school and provision of lunch for students with disabilities. In addition, there are no pre-schooling facilities for children, 0-6 years of age and no schools for autistic children (CDDK, 2009: 185). In addition, necessary modifications to remove the barriers for Higher Education students could not be completed.

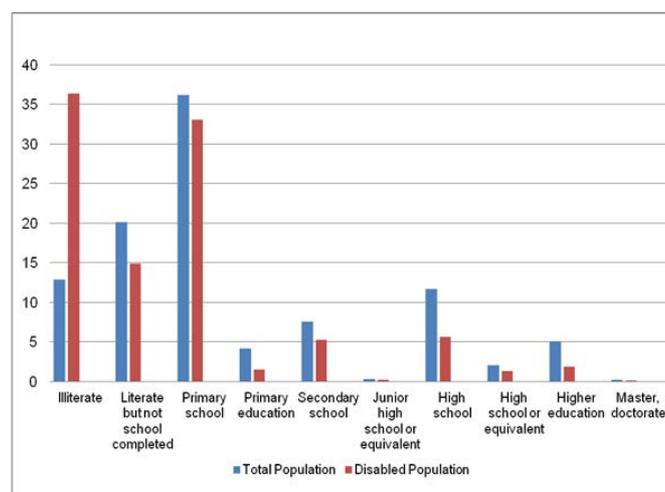


Figure 5: Education levels in total population and in the population with disabilities (Source: Authors).

Accessibility to Basic Services: Health and Social Security

In Turkey, accessibility to health services cheaply depends on having social security; it is known that about half of the national population do not have any social protection and the situation of disabled people is worse. Figure 9 shows the share of people with social security in total population and in the disabled population by regions in Turkey. People with disabilities with no social security have the lowest chance of accessing health services. Especially in the East and South East Region, more than 80% of the people with disabilities don't have any social security; this ratio is between 40% and 60% in Mediterranean, Aegean and Black Sea Regions. For the total population the figures are almost the same, in the East and South East Regions around 70% of the population don't have any social security, this ratio is between 30% and 50% for other regions. Therefore, the share of disabled people who have dependent social security is also very low. Based on these figures, we can say that people with disabilities couldn't secure adequate accessibility to health services. But if we compare the accessibilities of education and health, we could say that health services are more accessible. It indicates that in Turkey, medical model is used more effectively than the social model.

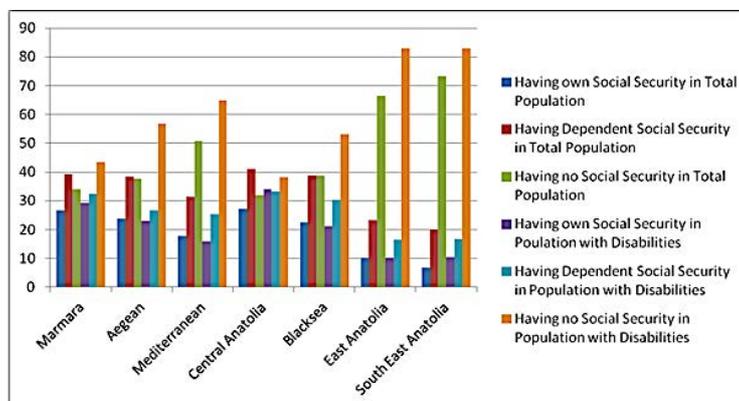


Figure 6: The Social Security Situation by Regions in Turkey (Source: Authors).

According to the Constitution, "right to health" is a right that cannot be postponed. On equal terms with other individuals, people with disabilities have to benefit from the health services; even in some special cases there is a need to give priority to people with disabilities. Circular No. 2006/113 of Ministry of Health is in that direction. In order to establish the "Right to Health", social security system should also be accessible by everyone. According to the Monitoring Report on Disability Discrimination in Turkey, there are serious physical accessibility problems in big university hospitals in Istanbul especially for the ones with orthopedic disabilities in getting transferred to backboards, hospital beds and imaging devices. It was identified that untrained caregivers didn't know how to carry patients; therefore the necessary professional services could not be given to the patients. In the same report, it is claimed that ignoring the special needs of persons with disabilities, which are identified in 2010-2014 Strategic Plan of the Ministry of Health, points to a clear discrimination of people with disabilities (Şenyurt, et.al. 2010: 39).

Implementing measures to minimize some of the negative effects of disability is possible. When an effective treatment is absent or sensory tools and equipments cannot be utilized to overcome the effects of a disorder (seeing/ hearing impairments), training and rehabilitation of disabled people becomes important in dealing with difficulties caused by impairments. In this kind of situation, training and rehabilitation is very important not only for disabled people but also for their families, friends and managers at work. Unfortunately in Turkey, there is a tendency to give more importance to curative treatments rather than preventive and remedial measures. Diagnosis and the measures in question naturally have a high cost; however, trying to escape from these costs leads to higher costs in care, treatment, and provision of devices. In addition, inability to

access education and employment opportunities bring about additional social, economic and psychological costs (CDDK, 2009: 201).

Employment of the Disabled

According to the law, the share of disabled people employed in public institutions must be 3%; this share is accepted to be 4% in workplaces connected to public institutions (with 50 or more employees) and 3% in workplaces in the private sector (CDDK 2009:216-217). For the system of quota and quota-punishment to be successful, public institutions must fulfill their liabilities and should act as a role model for the private sector. In Turkey both public and private sectors are rather reluctant to hire disabled individuals. This attitude towards disabled individuals may have some legitimate reasons. The most important one is the inadequate vocational education. The other significant difficulties of employing disabled individuals are improper working conditions and insufficient communication between vocational training establishments and employers (CDDK, 2009: 187-188).

According to the data of the year 2008, the level of disability for the 75% of disabled individuals employed in workplaces is around 40%. It is seen that 31% of those employees finished primary school, 43% finished secondary school and 25% of them graduated from university. There is no data about their professions and employment cadres (www.dpb.gov.tr). In order to increase the participation of disabled into labor force, it argued that vocational rehabilitation centers should be opened in cooperation with the Ministry of Education and Turkish Labor Institution. In addition, models such as selective placement, supported employment and protected workplace should be developed and implemented. The participatory and coordinated work of Ministry of Education, Presidency of State Personnel, Turkish Labor Institution, employers, local governments and civil society organizations is crucial in successful implementations.

Accessibility to People with Disabilities

Practices on this issue are generally limited to the needs of individuals with physical/ orthopedic disabilities and other disabled groups are ignored. The other important condition of accessibility is "information". Information includes some writings, symbols, auditory /visual warnings in essential spots enable access to the destination in a short, safe and comfortable way, both as pedestrians and as travelers in a vehicle. Access to information is an important problem for all disabled groups. However, especially mentally handicapped and then the other three groups, with speech, visual and hearing impairments face more difficulties in accessing information compared to physically impaired people. The use of appropriate technology seems to be the most effective way in eliminating this problem.

Article 15 of Law no. 5378 is about developing a sign language; however, it hasn't been implemented yet. The Ministry of Education still retains the curriculum banning the use of sign language. Turkish Language Institution (Türk Dil Kurumu) has just generated the Turkish sign language alphabet; but the main problem in this respect is enabling the practical use of this language and forming an expert staff to give training. Experts claim that it would take at least ten years to use the sign language with the current method. There are still no regulations suitable for the special needs of individuals with hearing problems and the access to some auxiliary sources and materials is almost impossible it is almost impossible (Şenyurt, et.al. 2010: 32).

Telephone is usually the most suitable tool to access information for disabled individuals. Mobile phone, on the other hand, facilitates their access to information; therefore there must be more economical tariff for the people with speech and hearing impairments. As noted above, a very significant law was put into force for disabled individuals in 2005, but in practice, especially the state of physical conditions is far from the level dictated by those legal regulations. The reason for this is the institutions' and establishments' reluctance in fulfilling their responsibilities. In order to eliminate the deficiencies in terms of accessibility, related institutions should complete their tasks given by the law. Otherwise, sanction should be applied (CDDK, 2009: 192). Moreover, instead of separate parks, bus stops, or meeting places for disabled people, public

places should be arranged considering the access and utilization by disabled individuals. Another problem in adequate access is related to the right to voting in general elections; therefore, it is important that measures are taken to enable disabled people to access voting areas (CDDK, 2009: 194).

CONCLUSION: “OUR EXAM ON DIVERSITY”

People who are not disabled or not a relative and friend of disabled people have a low perception and empathy about disabled people and this perception is usually limited to the moment of encounter with those people. They only recognize the difficulty experienced by the disabled person at that moment but do not realize the enormous problems they experience in daily life, starting from their homes. These problems may be related to the conditions in their living spaces, such as bathrooms, kitchens or the design of steps, elevators, ramps, signs in their buildings. Even if they manage to make the necessary modifications in those private spaces to ease their lives, the difficulties start to be experienced as they step into the street due to inappropriate pedestrian roads, crossings, public open spaces, public buildings and transportation means. Because of these difficulties, disabled people are continuously faced with discrimination and exclusion from school, work, and public places as well as from social relationships in daily life (CDDK, 2009: 4).

As a result of this deprivation, disabled people are faced with multidimensional poverty, which proceeds in a vicious circle as can be exemplified in different cases throughout the world. In countries where social security systems and institutional set-up are less developed and protective, the conditions of disabled people are worse, reflected in higher poverty levels. This poverty is magnified due to higher spending on health care. On the other hand, the statistics also show that the share of disabled people is usually higher in developing countries although the visibility of disabled people is higher in the streets and public spaces in developed countries. Therefore, it can be argued that the higher number of disabled people in the streets, directly reflects the governments' concern for the disability issue and the sincere efforts to prevent discrimination and exclusion against those people. Today, the quality, scope and kind of services for disadvantaged groups, including people with disabilities are accepted to be the indicators of the development level of countries (CDDK, 2009:3-4).

In Turkey, there are discriminatory practices against people with disabilities particularly in education, employment, and access to goods and services in many areas. Individuals with disabilities are deprived of participating freely and fully in the activities of normal daily life. In our country, the social and spatial living environment is designed and organized without considering disabled people; as a result, people with disabilities become vulnerable, dependent and lead a prisoner's life in a very restricted environment (CDDK, 2009). In addition, the attitude of non-disabled people towards the people with disabilities is usually marked with pity, rather than empathy. A survey conducted in Turkey by the Platform of Preventing and Fighting with Discrimination against Disabled People reflects people's perception and attitude towards disabled people very apparently. According the findings of this survey, 67,5% of the people do not support separate housing areas for disabled people because they think they should not be separated from society. On the other hand, 70% of them do not want a physically impaired neighbor. These contradictory opinions show that people make discrimination against disabled people usually without recognizing it. It is argued that people are worried that mentally impaired people may hurt them or make a lot of noise. They also want to refrain from additional costs of necessary modifications for disabled people within buildings (Radikal, 03.07.2012).

Another finding of the survey is that 80,4% of the people think disabled people should work from home. Akbulut, the coordinator of the Platform, claims that work is not only income but also a social relationship. Therefore, despite the advantages of working from home for some disabled people, limiting the employment of disabled people to their houses may create discrimination and lead to the isolation of these people from society. The survey also reflects the opinions of disabled people themselves; it is seen that 60,1% of the disabled people support working from home, reflecting their reflexive attitude of isolating themselves from society. Other

striking finding is the high proportion of disabled people who do not work (70%); moreover, it is seen that majority of those people live with their families and 46,3% spend their holidays at home, mostly watching television. Their basic complaints related to mobility are the lack of information systems at bus stops or metro stations and difficulties in getting on these transportation means (Radikal, 03.07.2012).

Although we cannot claim there is social justice for disabled people in Turkey, the awareness on this phenomenon has started to increase in recent years, parallel to the changes in international and national laws and successful practices in more developed countries. It is argued that the countries that successfully integrate the disabled people within society in the fields of education, employment, care and social life have been able to minimize the amount of public costs (CDDK, 2009:3-4). In our country, especially after 2005, the radical mental transition from “aid-based” to the “rights-based” approach in social policies appears to be reflected in the legislation. Significant progress has been achieved about the disability rights and significant improvements have been made in the services and aids provided by the State. This is reflected in the increase in budget share of the necessary investments for disabled people, although it is still far from being sufficient (CDDK, 2009:5).

By signing The Convention on the Rights of Persons with Disabilities (CRPD) in 2006 and by the enactment of the Law 5378 on Disabled People and Some Changes Made in Certain Laws and Decree-Laws in 2005, Turkey has made a substantial progress in terms of the legal background supporting the necessary accommodations and modifications on the behalf of people with disabilities. The shift to a “social model” in approaching disabled people must be seen as a positive step in integrating these people in all fields of social life by appraising diversity among people. Although the law no. 5378 gave the state the responsibility of accomplishing all these modifications in the social and physical environments until the end of 2012, very little progress could be made due to inadequate awareness on the problems of disabled people and lack of coordination among various public and private actors, such as special schools, rehabilitation centers, NGO’s, and educational technology producers as well as the Administration for Disabled People, Ministries of National Education, Health, and Labor and Social Security.

With the extension of the deadline of these modifications by three years, it is hoped that this period is used fruitfully to increase the awareness on disability among people and various institutions so as to built “accessible public environments” for the full participation of people with disabilities in social life. It must be noted that disability increases with age and we have to remember that indifference to diverse needs of people at all ages as well as the special needs of disadvantaged segments of population is doomed to turn back on all of us as a boomerang. The way we deal with disability may be “read as an important component of our exam on diversity, which has put a mark on our recent history in Turkey.” (Yılmaz, 2012)

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