EVALUATING THE IMPACT OF URBAN POLICIES FOR DISABLED IN IZMIR

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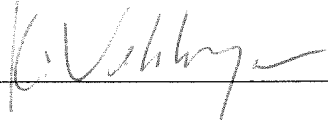
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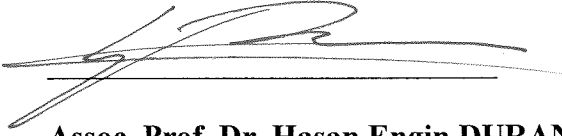
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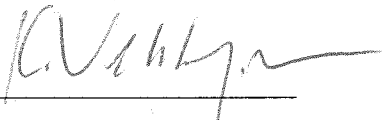
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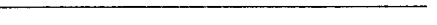Department of Architecture, Izmir Economy University

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ABSTRACT

EVALUATING THE IMPACT OF URBAN POLICIES FOR DISABLED IN IZMIR

In the world, more than 1 billion people are experiencing disability every day, and the phenomenon of disability has been increasingly discussed each passing day. That the individual mutually interacts with the built environment and society, moreover, that physical and behavioral barriers from outside are concrete and abstract barriers that limit the individual's activities are important approaches that have been discussed for a long time. What is described here is that what creates the situation of 'being restricted' or 'disability' is the restrictive environment, society's negative and wrong attitudes. Although there are many regulations, studies and initiatives on disability and accessibility approaches in our country, it is seen that there are insufficient holistic studies, which are proceeded to remove physical and behavioral barriers and make investments in the social sphere.

In this study, it was aimed to analyze the process of innovative policy making and implementation, which deals with the concept of disability both physically and socially, from a holistic perspective. In line with this aim, the 'Accessible Izmir Project' of Izmir Metropolitan Municipality was examined as a case that handles the disability phenomenon in the light of the socio-politic model and sees accessibility as a physical and social phenomenon. This project is an initiative that aims to ensure accessibility, to support initiatives in the social field, making studies to ensure the participation of the disabled in public and social life, and to create a more livable and inclusive city in doing so. In accordance with this purpose, within the scope of this project, studies are being made to get rid of both physical and attitudinal barriers. While adopting incentive approaches to provide accessibility, efforts are being made to break down perceptions and approaches, which are negative, incomplete and wrong, against people with disabilities. In this study, through the semi-structured interviews with the main actors of this project, the dimensions of this sample, disability, and approaches to accessibility are examined.

Keywords: Disability, Accessibility, Socio- politic Model, Local Goverments

ÖZET

ENGELLİLER İÇİN İZMİR'DEKİ KENT POLİTİKALARININ DEĞERLENDİRİLMESİ

Dünyada, her gün, 1 milyardan fazla insan engelliliği deneyimlemektedir ve engellilik olgusu her geçen gün daha fazla tartışılmaktadır. Bireyin, yapılı çevre ve toplumla karşılıklı etkileşim halinde olduğu, dahası, dışarıdan gelen fiziksel ve davranışsal engellerin, bireyin etkinliklerini kısıtlayan somut ve soyut engelleyiciler olduğu gibi yaklaşımlar uzun süredir tartışılan, önemli yaklaşımlardır. Burada tarif edilen, 'engellenme' ya da 'engellilik' durumunu yaratan şeylerin, kısıtlayıcı yapılı çevre ve toplumun olumsuz ve yanlış tutumları olduğudur. Ülkemizde engellilik ve erişilebilirlik yaklaşımları üzerine yapılan pek çok düzenleme, çalışma ve girişim olmasına rağmen, fiziksel ve davranışsal engelleri kaldırmak ve sosyal alanda da yatırımlar yapmak üzere yol alan bütüncül çalışmaların yetersiz olduğu görülüyor.

Bu çalışmada, engellilik kavramını fiziksel ve sosyal anlamda, bütüncül bir bakış açısıyla ele alan, yenilikçi politika üretme ve uygulama süreçlerinin analizi amaçlanmıştır. Bu amaç doğrultusunda, engellilik olgusunu sosyo-politik model ışığında ele alan ve erişilebilirliği fiziksel ve sosyal bir olgu olarak gören bir örnek olarak, İzmir Büyükşehir Belediyesi'nin 'Engelsiz İzmir Projesi' incelenmiştir. Bu proje erişilebilirliği sağlamayı, sosyal alanda ki girişimleri desteklemeyi, engellilerin kamusal ve sosyal hayata katılımını sağlayacak çalışmalar yapmayı ve bunu yaparken daha yaşanabilir ve kapsayıcı bir şehir oluşturmayı amaçlayan bir girişimdir. Bu amaç doğrultusunda, bu proje kapsamında, hem fiziksel hem de tutumsal engellerden kurtulmak amacıyla çalışmalar yapılmaktadır. Erişilebilirliği sağlamaya yönelik teşvik edici yaklaşımlar benimsenirken, engellilere karşı oluşmuş olumsuz, eksik, yanlış yaklaşımları, algıları yıkmaya yönelik çalışmalar yapılmaktadır. Bu çalışmada, bu projenin temel aktörleri ile yapılan yarı yapılandırılmış mülakatlar ile bu örneğin boyutları, engellilik ve erişilebilirlik yaklaşımları, incelenmiştir.

Anahtar Kelimeler: Engellilik, Erişilebilirlik, Sosyo-politik Model, Yerel Yönetimler

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LIST OF ABBREVIATIONS

CRPD: Convention on the Rights of Person with Disabilities

ICIDH: International Classification of Impairments, Disabilities and Handicaps

ICF: International Classification of Functioning, Disability and Health

MS: Multipl Skleroz

NCWD: National Collaborative on Workforce and Disability

UK: United Kingdom

UN: United Nations

UPIAS: Union of the Physically Impaired Against Segregation

USA: The United States of America

WHO: World Health Organization

CHAPTER 1

INTRODUCTION

1.1. Problem Definition

Although ignored until recently, the phenomena of disability and accessibility have been widely discussed in the world today. The disability movements, especially those that started in the 1970s, and other developments following these movements have a significant impact on today's discussions. Today, it is seen that more than one billion of the world's population has at least one kind of disability (WHO, 2011).

Throughout history, the perspective on disability and accessibility has changed and evolved over time. While, the medical (individual) model, which emerged in the mid-1800s, saw disability as a defect, abnormality and a condition that should be corrected (Albert, 2004; Winter, 2003). However, the social (socio-political) model, that was emerged after the critization of individual model via disability movements, which were started in the 70s, discussed the fact of disability from a different perspective. The social model argued that disability was a product of social discrimination (Arıkan, 2001; Beaulauier, 2001; Campbell, 1996). Disability status, which the medical model considers as a state of individual functional limitation, is a result of physical and attitudinal barriers (such as inferiority, pity, charity, ignorance) from the perspective of social model. Thus, the social model sees relief from attitudinal and physical barriers as a way of eliminating disability status (Oliver, 1996; 2004).

On the other hand, when accessibility is examined, it is seen that both physical and social aspects of accessibility are emphasized. The approaches show that accessibility is not only a logistics issue, but also a socio-psychological experience (Davis and Lifchez, 1987; Sat and Göver, 2017); opportunities for interaction (Hansen, 1959); a psychological concept such as well-being and quality of life (Des Vos et. al, 2013; Olssen et. al, 2013; Parkhust and Meek, 2014); the tool for being part of the public and social life (Papaioannou, 2018; Sat and Göver, 2017); a matter of the right to the city (Harvey, 2003); a matter of social inclusion and social justice (Farrington and Farrington, 2005). Accessibility related approaches, such as universal design, design for

all, barrier-free design, inclusive design, emphasizes the importance of accessibility as a social and physical issue and the importance of an inclusive approach.

When examining disability statistics in Turkey, according to findings of the Turkey Disability Survey (State Institute of Statistics, 2002), more than 12% of the population of Turkey is people with disabilities. This ratio is significant value, too. Parallel to the world, in Turkey too, it is seen that disability and accessibility approaches are being discussed more and legal regulations (such as law on disabled people - no.5378, degree act of 572, adoption of the conventions of the rights of persons with disability - no.5216, TS 9111, TS 12460, TS ISO 23600, so on) have been made. Disability and accessibility approaches, research and initiatives in this sense, conducted in Turkey, are examined, it is seen that the focus is more on physical arrangements. In addition, it is seen that social studies are inadequate. Although there are discourses about how accessibility is both a physical and a social issue, it is seen that most of the research (such as Berkün, 2016; Dikmen, 2011; Kaplan and Oztürk, 2004; Celik et. al, 2015; Tiyek, et. al, 2016; Oren, 2015; Birdir et. al, 2014; Akçay, 2016; Coruh, 2018; Ergün Tuna, 2018; Eyüboğlu, 2008) focus on measuring whether accessibility can be achieved physically over certain standards. On the other hand, there are not enough attempts to eliminate the attitudinal barriers defined by the social model.

1.2. Aim of the Study

The aim of this study is to analyze innovative policy making and implementation processes, which try to overcome the limitations of the concept of disability. For this purpose, the Project of Accessible Izmir as a case, which focus on the concept of disability in the light of the social model and the approach of accessibility with physical and social aspects, is examined. Semi-structured interviews are conducted to obtain complementary information on the dimensions of the selected case and to understand the approaches to disability and accessibility of key actors of Accessible Izmir Project.

1.3. Methodology

Qualitative research techniques and case study research are used in this study. The literature reviews on disability and accessibility were researched and analyzed. Case study research are centered on "Accessible Izmir Project". Personal observations and semi-structured interviews were conducted in the context of the Accessible Izmir Project. The problem definition is made with the findings from these research. The concept of disability, its models, classifications, statistics, physical and social problems and needs of person with disability, accessibility, accessibility related approaches and legal frameworks are examined. As a result of all these qualitative research and problem definition, interview questions were determined. These interviews are made via snowball sampling method with the key actors of Accessible Izmir Project. Then, the preliminary results are listed and discussed. Policy recommendations are given based on case study research.

1.4. Structure of the Study

This study consists of six chapters. Following the introduction, a literature review on the concept of disability was made. Disability and related concepts, disability classifications, disability models (individual and social model), the needs of people with disabilities in built environment, attitudinal and physical barriers to people with disabilities are discussed. Moreover, developments and legal framework within the scope of disability conducted in the world and in Turkey, and disability statistics were examined.

In chapter 3, literature review on the concept of accessibility was made. The concept of accessibility, its place in design and planning policies are discussed. Accessibility related approaches, such as 'universal design', 'inclusive design', 'barrier-free design' and 'design for all', are discussed. While all of these are examined, they are discussed too in relation to the concept of disability.

In chapter 4, the Project of Accessible Izmir as a case study, which put forwards the social model of disability and the social and physical aspects of accessibility on its centre, were examined. All the works of Izmir Metropolitan Municipality related to

disability and the Accessible Izmir Project and its concrete outcomes, such as awareness center and red flag implementetion, are examined.

In chapter 5, methods and findings of this study are discussed. Snowball sampling method, the demographic structures of interviewees and results of interviews are discussed and interpreted. Additionally, it is explained the structure of interview consisted of how many questions; what the purpose of these questions are; with how many participants. The study concludes with implications, suggestions and further research in chapter 6.

CHAPTER 2

DISABILITY

2.1. Definitions of Disability

World Health Organization (WHO) made first classification about disability in order to standardization of terms related to disability issues and for comparison of findings in 1980 and International Classification of Impairments, Disabilities and Handicaps (ICIDH) was published as a report related to these classifications (WHO, 2001, pp.3). Although, Impairment, disability and handicap were strictly defined meaning by International Classification of Impairment, Disability and Handicap in 1980, people have use them interchangeably in daily contexts (WHO, 2001, pp.219). The concepts of Impairment, disability and handicap are taken over as the concepts representing the different dimensions of the results of the disease by International Classification of Impairment, Disability and Handicap (WHO, 1980, pp.11). The definitions of impairment, disability and handicap in the International Classification of Impairment, Disability and Handicap Report of World Health Organization is as follows:

- *"**Impairment:** In the context of health experience, an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function"* (WHO, 1980, pp.27).

- *"**Disability:** In the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being"* (WHO, 1980, pp.28).

- *"**Handicap:** In the context of health experience, a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.''* (WHO, 1980, pp.29).

According to International Classification of Impairments, Disabilities and Handicaps, disability is a fuctional restriction resulting from impairment. On the other hand, United Nations Convention on the Rights of Person with Disabilities (CRPD) argue that disability results from not only impairment but also attitudinal and environmental barriers. (UN, 2008, Article 1)

The report of International Classification of Impairments, Disabilities and Handicaps (ICIDH) was revised and the report of International Classification of Functioning, Disability and Health (ICF) was published in 2001 by World Health Organization (WHO, 2001, pp.3). After the revision, the term 'handicap' was abandoned and 'disability' was used as an umbrella term for impairments, activity limitations and participation restrictions. Negative aspects are emphasized due to the interaction of environmental factors and the negativities in the health situation of the individual (WHO, 2001, pp.8,219; WHO, 2011, pp.4).

On a National scale, the definitions of disability in the report of Turkey Disability Survey (2002) is as follows:

- "***Disabled Person:*** *Person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of deficiency, either congenital or not, in his or her physical capabilities.''* (pp.10)

Contrary to the definition of disability in the Report of Turkey Disability Survey, beyond a restriction due to received damage, there is also an emphasis on obstacles arising from behavioral and environmental factors in Disability Law (No. 5378, article 3), like the CRPD.

2.2. Models of Disability

As with many approaches, the approach to disability has undergone continuous change and transformation over time. People with disability faced many challenges in the past. There were many examples of negative approaches, such as oppression, marginalisation and exclusion in disability history. Three main important approaches have appeared as a perspective of social and political approaches about disability. These

are the charity model, the medical model and the social model. (Gümüs, 2008, pp.21)

According to Davies (1999, pp.75-76), religious conceptualisation of disability, which includes embarrassment, do-gooding, dependency, has revealed the charity model. Under the effects of this approach, abnormalities, heresy and worthlessness have been seen the same as disability (Imrie, 1996, pp.27; cited in Gümüs, 2008, pp.21).

On the other hand, it may be mentioned two main axes related with the models of explaining disability. In the first axis, there are several models that describe the disability as individuals with functional losses or disorders and are named as "individual model","medical model", "biomedical model". In the other axis, there is a social model that sees the obstacle in relation to the preventive environmental and social factors rather than the various functional deficiencies of the individuals (Smart and Smart, 2006; Palmer and Harley, 2012; Zajadacz, 2015; Scotch, 2000; Albert, 2004; Oliver, 2004; Oliver, 2013; cited in Metin, 2017, pp.325). Between the two axes, there are models that contain various elements of both models and can be called hybrid models. These models are exemplary of the economic model approaching disability as a problem associated with work and the geographic model addressing disability with the spatial exclusion dimension (Zajadacz, 2015; cited in Metin, 2017, pp.325).

In addition to these models, ICF has also mentioned about proposing a bio-psycho-social model that approaches disability from an inclusive perspective in the context of biological, psychological and social inhibitive factors (WHO, 2011, p.4). Following sections discusses the medical and social model in detail.

2.2.1. Medical (Individual) Model

The medical model is a model that emerged in the mid-1800s with developments in the fields of medicine and rehabilitation (Arıkan, 2002; Alper and Ozgökceler, 2010, pp.37). According to Albert, people with disabilities are considered as "abnormal", "patient" or "dependent objects" in this model. Since the problem is primarily approached from a medical point of view, this situation is treated as a condition that needs to be treated and rehabilitated (Albert, 2004, pp.2; cited in Metin, 2017, pp.326). The medical model assumes that all disabled individuals are 'limited' (Arıkan, 2001;

cited in Arıkan, 2002). According to Winter (2003; cited in Alper and Ozgökceler, 2010, pp.37), medical model focus is on the physical and biological status of people with disabilities. This model sees disability as a condition that can be repaired and, more importantly, to must repaired.

This model has been criticized because the focus is on the reasons for disability. This perspective caused that people with disabilities feel stigmatized and worthless (Zajadacz, 2015, pp.192; cited in Metin, 2017, pp.326). Negative attitudes have led to the exclusion of people with disabilities and their inability to participate effectively in social life (Arıkan, 2002).

On the other hand, the medical model has provided many opportunities for individuals with disabilities and their families. Diagnosis, treatment, care and monitoring programs strengthened, so, the quality of life of disabled and their relatives has increased (Arıkan, 2002).

It can be said that the classification made in the 'normal' - 'abnormal' strengthens the discriminatory attitudes towards the disabled in many countries, including Turkey. This model accepts disabled individuals not 'full' but 'less'. This assumption contradicts the fact that people may have differences. In this direction, some scientists associate the medical model with a kind of 'social apartheid'. Because of the ongoing discussions, question marks and doubts about the medical model, a completely new model has emerged. This model is called as a 'social model' (Arıkan, 2002).

2.2.2. Social Model

Barnes (et al., 1999, pp.21; cited in Gümüs, 2008, pp.22) stated that in medical model, disabled is as a dependent person and victims of a personal tragedy. After the hegemony of individual model, social model was emerged. Disabled activists and organisations cared on protests and organized activities in the 1970s and 80s. Medical model was criticized by them (Gümüs, 2008, pp.22). The Fundamental Principles of Disability was published, as the emerging point of social model, by the Union of the Physically Impaired Against Segregation (UPIAS) in 1976. According to them, physically impaired people are being obstacled by the society. People with disability

face to needlessly isolation and exclusion from participation in society (UPIAS, 1976; cited in Oliver, 2004). The social model claimed that disability is a product of discrimination, prejudice and exclusion in society beyond being a reflection of differences in physical, mental etc. among individuals (Arıkan, 2001; Beaulauier, 2001; Campbell, 1996; cited in Arıkan, 2002).

The movement of people with disabilities, which began in the United Kingdom and the United States, and the economic, social and political context in which this movement came into being, prepared a very important base during the emergence of the social model. This situation has been instrumental in the social policies for the disabled to step out of the medical field, which prioritizes treatment and / or rehabilitating health and care services (Metin, 2017, pp.327).

Oliver (1996; cited in Oliver, 2004) mentioned three general points about the social model. Firstly, it is changing the focus point. It was focused environmental and social barriers instead of functional limitations of individuals with an impairment. Secondly, problems are not taken over as partially, they are taken over as holistic. For example, the problem of unemployment of persons with disabilities can be solved not only by interfering in the labor market, but also by interfering with areas such as education and transportation. Thirdly, the social model does not defend that individually based interventions, such as medically, rehabilitative, educational or employment, are useless.

Blackman (et al., 2003; cited in Gümüs, 2008, pp.23) argues that social model is handled as a matter of universal rights. Additionally, he emphasizes that exclusionary practices lead to disability. Discriminatory and inadequate access practices lead to change in a society. For example, it brings society to a disadvantaged position (Davies, 1999; cited in Gümüs, 2008, pp.23). It is important to pay an attention to the design of the built environment because built environment is generally restrictive.

2.3. Classifications of Disability

In the International Classification of Impairment, Disability and Handicap (ICIDH) report, which was published in 1980 by the World Health Organization, the categorization is based on three different concepts: impairment, disability and handicap.

The World Health Organization revised the report of International Classification of Impairment, Disability and Handicap (ICIDH). And in 2001, it was published as the report of International Classification of Functioning, Disability and Health (ICF). In the report of ICF, disability was considered as an umbrella term for 'impairments, activity limitations and participation restrictions', therefore through these concepts, it was made a different classification.

The classification, made by the World Health Organization in 1980 (pp.144-147), consists of 9 main categories and its sub-categories. These categories are as follows:

1. *"Behaviour disabilities*
   a. *Awareness disabilities*
   b. *Disabilities in relations*
2. *Communication disabilities*
   a. *Speaking disabilities*
   b. *Listening disabilities*
   c. *Seeing disabilities*
   d. *Other communication disabilities*
3. *Personal care disabilities*
   a. *Excretion disabilities*
   b. *Personal hygiene disabilities*
   c. *Dressing disabilities*
   d. *Feeding and other personal care disabilities*
4. *Locomotor disabilities*
   a. *Ambulation disabilities*
   b. *Confining disabilities*
   c. *Other locomotor disabilities*
5. *Body disposition disabilities*
   a. *Domestic disability*
   b. *Body movement disabilities*
   c. *Other body disposition disabilities*
6. *Dexterity disabilities*
   a. *Daily activity disabilities*
   b. *Manual activity disabilities*

       c.   *Other dexterity disabilities*

7. *Situational disabilities*

       a.   *Dependence and endurance disabilities*

       b.   *Environmental disabilities*

       c.   *Other situational disabilities*

8. *Particular skin disabilities*

9. *Other activity restrictions "*

In literature, there are many such groupings, all of which can be mentioned. However, according to Gümüs (2008, pp.31-32), from the perspective of the difficulties and barriers encountered in the built environment, the common grouping is as follows:

1. *"People with orthopaedic disabilities*

       a. *people with walking difficulties*

       b. *people with arm or hand deficiencies*

       c. *people in a wheelchair*

2. *People with visual impairment*

       a. *partially sighted people*

       b. *blind people*

3. *People with hearing and speech impairment*

       a. *partial hearing impairment*

       b. *deaf people*

4. *People with mental retardation "*

"Mentally ill people " and *"people with chronic illnesses "* can also be added to these categories (Gümüs, 2008, pp.31-32). It should not be forgatten that seniors, children, pregnant women, etc., sometimes face environmental barriers and are included in these groups. According to Turkey Disability Survey (2002, pp.10-11):

- ***"Orthopedically Disabled Person"*** is a person who has insufficiency, lackness or loss of functions in musculoskeletal system. Patients with

bone disease, paralysis, cerebral palsy, spastic and spina bifida are included in this group.

- *"Seeing Disabled Person"* is a person with complete or partial vision loss or disorder, or a person with color blindness, night blindness, etc.

- *"Hearing Disabled Person"* is a person with full or partial hearing loss, or a person who is using hearing apparatus.

- *"Speaking Disabled Person"* is a person, who cannot speak, or who have problems in the speed and fluency of his / her speech. Stutterers, people with tongue, lip, palate, jaw structure disorder are also included in this group.

- *"Mentally Disabled Person"* is a person with mental impairment at different levels. Persons with mental retardation is also included in this group. If down syndrome and phenylketonuria lead to mental retardation, they fall into this group.

- *"Chronic Illnesses"* are illnesses which affects the working capacity of the person, causing its functions to be affected, requiring constant care and treatment, such as cardiovascular diseases, cancer, digestive system diseases, etc.

Table 2.1. Classifications of Disability

WHO (1980)	Gümüs (2008)	SIS(2002)
1. Behaviour disabilities	1. People with orthopaedic disabilities	1. Seeing Disabled Person
2. Communication disabilities	2. People with visual impairment	2. Hearing Disabled Person
3. Personal care disabilities	3. People with hearing and speech impairment	3. Speaking Disabled Person
4. Locomotor disabilities	4. People with mental retardation	4. Mentally Disabled Person
5. Body disposition disabilities	5. Mentally ill people	5. Chronic Illnesses
6. Dexterity disabilities	6. People with chronic illnesses	
7. Situational disabilities		
8. Particular skin disabilities		
9. Other activity restrictions		

2.4. Legal Framework

The rights of people with disabilities such as accessibility for everyone and equal participation to social life, which have gained considerable importance in the world after the 70s and are considered as a human rights issue today, are supported by many different legal arrangement, legislation, constitutions and practices. Undoubtedly, the legal regulations in Turkey, are affected by these developments.

There are many arrangements of the UN in this regard. 'The Declaration on the Rights of Mentally Retarded Persons (Law no. 2856) ' is the first important document that the United Nations put into effect in 1971 (Gümüs, 2008, pp.7). 'Declaration on the Rights of Disabled Persons (Law no. 3447) ' was added to the 'Declaration on Human Rights' by UN in 1975. This decision is a turning point and it supports that people with disabilities have the same human right as everyone (UN, 1975; Gümüs, 2008, pp.7). 1981 was declared the International year of Disabled Persons and 'the World Programme of Action' was accepted in 1982. It is emphasized that the improvements made by economic and social developments should benefit people with disabilities equally (UN, 1982; cited in Gümüs, 2008, pp.7-8).

Many proposals have been made regarding disabled people in The 'European Social Charter', agreed by the member states of the European Community in 1989. The issues of protection, job opportunities, occupational and social adaptation, so on were proposed for people with disabilities (Gümüs, 2008, pp.10). The 'Standard Rules for the Equalisation of Opportunities for Persons with Disabilities' was accepted by UN in 1993. The issues of the situation of disabled persons, human rights, development and demographic change, social policies and development gained importance (Gümüs, 2008, pp.8). It was emphasized that people with disabilities have equal rights with everyone in the 'Vienna Declaration and Program of Action' (1993 (b)). And the same issues were also emhasized in the 'International Conference on Population and Development' held in Cairo (1994) and in the 'Copenhagen Declaration on Social Development' and in the 'Program of Action of the World Summit for Social Development' (cited in Gümüs, 2008, pp.8-9).

One of the most important conventions signed by the UN in the last 20 years is the ' Convention on the Rights of Persons with Disabilities', which was came into force

in 2008 (UN; cited in Gümüs, 2008, pp.9). The aim of this convention is that enabling people with disabilities to have full and equal enjoyment of all human rights and fundamental freedoms (UN, 2008, Article 1). In the article 3 from the Convention on the Rights of Persons with Disabilities, it was emphasized the equality of opportunity, accessibility for everyone, non-discrimination, full and effective participation (UN, 2008).

2.4.1. Legal Framework in Turkey

Parallel to the developments in the world, many legislative arrangements were made on behalf of the rights of the disabled, integration of the disabled with the society, use of the built environment barrier-free, etc. In short, there are initiatives to eliminate social and environmental barriers. First of all, people with disabilities are equal in front of the law, just like everyone else, as emphasized in the Constitution of the Republic of Turkey (1982). Thanks to Decree Act of 571, Administration on Disabled People was founded in 1997 (Gümüs, 2008, pp.96). Law on disabled people (No.5378) was accepted in 2005. Fundamental rights and freedoms, full and effective participation in equal conditions were emphasized. Additionally, it was stated that "buildings, open spaces, transportation and information services and information and communication technology should be accessible and available safely and independently by people with disabilities" and mandatory standards must be established. This law also includes many articles about education, rehabilitation, employment of disabled. In 2007, the Convention on the Rights of Persons with Disabilities, signed in New York. Turkey was among the signatories of this agreement states. This Convention was approved by the Republic of Turkey in 2008 (Law no.5825). The purpose of this Convention is to ensure that persons with disabilities enjoy full and equal access to all human rights and fundamental freedoms. Additionally, in labor law (no.4857, 2003), there is an article about obligation to employ disabled workers on public or private sector.

There are many legal arrangements on accessibility of disabled people in the built environment in Turkey. The first legal arrangements for the provision of accessibility for disabled in Turkey were made by Decree-Law No. 572 in 1997. The standards set by Turkish Standards Institution have been accepted by the Law on Land

Development Planning and Control (No.3194). These standards (see also TS 9111, TS 12576, TS 12460, TS 13536, TS ISO 23599, TS ISO 23600) includes design criteria for accessible and liveable cities for people with disability. Decisions on disabled access have also been taken in the regulations such as 'Parking Regulation' , 'Additional Regulation on the Shelters' , 'Regulation on the Implementation of the Slum Law ' (The Ministry of Family and Social Policies of the Republic of Turkey, 2011, pp.3-4). Additionally, the condominium law (1965, no.634) includes substances related to the accessibility with additions (such as additional amendment to article 42 in 2005).

Municipality services cover suitable methods for the disabled, elderly and low-income people in an article 14 of the Municipality Law No. 5393 adopted in 2005 (The Ministry of Family and Social Policies of the Republic of Turkey, 2011, pp.5). Metropolitan Municipality Law (No. 5216), in an article 7, it was mentioned that metropolitan, district and first-tier municipalities have duities to provide social and cultural services for women, disabled, elderly, children. And according to an article 15, municipalities have to create disabled centers to support activities related to people with disabilities. Annex 1 of the Law states that, Disability service units have to establish in metropolitan municipalities to provide information, awareness raising, counseling, social and vocational rehabilitation services for people with disability. Another Law on Local Authorities is the Special Provincial Administration Law (No. 5302) and dated 2005. Articles 6 and 43 of the Law also include social services and assistance for people with disabilities. 'The Regulation on the Procedures and Principles to be Followed in the Presentation of Public Services' is mentioned that public services should be easily accessible by people with disability (The Ministry of Family and Social Policies of the Republic of Turkey, 2011, pp.6).

Table 2.2 Legal Framework Related with Disability

1965	Condominium Law (No.634) - the changes made in the following years
1982	Constitution of the Republic of Turkey
1985	Law on Land Development Planning and Control (No.3194)
1991	TS 9111
1997	Decree Act of 571
1997	Decree-Law No. 572
1998	TS 12460

Table 2.2. (Cont.)

1999	TS 12576
2003	Labor Law (No. 4857)
2004	Metropolitan Municipality Law (No. 5216)
2005	Law on disabled people (No.5378)
2005	Law on Local Authorities is the Special Provincial Administration Law (No. 5302)
2005	Municipality Law No. 5393
2008	CRPD accepted in Turkey Law no.5825
2012	TS ISO 23599
2012	TS ISO 23600
2017	TS 13536

2.5. The Needs of People with Disabilities in Built Environment

People with disabilities face certain environmental barriers throughout their lives. Before the built environment is designed and planned, it should be considered that people with disabilities have different body experiences. Moreover, it should be kept in mind that different groups of disabilities also have different body experiences. As a result of these, built environment should be planned and designed as suitable for everyone's use.

The Needs of People with Orthopedic Disabilities:

People who have walking difficulties are forced at different levels of ground transitions, so this should be considered during the design periods. These people may be using supportive tools, such as walking sticks and crutches, etc. There is also a need for places for these tools. People with arm or hand deficiencies either can not use them or they face to difficulties, they need to keep equipment easily, and use all equipments with less effort. People who are using wheelchair need proper spaces for circulation and maneuvering. The floor level difference must be maximum 2cm. Elevators and wide doors, handrails, toilets, corridors are required. The slopes of the ramps must be suitable for users.

The Needs of People with Visual Impairment:

Colour contrast and large printed information materials are important for partially sighted people. Blind people, mostly, with the help of touch and hearing senses, provide mobility. They need an information about general layout plan and routes. In addition, they can provide mobility with the help of a guide dog or assistive devices or guide lines. Tactile maps are important tools for visually impaired people to find their way (Park et. al, 1998, pp. 214).

The Needs of People with Hearing Impairment:

People with partially hearing impairment can easily obtain information with visual information materials. They need understandable, clear and sufficient visual information. Deaf people are also grasp built environment with visual informations. On account of this, visual orientations and explanations are very important for these people.

The Needs of People with Mental Retardation:

People with mental retardation, for example people with dementia have a poor memory and occasional confusion and they experience disorientation in built environment. For these people, the designs that will ensure correct orientation and comfort are necessary and important. Built environment designs should let them to readily understand their surroundings, where they are and where they will go. In this sense, the environment must be easily understandable.

2.6. Attitudinal and Physical Barriers to People with Disabilities

From the social model perspective, indeed, what makes phisically, sensory, etc. impaired people disable is the barriers they face (Oliver 1996; 2004). These barriers can be identified as environmental and attitudinal barriers, such as inaccessibility in education systems, working environments; discriminatory health and social support services; inaccessibility in transportation systems, houses, public buildings and amenities; negative attitudes, etc. We all have the possibility of facing the mentioned barriers and experiencing disability in certain periods of our lives.

Even if people with disabilities have the rights to access to the physical environment, information, public services, etc., the approaches such as wrong or missing design of accessible built environments, misconceptions about people with disabilities can lead to obstacles to accessibility in practical life. It is not possible to provide effective accessibility without getting rid of these barriers. These barriers can be described as physical (environmental) and attitudinal (social) barriers.

2.6.1. Physical Barriers to People with Disabilities

Undoubtedly, the way the built environment is designed is a crucial issue for achieving accessibility. Cities that are not designed and planned for everyone's use cause social exclusion and social injustice. It is important to ensure that people with disabilities, the elderly, children, pregnant women, etc., in short, all have physical access. It is important to realize the physical barriers faced by the disabled and try to eliminate them. Exclusionary practices can lead to disability.

According to Odabas Uslu and Günes (2017, pp.31-33), the factors that restrict accessibility in our cities are as follows:

- Unsuitable ramps, floor coverings
- Narrow and/ or high pavements
- Lack of sign and warning plates
- Unsuitable urban furniture
- Unsafe pedestrian crossings
- Unsuitable indoor and outdoor public spaces designs
- Inaccessible websites for sensory impaired
- Unsuitable transportation vehicles
- The absence, insufficiency or occupation of the disabled parking area
- Lack of appropriate toilet for disabled use, etc.

Like these, dozens of physical barriers can be mentioned. Because of the unsuitable planning and design, people are being disabled. Although there are many legal arrangements for the elimination of these physical barriers, as long as the legal arrangements are not implemented in practical life, we will continue to talk about these physical barriers.

2.6.2.   Attitudinal Barriers to People with Disabilities

There are many types of attitudinal barriers to people with disability. These are inferiority, pity, charity, hero worship, ignorance, the spread effect, stereotypes, backlash, denial, and fear (Sahu and Sahu, 2015). Some people see disabled as a "second-class citizen". People feel sorry for the disabled. Most employers give jobs to people with disabilities, either because they have legal obligations or under the name of charity. However, most people with disabilities are excluded from social life. For example; employers give people with disabilities their salary, and employers say them that you can sit at home. Instead of focusing on one's impairments, one should focus on their abilities. With these capabilities, much better results can be achieved if you focus on what they can do. Some people complain that people with disabilities are advantageous for the job opportunities, but this is not an advantage, but rather equal opportunity (NCWD, 2016, access: 17.02.2019).

People think that the impairments of people have a negative impact on their personality, other senses and abilities. People, who do not know the difference even in disability types, think that people with disabilities can not do many things. But in fact, this is a wrong approach, for example, a deaf individual can play baseball very well or people with orthopedic disabilities can be extremely creative. Additionally, some people are afraid to say or do something wrong. Therefore, they do not communicate with the disabled person in fact prevent their own discomfort (NCWD, 2016, access: 17.02.2019).

Oliver (2004) claim that, negative images in the media about disability is also a kind of barriers. These are the negative approaches, such as looking at people with impairments as if it were a defect. Moreover, the lack of awareness can negatively affect people's perspectives to disability.

All these wrong attitudes restrict the access of individuals with disabilities to social life and cause them to feel excused and missing. At this point, it is very important to make people aware of disability and to raise awareness.

2.7.   Statistics of People with Disabilities

Around 15% of the world's population is estimated to have some kind of disabilities according to world population estimates for 2010. This corresponds to more than 1 billion people. In the 1970s, this rate was estimated to be 10%. According to findings of survey, disability is more common in low-income countries than in high-income countries (WHO, 2011, p.29).

According to outcomes of the Turkey Disability Survey (State Institute of Statistics, 2002), 12.3% of Turkey's population is people with disabilities. This percentage corresponds to about 8.5 million people. This is a significant value. In Turkey, 13.5% of the total female population, 11.1% of the total male population are disabled. When the disability rates of the population of different ages were examined, it was found that 44% of the population covering 70 years of age and over were disabled, and this is the highest rate compared to the other age groups. Findings show us when age increases, disability rates also increase. When disability rates are examined by regions, it is seen that the ratio of disabled population in the Marmara region to the total region population is the highest proportion with 13.1%. In the Aegean region, where Izmir is located, 11.9% of the population is disabled. When we look at the disability data of the urban and rural population, 12.7% of the urban population and 11.7% of the rural population are disabled.

Table 2.3. Disability Statistics in Turkey

The proportion of disability, 2002 (%)			
Total Disabled Population	**Total**	**Male**	**Female**
Turkey	12.3	11.1	13.5
Age groups			
0-9	4.2	4.7	3.6
10-19	4.6	5	4.3
20-29	7.3	7.6	7
30-39	11.4	10.4	12.4
40-49	18.1	15.2	21.1
50-59	27.7	22.6	32.7

Table 2.3. (Cont.)

60-69	37	31.6	42
70+	44	39.8	47.8
Unknown	11.7	6.3	14.2
Place of residence			
Urban	12.7	11.4	14
Rural	11.7	10.7	12.6
Regions			
Marmara	13.1	11.7	14.6
Aegean	11.9	10.7	13
Mediterranean	12.2	11.2	13.2
Central Anatolia	12.5	10.8	14.2
Black Sea	13	11.6	14.3
East Anatolia	11.8	11.3	12.3
Southeast Anatolia	9.9	9.9	9.9

Source: State Institute of Statistics, 2002

In addition to these findings, the proportion of 2.6% of Turkey's population is orthopaedically disabled, hearing and visually impaired, speaking impaired and mentally impaired, and 9.7% of Turkey's population has chronic illnesses. The proportion of visually impaired is 0.6%, orthopaedically disabled is 1.3%, hearing impaired is 0.4%, speaking impaired is 0,4% and mentally impaired people are 0.5%. It should be noted that an individual may be involved in more than one group of disabilities. Only 21.7% of disabled population over the age of 15 in Turkey is part of the labor force (State Institute of Statistics, 2002).

According to findings of the Population and Housing Census (State Institute of Statistics, 2011), in Izmir, the number of persons with at least one kind of disabilities is 206,142. This corresponds to 9.6% of the Izmir population. The proportion of visually impaired is 1.1%, hearing impaired is 1%, people who has difficulty in speaking is 0.6%, people who has difficulty in walking is 2.6%, people who has difficulty in keeping something and transporting is 3%, people who has difficulty in learning, memorizing, focusing is 1.3%. An individual may be involved in more than one of these categories (cited in Erdoğan Tosun, 2013).

In next chapter, accessibility, accessibility related approaches and the place of these approaches in design and planning processes and its relationship with disability are discussed.

CHAPTER 3

ACCESSIBILITY

3.1. Accessibility and Its Place in Planning Policies

There are many definitions of accessibility. Among these definitions, the most known definition is as "the potential of opportunities for interaction" (Hansen, 1959; cited in Geurs and van Wee, 2004). According to Keles (1998; cited in Sat and Göver, 2017), accessibility is the possibility of access to an immovable, a place of residence or public services, and ease of arrival. Accessibility means that all individuals living in the city have access to all public services and can participate in public and social life independently and safely. Accessibility based approaches are about maximizing the number of opportunities and trying to maximize reaching to these opportunities (Boisjoly and El-Geneidy, 2017; Currie and Stanley, 2008; van Wee, 2016; cited in Arranz-Lopez et. al, 2018)

Accessibility, as playing an important role in urban planning, transport planning, etc., has a great importance to policy making (Geurs and van Wee, 2004). Cervero (2005, cited in Odabas Uslu and Günes, 2017) emphasizes that an approach based on accessibility should be implemented in urban planning policies. Even if persons with disabilities have basic rights guaranteed by legal arrangements, the level of access to the resources and facilities of the city is an important criterion for using these rights. According to Papaioannou (2008, cited in Sat and Göver, 2017), accessibility can support people to maintain social and economic life effectively. All people have the freedom to act independently and the right of equal use. To have accessibility in the city, people must perform without any problems in transportation, movement, sitting, resting, activities. There should not be any barriers in roads, streets, sidewalks, transportation, public indoor and outdoor spaces, vehicles, etc. (Odabas Uslu and Günes, 2017).

When Harvey discussed "the right to the city", he queried that these rights are whose rights? According to him this right is not a recognized right to a private group (Harvey, 2003). Therefore, these rights belong to all individuals living in the city. Everyone in the city has the right to access to public spaces, services, information, etc.

without any discriminations. Accessibility is also related to social inclusion, social justice (Farrington and Farrington, 2005), psychological concepts such as well-being and quality of life (De Vos et. al, 2013; Olsson et. al, 2013; Parkhurst and Meek, 2014; cited in Lattman et. al, 2018). In order to improve the quality of life, it is important to increase accessibility. More livable cities are cities where everyone can comfortably access public services, buildings, informations, etc.

According to United Nations, accessibility is related with physical environment, transportation, information, public facilities and services and is included giving equal access to everyone. Indoor and outdoor space designs should eliminate the physical barries. Transportation planning and design should suitable for everyone's use. People with disabilities should have easily access to information. Public facilities and services should be accessible. And it should be provided equal and active participations to social life (UN, 2007).

The accessibility is not only about to access where people want to arrive or access to information, but also about paticipation and existence in social life. When accessibility is not considered in the stages of planning and design, many problems occur. Disabled cannot easily reach their spatial destination. As a result of this that people with disabilities do not come together and they cannot operate in non-governmental organizations so, they can not strong enough in the public agenda (Sat and Göver, 2017).

Designing an accessible, barrier-free city is not only related to physical planning and design issues, but also to financial, social and management issues. Awareness is also very important for ensuring accessibility. Attitudes and behaviors and habits of individuals in the society limit or facilitate the availability of spaces (Odabas Uslu and Günes, 2017). The shaping of social relations with spatial arrangements is highly related to each other. Due to the barriers in the built environment, the inability of disabled people to exist in public areas may lead to increase negative attitudes of the society, that does not recognize people with disabilities. People with disabilities who experience these negative attitudes may not want to go to the public areas (Gümüs, 2009). Davis and Lifchez (1987; cited in Sat and Göver, 2017) see accessibility as related to socio-psychological experiences. According to them, accessibility should not be addressed only in terms of logistics. A place that allows a person to do their activities easily is a

place where that person can use without feeling any pain, without shame. It is emphasized that people without feeling themselves inadequate and imperfect, they should participate in society. Additionally, society should not look at these people as marginalized. Making policies of planning for increasing awareness are one of the important tools to ensure this. Thus, achieving accessibility is far more than a planning of physical space.

Negative point of view of society to disabled can result in exclusion and social isolation, such as lack of access to employment, public facilities, voting, etc (Scotch, 2000). Oliver (2004) mentions about people with disabilities can not access as well as the rest of society, to the employment opportunities. He emphasizes that people with disabilities are more likely to be unemployed.

According to the Government of Ontario, there are many barriers to accessibility. It was identified as five barriers, which are "attitudinal", "organizational or systemic", "architectural or physical", "information or communications", and "technology", to accessibility by the Government of Ontario. First of all, behaviours, perceptions, and assumptions that discriminate against people with disabilities are attitudinal barriers. Secondly, policies and practices that create discrimination and prevent full and active participation are organizational or systemic barriers. Thirdly, inadequate or improperly designed built environment causes architectural or physical barriers. Fourthly, if people with sensory or learning disabilities are not considered, the information or communications barriers occur. Finally, when people can not access to technological platforms or devices, we can mention technology barriers. These barriers are also connected with barriers of information and communications (Council of Ontario Universities, 2013).

It was argued that accessibility is a very important approach to achieve "full participation" and "equality" goals in The World Programme of Action Concerning Disabled Persons (1982). Accessibility was defined as a goal to ensure equalization of opportunities by The Standard Rules on the Equalization of Opportunity for Persons with Disabilities (1994). The Convention on the Rights of Persons with Disabilities (2006) strengthened the international legal framework in terms of the development and strengthening of the rights of persons with disabilities. The importance of accessibility approach is emphasized in order to enable people with disabilities to live independently

and to participate fully in all aspects of life (UN, 2016). In article 3, general principles of the Convention on the Rights of Persons with Disabilities include such principles as "non-discrimination", "full and effective participation and inclusion in society", "equality of opportunity", "accessibility" (UN, 2008). Article 9 is about accessibility and detailed information has been given on the work that States should do to ensure accessibility. In addition, article 19, 20 and 21, respectively, relate to living independently and being included in the community, personal mobility and freedom of expression and access to information (UN, 2016).

3.2. Accessibility Related Approaches

As mentioned in the social model, disability is not only a medical problem but also a socio-political issue. It is important to ensure full participation of physically, sensory or mentally impaired people to society. In the 1950s, the "barrier-free" approach was adopted against the challenges of war veterans and people with disabilities. The American National Standard Institute published its one of the first arrangements, which was about making buildings accessible for people with physically impaired in 1961 (Ahman and Gulliksen, 2014). Today, it should be noted that those who face these barriers are not only people with impairments, but also elderly, children and pregnant women, etc. These barriers can be defined as both behavioral and environmental barriers (Oliver, 2004; Scoth, 2000; Zajadacz, 2015). The barrier-free design aims at integrating people with disabilities into the rest of society and being able to act physically independent. Imrie (1997; 2000), Hall and Imrie (1999; 2001) and Gleeson (2001; cited in Kaplan and Oztürk, 2004) have focused their studies on barrier-free design.

The exclusion of people through design means that everyone is likely to experience disability. Creating accessible spaces for all can be achieved by getting rid of barriers both socially and physically. Concepts such as 'universal design', 'inclusive design', 'barrier-free design', 'design for all' emphasize the importance of creating designs, products, etc. that everyone can access and use comfortably. Therefore, they are closely related to accessibility (Odabas Uslu and Günes, 2017).

Nowadays, many issues, such as ecological balances, democratic and sustainable social benefits and design, are discussing and developed through the concept of "universal design". Christophersen (2002) mentions that Universal design ideas is handled in schools in various design perspectives in USA, Japan and Scandinavian countries, etc. According to Mace (1985), "Universal Design" is the design of the product and environment that can be used by all people and also about maximizing the possibilities. The "Universal design" is "accessible design" in general terms. The term ''universal design'' is defined differently in various regions, such as "universal design" in USA, "inclusive design" in UK, "design for all social groups" in Denmark, Finland, Holland and the rest of Europe. The "universal design" focuses not only on physical, but also on social structure and aims at making the design available to everyone. (Ostroff, 2001). In the concept of universal design, the people involved are not only people with disabilities but all people (Ayatac, 2013). The universal design is described by the seven basic principles. They include fair use for all, flexibility in use for people with different levels of ability, simplicity, perceptible information, tolerans to errors, requiring low physical effort and suitable for approach and use (Christophersen, 2002, p.14-15).
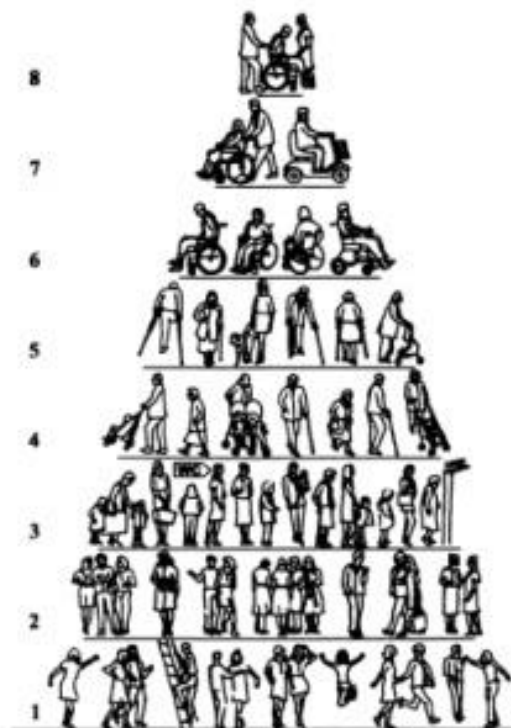
Figure 3.1. The universal design pyramid (Source: Goldsmith, 2000, pp.3)

In the universal design pyramid of Goldsmith (2000), healthy people with no disabilities represent the base of the pyramid and these people are the most crowded group. The designs that will be made by focusing on this group does not cover the groups of upper part of the pyramid and may not be suitable for the use of them. Such designs lead to the exclusion of individuals remaining in the upper part of the pyramid from the society, and their inability to participate in society. It should be kept in mind that the group above the third step of the pyramid is of considerable magnitude and includes not only persons with impairments, but also children, elderly, pregnant.

The "inclusive design" approach used generally in the United Kingdom is an approach to used for products or services that can be accessed and used by as many people as possible without the need for a specific design (Ahman and Gulliksen, 2014). In planning and design, it is a very important approach to create spaces where everyone can easily access and use, regardless of age, gender or disability. In goal 11, it was mentioned that cities and human settlements should be inclusive, safe and sustainable as directly related to the quality of life within the scope of the Agenda 2030 for Sustainable development. It was emphasized the importance of making plans and making decisions in a way to cover everyone in planning and design processes such as safe, inclusive and accessible for women, children, the elderly and the disabled. (UN, 2015).

In Turkey, when the studies conducted in terms of accessibility for people with disabilities are examined, it can be mentioned that there are many research about understanding the extent to which physical accessibility is achieved within the framework of certain standards (Berkün, 2016; Dikmen, 2011; Kaplan and Oztürk, 2004; Celik et. al, 2015; Tiyek, et. al, 2016; Oren, 2015; Birdir et. al, 2014; Akçay, 2016; Coruh, 2018; Ergün Tuna, 2018; Eyüboğlu, 2008). These standards are standards on a national and international scale and are intended to provide a built environment that is physically accessible. In addition, these research's study areas are many kinds, such as park areas, playgrounds, indoor and outdoor public spaces, transportation systems, etc. Moreover, Odabası (2018) studied to measure accessibility through specific scientific methods and to understand the impact of accessibility on the use of public transport systems. Gümüs (2008) studied to obtain information on local governments' attitudes towards disability and accessibility and to question the level of employees' knowledge and perspectives on these issues. By Akın Gürel and Tutal

(2017), in their research, it was debate on accessibility for all in the process of reuse of historical buildings. In the study of Sat and Göver (2017), accessibility has been associated with quality of life and a research has been conducted on what kind of practices it has made in the context of legal responsibilities of the municipality. Odabas Uslu and Günes (2017) discussed 'city for all' and 'barrier-free city' approaches with examples from European cities in their study.

In next chapter, Izmir Metropolitan Municipality work on disability and the case study of Accessible Izmir Project are discussed.

CHAPTER 4

THE CASE OF ''ACCESSIBLE IZMIR'' PROJECT

4.1. Services of Izmir Metropolitan Municipality for Disabled

In 2000, culture and education center, which is the first in Turkey, for disabled was established by Izmir Metropolitan Municipality. The title of 'Disabled Friendly Municipality' was given to the municipality by the the Turkish Prime Ministry in 2005. Nowadays, Izmir Metropolitan Municipality offers services for people with disabilities such as psychological and social counseling services, traning and rehabilitation services, transportation services, financial and technical support services (URL-1).

4.1.1. Psychological Counseling-Guidance and Social Counseling Services

Disability Services Directorate, which was attached to Izmir Metropolitan Municipality, was established in 2014. There are four service centers, namely Buca, Konak and Inciraltı "Disability Service Centers", under this roof for services for the disabled. Additionally, there is an 'Awereness Center', too. Directorate of Disability Services provides psycho-social services, social counseling and guidance services support to people with disability and their relatives. They are being supported about education, health, social aid, transportation, employment and legal issues by municipality (URL-1).

4.1.2. Training and Rehabilitation Services

There are many options about training and rehabilitation services for disabled and their relatives. These are individualized and specialized educations, hippotherapy, music, sports, handicrafts and paintings, basic disaster trainings, international disability workshops. The aim of these trainings are rehabilitation, personal development, socialization and inclusion to community (URL-1).

Figure 4.1. Views from Konak Service Center

4.1.3. Transportation and Accessibility Services:

Many arrangements were made in accessible transportation. Metro systems were designed suitable for wheelchair use. For battery powered wheelchairs, battery charging points were designed. 'Smart hearing system' started to have been used for hearing impaired since 2013. This system isolates warning and information announcements on all stations from other sounds and buzzes in the environment directly to the device used by the hearing impaired. Thus, the passenger can hear the voices clearly, he / she perceives all kinds of warnings and announcements. For the visually impaired, there are maps and information plates prepared with 'Braille' alphabet in Izmir Metro. Sensible floor surfaces were designed in bright yellow, so that partial visually impared can be used comfortably. [3] Many public transport vehicles are being used with suitable design and equipments for people with disabilities (URL-1).

Figure 4.2. Views from Izmir Metro Stations

4.1.4. Financial and Technical Services

Izmir Metropolitan Municipality is providing battery wheelchair, manuel wheelchair, patient bed, walking stick for visually impaired, financial support, free public transportation services to people with disability. Additionally, it is developed an

application for people with visually impaired, as 'City Guide for Visually Impaired'. This software is freely available and includes 15000 important location informations, bus stall informations and daily duty pharmacy informations. Municipality also has some specialized minibuses for disabled. These vehicles are being used to enable people with disabilities to reach hospitals, banks, education and public institutions (URL-1).

4.2. Projects of Izmir Metropolitan Municipality about Disabled

2010, 2011 and 2012 were the years had been declared the 'Year of People with Disabilities' by Izmir Metropolitan Municipality. Especially, in 2012 and after, important projects were planned on disability, workshops and international congresses were organized and new practices were initiated. The search conference was organized in 2012. After that many projects started to be implemented and congresses were organized. Particularly, three major congresses were organized within the scope of the 'Accessible Izmir' project and important decisions were taken and implemented. In 2012 Inciraltı Service Center, in 2013 Konak Service Center, in 2014 Directorate of Disability Services were established. 'Hand in Hand Project' was started in 2013. And also 1st International Congress of 'Accessible Izmir' were organized in the same year.

In addition to these developments, the decisions of the strategic plan for disabled were taken, the 'red flag' implementation was started, and the 'smart hearing system' was started to use in the Izmir Metro in 2013. Following year, 'accessible scout unit' project was started. While the 2nd congress date was coming, 'common mind meeting' was organized for the purpose of preparations in 2015. Additionally, 'Autism Support Project was started. In 2016, 2nd International 'Accessible Izmir' Congress was organized, family education program was started and 'awareness center' was established. Finally, the 3rd congress was organized with the theme of 'New Production Models and Employment for People with Disabilities' by Izmir Metropolitan Municipality in 2018 (URL-2).

2012 Inciraltı Service Center for disabled
Search Conference

1st International
'Accessible Izmir'
Congress **2013** Strategic Plan for Disabled
'Red Flag' Implementation
Konak Service Center for disabled
'Hand in Hand' Project
'Smart Hearing System'

2014 'Accessible Scout Unit'
Directorate of Disability Services

2015 'Common Mind Meeting'
'Autism Support Project'

2nd International
'Accessible Izmir'
Congress **2016** 'Awareness Center'
'Family Education' Program

2017

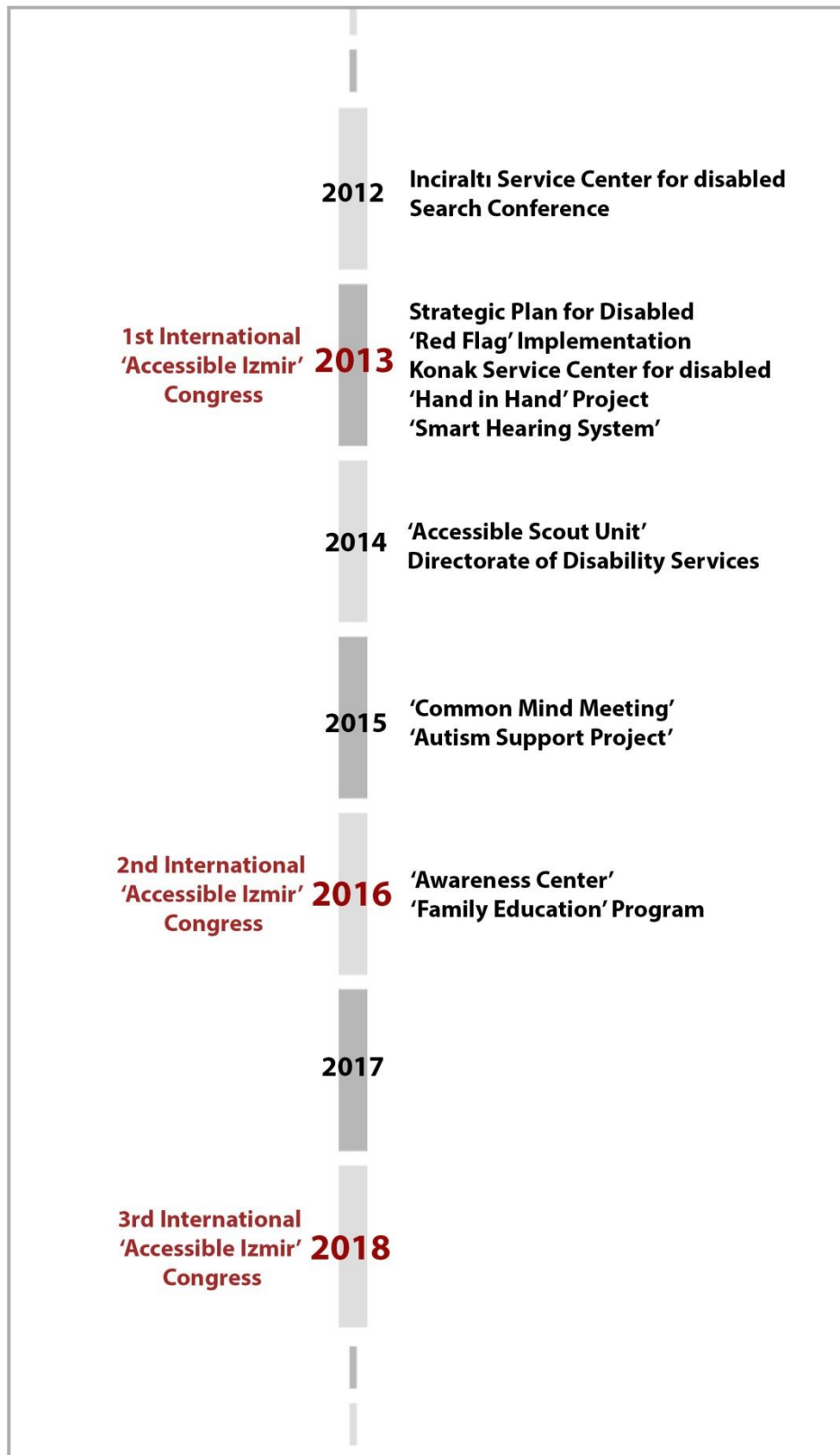3rd International
'Accessible Izmir'
Congress **2018**

Figure 4.3. Timeline of the Important Developments about Disability in Izmir

4.2.1. Hand in Hand Project for the disabled

In 2013, a protocol was signed by Izmir Metropolitan Municipality, Izmir Branch of Turkey Handicap Association and Cağdas Association of the Visually Handicapped, for Hand in Hand Project. The purpose of this Project is to increase the participation of people with disabilities in social life with the companion of volunteers. Therefore, some events and trainings have been organized (URL-2).

4.2.2. Family Education Programme

This program was organized for the relatives of disabled, started in 2016. The aim of the program is to help parents to raise physically and mentally healthy and socially developed children. Family Education Program is also helped parents to questioning their parenting roles, knowledges and behaviours. There are some trainings about disability rights, sexual education, pre-childhood period and pre-school education (URL-2).

4.2.3. Accessible Scout Unit

This unit, which established in 2014, is the only scout unit which consist of disabled in Turkey. Within the scope of the project, theoretical and practical trainings are given to children and summer camps are organized. Accessible Scout Team participated to some international organizations, such as the North Star 2015 Black Sea Jamborette, in Sakarya. Every year, more than 170 people, including 120 of whom are disabled, participate in the scouting activities of this unit (URL-2).

4.2.4. Autism Support Project

This project, is started in 2015, support to giving courses in the fields of cooking, computer, agriculture and organizing workshops and hobby garden activities.

Furthermore, it is provided free education seminars and psycho-social support programmes to disabled and their relatives (URL-2).

4.2.5. Accessible Izmir Project

This project, which has taken its original name from the Turkish word "*engelsiz*" and when this word is translated to English, it should be "barrier-free" or "unobstructed". However, it is called as "accessible" by municipality. Within the scope of this project, 3 international congresses were organized, including the first in 2013, the second in 2016 and the third in 2018 (URL-2).

The first congress was held with the motto "Izmir for all", with the theme of "Urban Problems and Solutions of People with Disabilities". Panels was organized on many subjects such as disability rights, urban transformation and universal design, barrier-free tourism and education, the implementation examples of local government, good examples from the World. It was also organized exhibitions, workshops and sport activities. As a result of this congress, a strategic plan for people with disabilities was prepared and also 'red flag' implementation was started (URL-2).

Preparations for the 2nd 'Accessible Izmir' Congress was launched with 'Common Mind Meeting' on June 2015. Within the framework of this meeting, the life problems of the disabled were discussed with the opinions and suggestions of the participants. Thus, action plans and main topics of the congress were unearthed. In 2016, second International Accessible Izmir Congress was organized with the theme of 'Local Policies Oriented to Increase the Inclusion of People with Disabilities to Social Life'. Within the scope of this congress, Izmir 4th International Sculpture Workshop is associated with this congress and the motto of the workshop was "I am a human- by barrier-free, by indiscriminate, by unlimited". 2nd Congress consist of panels on scientific research, workshops, exhibitions, cultural and sporting events. Many important topics were covered such as social and economic assistance, education, physical environment, health and rehabilitation, employment - vocational education and guidance, awareness raising, anti-discrimination, information and communication, participation in social-cultural-artistic and political life. In 2016, 'Awareness Center' is established in order to increase the awareness of problems experienced by disabled (URL-2).

The 3rd International Accessible Izmir Congress was organized with the theme of "New Production Models and Employment for People with Disabilities" by Izmir Metropolitan Municipality on November 2018. The main purpose of the 3rd congress was to examine the barrier-free production models for the employment of persons with disabilities through the examples applied at local, national and international level and looking for opportunities to implement. The conditions of non-discriminatory life in the city were opened to discussion. Such topics as United Nations policies on disabled employment, community integration of disadvantaged individuals, business and disabled employment were covered as well as workshops were organized (URL-2).

4.2.5.1. Awareness Center

In 2016, "Awareness Center" was established in Izmir in order to draw attention to the problems of people with disabilities and to raise awareness among people. While the center was being planned, Dokuz Eylül University Special Education Department gave consultancy. In 'Awareness Center', people are having experiences about disability with spatial arrangements, games, events and materials. There are some special places such as the area of hearing and orthopedically disabled people, wheelchair track, learning disabilities and gifted people area, autism labyrinth, dark house and market area and mentally handicapped area (URL-3).

The target profiles that are planned to experience this area are as follow:

- "Staff in the field of education, non-disabled children and their families"
- "Employers and employees"
- "Public staff serving the disabled"
- "Other non-disabled individuals"

Employees working in the bus operation of Izmir Metropolitan Municipality (ESHOT) have been trained in awareness center. Today, many schools bring their students here to raise their awareness.

In wheelchair track, there are different slopes and narrow paths that restrict maneuverability. As the people moves along this route with wheelchair, they are being experienced in what sense and how much difficulty is experienced. In gifted people

area, there are games for people to understand gifted people's superior skills in areas such as thinking, reasoning and memory. In sense labyrinth, it is aimed to understand how individuals with autism experience tactile, auditory and visual stimuli. With the games played in the dark house, people experience what a visually impaired person experience during his daily life. In addition to these, in the activity area, more detailed information is given about the hearing and visually impaired individuals, for example, braille alphabet is shown.
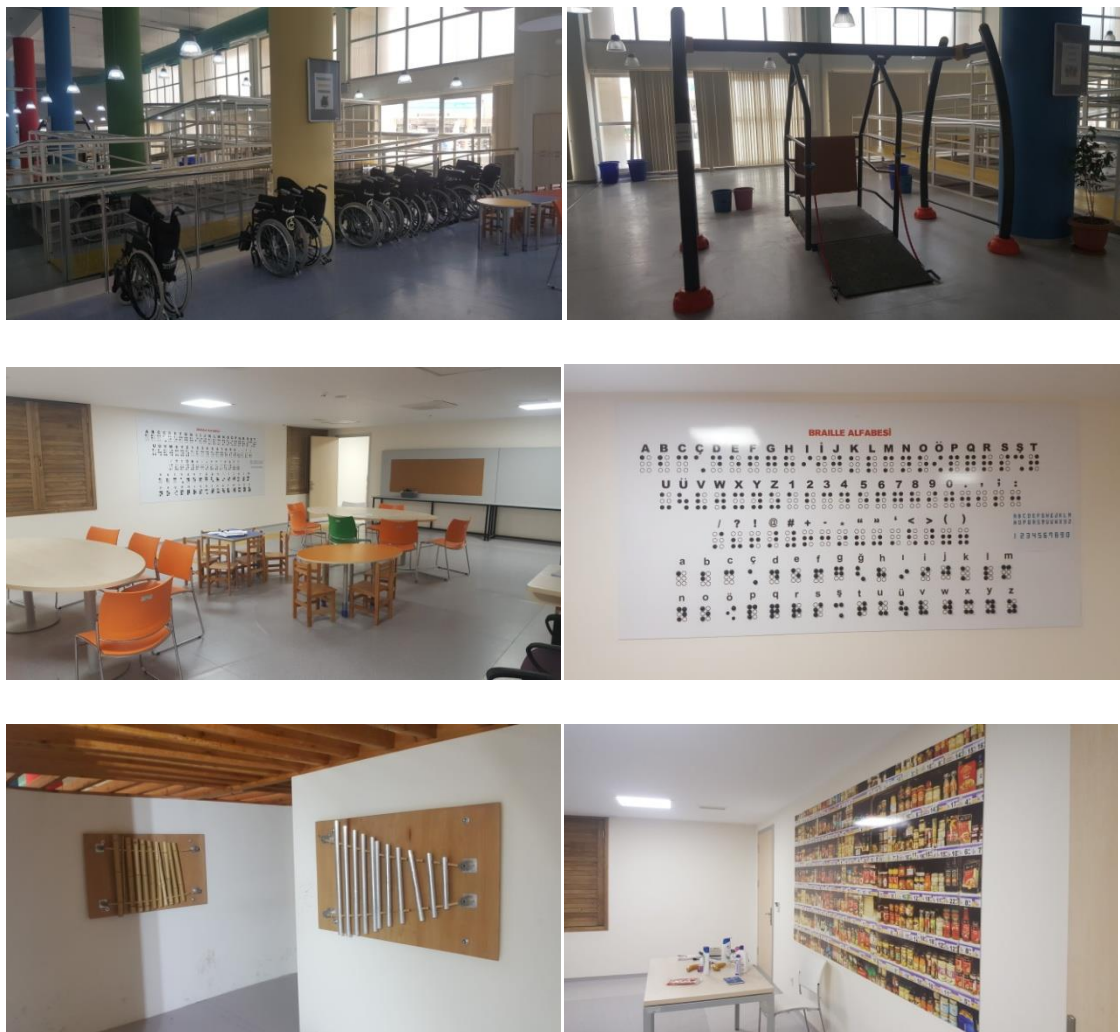

Figure 4.4. Views from the Awareness Center

4.2.5.2. Red Flag Implementation

First 'Accessible Izmir' congress was organized in 2013 by Izmir Metropolitan Municipality and it was taken a new implementation decision, as namely "Red Flag".

The aim of awarding is to increase accessible indoor and outdoor spatial designs of public and private institutions and increase the number of disabled friendly vehicles for disabled. A commission was established with the participation of stakeholders such as professional chambers, non-governmental organizations and municipality. The criterias were set for the award of the 'red flag' by this commission and 'Accessible Izmir Red Flag Legislation' entered into force by Izmir Metropolitan Municipality (URL-2). Space designs that meet the criteria specified in the technical specifications as a result of the inspections are entitled to receive 3 different levels of 'red flag'. If the designs are compatible with at least 60% of the criteria is equal to a 1 star, 75% equal to a 2 star, more than 90% equal to a 3 star 'red flag'. More than 50 institutions received these flags, such as Izmir Metro (3 star), Torbalı Municipality-Barrier-free Life Park (3 star), Karşıyaka Municipality- Service Building (1 star), the library of Ege University (1 star), Bostanlı, Karsıyaka, Uckuyular, Konak Ferry Ports (3 star), Ahmet Piristina Cultural Center (2 star) (URL-4).

In the Handbook of Accessible Izmir Project Red Flag Technical Specification, there are many standards for accessibility are as follow:

- Open Spaces (pedestrian pavements, ramps, ladders, pedestrian crossings and overpasses, pauses, open car parks, underground car parks, urban furnitures, signs and markings, emergency warning and communication facility)
- Closed Spaces (Buildings, building entrances, ramps, interior doors, windows, toilets, indoor horizantel circulation, indoor vertical circulation, orientation and markings, emergency and building installation)
- Special Arrangements (Scenes, meeting and conference rooms, automatic ticketing, collection systems and ATMs, floors market places)
- Public Transport Systems (Buses, minibuses, midibuses providing urban transportation, taxis, taxi stops, ferries and ships, rail systems and stations, etc)

In Turkey, there are many standards (such as TS 9111 so on) in terms of accessibility. In this implementation, by making additions to these standards, measurements are made on spatial and transportation systems. It is a holistic implementation in terms of making measurements on accessibility, providing guidance and encouragement on this issue.

In this study, a case, that approache the concept of disability from the perspective of the social model and examines the concept of accessibility with its physical and social dimension, is studied. In next chapter, method and findings of this study are discussed.

CHAPTER 5

METHOD, FINDINGS AND DISCUSSIONS

5.1. Method of the Study

In this study, snowball sampling method was used. This method was developed by Goodman (1961). It is inspired by the work of Coleman (1958). This method allows us to interview with people who can give useful information about the specific subject or area. The reason is called snowball sampling is that the sample group is likened a rolling and growing snowball. In the this method, first of all, specific participants are selected from a finite population. These participants refer the researcher to other individuals within this population. These individuals may be these participants' friends or the person whose opinions they mostly seek (Goodman, 1961). In this study, 8 people were interviewed by using this method.
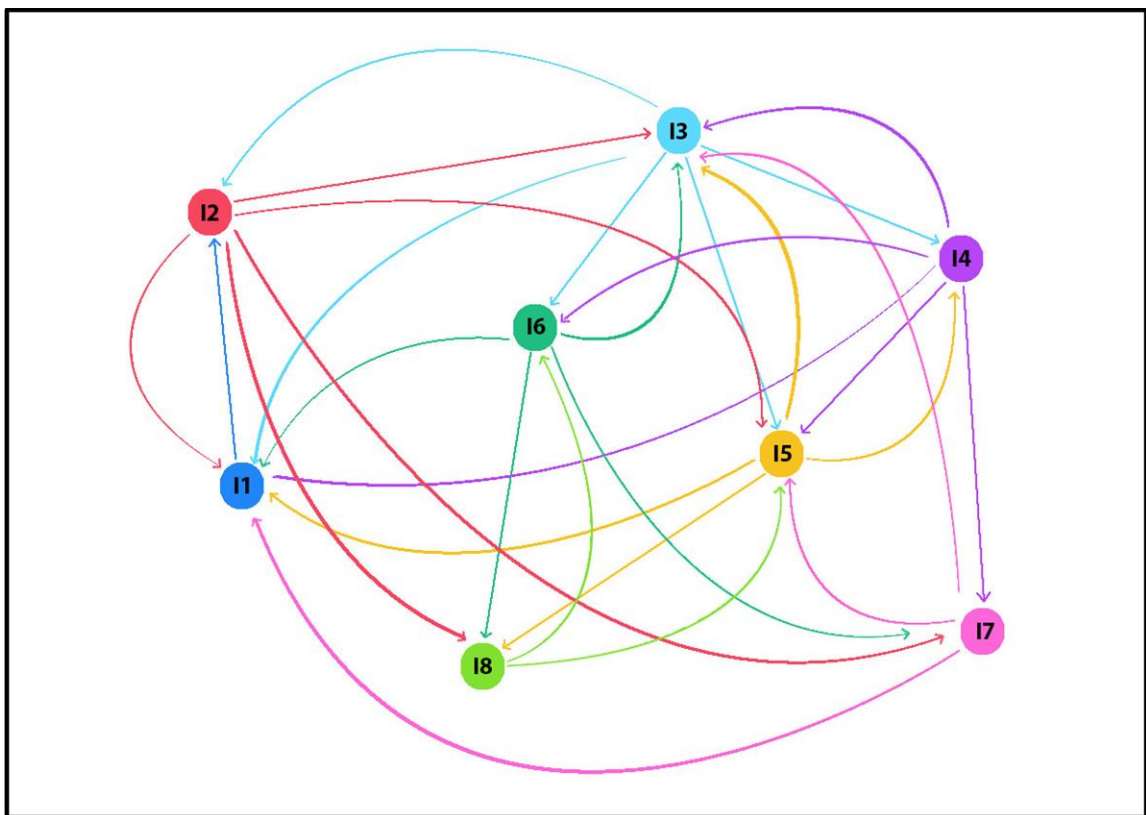

Figure 5.1. A Network Map of interviewees from the Project of "Accessible Izmir"-
"I" represent to interviewees

Questions to interviewees are semi-structured. And eight questions were asked in order to understand the content, purpose, development process of the project, the work carried out within the scope of the project and the approaches to the concept of accessibility, disability and the approaches to the environmental and attitudinal barriers to people with disabilities. These questions are as follows:

Q1: Regarding given title of this project that is "Accessible Izmir", and the Turkish name of the project is "Engelsiz İzmir" (the word of 'engelsiz' means 'barrier-free' or 'unobstracted'):

a. Would you mind explaining that what you mean by accessibility?

b. Would you mind telling us which barriers you are talking about?

Q2: What is the purpose of "Accessible Izmir " Project?

Q3: What has been done in general within the scope of this project? How did you plan to provide accessibility?

Q4: You have progressed with mottos like "I am a human- by barrier-free, by indiscriminate, by unlimited'', "Izmir for all". Could you please tell us a little bit about these mottos?

Q5: What was the purpose of establishment of the Awareness Center?

Q6: Within the scope of this project, 3 different international congresses were held. Could you please explain the contents and objectives of these congresses?

Q7: Within the scope of this Project, which arrangements were made in terms of physical accessibility in the built environment?

Q8: Within the scope of this Project, which arrangements were made in terms of social sense?

The reasons for that why these questions are selected are as follows:

- To understand how accessibility is defined.
- To understand whether the approach to accessibility is handled in both social and physical aspects?
- To understand what barriers are defined as.

- To understand the purpose of Accessible Izmir project.
- To understand the steps taken to ensure accessibility.
- To learn all social and physical initiatives made within the scope of the project.
- To understand the objectives of two major key outputs, the red flag implementation and awareness center.

In addition, age, gender and occupational information of the participants were also questioned. The answers given during the interview went beyond the questions asked from time to time. There was no time limitation. Each one of the Interviews lasted from 20 to 40 minutes. Some questions were open-ended questions, such as "Tell us about…". Some questions naturally arose, such as "You said a moment ago… could you tell me more?".

5.2. Findings and Discussions of the Study

5.2.1. Demographic Structure

Eight of the people who have played an active role in the "Accessible Izmir'' Project were interviewed. These people are people who have been involved in the project with their ideas and de facto. Interviewees include people from professional chambers, associations and municipalities, etc. All interviewees are graduates of higher education. They are the members of different professions such as civil engineer, medical doctor, theater artist, retired nurse and academician, project expert, public relations specialist. The age range of the interviewees changes from 42 to 71. Three of the interviewees were female and five were male. In addition, one of the interviewees had Multipl Skleroz (MS), so this interviewee is a person who experiences the barriers also personally.

5.2.2. Findings and Discussions of Interviews

Question 1: Regarding given title of this project that is "Accessible Izmir", and the Turkish name of the project is "Engelsiz İzmir" (the word of 'engelsiz' means 'barrier-free' or 'unobstracted'):

a. Would you mind explaining us that what you mean by accessibility?

b. Would you mind telling us which barriers you are talking about?

Most of the interviewees expressed that "accessibility" is the concept which point out the availability of access to any information, product, location, environment comfortably and without any need for help. By all interviewees, it was stated that accessibility should be ensured so that people with disabilities, as well as everyone, can easily take part in society. The expressions such as "inclusiveness", "indiscriminate" were emphasized. It was declared that accessibility could be ensured by an "inclusive " approach. Additionally, by some of the interviewees, it was declared that the creation of conscious societies that do not make distinctions such as "disabled- unobstructed" and that have knowledge about disability are very important for achieving accessibility. On the other hand, by one of the interviewees, it was emphasized that inclusive and indiscriminate approach should not be misunderstood at some point and that people with disabilities have some special needs, which people should not forget.

To ensure accessibility was associated the removal of the barriers, by most of the participants. It was stated that many of the concepts are mixed to each other in Turkey such as disabled or impaired or handicapped, by one of the interviewees. He claimed that when the "barriers'' are mentioned, people are thinking just about the physical barriers. However, he argued that these barriers are both physical and behavioral barriers. Other two interviewees gave some examples which show the barriers which are not only physical. They stated that part of the society does not want to have a disabled neighbor, and part of the society look at people with disabilities as pityingly.

One of the interviewees declared that if this "disabled" status is eliminated, then we can be talked about accessibility. He stated that accessibility cannot be achieved unless restrictions are eliminated. What is meant by this approach is the same as approach that is trying to be emphasized throughout the study. This obstructive status occurs not because of the individual shortcomings; it occurs because of the lack or false designs, arrangements, attitudes, etc.

All the interviewees also stated that the physical barriers encountered in the built environment. The design of built environment, which is suitable for everyone's usage,

was emphasized. Many examples were given. For example, they mentioned that there are ramps whose length is shortened and slopes are increased, just in order to making the design not look bad. Not only physical arrangements but also attitudinal approaches both are very important for interviewees.

When these findings are evaluated, as Keles (1998) mentions, the interviewees define their approaches about 'accessibility' with key words such as access to place, access in place, access to service, access to information, etc. Interviewees also emphasized that accessibility related some other key words, such as 'participation in social life and public life', which was also mentioned by Scotch (2000), Oliver (2004), Gümüs (2009), Sat and Göver (2017), Papaioannou (2008). In addition, being involved in social and public life brings with some interactions. Here, an 'interaction', which Hansen (1959) mentions about when describing accessibility, is seen as follows: the interaction between person and place, person and person, person and public life, person and social life, etc. For him, accessibility is the possibility of these interactions. Interviewees' approaches are also related with this approach. Due to the fact that accessibility also is seen as an approach that increases the potential to participate in social and public life. Thus, it enables the disabled to interact with social life, outdoor space and people. The findings show that accessibility is not seen as just a logistical issue. Furthermore, the results show us that interviewees emphasized that to make people can use places or product as comfortably and with no need for help is important. This approach is related to socio-psychological experiences, as Davis and Lifchez (1987) pointed out. According to them, people should be able to use a place or product comfortably, without any shame, etc.

The results show that four interviewees emphasized 'inclusiveness'. Accessibility related a lot of approaches such as Universal design, design for all, inclusive design, barrier-free design, too, underlines 'inclusiveness'. Designs should be available to use, easy to use, understandable. Designs should cover everyone, without discriminate people as women, men, children, elderly, impaired. Among the findings, the approach that one interviewee declares: when we talk about an inclusive approach, that the special needs of persons with disabilities should not be forgotten. Even if we talk about a non-discrimination and inclusiveness, it should be kept in mind that people with disabilities have different experiences and from time to time have different special needs.

The findings show that interviewees define barriers as both physical and social barriers and think that they are directly related to accessibility. The findings show that disability is not the result of an individual's own illness, defect or deficiency, as Oliver (2004) mentioned in the social model; a situation caused by the effects of environmental and social barriers. It should be remembered that the social model does not deny the individual's disease, but only approaches the issue from a holistic perspective.

The findings show that interviewees emphasize the importance of eliminating physical barriers. As emphasized in Geurs and van Wee (2004), the importance of physical environmental design and planning is emphasized. In order to ensure accessibility, it is underlined that these physical barriers should be eliminated and barrier-free designs and planning process should be implemented. As Odabas Uslu and Günes (2017) underlined, physical barriers should be eliminated in roads, streets, sidewalks, transportation, public indoor and outdoor spaces, etc.

On the other hand, according to findings, eliminating the attitudinal (social) barriers are quite important. It is clear from the examples that large sections of the society do not have enough information about disability, and also have wrong and negative attitudes (such as pity, ignorance, charity, stereotypes, etc.). As long as these behavioral barriers are not eliminated, both an inclusive understanding of life and accessibility cannot be achieved. As Scotch (2000) mentions, if the negative and the wrong point of view to disability is not eliminated, then exclusion and social isolation might be mentioned. To sum up, all the findings show that in order to be able to talk about accessibility, the physical and behavioral barriers must be removed.

Question 2: What is the purpose of "Accessible Izmir " Project?

Three of the interviewees stated that when looking from the top frame, the purpose of this project is an effort to create a city or a model which is indiscriminate, inclusive, livable for all. One interviewee was emphasized that a city should be indiscriminate appropriately in this century. It was also mentioned the necessity that disabled individuals should take part in the society as they are unimpeded. It was also mentioned that the necessity that disabled individuals can take part in the society, as all individuals.

According to all interviewees, a little more specific purpose is to increase the living standards of the disabled people, to contribute to the construction of systems that eliminate the negativity for disabled, to make people understand the problems of the disabled, and also to create participatory process by taking the views of all segments.

It is seen in the findings here that previously mentioned an understanding of creating inclusive city is mentioned. As Harvey (2003) points out that there is right, which comes from common denominator of being citizen, to the city. To access to public spaces, services, information is the right for every citizens without discrimination. So, as Farrington and Farrington (2005) mentioned, that accessibility is also related to social inclusion, social justice. So, interviewees' approaches to the purpose of this project are related with these perspectives. It is also mentioned creating liveable cities as the purpose of this project. It is related with the idea of De Vos (et. al, 2013), Olsson (et. al, 2013), Parkhurst and Meek (2014). According to them accessibility is also psychological concepts such as well-being and quality of life. This topic is also mentioned in article 11 of the sustainable development targets of the 2030 Agenda (UN, 2015). According to UN, creating safe, inclusive, accessible cities that are important in building urban quality of life should be adopted. The findings of this question also show that participation is quite important for achieving the purpose of this project.

Question 3: What has been done in general within the scope of this project? How did you plan to provide accessibility?

All interviewees stated that within the scope of "Accessible Izmir'' Project, three international congresses were organized in three different themes. In addition to the congresses, workshops were organized in areas such as innovation, sports and education. Civil society organizations, chambers, educational institutions etc. were brought together and joint common mind meetings were organized in the city. One interviewee pointed out that in common mind meetings, sometimes process of the project, sometimes concepts and further were discussed. And also search conference was organized. Red Flag implementation was started as a concrete output of the first congress. A center of awareness was established as a concrete output of the second congress.

Two of the interviewees mentioned 'Strategic Plan of the Accessible Izmir' within the scope of this project. The draft of this plan was created during the preparation of the 1st congress of the "Accessible Izmir" Project and was opened for discussion during the congress. Interviews were conducted with 2500 relatives of disabilities, in Izmir, and needs assessment and service expectations were analyzed. In the scope of this plan, focus group studies also were carried out with the representatives of civil society organizations in the Izmir Handicapped Assembly (Erdoğan Tosun, 2013). One of the interviewees added that in 2014, the Directorate of Disabled Services Branch of the Metropolitan Municipality was established (previously, it was being served as the service center).

Three interviewees added that an award-winning project competition, which has name as "Neighborhood Disaster Organization Model with Individuals with Special Needs", was held in the scope of the 3rd International 'Accessible Izmir' Congress. It was organized by Izmir Metropolitan Municipality and Chamber of Civil Engineers Izmir Branch in order to create neighborhood organization before and after the disaster, include everyone and to increase the awareness of disability in society, to lead the community to work in partnership.
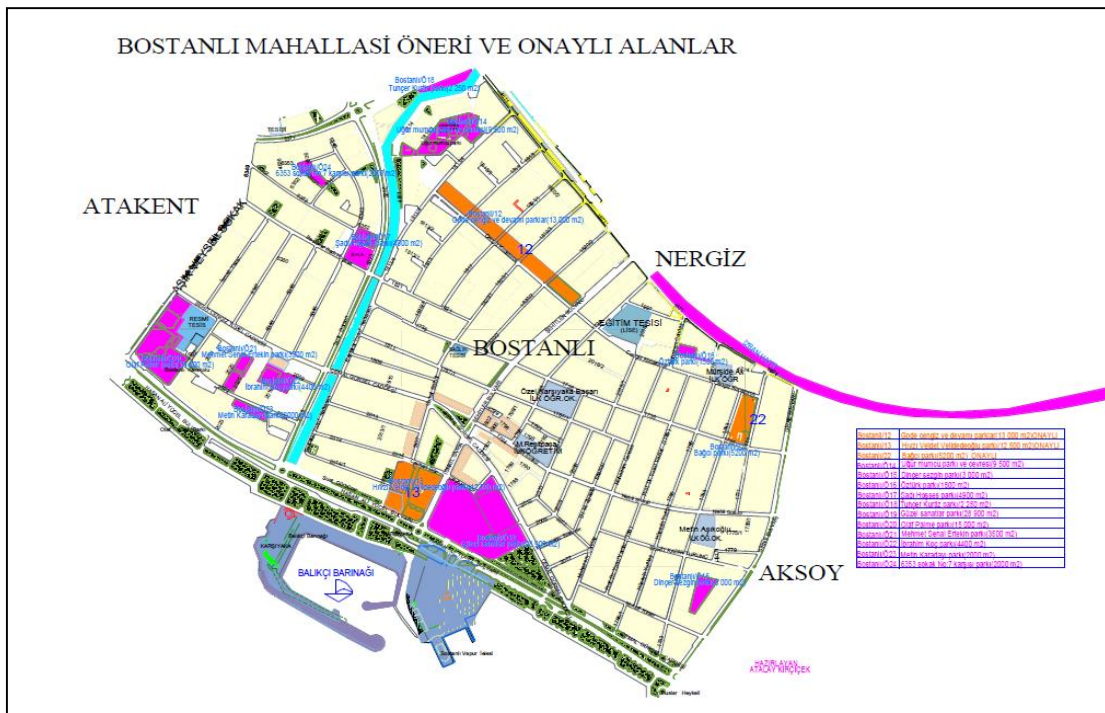

Figure 5.2. Bostanlı District Suggestion and Approved Gathering Areas Map

Sources: Insaat Mühendisleri Odası, 2018, Last Access:15.05.2019

One interviewee, who is also member of the Izmir Chamber of Civil Engineers, mentioned the discussions and approaches in this competition. For example, each headman should know the address of disabled people (where they are living in exactly on which street, in which building, in which apartment, etc.) and should know which kind of disabilities they have. This information will also be given to the other two individuals, who are living in the same street with the disabled individual. They will be selected from individually volunteer. This model is a model based on volunteering. It may be useful for people who have volunteers to have occupations such as medical doctor or nurse. Because these occupational groups have more detailed information about disability. After a disaster or during a disaster, headman and volunteers, if they transport themselves and their families to the gathering areas in a healthy way, they will help people with disabilities. The reason for the appointment of more than one person is that the other person can go to help if someone is hurt or dead. Thanks to this voluntary based model, people with disabilities will also be able to reach the gathering areas safely.

Question 4: You have progressed with mottos like "I am a human- by barrier-free, by indiscriminate, by unlimited'', "Izmir for all". Could you please tell us a little bit about these mottos?

It was declared by interviewees that they were influenced by the approaches talked and discussed in the world. It was emphasized that these mottos were based on the developing barrier-free life understanding. One of the interviewees gave examples of discrimination in every aspect of life, in many different subjects such as discrimination between woman and man or ethnicity based discrimination. Another interviewee stated that:

- "*Without separating people as 'Disabled - Unobstructed', it was taken to road in order to express an understanding of democracy which is defending the freedom of the individual to exist as one's own.*"

Moreover, the importance of a world where the individual does not feel insufficient was emphasized by four of the interviewees. By one of the interviewees, Maslow's Needs Theory Analysis was given as an example. The importance of the 'self-

fulfillment' for every individual was emphasized. From the approach that there is no restriction and the individual can 'self-fulfillment' without harming anyone and needing anyone was mentioned. At this point, the importance of an indiscriminate and inclusive approach was emphasized.

The findings show that these mottos are emphasized the mottos which are discussed in the world for a while. The findings show that these mottos are emphasized the mottos which are discussed in the world for a while. For example, 'full participation', 'equality', 'non-discrimination' and 'inclusion' were discussed in the World Program of Action Concerning Disabled Person (1982) and in the Standard Rules on the Rights of Persons with Disabilities (2006) and in the Convention on the Rights of Persons with Disabilities (Article 3, 2006), in the 2030 Agenda for Sustainable Development (Article 11, 2015). In the social model, it is emphasized that disability is both a medical problem and a socio-political issue.

Accessibility related approaches such as 'universal design', 'barrier-free design', 'design for all', 'inclusive design' also are pointed out these mottos as a piece of the principles of the design and planning. It is seen that names of the mottos of 'Barrier-free' and 'Izmir for all' are quoted from directly the names of these approaches. All these approaches have focused on the design and planning of products, built environment, etc., as without any discriminations, without the need for anyone and with comfort to use. Therefore, they all adopt an inclusive and non-discriminatory approach.

Question 5: What was the purpose of establishment of the Awareness Center?

All of the interviewees stated that the aim of this center is to make people aware of disability and to ensure that people who come to this center experience the obstacles experienced by people with disabilities and receiving information on disabilities, impairments. It was declared that community needs to be conscious about disability and this center is trying to provide this awareness.

One interviewee, who works in the Awareness Center, added that many regulations have been made in the world and in our country in order to protect the rights of people with disabilities and to prevent discrimination in recent years. The interviewee stated that however, these legal regulations may not be enough for the disabled

individuals to participate in social life. She stated that the society exhibits negative attitudes towards people with disabilities as they do not have sufficient scientific knowledge about the disabled. Therefore, she claimed that measures should be taken to eliminate negative attitudes, prejudices and discrimination and programs should be implemented. The interviewee declared that at this center, efforts are being made to create awareness in an individual and social sense.

It was also touched on the developments before the establishment of the Awareness Center by one interviewee from the social committee members of "Accessible Izmir" Project. The interviewee stated that they thought that they should make an awareness-raising activity in society and they should start with children and young people. And then, she mentioned that they visited many schools. Trainings were given to children about disability via the games. She claimed that these trainings should reach far more people and the idea of establishing an awareness center was considered. Interviewees stated that before establishing the disability center, a group of people went to Hungary in order to examine the samples.

Individual experiences, which some of the interviewees experienced in the awareness center, were mentioned by them. For example; in the dark room designed to understand the experience of the visually impaired, one interviewee said that almost nobody was able to find the right direction properly.

Another issue addressed by the interviewees is that the center of awareness also provides guidance services for institutions, private enterprises, etc. The purpose of these guidance services is to support redesign of existing structures as suitable for accessibility, designing new structures and transportation systems as accessible.

Findings show that this center of awareness is a very important initiative to break down with an attitutinal barrier, as mentioned in the previous findings. According to Scotch (2000) and Oliver (2004), negative attitudes can cause exclusion and isolation in society. And this center is the first and only example in order to create awareness about disability, in Turkey. According to Odabas Uslu and Günes (2017), behaviours and daily habits of society can reason to barrier or opportunity for accessibility. So, these attitudes are highly related to accessibility. Although there are many regulations on accessibility and disability rights in Turkey, it is seen that there are very few attempts to eliminate this fundemantal problem, which is the lack and negative opinions

about the disability and to raise awareness among society. One of the most important features of this center is that to enable people understand by individually experiencing the barrier, disabilities. Most of the studies in Turkey focused on making built environment suitable for accessibility in accordance with certain standards. However, from the findings, it can be understood that this project is focuses on creating not only physically accessible built environment but also a society, which is free from the attitudinal barriers.

Question 6: Within the scope of this project, 3 different international congresses were held. Could you please explain the contents and objectives of these congresses?

When viewed from the upper scale, one of the interviewees stated that the main purpose of the congresses is to contribute to the efforts of creating a livable city. Thanks to these congresses, there have been important developments. The interviewee also expressed his idea that these international "Accessible Izmir" Congresses caused local government to prioritize activities about disability. One interviewee stated that the purposes of these congresses are to research at local, national and international level about the participation of people with disabilities in urban, social and employment life; to search for the possibilities and solutions of different and useful practices in an Izmir case; to open discussions the conditions of a life without discrimination in the city. While being done these, with participatory processes, it has been proceeded by taking opinions and ideas of everyone.

Six of the interviewees stated that 3 different international congresses have three different themes. First one was especially focused on 'Urban Problems and Solutions of People with Disabilities'. Second one was about 'Local Policies Oriented to Increase the Inclusion of People with Disabilities to Social Life'. And last one focused on 'New Production Models and Employment for People with Disabilities'.

The findings show that issues, developments and debates on disability in the world also are talked and discussed in these congresses. Therefore, these congresses are an important tool for discussing many approaches such as inclusiveness, accessibility-based approaches, for understanding of creating a more livable city, and having a

concrate outcomes. In addition, these congresses create an environment in which a participatory process can take place and everyone's idea can be taken and everyone become involved. It is also seen that different themes have been adopted every year. This shows that these congresses have a multi-dimensional approach such as acting independently in the physical space, accessing information, and including people with disabilities in education and work life.

Question 7: Within the scope of this Project, which arrangements were made in terms of physical accessibility in the built environment?

It was stated by all interviewees that the most concrete output of the arrangements in the built environment is the red flag implementation which described in previous findings. Interviewees declared that institutions not only are audited and receive a red flag but also receive guidance on how to create places suitable for accessibility with this implementation. There are many initiatives, which have been done to create this accessible physical environment in Izmir. One of the most given examples was the Izmir metro, which has a red flag.

Furthermore, the red flag implementation was associated with tourism, which is one of the most important activities in Izmir. This implementation can create the system, which let international and national tourists with disabilities can easily find out that which touristic facilities or which transport networks, etc. are more accessible. Accessible places can be easily learned, by looking for a red flag and their stars.

In Turkey, there are standards, such as TS 9111, TS 12460, for designing accessible places. The implementation of the red flag includes the criteria that have been created by considering these standards and by making some further additions. Findings show that one of the most important concrete outputs of this project, the red flag implementation is an important implementation that supports and informs about accessibility. Moreover, thanks to this implementation, tourism, which is one of the most important economic activities in Izmir, is affected in a positive way.

Question 8: Within the scope of this Project, which arrangements were made in terms of social sense?

All of the interviewees declared that the awareness center is the most important concrete output of the project in social perspective. In addition to the trainings are given in the Center of Awareness, a mobile team are still going to schools to training students. Interviewees also stated that many artistic and sportive activities were organized in the scope of the 'Accessible Izmir' Project.

One interviewee gave an example about that the website of the municipality is accessible for visually impaired people. Another important example was stated that 150 firms showed their vacant positions for disabled people and received job applications from disabled in the last International Congress of the 'Accessible Izmir' Project. Additionally, the sport of Boccia was realized when studying the examples abroad. Then the trainings were started to be given in the service centers of the municipality.

Two interviewees mentioned the discussions of the last congress, which is particularly focused on employment. The plan, which is to create a working mechanism for make disabled to be more involved in work life, were mentioned. In this sense, the idea of establishing a cooperative was stated, but it was underlined that no concrete steps were taken.

Findings show that in addition to an important concrete output such as the center of awareness, there are many studies on sport activities, education and employment life. In addition, it is seen that the congresses organized within the scope of this project create a space for initiatives that support the participation of disabled people in social and public life such as providing employment opportunities for disabled people from private sector.

In the next chapter, conclusion and suggestions of this study are discussed.

CHAPTER 6

CONCLUSIONS

In Turkey, although there are many legal regulations for the welfare of persons with disabilities to live in, it seems that many problems in the execution phase. It can be said that the sanctions in these laws do not come to life in practice. Inadequate supervision, insensitivity are just a few of the reasons for this. In this sense, local governments also play an important role. Especially, beyond the classical understanding of municipalism, municipalities, which have adopted the concept of social municipalism, play an important role. These municipalities affect the social structure of the cities, provide services in areas such as education, health, culture and welfare and also cover the whole society, especially the disadvantaged groups of society.

In the approach of municipalism in our country, it is seen that the issue of disability is gaining more importance day by day. This issue has both social and physical dimensions. Although legal arragements in Turkey lay the ground work for these processes, there is a gap between theory and practice in physical arrangements. In the sense of accessibility, it is seen that there are many exclusionary practices. Although there are legal arragements that aim to create accessible cities that cover all segments of society, it can be said that many of the transportation systems, public indoor and outdoor spaces in cities are still not accessible.

On the other hand, although there are some developments also in a social sense, we are faced with behavioral problems. It is seen that the level of awareness about disability is low and the society does not have enough knowledge about disability. Moreover, it is seen that it is not sufficient in its social investments and that individuals with disabilities are not sufficiently integrated into social and public life. Because, it is seen that there are insufficient number of initiatives that aim to get rid of all obstacles with involve both social and physical arrangements and at the same time, and raising the awareness, which is about disability, of the society.

'Accessible Izmir Project', which is examined in this study, is the case approaching to disability in the light of socio-political model. In this Project, disability status is not seen as a condition caused by the individual's own defect. It is understood

that disability is seen as a result of wrong or incomplete arrangements, designs, planning, inadequate social investments, in another word, exclusionary practices and behavioral barriers. At the same time, accessibility is seen not only as a physical approach but also a social approach. Therefore, accessibility is seen as related with the concepts of social justice, social inclusion, human rights, livable city.

The congresses, organized within the scope of the Accessible Izmir Project, create a platform that offers opportunities for discussions of disability-related developments, approaches, and for making a decision of the concrete outputs in this sense, and for social and cultural activities. Moreover, it is seen that congresses cause the municipality to prioritize disabled services. These congresses allow the discussion of both physical and social issues related to disability. Most importantly, it is seen that congresses gives an opportunity for a participatory process where everyone's opinion is taken. These congresses are attended by people with disabilities and their relatives, professional chambers, associations, universities, municipalities, etc. In these congresses, with mottos like 'barrier-free', 'indiscriminate', 'unlimited', 'Izmir for all', it is emphasized the importance of creating inclusive and more livable city.

On the other hand, this project has two very important concrete outputs, which are the 'red flag implementation' and the 'awareness center'. It is seen that the red flag implementation is an incentive to make accessible designs in the built environment and transportation systems. But it contains more than that. It is measured both the extent to which accessibility is achieved, as a result this, the red flag and the stars according to different degrees are given and giving guidance on accessibility, thus encouraging accessibility. Moreover, this project is seen as a tool to increase the tourism of disabled people.

It is seen that the awareness center aims to increase the level of knowledge and awareness of society about disability. The importance of raising awareness in order to eliminate attitudinal barriers, which are negative prejudices, negative approaches, lack of information of the society is emphasized. An important approach that demonstrates the need to move beyond the work that makes the built environment physically accessible to ensure the participation of people with disabilities in public and social life. Looking from the top level, the aim of the whole project is to create an inclusive and more livable city.

In the course of this study, some limitations, which is about data and information deficiencies were encountered. It is known that the most comprehensive study of the disability statistics in Turkey, is made by TurkStat on 2002. This lack of detailed data and the lack of up-to-date data were important limitations in the study.

When the studies in the project for disabled are evaluated, it is seen that there are many attempts to provide accessibility in Izmir by Izmir Metropolitan Municipality. But at some points, there are some insufficient policies. Although most of the transportation systems in Izmir are suitable for disabled access, many avenues and public indoor and outdoor spaces still do not meet the accessibility standards. In this sense, more studies are needed. Moreover, most of the children's playgrounds are not suitable for disabled access. It is understood that policies towards this need to be increased.

Furthermore, it was observed that there should be more attempts to open vocational training courses for the disabled individuals according to the law no. 5216. More policies should be implemented to provide labor force training courses for the employment of people with disabilities. Career counseling services can also be provided. For people with disabilities, studies focused on gaining vocational skills can be done, in line with the expectations of the local labor market. In this regard, studies can be carried out with the Turkey Business Association. In addition, high school and university preparation courses for disabled should be offered. As another policy, a cafe, which people with disabilities are working, such as 'Cengel Cafe', which operates with the initiative of Ankara Cankaya Municipality, can be operated. In this way, an initiative can be made which will both remove the prejudices of the society about the disabled and increase the integration of the disabled with the society and provide job opportunities for them.

Further implementation of socio-culturally supportive policies may be another approach to the implementation of studies such as audio book implementations through online applications for visually impaired people. Although there is a book of "Sorularla Izmir Tarihi" with voice recording in the City Library Series of Izmir Metropolitan Municipality's Ahmet Piriştina City Archive and Museums Department. However, these are inadequate initiatives. Policies should be implemented to increase audio books, and moreover, an online platform should be established for visually impaired.

When Accessible Izmir Project is evaluated in general, although there are deficiencies, there are many initiatives both socially and physically. On the other hand, this project is infrequent examples in the meaning of carring out activities aimed at increasing awareness about disability is of great importance in Turkey. This project is a project, which supports many attempts towards creating a more livable city for everyone. Moreover, the ongoing project with a participatory process enable everyone to take the idea and allow everyone to participate comfortably in the social life and to create and implement policies with an inclusive approach.

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APPENDIX

The Questions of the Interviews

Q1: Regarding given title of this project that is "Accessible Izmir", and the Turkish name of the project is "Engelsiz İzmir" (the word of 'engelsiz' means 'barrier-free' or 'unobstracted'):

    a. Would you mind explaining that what you mean by accessibility?

    b. Would you mind telling us which barriers you are talking about?

Q2: What is the purpose of "Accessible Izmir " Project?

Q3: What has been done in general within the scope of this project? How did you plan to provide accessibility?

Q4: You have progressed with mottos like "I am a human- by barrier-free, by indiscriminate, by unlimited'', "Izmir for all". Could you please tell us a little bit about these mottos?

Q5: What was the purpose of establishment of the Awareness Center?

Q6: Within the scope of this project, 3 different international congresses were held. Could you please explain the contents and objectives of these congresses?

Q7: Within the scope of this Project, which arrangements were made in terms of physical accessibility in the built environment?

Q8: Within the scope of this Project, which arrangements were made in terms of social sense?