

# „EXPLORATORY STUDY ON IMPLEMENTATION OF UN-CRPD IN LOCAL GOVERNMENTS IN SELECTED EUROPEAN COUNTRIES “

European Workshop University of Siegen  
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**Four children in a political defined local community -**

**What institutionalized patterns in the community shape their life course...? – How can they be / how are they influenced by local planning activities?**



# Theoretical challenges of “comparative policy transfer research”

- **Clarity on scientific assumptions**  
(disability and inclusion, local planning, path dependency, diffusion of innovations, local governance, models of change in local environments, etc.)
- **Clarity on terms** (diverse community structures, languages, perspectives on problems, etc.,)
- **Clarity on objectives and research questions**
- **Clarity on methodology** (instruments, procedures,
- **Clarity on producing and interpreting results**

# Lena, (5 yrs.) from G..



Past Present Future.....

## Key research questions.

1. How relevant is the CRPD at a local level at this moment?
2. What are the forms of participation in the various localities?
3. What is the position regarding accessibility?
4. How is local planning / disability planning conducted?
5. What needs to be done to improve the situation?

	Dominant regime type according to Esping Andersen (Siegel 2007: 267)	Classification according to Bonoli 2002 (Arts i.a. 2002: 150)	Classification according to Scruggs & Allan 2006 (Arts. i.a. 2010: 576)
United Kingdom	Liberal-minded	British	Liberal-minded
Belgium	Conservative	Continental	Social democratic
Portugal	-	South	-
Austria	Conservative	-	Conservative
Finland		Nordic	Conservative
France	Conservative-liberal	Continental	Conservative
Sweden	Social democratic	Nordic	Social democratic
Spain	-	South	-
Czech Republic			
Germany	Conservative	Continental	Conservative

# Methodology

1. Qualitative pre-study in three European cities
2. Questionnaire:
  - A. *Introductory part (administrative aspects and personal position of responding expert or background information of respondents)*
  - B. *General part: local disability politics*
  - C. *Participation and Self advocacy of persons with disabilities*
  - D. *Awareness raising for the principle of inclusion*
  - E. *Accessible infrastructure*
  - F. *Inclusive Education*
  - G. *Planning and development of community services*
  - H. *Final part*

# Research procedure

1. Identification of national coordinators
2. Translation of questionnaires (DE,FR,EN)
3. Identification of interested local governments
4. Questionnaires were collected and send to ZPE, Siegen
5. Production of country reports - partly in two steps, (English pre-version, German version),
6. Uniformed structure for country reports (structural information – research findings, summary)
7. Production of synoptical table
8. Production of concluding hypothesises





<b>Importance of community services in local politics</b>	<b>High</b>	<b>Medium</b>	<b>Medium</b>	<b>Medium</b>	<b>Medium</b>	<b>High</b>	<b>Medium</b>	<b>High</b>	<b>Medium</b>	<b>Medium</b>
<b>Expectations for more inclusion in the next five years</b>	<b>Low</b>	<b>High</b>	<b>Low</b>	<b>High</b>	<b>High</b>	<b>High</b>	<b>High</b>	<b>High</b>	<b>High</b>	<b>Medium</b>
<b>Interconnectedness with European Partners in disability politics</b>	<b>Low</b>	<b>Medium</b>	<b>Low</b>	<b>Low</b>	<b>Low</b>	<b>Low</b>	<b>Low</b>	<b>Medium</b>	<b>Low</b>	<b>low</b>

# Preliminary hypotheses

1. The national governments of all the countries that were involved in that research have ratified the CRPD. The duty to implement the Convention falls to all government levels of the different countries. The more the abstract demands of the CRPD are concretized into actions, the more the importance of the local level increases. Because of that it is expected that there will be an increased discussion on the local level.
2. However ratification has not yet led to a legal obligation for lower state levels to have formal responsibility and accountability to implement the Convention. This is an issue that needs to be addressed. The implementation is part of the local self-administration and needs therefore in every community intention, will, commitment and formal decision for adaption.
3. Article 35 of the Convention contains a reporting mechanism to stimulate shared discussions and political activities within and between the countries which have ratified it. There would appear to be no relationship between signing of the Optional Protocol and the degree of local debate and awareness. A contrast can be made, for example, between the situation in Great Britain, which signed the Protocol but has little or no local debate on implementation, with that of Finland where the opposite is true.
4. Certain aspects of the Convention, whilst not yet formally influenced by it, have higher profile than others in the contacted countries. This particularly applies to accessibility. One reason for that may be the European Union antidiscrimination legislation which has led to equality legislation in all member states. Such legislation is seen as more important in France and Great Britain for local action than the Convention. It also applies to the topic of inclusive education.
5. How the CRPD is received on a local level in the different countries depends to a high degree on the general cultural and political frameworks. They are determining the general development path of disability political topics in a country. Communities in countries like Sweden which have a stronger tradition of response to international legal frameworks are more likely to respond to the detailed implementation of the CRPD than communities in countries like Britain and France where there is a less strong tradition. At the same time, despite negative experiences with social planning in the past, in the Czech Republic it is obligatory that there are planning structures in the local communities and there are active plans to implement participation structures and to recognise disability organizations.
6. The implementation of the CRPD on the local level is in some countries mirrored within a comprehensive disability political action plan, while in other countries selective actions are more common. In countries in which a rights based approach is common (particularly in Nordic countries) formally constituted participation structures such as Disability Councils are the norm, while in other countries with a more charity or medically based tradition of disability politics (like France, Portugal, Spain) the cooperation is more informal.

7. The greater the synchronicity between local planning and the CRPD guidelines, the more likely there will be active plans for improvement. Here the Nordic countries are again an example. The same applies where there is a strong recognition of the importance of the CRPD at a local level. Portugal is a good example of this.
8. Due to the international diffusiveness of the UN-CRPD, the binding character as an international treaty and high degree of professionalism, the convention has a high authority and a high potential of legitimation. This legitimation needs to be picked up. The way the communities in the different countries are picking up the UN CRPD depends on the function the acting stakeholders are adding to that international document. The Convention can be used by departments in a local administration in the competition of resources, disability organizations can refer to the convention for claiming the interests of their members or service providers and service providers are able to indicate the importance of their services.
9. To the same degree in which the UN-CRPD in the political and social discourse is perceived as important in a country or a political level, it can be used for the interests of stakeholders in the different contexts. The innovative potential develops most effectively, if the convention is seized up by civil rights activists who engage for the implementation of the principles.
10. The implementation of the UN-CRPD in that research is in many communities described as conducive for an inclusive development, but also frequently as conflicting. Apparently the key terms and definitions of the inclusion and participation are supportive to mobilise broad groups for political activities. On the other hand the UN CRPD is resistant against simple instrumentalisation of interest groups, because it has a high standard of professionalism and a high rate of clarity.
11. Despite differences in the present profile and therefore effectiveness of the CRPD in the different countries, there was still a universal belief that it has already been beneficial and that this will continue.

12. In communities in the same country with the same overall developmental path, different policies for the implementation of the convention can be observed, albeit within a common national and regional framework. The CRPD can be seen as a social innovation which can be “re-invented” in the process of adoption in every implementing community. This local flexibility is a strength, provided there is variation and not deviation. The major differences in the way of reception of the UN-CRPD indicate that there is ‘room to manoeuvre’ for the adopting community and that the path determination is not limiting special developments in an intense way.
13. The effectiveness of this local freedom of action is significantly dependent on the formation of “coalitions for change”. Successful inclusion is more likely to happen when stakeholders who are active in disability politics, political decision makers, and other community activists work together to use the Convention to achieve specific political actions. The activists function like promoters that represent professional-, communicational- and power capabilities.



## Vielen Dank für Ihr Aufmerksamkeit !

Zentrum für Planung und Evaluation  
Sozialer Dienste der Universität Siegen

Adolf-Reichwein-Straße 2

57068 Siegen

Tel. 0271/740-2228

[www.zpe.uni-siegen.de](http://www.zpe.uni-siegen.de)