Recent developments in the field of international cooperation call for renewed attention to the role of local governance in development and emphasize the role of local governments and local communities for processes of inclusion and public well-being. The UN Convention on the Rights of Persons with Disabilities obliges States Parties to make local development processes inclusive of persons with disabilities. The 2030 Agenda on Sustainable Development, the UN HABITAT III New Urban Agenda and further global policy frameworks reaffirm the role of the local level for sustainable development and emphasize the need to foster accessible public infrastructure in cities and municipalities. Today, local governments across the globe exert a decisive influence over the living conditions and quality of life of a nation’s citizens, including persons with disabilities. This raises the need for an in-depth discussion on the role of organizing the immediate physical and social environment of cities and municipalities with regard to the elimination of barriers and the provision of opportunities for participation and living a self-determined life.

This concept paper was produced in cooperation with the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) Global Project ‘Inclusion of Persons with Disabilities’, on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ). It provides a strategic perspective and a basic conceptual framework for disability-inclusive local development. It aims to equip policy makers and practitioners in the fields of international cooperation and local development with a conceptual approach and practical entry points for disability mainstreaming in cities and municipalities.

Lars Wissenbach M.A. is a research associate at the Centre for Planning and Evaluation of Social Services (ZPE) at the University of Siegen. He coordinates the ZPE research cluster ‘International Cooperation – Social Participation – Social Services’.

Conceptual Framework
Planning inclusive cities and human settlements
Entry points for International Development Cooperation
Conceptual Framework
Zentrum für Planung und Evaluation Sozialer Dienste (Hrsg.)

Centre for Planning and Evaluation of Social Services (ZPE) (Ed.)

ZPE-Schriftenreihe 55
Conceptual Framework

Planning inclusive cities and human settlements –
Entry points for
International Development Cooperation
Content

Introduction 7

I | The importance of the ‘local level’ 7

II | Disability and Local Development 9

The UN Convention on the Rights of Persons with Disabilities 10
The global policy framework for inclusive local development 11

III | Three levels of local planning 12

IV | Key Dimensions of Inclusive Planning 13

Dimension 1: Participation in local development and decision-making 13
Dimension 2: Awareness-Raising and Capacity Development 16
Dimension 3: Accessibility and Universal Design 17
Dimension 4: Flexible and Inclusive Services 21

V | Interventions into local planning routines 25

VI | Entry points for inclusive local development 31

References 35

List of Boxes

BOX 1: Elements of Participation for Inclusive Local Development
BOX 2: Diversity Mainstreaming
BOX 3: Three dimensions of Accessibility
BOX 4: Seven Principles of Universal Design
BOX 5: CRPD Article 19 – Living independently and being included in the community
BOX 6: A life course approach to inclusive local service provision
Introduction

Recent developments in the field of international cooperation call for renewed attention to the role of local governance in development and emphasize the role of local governments and local communities for processes of inclusion and public well-being. The UN Convention on the Rights of Persons with Disabilities (CRPD) obliges States Parties to make local development processes inclusive of persons with disabilities. The 2030 Agenda on Sustainable Development, the UN HABITAT III New Urban Agenda and further global policy frameworks reaffirm the role of the local level for sustainable development and emphasize the need to foster accessible public infrastructure in cities and municipalities. Today, local governments across the globe, exert a decisive influence over the living conditions and quality of life of a nation’s citizens, including persons with disabilities. This raises the need for an in-depth discussion on the role of organizing the immediate physical and social environment of cities and municipalities with regard to the elimination of barriers and the provision of opportunities for participation and living a self-determined life.

This concept paper was produced in cooperation with the GIZ Global Project ‘Inclusion of Persons with Disabilities’ on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ). It provides a strategic perspective and a basic conceptual framework for disability mainstreaming in local planning. The paper has six main chapters. The first chapter outlines the importance of local governments and local governance systems for the provision of public goods and services as well as the maintenance and improvement of the living conditions and quality of life of a nation’s citizens. The second looks at interlinkages of disability inclusion and local development and outlines the international legislative and policy framework for disability mainstreaming in local planning. The focus of the third chapter is on local planning structures. It is followed by the introduction of four key dimensions of inclusive local planning introduced in chapter four. The fifth chapter takes a closer look at strategic approaches towards disability mainstreaming in institutionalized local planning structures, processes and routines. Finally, chapter six introduces entry points for inclusive planning in selected fields of local public sector goods and services.

I. The importance of the ‘local level’

The term ‘local level’ refers to those politically defined territories and their population that are closest to the citizens. More specifically, this includes small regions, districts, cities, towns, villages or a grouping of villages which form a sub-provincial entity with a democratically elected local council with budgetary powers and a local administration with the power to take administrative or policy decisions for that area, within the legal and institutional framework of the state. From a socio-spatial perspective, the ‘local level’ is where the sites for people’s housing
are, where education, employment, health care, social services, daily convenience shopping, and the other activities take place which sustain inhabitants physically, emotionally, socially, and psychologically. Even if developments and change processes like the inclusion of persons with disabilities seem to be designed and implemented through higher levels at a first glance, they manifest themselves in particular places which are the ‘place based communities’ in which people live and create their life courses. The local level describes places of reciprocal relations between people with equal rights and with similar but also with unlike interests and ways of life. It is in this perspective that the local level also describes ‘shared places where the co-existence of people has to be managed’. The development and maintenance of accessible, affordable and good local infrastructure is in the common interest of all local inhabitants. Some services are privately organized; many others are part of a public infrastructure which is managed by local authorities charged to act in the public interest.

The constitution, national laws and regulations of a country determine which public tasks will be performed by which level of government or administration and the way and extent to which citizens become involved in decision-making processes. Whilst the national levels pursue a policy-oriented perspective, the local level focuses more on the needs of communities and the strategic planning of programmes and services. Nevertheless, claim and have to be regarded as bottom-up shapers and drivers of national and global development agendas which can raise the level of ambition of such policies. Local government refers to specific institutions or entities created by these laws and regulations, which build the legal and regulatory framework that shapes relations between the government and the citizens of a country. Local governance, as a broader concept, can be defined as “the formulation and execution of collective action at the local level. Thus, it encompasses the direct and indirect roles of formal institutions of local government and government hierarchies, as well as the roles of informal norms, networks, community organizations, and neighbourhood associations in pursuing collective action by defining the framework for citizen-citizen and citizen-state interactions, collective decision making, and delivery of local public services”. Therefore, it includes not only local service provision but also the creation of space for democratic participation and civic dialogue and the joint facilitation of outcomes that positively affect the quality of life of all residents.

Decentralization has been highlighted as a development goal and a key aspect of state modernization for decades of international development cooperation. Allowing closer contact to the citizens, it is widely recognized as an approach to making governance more responsive to local needs and preferences. Decentralised government systems are based on the principle of subsidiarity, i.e. the sharing of powers between government levels, it is to be ensured that certain tasks are performed by the level of government and administration that is closest to the citizens and that has the capacity to competently fulfil these tasks. It is the local level of governments and administrations that is in direct interaction with the citizens. Therefore, decentralization is often regarded as a means to solving social, spatial and economic inequalities and enhancing

---

1 De Filippis & Saegert 2012
2 ibid.
3 Healey 2006
4 Shah 2006, p.2
5 Given a huge variety of definitions focussing on different aspects of decentralization processes, this paper uses the term to denote devolution of political decision-making power including freely programmable resources to the local level.
social cohesion. In fact, local governments can be considered as the principal democratically legitimised agent of local development processes. Today, local governments across the globe exert a decisive influence over the living conditions and quality of life of a nation’s citizens. In most of the world’s countries, public-sector goods and services are provided by regional and local governments and authorities, or with their involvement. This applies e.g. to basic education, health services, mobility, housing, water supply and waste disposal. The quality of such service provision strongly influences the quality of life a city or municipality can offer. The UN 2030 Agenda for Sustainable Development acknowledges the crucial importance of the local level with a separate Sustainable Development Goal (SDG): ‘Make cities and human settlements inclusive, safe, resilient and sustainable’ (SDG 11). When taking a closer look at the Sustainable Development Goals (SDGs), it becomes evident that ‘most underlying policies and investments are a shared responsibility across levels of governments. It is estimated, that 65% of the 169 targets underlying the 17 SDGs will not be reached without proper engagement of, and coordination with, local and regional governments’. In 2015, subnational governments were responsible for 59.3% of total public investment throughout the OECD area and for almost 40% worldwide. The New Urban Agenda, adopted in 2016 at the United Nations’ Habitat III Conference, reaffirms the role of the local level for sustainable development and provides a framework for the implementation of the SDGs.

II. Disability and Local Development

The importance of local development processes and the management of ‘shared places’ under the leadership of local governments can be easily linked to provisions made by the UN Convention on the Rights of Persons with Disabilities (CRPD), which states that disability arises from the interaction between a person and her/his physical and social environment. The convention states that “[p]ersons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”. The fact that disability arises from the interaction between a person and her/his physical and social environment moves the latter aspect into focus. Persons with disabilities are particularly affected by social, environmental and cultural barriers. It is the social and physical environment of ‘shared places’ and ‘place-based communities’ where barriers take concrete shape but also can be removed through disability-responsive management of local development. Dysfunctional local governance systems and weak delivery of vital public services disproportionately affects citizens living under vulnerable conditions and therefore exacerbates poverty and social inequalities.

6 see for example Kersting et al. 2009; Romeo 2012; Bardhan & Mookherjee 2015
7 Romeo 2012
8 UN 2015a
9 ibid.
10 Cities Alliance 2015; UN Sustainable Development Solution Network 2016
11 OECD 2018
12 see UN 2016
13 UN 2006, art. 1
14 Shah 2006; For the discussion around ‘vulnerability’ and ‘poverty’ see Barrientos (2010).
CRPD’s concept of disability, therefore, directs attention to processes of local governance and opportunities for participation of persons with disabilities in civic dialogue and the joint facilitation of local development processes.

The UN Convention on the Rights of Persons with Disabilities

Since its entry into force in 2008, the CRPD has received increasing attention worldwide and by all levels of government. This new legal framework does not contain any new rights, but it applies existing human rights to the specific situation of persons with disabilities and provides the basis for a further development of international human rights standards. The CRPD provides a framework for the right to participation of persons with disabilities, including for living independently and being included in the community (art. 19). In combination with further articles, the it builds a legislative and programmatic framework for the inclusive design of all spheres of life. Many of the provisions made by the CRPD, directly address public-sector goods and services under the primary responsibility or at least the direct involvement of local governments. These include, amongst others, political participation (art. 29), accessibility of public spaces and information, mobility and transport (art. 3, 9, 20, 21), access to assistive services (art. 19, 20), access to education (art. 24), housing (art 19, 28), access to vocational training and employment (art. 27), access to basic social protection (art. 28), access to health care (art. 25), or inclusive disaster risk management (art. 11).

As far as the basic human rights and the quality of life of persons with disabilities is concerned, a systematic identification of barriers, inaccessible structures and processes within and beyond the above areas builds a landmark first step on the way towards more inclusive cities and municipalities. Being a part of general public services, by definition this often falls in the responsibility of local and regional state-actors. In many instances they are the principal legitimate actors to “manage collective concerns about the qualities of shared spaces and local environments” in order to make sure, that the rights of all citizens are respected, protected and fulfilled, including those of persons with disabilities. At the same time, when dealing with the inclusion of persons with disabilities, it is important to put the focus beyond local government and take into account the overall institutional environment that drives and restraints development processes at the local level. This usually includes a wide range of stakeholders which are directly or indirectly involved concerned with local service delivery or questions of the quality of life of the inhabitants of a specific territory.

It is important to note that the CRPD, once it is ratified by national governments, is binding for all political levels. According to CRPD art 4.5, it applies to all levels of a political system: “The provisions of the present Convention shall extend to all parts of federal States without any limitations or exceptions”. Although cities and municipalities are dependent on the national government to implement the provisions of the CRPD, for example in matters of legislation and policy frameworks, most of the provision made include a direct political mandate for the local level with regard to their implementation.

---

15 see Bielefeldt 2009, p. 4
16 see UN 2006
17 Healey 2006
18 UN 2006, art. 4.5
Current international policies and strategic frameworks like the 2030 Agenda on Sustainable Development and the UN HABITAT III New Urban Agenda have picked up on the provisions made by the CRPD as well as its concept of disability and the meaning of organizing physical and social environments in that regard. These frameworks, therefore, call for new and innovative concepts that reduce multidimensional complexities of the interrelations between individual impairments and barriers of the physical and social environment which impact the opportunities of persons with disabilities for full and effective participation in all spheres of life. Hence, it is those interdependencies which have to be made describable and workable for an inclusive approach towards local development and the planning of cities and municipalities. The 2030 Agenda addresses the provisions made by the CRPD through the guiding principle of universality and its “leave no one behind” approach, but also through 11 direct references to disability. These include SDG 11 which sets clear objectives for inclusive cities and human settlements. The New Urban Agenda includes fifteen references to persons with disabilities, including a stand-alone paragraph, which calls on governments to “[f]acilitate access for persons with disabilities, on an equal basis with others, to the physical environment of cities, in particular to public spaces, public transport, housing, education and health facilities, to public information and communication, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and rural areas”19. Amongst others, it also furthermore calls for:

- inclusive platforms and policies that allow meaningful participation in decision-making and planning;
- capacity strengthening of national, sub-national and local governments to work with organisations of persons with disabilities as well as academia in shaping organisational and institutional governance processes, enabling them to effectively participate in urban and territorial development decision-making;
- promoting capacity development initiatives to empower and strengthen skills and abilities of persons with disabilities for shaping governance processes, engaging in dialogue
- support of science, research and innovation, including a focus on social innovation in urban and territorial planning, including the collection of disability-disaggregated data.20

The Addis Ababa Action Agenda21 on development financing and the Sendai Framework for Disaster Risk Reduction (2015-2030)22 also underline the relevance of local actors and make provisions for the development of cities and municipalities as well as for the inclusion of people with disabilities.

---

19 UN 2016, para. 36
20 UN 2016
21 UN 2015b
22 UN 2015c
III. Three levels of local planning

Local planning refers to the overall spatial and structural development of a sub-provincial entity i.e. small regions, districts, cities, towns, villages or a grouping of villages. It describes a proactive planning and coordination of change processes by such entities in contrast to uncontrolled and random development. Local planning supports decision-makers in developing policies, strategies and programmes for their various areas of responsibility. Moreover, a distinction can be made between three levels of local planning. These include:

1. **General development planning** with regard to the overall development of the municipality
2. **Sectoral planning** with regard to different sectors of local government (e.g. housing, transport, water and energy, health care, education, social planning etc.)
3. **Field-related planning** within a sector with regard to different subjects (e.g. within the sector of social affairs: child-care planning, drugs and addiction, long-time care for the elderly)

The inclusion of persons with disabilities is often considered to be a specific field-related matter of social planning. Assuming that disabilities arise from the interaction between a person and her/his physical and social environment, this is, however, not the case. **Rather, inclusive local planning is to be regarded as a cross cutting category to the above levels of planning.** Inclusive urban and municipal planning is not a separate and segregated planning process, but a systematic mainstreaming of disability issues into existing local policy areas and their planning structures and processes. This requires a coordinated approach and strategy towards disability mainstreaming into all areas of local planning. Therefore, the inclusion of people with disabilities has to be regarded as a quality indicator of sustainable local planning rather than a quantity of stand-alone measures addressing people with disabilities.

At the level of general development planning, the inclusion of persons with disabilities should be included as a cross-cutting issue, making clear provisions to ensure that the issue will be picked up and developed further through mainstreaming policies (like e.g. gender) and, in particular, sectoral policies and strategies. In social planning, for example, the focus is on the development of inclusive social environments and good service provision. In educational planning it is on the inclusive design of general educational services (pre-school, school, vocational training and higher education). In transport, the focus is on the realization of an accessible infrastructure and accessible door-to-door mobility chains. Disaster Risk Management should focus, amongst others, on the participation of persons with disabilities in emergency and preparedness planning and the inclusion of disability-related issues in disaster relief and resilience capacity development of community volunteers and professionals. Sector-specific strategies and programmes should again make clear provisions for the inclusion of disability-related matters in all kinds of field-related planning. The provision of specialized assistive services is one subject of field-related planning within the sector of social affairs. The provision of disability-specific services and the mainstreaming of disability in general local development planning can be conceptualised as a twin track approach to local planning.
Besides the above levels of planning, specific provisions for inclusive local development and the participation of persons with disabilities can be integrated in national legislative and policy frameworks on decentralization and local development. This will support interventions on the three levels of local planning, aiming to include a disability perspective in the planning process. In addition, local planning approaches towards sustainable inclusive development bear enormous potential for a pushing change processes from below. Therefore, local strategies should include the dimension of upscaling. Even though cities and municipalities are usually actin within the framework of national state requirements, in partner countries of international development cooperation such requirements might frequently be missing or do not lead to desired results. National change processes are often initiated and driven by local strategies which can be of central importance for setting up national programmes of international cooperation.

IV. Key Dimensions of Inclusive Planning

The following section outlines four dimensions which are of crucial importance for the implementation of the CRPD at the local level and for the development of inclusive cities and municipalities. On the one hand, these dimensions refer to basic principles of legal provisions made by the CRPD. On the other hand, they allow drawing direct linkages to past and current developments of these dimensions in a city or municipality. Even though the dimensions are outlined one by one, they must not be regarded as exclusive silos. Instead, they are closely intertwined mutually dependent in many ways.

Most importantly, cities and municipalities can set good examples in addressing the dimensions outlined below. They have the potential to act as role models for participative planning, awareness raising and capacity development on inclusion, accessibility and universal design, as well as inclusive and flexible services. They can demonstrate the feasibility of respective measures and processes, put norms and standards to the test and promote innovative approaches. Addressing the dimensions usually affects the responsibilities and competencies of various stakeholders. Urban and municipal planning bears the potential to integrate the needs of different sectors and stakeholders into a comprehensive approach towards inclusive local development.

Dimension 1: Participation in local development and decision-making

Participation is a core human rights principle, allowing individuals to play a significant role in the development of every democratic society.23 This particularly holds true for local level development processes. At the local level various opportunities exist for citizens to contribute their perspectives, ideas and interests in planning and decision-making processes. These can include the elections of local parliaments, local development and planning procedures, public hearings

23 The principle of participation is well established in the Universal Declaration of Human Rights (UN 1948, art 21) and the International Covenant on Civil and Political Rights (UN 1966, art. 25). It builds a cross-cutting theme of the CRPD, which is included in the preamble, the general principles, the general obligations as well as in article 29, which makes clear provision for the participation of persons with disabilities in political and public life (UN 2006, preamble, art. 3, 4, 29)
or citizen initiatives. The local level opens opportunities for citizens to experience democracy and citizen participation first hand. Therefore, it is important for citizens to know and learn how decisions are being made and to find an environment in which they can voice their interests and effectively participate in the conduct of public affairs.

Persons with disabilities, however, are facing significant attitudinal, physical and communication barriers to participate in public life. They are frequently not consulted or considered when decisions are made on their behalf, or about matters relating to or affecting their lives. On many occasions, their perspectives are disregarded in favour of those of “disability experts” representing service providers or other organisations. Persons with disabilities are frequently regarded as being unable to make independent decisions and contribute in collaborative planning processes. Significant challenges to participation on an equal basis with others remain across the CRPD States Parties. These include legal obstacles (e.g. restrictions on the right to vote), inaccessible environments, processes and information, but also a lack of awareness about the right to political participation among rights holders and duty bearers, as well as limited opportunities for effective participation.24 Existing barriers to active citizenship do not affect all persons with disabilities equally. People with more severe impairments, as well as persons with particular types of impairment - for example, people with intellectual or psychosocial impairments - disproportionately face barriers to their participation in political life.25

Evidence suggests that, given the opportunity, persons with disabilities actively participate in politics. Given an accessible and enabling environment, many persons with disabilities are active citizens keen to be engaged in the political life of their communities. They make use of their voting rights and take part in political activity, including being members of political parties, attending political meetings and contacting elected officials.26 It is crucial for local governments to ensure that persons with disabilities are included in policy- and decision-making processes to include a disability perspective in local development and to protect, respect and fulfil basic human rights.

The CRPD calls upon States Parties to “promote actively an environment in which persons with disabilities can effectively and fully participate in the conduct of public affairs, without discrimination and on an equal basis with others”.27 This obligation entails various dimensions of pre-conditions, as described in BOX 1.

---

24 FRA 2014, Düber et al. 2015
25 ibid.
26 ibid.
27 UN 2006, art. 29b
BOX 1: Elements of Participation for Inclusive Local Development

Participation allows using collective resources and capacities which allows more creative approaches towards CRPD implementation. It can improve the quality of relationships between key-stakeholders, increase outreach of measures taken through the quantity and diversity of involved stakeholder groups. In addition, participation creates ownership for decisions taken among stakeholder groups and consequently increases the likelihood of implementation. The following elements can help to assess the state of participation in a local entity. They also provide concrete starting points to raise the participation of persons with disabilities in local development processes.

Element 1: Culture of participation and collaboration
A culture of participation and collaboration is based on experiences, knowledge and capacity within the local government and local authorities of various sectors with regard to citizen participation. It requires open participation procedures without pre-conceived expectations and the inclusion of results of participative dialogue processes into decision-making process. It is important to make sure that different societal groups have the resources and capacities to voice their interest within given participative formats.

Element 2: Resolution of the local government
A resolution on citizen participation or the participation of persons with disabilities in particular can enable a systematic approach towards participation, including societal groups which face challenges in voicing their interests in public. It can suggest formats of participation and self-representation with respect to the local parliament, the participation of persons with disabilities in local bodies and committees, or the competencies and scope of action of a local representative of persons with disabilities. Through adopting a resolution, a local government can officially set out, how the participation of persons with disabilities and other societal groups is to be ensured. Any processes or measures adopted through a resolution of the local parliament should ensure the provision of adequate resources for implementation.

Element 3: Committees and structures of political representation
There are different ways of ensuring that the interests of persons with disabilities are considered in local committees, e.g. through advisory bodies of persons with disabilities or associated experts with a right to speak and to table motions. In any case, it is important to enshrine participation rights through local regulations. In this way, areas can be defined in which the representative body can veto a decision, or at least must be consulted. Self-representative bodies should not be in charge of coordinating local planning processes for inclusion. Rather, they have the task of providing critical support to such change processes.

28 The description of these elements is inspired by Rohrmann et. al 2014
Element 4: Participation beyond formal structures
In addition to the continuous involvement of representative bodies, participation in the development of concrete projects and measures including local budget planning plays an important role. The implementation of accessibility standards and provisions, the development of inclusive care and education services, the planning of support services or awareness raising and capacity development for inclusion, requires the full and effective participation of persons with disabilities living in a city or municipality and their representative organizations.

Element 5: Ombudsperson for matters relating to the rights of persons with disabilities
As representatives appointed by a city or municipality, they primarily work in the administration, are available as contact persons and take on coordination tasks. In smaller municipalities, such ombudspersons can be appointed as volunteers, while in larger cities and districts that position should be carried out as formal employment. The position can only be effective if the job description includes a planning profile and the position has been anchored in the local parliament and administration with a right to speak, to table motions and to veto decisions which are not in line with the CRPD in all local planning processes.

Element 6: Self-Representation
Self-representation can be involved in the shaping of local policy in various ways. There are self-help groups which focus entirely on mutual support and reject political activities. For other initiatives, however, the impact on the social and built environment, as well as political change, have a high priority. Often self-representatives are actively involved in municipal or district bodies. A general openness towards self-representation can be promoted in a local governance system. Offers for participation can be made by the local parliament and administration. The strength of self-representation lies in developing a sensitivity to the risks of exclusion based on personal concern and building up expert knowledge with regard to very specific aspects of accessibility and adequacy of local infrastructure as well as specific support needs.

Dimension 2: Awareness-Raising and Capacity Development

Besides physical and communication barriers, the CRPD also refers to people’s perceptions about disability. It claims “Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity”. In this context, concepts of diversity mainstreaming play an important role (see BOX 2). When aiming for inclusive local development, analysing social values, structures, ways of communication and interaction with regard to their impact on equality and participation in society, becomes an important part of local planning.

---

29 UN 2006, art. 3d
IV | Key Dimensions of Inclusive Planning

CRPD article 8 (Awareness-Raising) obliges States Parties to ‘raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities’\(^{30}\). To obtain this goal, the convention refers to a broad variety of measures addressing States Parties as well as private actors (e.g. families, employers, the media). It promotes public awareness campaigns, promotion of information and capacity development with regard to disability rights and inclusion.\(^{31}\) In practical terms, this can comprise measures such as:

- Awareness raising events on disability rights and inclusion;
- Creating opportunities for encounters that enable the exchange of experiences between different population groups;
- Training measures on open, and respectful attitudes and behaviour;
- Empowerment and support of organisations of persons with disabilities;
- Involving persons with disabilities as experts on their own account in local planning processes;
- Including disability aspects in general public relations work;
- Developing and implementing diversity mainstreaming strategies;
- Promoting, developing and implementing sector-specific trainings on disability rights and inclusive local planning and decision making for key stakeholders of a local governance system, including representatives of organisations of persons with disabilities;
- Promoting science and research including a focus on technical, digital and social innovations in urban and municipal planning towards inclusive local development.

Dimension 3: Accessibility and Universal Design

‘Accessibility’ is a general principle\(^{32}\) of the CRPD and is further elaborated in article 9. ‘To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to

---

\(^{30}\) UN 2006, art. 8

\(^{31}\) see UN 2006, e.g. art. 8(2b); 16(2); 24 4; 13(2); 31(3)

\(^{32}\) See UN 2006, art.3
other facilities and services open or provided to the public, both in urban and in rural areas. Appropriate measures should be taken by States Parties to identify and eliminate obstacles and barriers to accessibility. Furthermore, it obliges States Parties to develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public, inter alia roads, buildings, transport systems, information and communication systems including the Internet. Implementing the general principle of accessibility is a very relevant area for local planning activities.

Both the CRPD and General Comment No. 2 on CRPD Art. 9 (Accessibility), which further specifies the right to accessible environments and stresses the obligation of duty bearers, suggest a couple of appropriate measures which affect competences of local governments and local governance systems. These include:

- Minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;
- Ensure that private entities offering facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
- Provide training for stakeholders on accessibility issues facing persons with disabilities;
- Provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;
- Provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public; and to promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;
- Promote access of persons with disabilities to information and communications technologies and systems, including the Internet;

**BOX 3: Three dimensions of Accessibility**

Even though some barriers may have effects of direct discrimination and should be eliminated immediately, accessibility is also to be seen as an area for progressive implementation, which can be realized through local planning activities. For planning purposes, the general principle of accessibility of services and infrastructure for the public, can be structured in three dimensions:

1. **Findability** refers to all kinds of signage and information systems which visually, in auditive or tactile form support people in finding their way to their destination, service or other facility they wish to use physically or virtually. It has a significance both for finding the destination or object from outside but also inside an organization or building (e.g. public building).

2. **Personal Accessibility** implies the possibility, (e.g. in form of mobility) to come to, reach or contact the destination, service or other facility persons with disabilities want to
use from outside - physically or virtually. Barriers could exist in various forms, such as in material form (e.g. stairs, missing ramps), sensorial form (e.g. missing Braille information or integrated guiding systems), communicative form (e.g. no sign language, no easy-to-read information) or ‘cultural’ form (prejudices, stigmatization).

3. **Usability** refers to the ‘terms of use’ of a certain service, public infrastructure or institution of public life. These terms of use should be inclusive and not narrowly focusing on the format and competences of the average ‘able-bodied person’. They should allow persons with different impairments to act independently in public life and participate without having to use discriminative means of support. Again, this relates to the challenges of “Universal design” that should be followed when designing both the conditions of the material world (e.g. buildings, mobility facilities) and simplifying the processes and routines of interaction between individuals in various contexts of public life (e.g. easy language, forms of administrative communication).

The CRPD promotes the concept of ‘Universal Design’[^34], which is ‘[…] the design of products, environments, programs and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design[^35]. Universal Design ‘[…] shall not exclude assistive devices for particular groups of persons with disabilities where this is needed[^36]. Universal Design can be seen as a vision, a strategy, a method, and/or a field. Many scholars stress the process-oriented character of Universal Design[^37]. The aim of universal design is ‘[…] to provide the same (or equivalent) experiences, activities and services to everyone. It is accepted that these may have to be provided through slightly different routes or interfaces, but designers should strive to create a design that does not exclude or segregate[^38]. This is closely related to the seven principles of Universal Design (see BOX 4), where equality and flexibility play important roles.

[^34]: UN 2006, art. 4
[^35]: UN 2006, art. 2
[^36]: ibid.
[^37]: Steinfeld & Maisel 2012, p 29
[^38]: Story, Mueller & Mace, 1998
BOX 4: Seven Principles of Universal Design

1. Equitable Use
The design is useful and marketable to people with diverse abilities.
1a. Provide the same means of use for all users: identical whenever possible; equivalent when not.
1b. Avoid segregating or stigmatizing any users.
1c. Provisions for privacy, security, and safety should be equally available to all users.
1d. Make the design appealing to all users.

2. Flexibility in Use
The design accommodates a wide range of individual preferences and abilities.
2a. Provide choice in methods of use.
2b. Accommodate right- or left-handed access and use.
2c. Facilitate the user’s accuracy and precision.
2d. Provide adaptability to the user’s pace.

3. Simple and Intuitive Use
Use of the design is easy to understand, regardless of the user’s experience, knowledge, language skills, or current concentration level.
3a. Eliminate unnecessary complexity.
3b. Be consistent with user expectations and intuition.
3c. Accommodate a wide range of literacy and language skills.
3d. Arrange information consistent with its importance.
3e. Provide effective prompting and feedback during and after task completion.

4. Perceptible Information
The design communicates necessary information effectively to the user, regardless of ambient conditions or the user’s sensory abilities.
4a. Use different modes (pictorial, verbal, tactile) for redundant presentation of essential information.
4b. Provide adequate contrast between essential information and its surroundings.
4c. Maximize “legibility” of essential information.
4d. Differentiate elements in ways that can be described (i.e., make it easy to give instructions or directions).
4e. Provide compatibility with a variety of techniques or devices used by people with sensory limitations.
5. Tolerance for Error
The design minimizes hazards and the adverse consequences of accidental or unintended actions.

5a. Arrange elements to minimize hazards and errors: most used elements, most accessible; hazardous elements eliminated, isolated, or shielded.
5b. Provide warnings of hazards and errors.
5c. Provide fail safe features.
5d. Discourage unconscious action in tasks that require vigilance.

6. Low Physical Effort
The design can be used efficiently and comfortably and with a minimum of fatigue.

6a. Allow user to maintain a neutral body position.
6b. Use reasonable operating forces.
6c. Minimize repetitive actions.
6d. Minimize sustained physical effort.

7. Size and Space for Approach and Use
Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user’s body size, posture, or mobility.

7a. Provide a clear line of sight to important elements for any seated or standing user.
7b. Make reach to all components comfortable for any seated or standing user.
7c. Accommodate variations in hand and grip size.
7d. Provide adequate space for the use of assistive devices or personal assistance.

From a local planning perspective, public institutions should set good examples and act as ‘role-models’ for accessibility and universal design. Local initiatives, however, often lack resources for implementing comprehensive inquiries on barriers and accessibility problems throughout the entire area of a city or municipality. Nevertheless, systematic monitoring of the accessibility of local infrastructure can be realized through smaller social units like neighbourhood communities which report back to the local government unit in charge, e.g. on the basis of checklists. Such assessments can be developed in close cooperation with local OPDs. In addition, establishing a local complaint- and removal mechanism for barriers that is open to citizens can be very effective. Cities and municipalities should ensure affordable access to basic physical, social, and digital infrastructure that is responsive to accessibility rights and requirements of all citizens. Public services should be made accessible e.g. through physical and virtual guides, audio and easy to read formats, signage in Braille, captions, and professional sign language interpreters.

Dimension 4: Flexible and Inclusive Services

Persons with and without disabilities have to cope with similar challenges when developing their biographies during the life course. However, due to the interaction of functional impairments and various environmental barriers, persons with disabilities frequently face additional challenges. Against this background, the rights and entitlements for flexible support services
are fundamental and must be respected. The UN CRPD Committee emphasizes that ‘community services’ mentioned in CRPD art. 19 are understood as ‘non-disability specific support services and facilities for the general population in the community. They cover a wide range of services, such as housing, public libraries, hospitals, schools, transport, shops, markets, museums, the Internet, social media and similar facilities and services. These must be available, universally accessible, acceptable and adaptable for all persons with disabilities within the community’.40 A wide range of services should be developed which will remove barriers to participate on and ensure access to mainstream services, thus contributing to social inclusion. For children this would mean e.g. being able to go to mainstream kindergartens and schools, to take part in sports activities etc.; for adults, examples include having access to continuing education and meaningful employment opportunities.41

While accessible and inclusive public services a crucial precondition for full and effective participation, the availability of specialized individual support services is of equal importance. A human rights-based understanding of disability and the provisions made by the CRPD, however, have some conceptual implications for such services, which are still frequently neglected. The principles of inclusion and the right to participation “on an equal basis with others” changes the way services are to be conceptualized and provide. Adequate support services should allow participation on an equal basis with others and avoid segregation. Wherever possible, there should be regular public or private support services open to all citizens, and which can be used also by persons with disabilities according to their needs. Persons with disabilities should have the right to choose between service providers and not be exclusively dependent on specialized facilities. Various CRPD articles refer to services for different age groups of persons with disabilities and for various stages of life (e.g. art. 24 on inclusive education or art. 27 on employment). Article 19 (Living independently and being included in the community) has a prominent position in that regard, as it indicates the CRPD’s philosophy on inclusive services and includes clear provision for local planning of public services.

BOX 5: CRPD Article 19 – Living independently and being included in the community42

States Parties to the present Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

(a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
(b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and in-

40 UN 2017
41 European Expert Group on the Transition from Institutional to Community-based Care 2012
42 UN 2006, art. 19
clusion in the community, and to prevent isolation or segregation from the community;
(c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs”

From a local planning perspective, not the design of single services but the coordination of service provision across the territory of a city or municipality is relevant to ensure availability and accessibility of relevant services for all citizens, including those with disabilities. This can be realized on the basis of a systematic assessment of the local service environment as a basis for informed planning of an inclusive local service infrastructure. This can be realized through a life course approach which assess the service environment for children, young adults, adults and elderly persons with disabilities across the local territory. Box 6 presents a structure of relevant services for persons with disabilities and their families that should ideally be available at the local level. The structure follows a life course approach.

**BOX 6: A life course approach to inclusive local service provision**

**Life stage Early Childhood – Services related to early diagnosis and early intervention services**
Access to quality diagnosis and medical treatment, self-help groups, and early childhood intervention support services from an early age onwards are key factors, both for the child’s personal development and for parents to succeed in coping with disability-related requirements. CRPD art. 23 emphasizes that children with disabilities have equal rights with respect to family life and that in no case a child shall be separated from parents on the basis of a disability.43 Local governments should provide early and comprehensive information, services and support to children with disabilities and their families to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities.44 In cases where families are not able to have a child with disability in the family, in accordance with applicable law and procedures and for the best interests of the child, quality child care services are needed to provide a reasonable alternative to family education.45

**Life stage Childhood and Family – Services for pre-school education and support of families**
Children with disabilities have the same needs as all children. Children want to play with their peers, make friends outside the family, and experience themselves as part of a social group. Preschool services provide care and education at this stage in life. They prepare children for school and give them the opportunity to interact with their peers. Children can expand their experiences and develop important social skills. In order to benefit from preschool education, children with disabilities need easy access to

---

43 UN 2006, art. 23
44 ibid.
45 ibid.
mainstream facilities and assistive services well trained staff with regard to the needs of children with disabilities. In addition, professional respite care services might be needed to support the families of children with high care needs.

Life stage children and school – services related to education
For all children, going to school plays an important role during their upbringing. Schools provide education, knowledge and are crucial for the socialization. They offer the opportunity to broaden social skills and social contacts with peers. CRPD art. 24 calls for inclusive education. Children with disabilities also require high-quality education and have a right to access ordinary schools. Pupils with disabilities need adequate support in the classroom and well-trained teachers with regard to their specific needs. Moreover, local school buildings as well as routes to school have to be accessible.

Life stage Youth and young adulthood – Services for young adults
Successful transition from school to work is usually closely related to career choice and vocational training or study. After leaving school, young people need to have access to a training system and jobs that suit their interests and abilities, and with which they can earn a living. Also, they develop individual needs and forms to spend their leisure time with peers. Vocational training and study prepares them for entry into the labour market and therefore represents an important step into adult life. CRPD ar. 27 calls for participation in vocational training and employment. Youngsters and young adults with disabilities need adequate support services and individual support arrangements tailored to their needs.

Life-stage Adulthood- Services related to Housing and Independent Living
Growing up also means making decisions about how to live. This includes questions such as: ‘Do I want to continue to live with my family?’ ‘Do I want to live with a partner and start my own family?’ ‘Do I want to live with one or more friends in a shared apartment?’ To have privacy, a place to retreat, to feel safe and comfortable, to realize one’s own ideas of how one wants to live, is of crucial importance during this phase of life. For people with disabilities, finding their own way of life frequently contains additional challenges. Options might be limited due to inaccessible environments and limited availability of reasonable support. In order to realize the right of ‘living independently and being included in the community’46, quality inclusive local services but also individual counselling and support arrangements are indispensable.

Life-stage Adulthood: Services related to Participation in Cultural Life, Recreation, Leisure and Sports
Leisure time activities, sports or recreation can be organized individually, in clubs or in a variety of other organized cultural or social formats. Such formats are usually based on less formal settings and try to allow a high degree of satisfaction and self-determination. People with disabilities need suitable formats, individual support and accessible infrastructure when it comes to organizing their leisure time. Successful participation requires

46 UN 2006, art. 19
accessible cultural materials in accessible formats, access to sporting, recreational and tourism venues, access to places for cultural performances or services, such as theatres, museums, cinemas, libraries and tourism services, and, as far as possible, access to monuments and sites of national cultural importance. In addition, it requires public information on everyday support and assistance services as well as accessibility of public transport and public buildings.

**Life-stage Adulthood: Services related to Employment**

Employment is one important driver of inclusion and quality of life. Going to work not only ensures livelihood and structures everyday life, but also has a significant impact on the development of personal identity. Moreover, it provides access to social insurance system and is an important basis for participation. For people with disabilities, the transition from school and vocational training to the employment system often needs to be systematically planned and organized. There are dependencies related to reasonable accommodation, assistive devices, individual support and an accessible infrastructure to ensure sustainable access to the formal labour market. Therefore, in many cases, professional support both for employers and employees and inclusive job-matching services are of crucial importance.

**Life-stage Old Age: Services for the Elderly**

Aging involves a number of new challenges: retirement, reorganizing and reasoning in everyday life and daily structure, but also making use of life experiences in difficult situations, learning to cope with losing physical strengths, etc. In old age, everyday life often requires a higher level of support and social dependencies increase. This can mean that one’s familiar living environment must be surrendered if/when home care can no longer be sufficiently provided in the familiar environment. However, most people do not want to give up their habitual environment when their need for support increases and becomes more complex. They prefer support arrangements based on outpatient care services that are reliable and flexible. This is also the case with older people with disabilities.

**V. Interventions into local planning routines**

As indicated above, CRPD-related local planning activities can be regarded as an intervention into established planning structures, processes and practical routines of a city or municipality and a respective local governance system. Planning for disability-inclusion often requires changes in such planning structures, processes and routines, to ensure that the rights and needs of persons with disabilities are assessed and considered, e.g. in municipal health planning or mobility planning. Such interventions and change processes might generate a certain degree of uncertainty and resistance against change among the stakeholders involved. Against this background, a coordinated approach and strategy towards disability mainstreaming into different areas of local planning is of crucial importance. This coordinated approach and strategy should be backed through a political decision by the local parliament to legitimize respective intervention in different areas of local planning. With a strong political mandate, a focal person
or task team can be established within a central planning unit of local administration. Mandated by the local government, has the function of coordinating disability mainstreaming in different areas of local planning.

Moreover, such change processes can be regarded as learning processes which require new knowledge, awareness-raising and capacity development with regard to the relevance of a specific field of planning for the living conditions of persons with disabilities. Even if there are clear legislative and policy provisions, these learning processes of key stakeholders do not run automatically but have to be organized and systematically implemented. In other words, developing and implementing a coordinated approach towards inclusive local planning requires pro-active initiation and coordination.

As indicated above, there are different entry points for mainstreaming the inclusion of persons with disabilities into local planning. These can include:

1. An initiative for a comprehensive strategy of a city or municipality for the inclusion of disability into different levels and fields of planning and budgeting;
2. An initiative for including disability into the development planning with regard to the overall development of the municipality;
3. An initiative for including disability into sectoral planning processes with regard to different sectors of local government (e.g. housing, transport, water and energy, health care, education, social planning etc.);
4. An initiative for including disability into field-related planning within a sector with regard to different subjects (e.g. within the sector of social affairs: child-care planning, drugs and addiction, long-time care for the elderly).

Initiatives towards inclusive local planning and development can start from these different levels and also at different points at the same time. While it makes sense to advocate for a comprehensive strategy, this is not always possible at the first attempt. Often change processes are initiated by single promoters, sometimes in a specific sector or field and then increase step by step. It can also be helpful to identify change agents like for example a local housing association and implement exemplary and innovative measures. Especially in situations where there is a scarcity of resources at the local level, such approaches can provide a feasible starting point for a more comprehensive change process towards inclusion.

No matter which entry point is used, the focus should always be on interventions into existing planning structures and the mainstreaming of disability inclusion, instead of setting up segregated planning processes on disability in parallel. Regardless of the level or field of planning, successful intervention processes usually have common steps and characteristics which will be outlined below. These steps can be conceptualised as cyclical learning processes at different levels of planning. These learning processes create awareness, new knowledge, and capacity with regard to the relevance of a disability inclusive planning in at a specific level or field of planning.
Step 1: Setting disability-inclusion on local planning agendas

The design of a local level government agenda is in many instances less the result of a rational process preceded by in-depth assessment and definition of a specific problem. It is more or less a product of chance and influence of various governmental and non-governmental actors and coalitions. The agenda can be defined as a list of subjects or set of issues to which government officials and people outside of government are paying close attention to, and also which are subject to debate and decision making within a given political system at a specific point in time. Against this background, agenda-setting can be defined as “a process in which certain public problems are identified, recognized and defined, and specific solutions or alternatives are generated, considered, and attached to these problems.”

From the perspective of local decision-makers and planners, the inclusion of persons with disabilities, in a first instance, may not appear to be a clearly defined and framed issue, and is therefore less likely to attract their attention. Therefore, challenges of disability inclusion have to be defined in a way that they are compatible to the logic of the local discourse and problem indicators in general development planning, sectoral planning and field-related planning. These definitions of challenges have to be linked to specific options or alternative solutions. In order to be successful, such ‘solutions’ have to logical consistent, compatible to a mainstream value of the local governance system, and consider possible constraints like budgetary limitations, public acceptance as well as support or opposition of local officials. In addition, various issues like interaction among organized political forces, consensus and coalition building can highly influence the chance of an issue to make it to the local agenda. While the authority of local governments to choose between alternatives (decision making) is an important feature of politi-

---

47 Kingdon 1995; Baumgartner 2001
48 Liu et al. 2010
49 Kingdon (1995)
cal power, the ability to control what alternatives are under discussion in the first place (agenda setting) is even more important. Setting disability-inclusion on the agenda of local planning processes, therefore, needs a systematic approach, experienced advocates in the local policy arena as well as technical expertise to link up the topic with technical discourse of a respective level and field of planning.

Moreover, the local policy process is influenced by higher levels of government. The CRPD plays an important role in that regard. Most countries around the globe have ratified the convention and started its domestication in national legislation and policies. Thereby, the CRPD has created a period of relatively high agenda status over the past years which enables more comprehensive and sustainable policy changes. In many countries have introduced policies and strategies on the implementation of the CRPD on national and sub-national level which impact local planning processes.

**Step 2: Connecting stakeholders and authorizing interventions towards inclusive planning through a political decision**

Planning mechanisms in cities and municipalities are often rigid and linear. Outsourced to specialists, it often becomes the endeavour of a technocrats only. However, cities and municipalities have to deal with numerous demands and desires of many different stakeholders need to be combined and balanced. Therefore, it becomes crucial to bringing people together different concerned stakeholders in processes that are inclusive, transparent and iterative in character. The aim of such processes is to enable debate and reflection about challenges and potential solutions, testing and improving new approaches, and distilling the needs of different stakeholders in a concrete proposal.

Part of the initiation of disability mainstreaming into local planning process can consist of open forum discussion with different stakeholders. Their aim would be to confront stakeholders with the idea of developing towards an inclusive local development planning, sectoral or field-related planning. Regardless of specific formats, it is of central importance that relevant groups stakeholder groups participate in the process, including persons with disabilities and their organisations. It can be crucial for local authorities to take the lead in order to attract the involvement of key stakeholders.

One option in this context is to organize round table discussions that intensively reflects on the meaning of CRPD articles for planning structures, routines and current development processes within a city or municipality. The objective would be to get a clearer picture of opportunities and challenges of disability mainstreaming in local planning, but also to identify relevant stakeholders of the local governance system in that regard. The output of such processes can be a draft resolution to be adopted by the local parliament, which authorizes interventions towards disability mainstreaming into at specific level or in specific sectors of local planning.

---

50 Baumgartner 2001
Step 3: Establishing a planning structure and process for systematic interventions on different levels and in different fields of local planning

Backed by the political decision to mainstream disability-inclusion into local planning processes, a planning structure can be set up to prepare specific interventions. Therefore, it might be helpful to establish a smaller group of key stakeholders which coordinate the process. A planning structure can be formally agreed be made transparent for all relevant stakeholders. This includes fixing responsibilities but also defining the stakeholders involved and the forums to be established. Local organisations of people with disabilities should play a key role in the preparation of such mainstreaming processes.

Step 4: Analysing and discussing the current situation with relevant stakeholders of a local governance system

Baseline data on the situation of persons with disabilities and specific challenges will be key in order to clearly define a problem which justifies an intervention into a planning process, attract the attention of those in charge of planning and implement changes which positively impact the situation of persons with disabilities. Against this background, data will be needed to clearly legitimise an intervention and to clearly define the need for change in existing planning processes, as well as to monitor the impact of changes made on the living condition of citizens with disabilities.

As planning is an ongoing process, it is helpful to use data that is already available and that is collected on a regular basis by statistical units or others. However, in many cases, such data might not be disaggregated by disability and additional survey might be needed. In addition, it might be necessary interview relevant stakeholders on their views, situations and perspectives.

Data collected from local stakeholders might be highly subjective. Therefore, it is important to get from data to information. Extracting relevant information from data requires to combine different sources of data and to reflect on subjective interests and the motivation of individual positions. Developing, generating and disseminating reliable data disaggregated by disability builds a key element and precondition to promote inclusive local planning and evidence-based inclusive local governance. Without reliable data, it is not possible to systemically understand and address barriers to accessibility and inclusion faced by persons with disabilities in their cities and municipalities.

Step 5: Setting up intervention strategies and getting them authorized through the local parliament

A central step in planning processes for inclusive communities is the creation of strategic interventions. Strategic plans are regularly drawn up or updated in areas where there is a legal obligation or a municipal tradition to do so, e.g. at the level of the general development planning of a municipality, at the level of individual sectors (e.g. health planning) or also at the level of specific subjects (e.g. childcare). Strategic interventions towards inclusive local planning should be focussed on and directly linked to the logic of these planning processes in order to be effective. A major challenge might also be that competence relevant for CRPD-related planning (e.g.
health care, labour market, education), might lies with different administrative levels. In some planning areas, private sector stakeholders will play an important role. It is therefore important to find ways of including all different actors in the planning process.

With regard to the implementation of the CRPD, the concept of ‘action plans’ on the implementation of the CRPD has gained importance across the globe and on various government levels. While such plans can build a strategic concept for disability mainstreaming across all fields of local governance, it is based on an ambitious development process. Setting up a comprehensive action plan on disability bears the risk of becoming a segregated parallel process without sustainable impact on structural changes of institutionalized processes of general development planning, sectoral or field-related planning of a city or municipality. Experience so far shows that such action plans frequently include a collection of specific outputs in various sectors but often fail to sustainably establish responsibilities and capacities on disability inclusion at positions in charge of planning and decision-making. Therefore, for comprehensive local action plans it is important to focus on structural changes on different levels of local planning in order to foster inclusive local planning. Developing such comprehensive plans is a demanding process as it includes a great variety of stakeholders and competences within a local governance system. The implementation of the plan should be based on formal agreements with all those in charge of the implementation of specific measures included in a plan.

After finalizing the implementation plan, it is important to pass it to the political committees again. This can be the local parliament regarding comprehensive strategies of inclusion or specialized technical committees (e.g. the local health committee) when it comes to intervention in sectoral or field-related planning. Political committees serve as forums for technical discussions on aspects of implementation. Their primary role, however, is to take the final decision on the implementation of the interventions proposed and the political legitimisation of respective change processes on the ground.

**Step 6: Implementing, monitoring and evaluating interventions towards inclusive local planning**

While development processes of comprehensive local action plan are likely to be successful in most cases, successful implementation frequently lacks quality or even fails due to a lack of resources and capacity to manage the coordination and systematic monitoring of its implementation. The implementation can become extremely demanding due to a multitude of local planning areas and competences concerned.

Even if a strategy or plan defines clear objectives, measures and responsibilities at first sight, these do often require further concretization and operationalization. These processes have to be actively promoted and systematically monitored by those in charge of overall coordination. In any case, intervention strategies and plans should be in line with available resources, capacities and commitment of those stakeholders in charge of coordination and implementation. Even a professional operational planning does not allow for implementation in the ‘autopilot mode’. The implementation takes place in continuous loops of planning, implementation, observation, analysis and renewed planning or adaptation of the planning.

Against this background, disability mainstreaming into institutionalized planning processes at the levels of general local development planning, sectoral or field-related planning should include the incorporation of disability aspects into the monitoring systems of the planning processes. In addition, locally generated and disaggregated data, including through censuses, household
surveys, population registers, community-based monitoring processes and other relevant sources should be disaggregated by disability.

VI. Entry points for inclusive local development

As previously discussed, inclusive urban and municipal development is not to be regarded as a separate and segregated planning process, but a systematic mainstreaming of disability issues into existing policy areas and their planning processes of local governments. The following list introduces entry points for inclusive planning in selected fields of local public sector goods and services. The list is not intended to be an exhaustive but aims to make recommendations and specific suggestions to address disability-inclusion in local planning.

Local governance / political participation

- Establishing open participation procedures without pre-conceived expectations and the inclusion of results of participative dialogue into decision-making process.
- Making sure that different societal groups have the resources and capacities to voice their interest within local planning and development processes.
- Passing a resolution of the local government on citizen participation and self-representation of persons with disabilities in local bodies and committees.
- Creating structures of political representation e.g. through advisory bodies of persons with disabilities or associated experts with a right to speak and to table motions.
- Promoting participation in local development processes pro-actively and beyond formal structures.
- Designating a commissioner for matters relating to the rights of persons with disabilities been anchored in the local parliament and administration with a right to speak, to table motions and to veto decisions which are not in line with the CRPD in all local planning processes.
- Promoting a general openness towards self-representation in local government bodies.
- Support exchange and peer learning of cities and municipalities on inclusive local development approaches and practices.
- Promote mainstreaming of accessibility and universal design standards throughout local planning strategies, implementation processes and programs.
- Ensure the availability of timely and quality local data on disability prevalence and the living conditions of persons with disabilities to inform local planning processes, including by disaggregating general local population data by disability.

Public spaces, mobility and public transport

- Introducing accessible mobility audits as quality standard for the planning of urban and municipal public spaces, mobility and transport;
- Including smaller social units like neighbourhood communities and citizen organisations,
particularly organisations of persons with disabilities, into the identification of barriers for inclusive mobility and transport;
- Inclusion of persons with disabilities into design processes of public spaces and the development of urban mobility and transport concepts.
- Capacity development of local mobility planners on accessibility and universal design standards.
- Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost.
- Providing local training in mobility skills to persons with disabilities and access to flexible local assistance services.

**Health care**

- Assessing the availability, quality and accessibility of health services for persons with disabilities in the city / municipality as part of regular local health planning procedures
- Making local health facilities accessible by removing physical, information and communication barriers as well as attitudinal barriers of health staff.
- Making specific health needs of persons with disabilities are met under standard packages of care available at public health facilities.
- Ensuring the availability of rehabilitation services and a referral system which includes disability-related services to ensure a continuum of care.
- Enhance capacity of local health facilities to detect and diagnose impairments at early stage
- Awareness raising and capacity development of local health staff on disability rights and needs within the health system.
- Providing access to basic health financing mechanisms which include disability-related health costs in basic beneficiary packages.
- Including persons with disabilities into feedback mechanisms of local health services / disaggregating feedback by disability.
- Bringing the health needs of persons with disabilities into the mainstream of local development and health planning.
- Including organisations of people with disabilities into local health committees.
- Ensuring access of persons with disabilities to outpatient care and local respite care services.

**Child care**

- Making child care services accessible for and inclusive of children with disabilities (findability, accessibility, usability).
- Training child care staff on inclusive child care and the rights and needs of children with various forms of impairments.
Raising awareness on increased appreciation and acceptance of individual differences among users of early child care services (children and parents/families).

**Education**
- Making education facilities accessible to meet the needs of all students.
- Enhancing accessibility chains between education facilities and users’ places of residence.
- Providing arrangements for children with disabilities to attend mainstream day-care, kindergartens or schools, including e.g. personal assistance or resource teachers, adaptation of the school environment and the provision of specialised equipment. There may also be a need for a specially adapted curriculum.

**Social (care) services**
- Ensuring access to information and application procedures of social protection mainstreaming and specific social protection schemes and social services.
- Ensuring the availability of specific and mainstream rehabilitation services and a referral system which includes disability-related services.
- Ensuring access by persons with disabilities to local assistance services which can be freely chosen.
- Ensuring access by persons with disabilities to local social protection programmes and poverty reduction programmes.
- Making local job-matching services inclusive of persons with disabilities, including professional counselling both for employers and employees as well as support for reasonable accommodation in the work place.
- Ensuring access to habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, and education.
- Employing persons with disabilities in the public sector.
- Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one’s own business.
- Ensuring access to appropriate and affordable services, devices and other assistance for disability-related needs.
- Promoting services for independent living for children and adults with disabilities, including a self-directed needs assessment, cash benefits to purchase the service from a provider and/or to organise the service him/herself, and peer support.
- Ensuring access of persons with disabilities to outpatient care and local respite care services.
**Food security / subsidies**

- Assuring that persons with disabilities are fully integrated in food security interventions.
- Including people with disabilities with the provision of agro-technical, entrepreneurial and business management skills to expand their livelihoods.
- Disaggregating food security assessments by disability.
- Including persons with disabilities in local food security planning processes.

**Housing**

- Access by persons with disabilities to public housing programmes.
- Inclusion of accessibility provisions in local building codes.
- Availability of home and community-based support services.
- Openness for and support of innovation, creativity, and entrepreneurship with regard to new inclusive housing concepts citizens, non-profit and private sector stakeholders (removing limiting regulations, creating incentives for innovation).
- Separating the provision of housing and support services in order to ensure that individuals will not lose their support should they decide to change their living arrangements.
- Promote dispersed over campus or cluster-style housing.

**Disaster Risk Management**

- Capacity development of local actors in charge of Disaster Risk Management and emergency services on people with disabilities in emergency situations.
- Provision of formal space to include perspectives and priorities of all stakeholders, in particular persons and groups subject to more risk, like persons with disabilities, into public debate and decision making on Disaster Risk Management.
- Engaging and fostering leadership of all actors, particularly those subject to more risk, like persons with disabilities, at all stages of planning, implementation and monitoring of Disaster Risk Management (e.g. though including OPDs in Disaster Risk Committees).
- Introducing local participatory risk profiling methodologies which include persons with disabilities.
- Developing tools for emergency assistance for persons with disabilities (e.g. rapid identification of people with disabilities that may be in need of assistance during an emergency situation).
- Introducing early warning signs and information, education, communication materials that are accessible and understandable for all, like e.g. leaflets in braille, in strong colour contrast, and easy read formats, visual signals, gestures, and use of sign language.
- Accessible shelter and settlement in emergencies.
References


http://www.ohchr.org/Documents/ProfessionalInterest/cescr.pdf


Recent developments in the field of international cooperation call for renewed attention to the role of local governance in development and emphasize the role of local governments and local communities for processes of inclusion and public well-being. The UN Convention on the Rights of Persons with Disabilities obliges States Parties to make local development processes inclusive of persons with disabilities. The 2030 Agenda on Sustainable Development, the UN HABITAT III New Urban Agenda and further global policy frameworks reaffirm the role of the local level for sustainable development and emphasize the need to foster accessible public infrastructure in cities and municipalities. Today, local governments across the globe exert a decisive influence over the living conditions and quality of life of a nation’s citizens, including persons with disabilities. This raises the need for an in-depth discussion on the role of organizing the immediate physical and social environment of cities and municipalities with regard to the elimination of barriers and the provision of opportunities for participation and living a self-determined life.

This concept paper was produced in cooperation with the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) Global Project ‘Inclusion of Persons with Disabilities’, on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ). It provides a strategic perspective and a basic conceptual framework for disability-inclusive local development. It aims to equip policy makers and practitioners in the fields of international cooperation and local development with a conceptual approach and practical entry points for disability mainstreaming in cities and municipalities.

Lars Wissenbach M.A. is a research associate at the Centre for Planning and Evaluation of Social Services (ZPE) at the University of Siegen. He coordinates the ZPE research cluster ‘International Cooperation – Social Participation – Social Services’.

Conceptual Framework
Planning inclusive cities and human settlements
Entry points for International Development Cooperation