A critical review of the developmental approach to disability in South Africa

Gathiram N. A critical review of the developmental approach to disability in South Africa

The article describes the policies, legislation, institutional structures and programmes of the developmental welfare system for physically disabled people in South Africa that have developed since 1994. In so doing, it examines resources and constraints and suggests ways in which improvements might be made following the experiences in the first 12 years of social development in South Africa. The author believes that it is timely to pursue this topic given the barriers experienced on the ground where social developers are attempting to empower and improve the circumstances of physically disabled people. Thus, this article should be of interest to policy makers, social planners, practitioners, human rights activists and disabled people alike.

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Democracy in South Africa is enshrined in the Constitution of the Republic of South Africa Act 108 of 1996 and Bill of Rights (Republic of South Africa, 1996), which ensure that disabled people are treated as equal citizens of the country with the same access to social and economic opportunities to improve their quality of life. Systems to challenge discrimination and to increase accessibility to rights have been established. The South African Human Rights Commission has the task of monitoring the equalisation of opportunities for disabled people (Nhlapo, Watermeyer & Schneider, 2006). They also have the task of facilitating the implementation of positive measures designed to increase access to the rights contained in the constitution by previously marginalised groups (Govender, 2006). Additionally, the reformist developmental welfare approach is designed to address past social and economic inequalities and to promote the economic empowerment of disabled people (Government Communication and Information System, 2003).

Against this backdrop, the article describes the policies, legislation, institutional structures and programmes of the developmental welfare system for physically disabled people in South Africa that have developed since 1994. In so doing, it examines resources and constraints and suggests ways in which further progress might be made following the experiences of the disability sector in the first 12 years of social development in South Africa. It concludes that disability policies affirm the rights of disabled people and institutional structures support policy implementation and service delivery. However, the objectives of development are difficult to achieve in a society where the majority of the population experiences gross poverty, inequality and under-development. Disabled people have to compete with these wider social problems for their right and access to limited resources. Despite reformist policies, within a positive legislative framework, and innovative programmes, challenges remain in the implementation of a developmental welfare system for disabled people (Dube, 2005; Philpott, 2004).

An international perspective on disability

Internationally, there has been an increased appreciation for the nature of disability (Coleridge, 2005; Mont, 2004). This has occurred as a result of the shift from the medical model to a more empowering social model of disability (Priestley, 2006). The medical model regards a person with impairment as having a medical defect and in need of medical care to eliminate or treat the condition (Turmusani, 2006). Turmusani argues that the merit of the medical model lies in the acknowledgement of the need for healthcare provision in dealing with impairment-related issues. In contrast, the social model perspective specifies that the disability that may result from a given impairment is not a direct function of anatomic loss or degree of functional limitation but from the
characteristics of a disabling society (discrimination and prejudice), which make it difficult for a person with such a physical disability to meet their needs (Priestley, 2006). The social model respects the abilities and capabilities of disabled people. The strength of the social model is that it moves beyond the specific impairments of individuals and recognises the interaction between the impairment and the physical, social and policy environments that disabled people encounter. Increasingly, the social model is being criticised by disability activists on the basis that it ignores the fact that disabled people have medical needs which have to be addressed in order for participation and integration into all spheres of life (Schneider, 2006; Turmusani, 2006).

This multidimensional understanding of disability has led to the development of a classification framework to determine factors that are creating disability. The World Health Organisation has developed the International Classification of Functioning, Disability and Health (ICF) (Schneider & Hartley, 2006). The ICF acknowledges the impact of both internal personal factors and external environmental factors as important considerations in the understanding of disability (Schneider & Hartley, 2006). Internal personal factors focus on the dimensions of body function and structure. The external environment includes physical, social and attitudinal factors that impact on the individual's activities and participation in the environment in which the individual functions. The ICF refers to this holistic understanding of disability as the bio-psychosocial approach (World Health Organisation, in Schneider, 2006).

The international disability rights movement asserts that disability is a human right and social development issue (Coleridge, 2005; Mitra, 2005). It recognises the mutual relationship between poverty and disability and the need to integrate economic and social development in order to enhance the quality of life of disabled people. The social model calls for the equal and active participation of disabled people in the development process (Turmusani, 2006). Current disability policy has two goals, namely, income security and complete integration of disabled people into social and economic life, allowing disabled people a full range of opportunities to participate in the economy and society at large (Mont, 2004). But the crucial question is how to achieve this in South Africa?

**Disability: a developmental issue in South Africa**

Social planners in South Africa have begun to realise the high economic costs of the exclusion of disabled people from the economy, given the high prevalence rates of disability. Despite the lack of reliable information on the nature and prevalence of disability in South Africa, the Committee of Inquiry into the Comprehensive System of Social Security (CICSS, 2002) estimated, drawing on the October Household Survey (1995), that 16 per cent of South Africans are disabled persons or live in a household with a disabled person.

To a large extent, the apartheid state ignored the rights of black people with impairments, resulting in their social exclusion, marginalisation and poverty. The Community Agency for Social Enquiry (CASE) report (cited by Patel, 2005) states that over 80 per cent of disabled children live in extreme poverty and that the largest concentration of disabled people is in the lowest income-earning households and that they also have the lowest education levels in South Africa.

Policy makers in South Africa envisage that a developmental approach to disability would facilitate sustainable, people-centred development and remove barriers to participation so as to improve society as a whole. According to Patel (2005), South Africa's conception of a developmental welfare system is firmly rooted in a rights-based approach, which aims to achieve social justice defined as a minimum standard of living, equitable access and equal opportunity to services and benefits, and a commitment to meeting the needs of all South Africans. Social justice is to be achieved by the adoption of a productivist approach to welfare that links social and economic development (Patel, 2005). Programmes that address the material needs and human capabilities of disabled people and promote participation and social inclusion in the economy and society are being promoted. Democracy and participation of disabled people themselves are integral to people-centred development. A mixed economy of social welfare, where the government plays a leading role in service delivery in partnership with civil society and the private sector, is being adopted by national social welfare policy (Patel, 2005). Finally, social development recognises the need for an integrated service delivery system where all sectors and levels of government work together in the delivery of developmental welfare services. It breaks with the traditional micro–macro divide and requires an integration of methods and levels of intervention to address needs and problems of people. Developmental social work and social services in the field of disability in South Africa draw on empowerment theory and practice to meet the needs and promote the rights of disabled people (Patel, 2005).

To this end, an Integrated National Disability Strategy (INDS) was developed in 1997 based on the principles of the United Nations Standard Rules for the Equalization of Opportunities for People with Disabilities and The World Program of Action concerning Disabled Persons (Ministry in the Office of the President, 1997). The INDS, an excellent document as far as policies and strategies go, explicitly states that disability is a developmental concern and thus follows a social model of disability. It shifts the sole emphasis away from the individualistic medical treatment approach, which places the

The INDS proposed institutional structures for the delivery of services to disabled people and their families, which led to the establishment of the national Office on the Status of Disabled Persons (OSDP) in 1997. The OSDP is positioned in the President’s Office to ensure that disability issues are incorporated into all government initiatives and strategies for development (Office on the Status of Disabled Persons, 2005). Provincial disability desks have been established in the Premiers’ offices of the nine provinces as well as institutional initiatives at the local government and community level (Dube, 2005; Howell, Chalken & Alberts, 2006).

Disabled people are faced with a unique set of interconnected barriers to economic self-reliance and are in need of access to support services. Merits of support programmes can potentially influence labour force participation and rate of employment (Mont, 2004). Unfortunately, apartheid has left a legacy of poverty and underdevelopment based on race and spatial location. In South Africa the majority of the population – 75 per cent – live in rural areas where health and welfare services are least developed; of these, 40 per cent live in poverty (Government Communication and Information System, 2003). To overcome this disadvantage an Integrated Sustainable Rural Development Plan and Urban Renewal Program have been adopted to upgrade previously neglected areas (Government Communication and Information System, 2003). Admittedly, there have been substantial increases in public spending on health, education and housing (Turok, 2005; van der Berg, 2006); however, the amount spent has been insufficient to meet the magnitude of need in communities.

Free, means-tested healthcare is provided to disabled people at public hospitals and clinics. Within the developmental approach, a community-based rehabilitation (CBR) model has been adopted by the Department of Health (2000) – the National Rehabilitation Policy – as a worldwide solution to the social integration of disabled people into society (Chermak, 1990; International Labour Organisation, United Nations Education, Scientific and Cultural Organisation and the World Health Organisation, 2004). CBR employs strategies of community development aimed at the rehabilitation, equalisation of opportunities and social integration of disabled people. Disabled people, their families and communities in partnership with health, education, vocational and social services are responsible for its implementation (Philpott, 2004). To support the primary care health system there have been improvements in access to healthcare. Between 1994 and 2004, 1,200 new clinics were built, 252 clinics had major upgrading, and 2,298 clinics had minor upgrading or new equipment. In 2003, a total of 386 provincial public hospitals were operational (Government Communication and Information System, 2005). To improve access to assistive devices a policy on the standardised policy (Department of Health, 2003) has been developed.

The Department of Social Development, the chief provider of developmental welfare services, is responsible for the provision of social security via a disability grant system and social services to disabled people. Social services are provided through a public–private partnership subsidised by the Department of Social Development through impairment-specific national councils in the non-government sector, which falls under the programme ‘Development Implementation and Support’. The national organisations are: the National Council for Persons with Physical Disabilities; the Deaf Federation of South Africa; the South African National Epilepsy League; the South African Federation for Mental Health; the National Council for the Blind; and the Cancer Association of South Africa. Despite its developmental welfare approach, the Department of Social Development’s focus has been on social security, which up until 2005, when social security administration was moved to a separate agency (see below), consumed 92 per cent of its budget, to the detriment of developmental welfare services and programmes. This resulted in limited support to the non-government welfare sector, which is meant to render social services in partnership with government. Funding to the national councils by the Department of Social Development – for the three years 1999/2000, 2000/2001 and 2001/2002 – remained the same despite many of them having to extend services to new geographical areas and to new populations overlooked during the apartheid era. For the 2002/2003 financial year, most organisations received only a 10 per cent increase (Philpott, 2004). This has resulted in the severe curtailment and neglect of other developmental social services (Department of Social Development, 2005). Social service practitioners have been forced to adopt a ‘make do’ approach dictated by resource limitations, rather than fulfil needs and meet priority-based, or statutory and internationally ratified, obligations (Department of Social Development, 2005).

Philpott (2004) says that the lack of coordination and communication between programmes, departments and government and civil society is a critical factor undermining the prioritisation of disability issues. Other sectors tasked with service delivery to promote the economic development of disabled people include the
Department of Labour, the Department of Trade and Industry and the Department of Education. Service delivery remains fragmented and available resources have limited impact. This lack of coordination could be a significant constraint to development, especially for physically disabled people. According to Stapleton, Day, Livermore and Imparato (2005), a significant component of the poverty trap is the sheer complexity and poor coordination of support systems for disabled people. The many in-kind supports that are available to disabled people are administered by a variety of state and private organisations, each with its own rules, many of which are very complex in their own right and take a great deal of time to understand. Oi (in Stapleton et al., 2005) is of the opinion that disability steals time and the gross inefficiency of current support systems steals even more. Clearly, more is needed than improved coordination within institutional structures, and the promised integrated service delivery system, where all sectors and levels of government work together in the delivery of developmental welfare, remains a grand scheme.

Another policy that might lead to further coordination difficulties is the establishment of the national South African Social Security Agency (SASSA), which is a national agency responsible for the management and administration of social grants (Department of Social Development, 2005). SASSA has taken on this task from provincial departments as an anti-fraud and corruption measure and because of the lack of capacity at provincial level to manage the administration of the social security system. The intention is that SASSA will enhance efficiency, system integrity and be more cost effective to administer (Skweyiya, 2006). With the establishment of SASSA, the national and provincial departments of social development can now prioritise social welfare services that were not previously given adequate attention and resources. On the other hand, although SASSA still remains within the ambit of the Department of Social Development, it might further alienate social services and social security, which were previously in one department, from national to district levels. This could further undermine the achievement of an integrated system of service delivery. Nevertheless, the separation of social security now places increased pressure on the Department of Social Development to focus on policy implementation and service delivery.

According to Disabled People of South Africa (2000), the disability developmental welfare delivery system is fragmented because many service providers do not realise the need for systematic efforts to prepare disabled persons adequately for participation in the economy. Thus, the capacity of service providers has to develop if they are to bring about for the interrelated, intersectoral and integrated developmental service delivery required within a developmental welfare system (Ministry for Welfare and Population Development, 1997).

### Developmental welfare programme

#### Social grants

A developmental approach to social security has been adopted in South Africa (Naidoo, 2006; Patel, 2005). The adoption of this approach has implications for the principles, objectives and goals of existing welfare services to disabled people which, as already mentioned, has led to a lack of funding to welfare services. This is contra the INDS claim that breaking the economic dependency of disabled people requires a programme of poverty eradication that includes social security grants and affirmative action to remove the barriers which prevent their economic participation in society through mainstream employment and social enterprise development. However, up until now the main focus of developmental welfare within the Department of Social Welfare has been on increasing social security payments rather than services to disabled people.

Social grants have become the major focus of post-apartheid developmental welfare policy (Lund, 2006; van der Berg, 2006). The developmental approach, in contrast to former service-based approaches, places an emphasis on entitlement rights to social welfare as well as social investments that enhance people’s capacity to participate effectively in the productive economy. Safety nets, such as social security, can reduce poverty in the short term but need to be coupled with a long-term approach to social protection programmes and contribute simultaneously to the government’s broader social development strategy (Adato, Ahmed & Lund, 2004).

To support such a comprehensive approach, the White Paper for Social Welfare (Ministry for Welfare and Population Development, 1997) promoted the creation of a new model that combined social security with community development, and social development and employment programmes in line with international disability policy where the focus has shifted from guaranteed income security towards economic integration (Mont, 2004). Strategies advocated for economic empowerment included employment programmes, skills development, public works, self employment for poor and marginalised people and micro-enterprise development (Patel, 2005). But up until now, the main focus has been on building an unsustainable social security system.

Thus far, welfare social security payments have grown faster than any other category of public spending, accounting for 16 per cent of the 2006 budget (Daily News, 2006) and there are increasing claims that the system is unsustainable (Department of Social Development, 2005; Gray, 2006). ‘Two thirds of (the income of) the poorest fifth of the population now comes from social grants . . . (and it is estimated that) the number of people receiving direct income support from the government will rise to 12 million, or about 25% of the population’ (Kane-Berman, 2005).
Social grants have, nevertheless, been successful in alleviating the poverty of those in the most marginalised regions, especially those in rural areas, who receive an unusually fair share of social spending compared to the situation in many developing countries (van der Berg & Burger, in Aguero, Carter & May, 2005). However, although they play a vital role in preventing chronically poor households from falling into absolute destitution, they are rarely a means by which households can escape the poverty trap.

Access to the disability grant increased by 47.5 per cent between April 2000 and February 2003 (Department of Social Development, 2004). In 2001 there were 643,107 people receiving disability payments rising to 840,424 in 2004. The average monthly payment in 2001 was R566 (US$81) and in 2003 it was R700 (US$100) increasing to R820 (US$117) in 2006.

Care dependency grants paid to parents or foster parents caring for children with disabilities were paid to 31,959 people in 2001 rising to 42,355 in 2003 with monthly payments of R586 (US$84) and R674 (US$96) respectively. Given that the population of South Africa is 46 million, and 16 per cent are people or families with disabilities, i.e. 7.36 million people, this means that roughly 11–14 per cent of disabled people are in receipt of disability payments, many of whom are people living with AIDS and HIV (South African Institute of Race Relations, 2005: 315).

This increase in the uptake of the disability grants is due to the eligibility of AIDS patients for a disability grant. The AIDS pandemic is reaching its mature stages in South Africa, with the consequent rise in illness and death. A recent analysis of a sample of disability grant files reported that the number of disability grants for people suffering from ‘retroviral disease’ or who were ‘immunocompromised’ rose from 27 per cent in 2001 to 41 per cent in 2003 (CASE, in Nattrass, 2006). This increase in social grants and disappointing results in integrating disabled people into the economy is not developmental. Rather than facilitating independence, more people in South African society are becoming dependent on social assistance due to the impact of AIDS on productivity (Bhorat & Kanbur, 2006; Butler, 2004).

Thus, concerns about the unsustainable use of limited government resources remain among those who see the need to integrate people currently relying on welfare into the formal market system (Greenberg & Ndlovu, 2004). Other efforts to facilitate integration into the labour market have had limited success. Evidence of success of these programmes is not convincing, as discussed below.

Expanded public works programmes

In response to the blow-out in social grants discussed above, the government has instituted a public works programme to help to move people from dependence on social grants into public employment. Part of this is the Expanded Public Works Programme (EPWP), previously known as the Public Works Programme (Department of Public Works, 2005). The programme focuses on special infrastructural employment creation as a poverty alleviation strategy for vulnerable groups. The goal of the EPWP is to create work opportunities for at least one million people in South Africa in its first five years of operation (2004–2009), of which at least 2 per cent must be for disabled people. However, as yet, this programme has had little success. The Department of Public Works (2005) reported that the EPWP had targeted only 0.5 per cent of disabled people and, according to McCord (2004), there has been very poor labour market integration following Public Works Programme participation. Because of the limited scale and short duration of the employment that the new EPWP offers, she is sceptical of its potential contribution in overcoming the chronic poverty and unemployment that most South Africans experience.

Vocational training centres

The sheltered or protected employment workshops of the apartheid welfare system were converted to vocational training centres where the approach is empowering and the focus is on preparing workers for the open labour market. These workshops are subsidised by the Department of Social Development if they meet the stipulated criteria of eligibility. There is, as yet, no evidence as to the success rate of these centres in advancing the preparation and integration of physically disabled workers for the open labour market. Candidates presently working in protective workshops have little chance of obtaining employment in the labour market. They do, however, receive life skills training, supplement their disability grant and have some degree of socialisation.

Skills development strategy

The problem is that the majority of disabled people have been excluded from the education system, for various reasons, such as cultural beliefs about disability, inaccessibility of ‘special schools’ and exclusion from mainstream education, resulting in minimal, if any, education. Competing in the labour market is thus a major challenge.

Therefore, a National Skill Development Strategy (Department of Labour, 2005) has been developed as an employment equity strategy to equip disadvantaged groups with skills for integration into the economy. The National Skills Development Strategy calls for 4 per cent of those trained to be disabled people. Accredited one-year ‘learnership’ programmes have been introduced which focus on both academic and practical ‘real life’ learning (Seirlis & Swartz, 2006). Learners get a
stipend during training and are entitled to keep a portion of their disability grant and access to any ‘assistive’ devices that are needed. These programmes are still in the early stages and have not yet been thoroughly evaluated. However, since the statistics on the integration into mainstream employment remains minimal (see discussion below), one might conclude that both the vocational training centres and skills development strategies have met with little success. However, more time is needed to evaluate the outcome of the skills development strategy fairly.

Mainstream employment
The effort to get disabled people integrated into mainstream employment has been supported by the adoption of the anti-discriminatory, affirmative and incentive-based legislation and guidelines to support integration and protection in the labour market. The following legislation has been passed: The Labour Relations Act 66 of 1995 and the Employment Equity Act, 55 of 1998. ‘A Code of Good Practice Key Aspects on the Employment of People with Disabilities’ and ‘The Technical Assistance Guidelines on the Employment of People with Disabilities’ have also been developed (Department of Labour, 2003a). These documents set out practical guidelines and examples for employers, employees and trade unions on how to promote equality, diversity and fair treatment in employment through the elimination of unfair discrimination. Thus far, disabled people represent only 1 per cent of the total workforce (Department of Labour, 2003b). Despite all the legislation the Commission for Employment Equity (Department of Labour, 2003b) reported that in approximately 85 per cent of the companies evaluated no formal policies and/or programmes existed to proactively deal with racism, sexism or ‘disabilism’. Low level input from organised labour into employment equity processes is a serious challenge.

The Department of Social Development’s ineptitude in managing the disability grant system is demonstrated by the failure of its assessment panels to determine eligibility. This system had the potential to ensure that holistic assessments were made by connecting disability services and encouraging community involvement in the developmental welfare process through panel membership. Panels were to include a social security officer, a rehabilitation therapist, a representative of the disability sector, and an additional member such as a traditional healer, doctor or paramedic (Philpott, 2004). However, each of the nine provinces adopted a different approach with regard to the assessment panels. The Eastern Cape, Western Cape and Gauteng provinces opted not to introduce the panels. Three provinces – KwaZulu-Natal, Free State and Northern Cape – implemented the panel system but it was suspended due to poor institutional arrangements, fraud and lack of capacity in the public sector and in communities. Limpopo, North West and Mpumulanga provinces have maintained the assessment panels but with minimal community involvement, with an official from the Department of Social Security having the authority to make the final decision (Nattrass, 2006). The assessment panel is an example of another good idea that is not workable in practice. This also means that the medical model is still dominant and that the punitive means test is still in place. This provides further evidence of the challenges the government faces in order to put its progressive developmental policies and programmes into practice (Southall, 2007; van der Berg, 2006).

Challenges to systems
The kilograms of legislation, which are wonderful instruments, have not been enforced, have not been taken seriously and have not had the (expected) impact . . . The disability sector are all proud South Africans, not apart from anyone, but we are not free and the shackles of disablement can only be removed by delivery from the promises of democracy, legislation, bapho pele, ubuntu and the willingness of all South Africans to witness true integration and freedom for all South Africans (Quadpara Association of South Africa, 2005: 1).

Statements such as this reflect a constant preoccupation with policies, commissions, committees, position statements, and the like, none of which are ever fully implemented (Dube, 2005). In fact, the most successful programme is social security – a conventional remedial welfare programme of direct cash transfers which is being construed as a developmental or poverty alleviation measure. Despite the increased coverage – or increased access to disability grants – not only are they minimal but they are also growing to an unsustainable level. Thus, South Africa has to face the challenge of reviewing its policies to ensure that there is sustainable and people-centred development.

The limited success of the disability employment strategies is not surprising. There are inconsistencies in social security policies contra the developmental approach. Although on paper a developmental approach to disability has been adopted, eligibility to access a disability grant is still based exclusively on the medical model of assessment. According to the Social Assistance Act (Act 59 of 1992/Act 13 of 2004: 10) a disabled person is defined as someone:

. . . who has attained the prescribed age and is, owing to his or her physical or mental disability, unfit to obtain by virtue of any service, employment or profession the means needed to enable him to provide for his or her maintenance.
This definition of a disabled person undermines the belief of the social model that disabled people have abilities and capabilities. This can also create a self-fulfilling prophecy where disabled people believe they are incapable of work, which undermines the efforts to use the social grant to enable people to get involved in developmental activities (Mitra, 2005).

Furthermore, the means test creates an incentive not to work. There are rules that sharply reduce benefits as a beneficiary’s earnings increase, with an earning limit until all cash benefits are lost. In order to qualify for the disability grant, one must have an income of less than R1502 (US$215) a month and assets of less than R266,400 (US$3,805) in order to obtain the full grant. It is also important to note that despite the rights-based approach the disability grant is not designed to compensate people for their disabilities per se, but rather to compensate them for the impact of their disability on earning potential (Nattrass, 2006), another contradiction in policies.

Reforms to the disability sector are taking place within rapid broader socio-economic and political transformation. The limited success of disability employment options is not surprising. Unemployment is now the major driver of poverty and inequality in South Africa (Butler, 2004; Meth, 2006; Nattrass, 2006). There is an unemployment rate of 40 per cent in the general population and a youth unemployment rate of almost 60 per cent (May, in Turok, 2005). In conditions such as these, employment of people with disabilities will not be easy. According to Nattrass (2006) despite the relatively rapid economic growth since 2000, unemployment rates have barely changed since 2000. She further adds that despite an apparent improvement in the rate of job creation since 1995, much of this is a statistical artefact. The fact that the expansion in formal jobs has been sluggish in response to rapid economic growth indicates that South Africa’s longstanding employment problem is intractable in the short to medium term. The success of disability employment policies would be very difficult in such situations. Mont (2004) argues that developmental social security programmes are viable in advanced capitalist countries where there is a combination of labour market reforms to boost employment, programmes designed to improve the employability of grant recipients and assistance with finding work. This is not the case in South Africa and given the current employment context it cannot be a solution in the near future.

The situation of the general population has also not improved. Despite the reform efforts, May and Woolard (in Aguero et al., 2005) conclude that poverty has increased in South Africa with more people poor in 2000 than in 1995 and that measures of inequality remain among the highest in the world. The use of the disability grant as a lever for development is also compromised in situations of dire poverty since there is no significant social insurance available for unemployed adults of working age. Therefore, households without wage earners are forced to rely on remittances from friends and relatives living elsewhere, and on social transfers to elderly people via the old age pension, children via the child support grant and disabled people via the disability grant, for survival (Nattrass, 2004). Butler (2004) and Swartz and Schneider (2006) confirm that although the disability grant is claimed by the individual, it is used for general household expenses in the three generational households in which many poor black people live.

Another reason for the disappointing results of developmental welfare could be that all the affirmative, non-discriminatory and incentive-based policies equally apply to previously disadvantaged groups based on race, gender and spatial location. Thus, disabled people are competing for access to limited resources with the majority of the South African population. Basically, the difficulty is that we are trying to achieve equality in an unequal society. Thus, it can be concluded, 12 years after democracy, that neither the disability policy of income security nor social and economic integration is being achieved at a substantial level.

However, development is not simply an economic issue since it places people at the centre of planning and is concerned with the overall quality of their lives (Gray, 1998). According to the Danish Country strategy report on South Africa (Danish Council of Organisations of Disabled People, 2002), legislation and policies are not being implemented or enforced partly due to ignorance about the new laws by government officials, private sector and disabled people. A strong disability sector is essential to ensure that the disabled have access to their rights. Disabled People of South Africa, a disability rights movement, established in the 1980s, was part of the struggle for democracy in addition to the liberation of disabled black during the apartheid regime. They were responsible for the inclusion of disability rights into national policies after democracy (Danish Council of Organisations of Disabled People, 2002; Howell et al., 2006). However, many of its activists are now in government posts, leaving the movement with limited leadership. Disabled People of South Africa has to redefine its attitude and its relationship towards a recently elected democratic government, drawn from the movement that most civil society formations have been part of (Danish Council of Organisations of Disabled People, 2002; Howell et al., 2006).

Conclusion
From the above discussion one can conclude that the development welfare system in South Africa is firmly rooted in a rights-based approach which aims to achieve
social justice for physically disabled people. South Africa has a facilitative policy and legislative environment and institutional structures to achieve equalisation of opportunities and the economic empowerment of physically disabled people. In fact, the history of the disability movement in South Africa suggests that the social model is more than developmental; it is, in essence, political. Policy makers across government sectors are therefore mandated, not only by a developmental imperative but also by a legislative one in respect of the constitutional rights of disabled people.

However, while policy certainly describes the solutions needed for disabled people there has been little gain due to the difficulties of implementing these policies in practice. Twelve years after democracy, social assistance has been the most successful development programme. Despite the policy intention, social assistance as a lever for development has, thus far, had limited success. Instead, the disability grant is being used as a poverty reduction strategy for the survival of families. Other developmental initiatives based on a productivist approach to welfare, via vocational training centres, the EPWP and the skills development strategy, have been slow in meeting their objectives. Also, integration into the workforce has been minimal. It is difficult to achieve the goal of social and economic development in a society where the majority of the population experiences gross poverty, unemployment, inequality and underdevelopment. There is a hiatus between progress policy frameworks and untenable contextual challenges. There has to be synergy between development for disabled people and the general population. Also, contrary to the developmental welfare principle, democracy and participation of disabled people is threatened given the present status of Disabled People of South Africa. The adoption of the CBR model in South Africa does allow for micro- and macro-level interventions; however, the lack of coordination hampers holistic service delivery. The functioning and coordination of the institutional structures and lack of support services to facilitate this goal remains a challenge. As a consequence, many people are denied the promises of the Constitution and Bill of Rights.

South Africans are experimenting and grappling with structural and social transformation in a very complex society. If the goals of development are to be achieved there has to be systematic, integrated, coordinated service delivery, which is unlikely at present. This requires (i) retraining of personnel in capacity building and community development strategies; (ii) attention to developmental policy implementation, i.e. to the people-centred community-based intervention programmes promised by the White Paper for Social Welfare (Ministry for Welfare and Population Development, 1997) and bureaucratic bungling over the allocation of resources and services needs to be addressed; (iii) giving prominence to social and economic empowerment; (iv) addressing the social roots of poverty and unemployment; (v) focusing on labour market reforms; (vi) reviewing the disability grant system and making eligibility criteria incentive-based; and (vii) researching the consequences of disability cash transfers in terms of poverty reduction.

With the establishment of the SSSA, the Department of Social Development is under pressure to find effective and inclusive ways of implementing policies and delivering developmental welfare services, a task it has yet to prove itself equal to.

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