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Legislation and service provision for children with disabilities in South Africa: A social work perspective

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Abstract. Children with disabilities are a special group of children which requires special protection and services. Due to various reasons, children born with disabling conditions constitute a significant percentage of child population in Africa. South Africa has enacted a number of pieces of legislation for people with disabilities and children with disabilities in particular. There are also a number of services and programmes to ensure that people with disabilities enjoy their rights like any other citizen of the country. However, despite the services and laws, children with disabilities continue to face deprivation. This paper discusses the numerous pieces of law meant to cushion children with disabilities and services available for them with a view to assess their efficacy. The paper adopts a human rights approach, applauds the existence of progresses laws in South Africa but laments the continued poor service provision for children with disabilities especially those in rural areas.

Keywords. children with disabilities, disability laws, human rights, social services

Introduction

Significant progress has been made in South Africa to develop legislation and structures that represent and respond to the needs of people with disabilities. However, despite these efforts, many gaps in service delivery still persist, and the majority of people with disabilities continue to be excluded from fundamental socio-economic activities. Children with Disabilities (CWDs) require special attention, respect, care and support from their immediate family members and from the community at large. However, they are often judged and defined by their impairments, rather than by their strengths and other qualities. Their exclusion and invisibility render them vulnerable, denying them dignity and respect for their inherent worth and individuality, which is detrimental to their social functioning, development and general well-being (UNICEF, 2013). In Africa, the occurrence of child disability is equally troubling. Studies by the African Child Policy Forum (ACPF, 2014) have identified massive unmet rehabilitation needs among CWDs. For instance, in Senegal, only 25.4% of CWDs surveyed reported having access to ophthalmologists, while 11.6% reported access to physiotherapists. Less than 16% of CWDs in Ethiopia and 18.5% in Uganda had access to specialised rehabilitation services (ACPF, 2014: 5). The ACPF study revealed that CWDs in West Africa were more likely to face intense levels of poverty, exclusion and discrimination. CWDs are widely excluded from education and are often denied access to protection services and rights normally enjoyed by

non-disabled children (Njelesani, 2013). Disability in Africa is often caused by factors such as a lack of access to basic healthcare services, war-related injuries, poverty and illiteracy (ACPF, 2014).

In South Africa in 2014, about 7.5% of the population (2 870 130 people) were estimated to be living with some form of disability, 25% (718 409) of whom were CWDs (Stats SA, 2014). CWDs were and still are viewed by South African society as objects of pity. Although a shift has been made at policy level from an approach based on a purely medical/welfare model of disability, to one based on the social model, this is not yet reflected in the attitudes and approaches of some service providers and society in general (Department of Social Development [DSD], Department of Women, Children and People with Disabilities [DWCPD] & UNICEF, 2012). However, when provided with support and care from significant others, government institutions and society at large, CWDs can live a fulfilled life (Stats SA, 2014).

Social work, as a practice-based profession and an academic discipline, serves primarily to promote social change and development, and to encourage social cohesion, and the empowerment and liberation of people. The principles of social justice, human rights, collective responsibility and respect for diversity are central to social work (International Federation of Social Workers [IFSW], 2014). The professional elements of social work place it in a strategic position to lobby for social justice with an interdisciplinary team to ensure that CWDs have equitable access to services and resources, and to advocate for the protection and promotion of their fundamental human rights (Kirst-Ashman, 2010; Zastrow, 2008). This literature based paper informed by the human right approach identifies various pieces of legislation in South Africa that are aimed at benefiting children with disabilities and further locates gaps in service delivery with a view to influence policy making

Disability legislative frameworks in South Africa

Since the inception of democracy in 1994, South Africa has made some progress in ensuring the protection of all its citizens, including CWDs. Through the Constitution and the Bill of Rights, the country has enacted and ratified an enabling legislative framework based on the values of freedom and equality for all. This takes into cognisance efforts to recognise the rights of persons with disabilities at both national and international levels and to mainstream disability into the development agenda (Stats SA, 2011; IRC, 2007; ACPF, 2011). The following legislative and policy frameworks lobby for the promotion and protection of CWDs' rights in South Africa:

The Constitution of the Republic of South Africa, 1996

This supreme law of the country, adopted in 1996, outlawed discrimination on the basis of disability and guarantees the right to equality, non-discrimination and human dignity of persons with disabilities. The Constitution is translated into several national policies and legislation that promote and support equal access to opportunities for persons with disabilities, and their integration into society, within a social model and a human rights framework (WPRPD, 2015). The Constitution embodies the government's commitment to protect the rights of all its citizens including CWDs (Government Gazette Vol. 378 No. 17678). Its main purpose is to heal the injustices and divisions of the past, and to build a society based on democratic values, social justice and the protection and promotion of fundamental human rights. Enshrined in the Constitution is the Bill of Rights which seeks to promote and protect the rights of all people in the country, and affirms the democratic values of human dignity, equality and freedom, irrespective of race, gender or ability.

The following rights are pertinent to CWDs as embedded in the Bill of Rights:

Right to equality (Section 9.) Everyone, including CWDs, is equal before the law and has the right to equal protection and benefits of the law. The right to equality emphasises that the state may not unfairly discriminate, directly or indirectly, against anyone on one or more grounds, including race, gender, sex, or disability. To ensure full protection of this right, national legislation must be enacted to prevent or prohibit unfair discrimination (Constitution of the Republic of South Africa Act 108 of 1996; ACPF, 2011).

Right to human dignity (Section 10). Every human being, including CWDs, has inherent dignity and the right to have their dignity respected and protected. This principle ensures that CWDs are not treated in an inhuman or degrading manner by any members of society or by organs of state, as asserted in the Bill of Rights (Constitution of the Republic of South Africa Act 108 of 1996).

Right to life (Section 11). CWDs, like their abled counterparts, have the right to life which should be respected, promoted and protected by all state organs. No member of society should violate this right and the law must ensure that CWDs live freely within their communities (Constitution of the Republic of South Africa Act 108 of 1996).

Right to health care, food, water and social security (Section 27). CWDs, like all other citizens, have the right to access basic health care services, including reproductive health care, and to sufficient food and water. They also have the right to social security including, if they are unable to support themselves and their dependants, appropriate social assistance. This provision should be made freely available within their domicile of residence (Constitution of the Republic of South Africa, 1996).

Right to education (Section 29). Included in the right to education is the obligation of the state, through reasonable measures, to make available and accessible education for all, including CWDs. Everyone must be accorded an equal opportunity and should not be discriminated against on the basis of race, gender or disability (Constitution of the Republic of South Africa, 1996; ACPF, 2011).

The Promotion of Equity and Prevention of Unfair Discrimination Act (PEPUDA)

This act gives effect to the equality clause in the Bill of Rights which stipulates that every citizen should be treated equally and that no person should be discriminated against on the basis of race, gender, disability or ethnicity. Equality refers to the full and equal enjoyment of rights and freedoms as contemplated in the Constitution, and includes *de jure* and *de facto* equality and equality in terms of outcomes (Constitution of the Republic of South Africa, 1996; ACPF, 2011; PEPUDA, 2000).

This Act endeavours to facilitate the transition to a democratic society, united in its diversity, marked by human relations that are caring and compassionate, and guided by the principles of equity, equality, fairness, social justice, social progress, human dignity and freedom for all, inclusive of CWDs (PEPUDA, 2000). According to PEPUDA, discrimination denotes an act or omission, including a policy, law, rule, practice, condition or situation that directly or indirectly imposes burdens, obligations or disadvantages on, or withholds benefits, opportunities or advantages from, any person on one or more of the prohibited grounds (PEPUDA, 2000). The objectives of PEPUDA are to enact legislation required by the equality clause, section 9, of the Constitution (Government Gazette Vol. 378 No. 17678), to give effect to the later and ensuring that there is equal enjoyment of all rights by every person, including CWDs. It further strives for the promotion of equality, the prevention of unfair discrimination and the protection of human dignity as contemplated in sections 9 and 10 of the Constitution (PEPUDA, 2000: 6).

The following provisions are pertinent to CWDs as conceptualised by PEPUDA:

Prevention and general prohibition of unfair discrimination (Section 6) – neither the state nor any person may unfairly discriminate against any person, including CWDs, and based on these grounds, every citizen has the right to equal access to the country’s resources (PEPUDA, 2000). Prohibition of unfair discrimination on grounds of disability (Section 9) – no person may be unfairly discriminated against on the grounds of disability, including denying or removing any supporting or enabling facilities necessary for CWDs’ functioning within society. PEPUDA adds that it is unlawful to contravene the code of practice or regulations of the South African Bureau of Standards that govern environmental accessibility, or to fail to eliminate obstacles that unfairly limit or restrict persons with disabilities from enjoying equal opportunities, or to neglect taking steps to reasonably accommodate the needs of such persons (PEPUDA, 2000). Prohibition of hate speech (Section 10) – no person may publish, propagate, advocate or communicate words based on one or more of the prohibited grounds, against any person, including CWDs, that could reasonably be construed to demonstrate a clear intention to be hurtful, to be harmful or to incite harm, or to promote or propagate hatred (PEPUDA, 2000: 9).

Integrated National Disability Strategy (INDS)

The INDS was implemented in 1997 to protect and promote the rights of people living with disabilities and to ensure that they were fully mainstreamed into every developmental programme in South Africa. The INDS was founded on the Bill of Rights which outlines how the best interests of CWDs should be protected and promoted, and on the UN’s Standard Rules on the Equalization of Opportunities for Persons with Disabilities (ACPF, 2011). The INDS promotes the integration of disability issues into government’s developmental strategies, planning and service programmes. It is aimed at improving the quality of life of CWDs by creating an enabling environment, to ensure dignity, promotion of self-reliance and active participation in societal activities as asserted by the INS (2009). It also strives to develop an integrated management system to facilitate the coordination of disability programmes and services in planning, implementation and monitoring at every level of government (INDS, 1997). Furthermore, the INDS facilitates the development of capacity building strategies that will enhance government’s efficiency in terms of operation and service delivery for CWDs, as well as developing a programme of public education and awareness-raising aimed at addressing fundamental prejudices in South Africa (INDS, 1997). It bases its notion on five strategic areas: right to survival and well-being; ensuring optimal development; protection of children’s rights; promoting the right to participation; and mobilising resources to promote social justice for CWDs.

The ACPF (2011) explained that the INDS was premised on the social model of disability, which argued that the barriers and difficulties faced by CWDs were not caused by their impairments, but rather by the socially constructed barriers that excluded them from society. People living with disabilities have been reported to experience high levels of social exclusion, particularly black disabled children, children with severe intellectual or mental disabilities, and disabled adults and children living in remote rural areas.

Integrated National Strategy on Support Services to CWDs (INS)

This policy document supplements the provisions made in the 1997 INDS document by categorically focusing on addressing the needs of CWDs within the South African context. As a guiding legislative framework for CWDs, the INS incorporates the recommendations and provisions of ratified and adopted international and regional treaties, as well as local policies protecting and promoting the rights of CWDs. The general aim of the INS is founded on the notion of improving the life of CWDs by creating an enabling environment, within which they

have access to equal services, in conditions that promote dignity, self-reliance and active participation in the life of society. The principles of the INS include: respecting the dignity and the right to survival for CWDs; realisation of fundamental freedom and active participation in the community; promotion of self-representation and participation in the decision-making process; access to basic education and developmental opportunities accorded to other children; and equitable access to resources (INS, 2009).

The objectives of the INS are: to strengthen inter-sectoral collaboration to enhance service provision; the realisation of legislative mandates; ensuring alignment and integration of key legislative provisions and policies relating to CWDs; to provide guidelines for the implementation of government frameworks on CWDs; to facilitate service provision; and to increase access to services by eliminating barriers to accessibility and accommodation (INS, 2009: 26).

White Paper on the Rights of Persons with Disabilities (WPRPD)

This policy document was implemented to update the 1997 Integrated National Disability Strategy (INDS), to integrate obligations in the UNCRPD and to respond to the Continental Plan of Action for the African Decade of Persons with Disabilities (1999). Its central objective is premised on the protection and promotion of the rights of people living with disabilities in South Africa (WPRPD, 2015). Specifically, the overall purpose of the WPRPD is to provide a mainstreaming trajectory for realising the rights of persons with disabilities, including CWDs, through the development of targeted interventions that seek to remove barriers and apply the principles of universal design. It guides the assessment of all existing policies and ensures that the development of new sectoral legislation and policies, programmes, and budget and reporting systems are in line with the Constitution and the ratified international treaties for the protection of the rights of CWDs (WPRPD, 2015).

The WPRPD stipulates the norms and standards for the removal of discriminatory barriers that perpetuate the exclusion and segregation of persons living with disabilities, and broadly defines the obligations and accountabilities of the various stakeholders in providing barrier-free, appropriate, integrated, coordinated, effective and efficient development programmes. It encourages self-representation of people living with disabilities, which indicates that the collective determination of people with disabilities must be considered when informing government's strategies (WPRPD, 2015). Furthermore, the WPRPD strives for the provision of a framework in which the delivery of services to persons with disabilities can be monitored and evaluated. It seeks to guide gender mainstreaming programmes to ensure that women living with disabilities enjoy equitable access to all women empowerment and gender equality legislation, policies and programmes. It is premised on the belief that people and children living with disabilities should not be treated unfairly in comparison with their abled counterparts, and that they should enjoy every basic right accorded to all without discrimination (WPRPD, 2015: 38).

The WPRPD has established its objectives according to the following strategic pillars:

- Pillar 1 – Removing barriers to access and participation
- Pillar 2 – Protecting the rights of persons at risk of compounded marginalisation
- Pillar 3 – Supporting sustainable integrated community life
- Pillar 4 – Promoting and supporting empowerment of persons with disabilities
- Pillar 5 – Reducing economic vulnerability and releasing human capital
- Pillar 6 – Strengthening the representative voice of persons with disabilities
- Pillar 7 – Building a disability equitable state machinery

Pillar 8 – Promoting international co-operation

Pillar 9 – Monitoring and evaluation

Department of Social Development, Development Policy on Disability, 2008

The policy requires that services for people with disabilities must acknowledge the various levels of discrimination that they experience. The policy requires that services that are provided must be specialized and responsive to their specific needs, as women, men, youth or children with disabilities.

The DSD policy on disability recognizes that women and children with disabilities are vulnerable to HIV infection and that the services to people with disabilities must include relevant support services for those who are infected and affected by HIV and AIDS.

Children's Act 38 of 2005

The Children's Act 38 of 2005 purports to ensure that the rights of children, including CWDs, are protected and upheld. Its preamble is grounded on the principle of establishing a society based on democratic values, social justice and fundamental human rights (Children's Act, 2014: 2). This act is premised on the notion of promoting, among others, the care and protection of children, defining parental rights and responsibilities, providing for early childhood development, alternative care, foster care and determining the provisions for the adoption of children. The act does not operate in isolation, but blends its enactment on the informed ratification of international treaties that place the child's best interests at the centre (Children's Act, 2014: 1). Chapter 2, section 11 of the Children's Act makes provision for CWDs, and asserts that in any matter concerning CWDs, due consideration must be given to: providing the child with parental care, family care or special care and, when deemed appropriate; making it possible for CWDs to participate in social, cultural, religious and educational activities. It also provides CWDs with conditions that ensure dignity, promote self-reliance and facilitate active participation in all activities within the community; and ensuring that CWDs are not subjected in any way to any medical, social, cultural or religious practices that are detrimental to their health, wellbeing or dignity (Children's Act, 2014: 40).

National Development Agency Act 108 of 1998

The primary objective of the NDA is to contribute towards the eradication of poverty and address the causes thereof by granting funds to civil society organizations for the purposes of carrying out projects or programmes aimed at meeting development needs of poor communities; and strengthening the institutional capacity of other civil society organizations involved in direct service provision to poor communities. The authors hold the opinion that lack of livelihood, including poverty and unemployment render some children underdeveloped and as a result cause stunted growth and other health related issues that may culminate into disability.

Social Assistance Act 13 of 2004

Government's most successful strategy in combating abject poverty and hunger is through its Social Assistance Programme. The Social Assistance Programme covers close to 15 million South Africans, the majority (nine million), of whom are children who receive the Child Support Grant (CSG). Other provisions include the Old Age Pension, Disability Grant, Foster Care Grant, Care Dependency Grant as well as War Veterans' Grant and Social Relief of Distress. It is through this form of social relief that will cover the needs and care of children

with disabilities and amongst those mentioned, particularly child support grant is specifically targeted for children generally but care dependency grant, foster care grant can be utilised for children with disabilities.

National Qualifications Framework Act 2008

The objectives of the NQF include; to create a single integrated national framework for learning achievements; to facilitate access to, and mobility and progression within, education, training and career paths; to enhance the quality of education and training; to accelerate the redress of past unfair discrimination in education, training and employment opportunities. The objectives of the NQF are designed to contribute to the full personal development of each learner and the social and economic development of the nation at large. Inclusivity (previously mentioned above in this article) in Education makes provision for those learners who are differently abled. Specialised and mainstream schools play an important role in giving opportunities to particularly those who are living with disabilities.

National Development Plan

This Plan is quickly becoming the policy that will lead government interventions to manage all the development challenges faced by the country. This plan gives clear guidelines as to what the challenges are and makes ground-breaking proposals as to how these can be managed. It identifies ways to both improve the quality and the availability of services. It has its foundations in the legislative framework of the country and builds on a number of policies and programmes in order to create a society that is just and fair. The NDP makes provision for resource creation and access to those who cannot access it; thus, children disabilities should benefit in this instance.

Framework for Social Welfare Services

The Department has made a significant shift through its Framework for Social Welfare services to the development paradigm as espoused in the White Paper. This framework is premised on the tenants of the developmental approach and as a framework it serves as a guide for reorientation of Social welfare service delivery from treatment to a social development approach, hence reference to developmental social welfare services.

It outlines the transition to developmental social welfare, the elements upon which it is based, and the principles that must be adhered to when delivering services. It also defines the success of developmental social welfare services as the recognition and reliance of a diverse pool of social service practitioners that is able to implement strategies geared towards the development of human potential, capacities, and empowerment of communities. It is for this reason that the authors strongly support developmental approach and empowerment model where people and children with disabilities could command respect and dignity by playing a part in their growth, collaboratively with practitioners.

Services available for children with disabilities

The Departments of Social Development, Health and Education are the primary national and provincial departments providing direct services to children with disabilities and their families in South Africa (INS, 2009).

Health services

Health services are critical to CWDs from birth, or from the moment they became physically impaired. According to UNICEF (2013), unlike their abled counterparts, CWDs

require special health care support, including rehabilitation services, surgical intervention and assistive devices, and resources to fulfil their potential and enhance their functioning. The provision of health services to CWDs is articulated in section 27 of the Constitution of the Republic of South Africa and in international human rights law (Government Gazette, Vol. 378 No. 17678). Section 24 of the UNCRC recognises the right of CWDs to enjoy free access to the highest attainable standard of health, and to receive treatment for illness and for rehabilitation. Member states of the UNCRC are required to ensure that no child is deprived of the right to access the fundamental health care services deemed paramount to their ability to function (ACPF 2014). Article 25 of the CRPD emphasises and makes provision for the right to: the highest attainable standard of health services for CWDs, including the right to sexual and reproductive health; access to public health programmes; accessible health facilities provided within their communities; provision of disability-specific health services and treatment, including prevention of further disabilities; and autonomy and independence in healthcare programmes, based on free and informed consent.

According to ACPF (2014), the current situation for CWDs in terms of access to basic health services does not meet the standards and provisions stipulated in the CRPD. Most key health facilities remain physically or practically inaccessible for CWDs. Prejudicial attitudes are also reported to prevail among health care practitioners, and often parents and caregivers of CWDs cannot afford to pay for health service costs that should have been freely provided. Consequently, most families of CWDs make compromises and resort to low-fee health facilities, or sometimes do not even take their children for regular health care check-ups (ACPF, 2014). Further escalating the challenges faced by CWDs is physical inaccessibility which hinders CWDs from accessing appropriate health care services. This is further compounded by a lack of accessible, convenient and affordable transport to and from facilities. In areas where physical accessibility is assured, communication and informational barriers deter adequate diagnosis and treatment, which subsequently compromise the quality of care, treatment and wellbeing of CWDs (ACPF, 2014).

Social services

In the South African context, the provision of social services is administered by the Department of Social Development (DSD). The DSD's mandate is ensure protection of CWDs by creating an enabling environment for the provision of comprehensive, integrated and sustainable social development services (South Africa yearbook 2015/16, 2016). One of the primary social welfare services that the (DSD) provides to people with disabilities is that of rehabilitation. The UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities defines rehabilitation as a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and social functional levels, thus providing them with the tools to change their lives towards a higher level of independence.

Rehabilitation includes vocational, educational, psycho-social, social and medical (health) elements. The general trend has been to provide these services independently of each other and while this may be necessary in some instances, it is important from a developmental social service delivery point of view that all rehabilitation services are offered as a combined and comprehensive package that is inclusive of all elements. The approach to providing this package of services also has to take into account the social/environmental contexts that impact on people with disabilities and the extent to which these contexts shape the services that are developed and offered. Therefore, the role of the DSD in the provision of services to persons with disabilities is one of leadership, development, and of funding, and needs a human resource

competency that is fairly specialised in order for services to meet the needs of this special group.

Giese (2008) states that the Constitution of the Republic of South Africa provides a solid foundation for the creation of a developmental social welfare system by recognising a range of socio-economic rights for all, inclusive of CWDs, as embedded in Chapter 2 of the Bill of Rights. Section 28(1) specifically recognises children's rights to family care, basic nutrition, basic health care services, shelter, social services and protection. DSD reformed its policy in line with these constitutional obligations to children and their families, which proceeded with the adoption of the White Paper for Social Welfare in 1997.

The DSD's strategic goals are to: review and reform social welfare services and financing to ensure inclusiveness; improve and expand early childhood development provision; protect and uphold the rights of children; deepen social assistance and extend the scope of the contributory social security system; enhance the capabilities of communities to achieve sustainable livelihoods and food security for all, including CWDs, and to strengthen the coordination, integration, planning, monitoring and evaluation of services (South Africa yearbook 2015/16, 2016). Comprehensive social security alleviates and reduces poverty, vulnerability and social exclusion among other things. It creates and provides social protection to the most vulnerable members of society including CWDs, achieved through the delivery of social welfare services and executed in partnership with community organisations (South Africa yearbook 2015/16, 2016).

Giese (2008) argued that there were a number of interrelated challenges impairing the delivery of social services to CWDs in South Africa, including: shortage of social services practitioners, inappropriate/lack of use of the child protection system, marginalisation of prevention and early intervention services, inadequate funding of non-profit organisations (NPOs) and community-based initiatives and poor inter-disciplinary and inter-departmental integration and collaboration.

Education services

According to the ACPF (2014), education was key to ensuring the emancipation and development of CWDs globally. It is through education that CWDs can be empowered to actively participate in the social, political, civil and economic life of the country. Different policies have been adopted globally that seek to promote the inclusion and mainstreaming of CWDs in the education system. South Africa has ratified, without reservation, a number of international treaties that promoted CWDs' right to education. Article 24 of the UNCRPD informs state parties to recognise the right of CWDs to education that is free from discrimination. The state parties should ensure an inclusive education system directed at the full development of human potential and a sense of dignity and self-worth, as well as the strengthening of respect for human rights, fundamental freedoms and human diversity. In realising this fundamental right, the state parties should ensure that CWDs were not excluded from the general free quality education system on the basis of disability (UNCRPD, 2006; Guernsey et al., 2007).

Similarly, Article 23 of the UNCRC makes provision that CWDs should enjoy decent lives in conditions that enhanced their dignity, promoted self-reliance and facilitated active participation with the community. It further advises state parties to ensure that CWDs have effective access to and receive free quality education, training, health care services, rehabilitation services, preparation for employment and recreational opportunities in a manner conducive to their development. Peacock (2019) further cites special rights and protective measures of refugee children and children with disabilities and the author recognises the importance of the Articles 24, 36 and 27 for their mention of health, social security and adequate

standard of living as children with disabilities clearly needs these aspects of their lives given attention to. The ACPF (2014) states that in Africa, less than 10% of CWDs received any form of education and only 10% were reported to be attending school. The Integrated National Strategy on Support Services to CWDs (INS) confirmed that the education system was failing to provide CWDs with sufficient access to basic education services. Sufficient and appropriate school enrolments were not available to CWDs, thus contradicting the constitutional mandate and obligation to guarantee access to quality basic education for all children. The limited number and capacity of special schools in rural areas compelled CWDs to travel long distances to access education, subsequently leading to a failure to equip a substantial number of CWDs with fundamental skills to be fully integrated and mainstreamed into society and to contribute productively to the economy (INS, 2009).

According to Statistics South Africa (Stats SA, 2014) and Graham (2014), many CWDs, especially from rural areas, are still facing challenges in free quality education. The barriers to school enrolments include:

- Infrastructural barriers relating to transport and the built environment such as the physical layout of schools
- Negative attitudes from peers and teachers
- Lack of support services such as counselling and health care services
- Emphasis on special schools, which, in most instances, were full with long waiting lists, and were often unable to provide the required levels of support to facilitate the curriculum
- Inadequate training, or lack thereof, of mainstream teachers on the educational needs of CWDs
- Policy was not clearly stated and terms such as inclusive education were not clearly defined or implemented

Conclusion and Recommendations

South Africa has progressive laws relating to people living with disabilities. These laws range from the constitution of the country to acts of parliament. Despite the existence of these laws, people with disabilities especially children continue to face challenges in accessing health care services, education and other social services. Social workers should therefore continue to lobby the government to come up with appropriate programmes to ensure that children with disabilities enjoy good quality of life. South Africa has adopted a rights based trajectory and as such, disability, just like all social problems needs to be given the attention it deserves. Resources must be readily made available according to the kind of disability that the child has and be made to empower and develop the child without creating dependence. In dealing and working with children with disabilities, their growth, self-determination and development must be at the fore and of utmost importance. Thus, the developmental approach must be enshrined in the policies and all relevant legal frameworks.

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