Chapter V

Persons with disabilities: breaking down barriers

Key messages

- Almost all countries offer disability-specific schemes anchored in national legislation. However, many are solely contributory schemes that exclude both many persons with disabilities in the informal sector or outside the labour market and children with disabilities.
- The overall coverage of disability benefits is very low in developing countries, but several middle-income countries have successfully put in place broad-based disability schemes with high levels of coverage.
- A key barrier to accessing disability benefits is the assessment process: potential beneficiaries are often assessed on purely medical grounds, and inability to work is often used as the threshold to qualify for benefits. Little consideration is given to the social factors that may disadvantage persons with disabilities beyond their impairment.
- While existing disability benefits can help individuals and households to meet their basic needs, they are far from covering the economic cost of disability-related expenses and remaining out of the labour force.
- There is little data on the access of persons with disabilities to disability-specific and mainstream social protection schemes.

Introduction

It is estimated that around 15 per cent of the global population—one billion people—live with disabilities. Around 80 per cent of them live in developing countries (WHO and World Bank, 2011). Worldwide, a significant percentage are older persons. More than half of all persons with disabilities in Australia, China, the Republic of Korea and Viet Nam, for instance, are aged 60 or over, and nearly two thirds of those in Japan are aged 65 or over (ESCAP, 2015b). Around 5 per cent of all children worldwide (95 million children) live with a disability, with about 0.7 per cent (13 million) experiencing severe disability (WHO and World Bank, 2011). Women are more likely to be living with a disability than men, mainly because they tend to live longer (Mitra, Posarac and Vick, 2013).

Estimates of the prevalence of disability should, however, be interpreted with caution. Definitions of what constitutes a disability and the threshold above which a person is considered to live with a disability vary significantly between countries. Differences in the questions asked as well as in measurement hinder country comparisons. Measures of disability vary also depending on the source of data, data-collection methods and the aspects of disability examined—impairments, activity limitations, participation restrictions, related health conditions and environmental factors. There has been considerable progress in improving the availability and comparability of dis-

ability data, but many countries will require support to enhance national capacity to generate high-quality data. Addressing those needs is critical, as the success of the 2030 Agenda depends on the inclusion of persons with disabilities in the monitoring and implementation of the SDGs.

Box V.1
The Convention on the Rights of Persons with Disabilities

The United Nations Convention on the Rights of Persons with Disabilities, which entered into force in May 2008, was the first international treaty to detail the rights of persons with disabilities and set out a code of implementation. The purpose of the Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity (art. 1). States that become parties to the Convention commit themselves to developing and carrying out policies, laws and administrative measures to secure the rights recognized under the Convention and to abolishing laws, regulations, customs and practices that constitute discrimination. As of 5 December 2017, the Convention counted 175 States parties.

The Convention highlights that persons with disabilities have long-term physical, mental, intellectual or sensory impairments that, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. By recognizing disability as a result of the interaction between an inaccessible environment and a person, the Convention marks a major shift away from a charity and medical model to one whereby persons with disabilities are rights-holders and decision makers with largely untapped potential to contribute to society. The Convention moves beyond the question of access to the physical environment to broader issues of equality and the elimination of legal and social barriers to participation, social opportunities, health, education, employment and personal development.

This chapter describes how the barriers that persons with disabilities face in society also limit their access to social protection, and assesses the extent to which existing social protection measures—primarily disability benefits—reach them. It summarizes the evidence available on the impact of social protection programmes on the well-being of persons with disabilities, illustrating how they often fall short of meeting their needs and those of their families. Designing and delivering disability-sensitive social protection in a way that ensures economic security and promotes the inclusion of persons with disabilities remains a challenge in many countries.

A. Risks and disadvantages faced by persons with disabilities and their families

1. Poverty and disadvantage

There is broad evidence that persons with disabilities are more likely to live in poverty than those without (Banks and Polack, 2014; WHO and World Bank, 2011). A disability affects not only the person who suffers from it but has an impact on all members of a household. According to Mitra, Posarac and Vick (2013), households where a member has a disability were significantly more likely to be classified as living in poverty in most of the developing countries studied (11 out of 15 countries) in the period from 2002 to 2004.

Poverty and disability reinforce one another. Poor health and nutrition, poor living conditions, poor access to health services, environmental risks and injuries among persons living in poverty can lead to disability. Equally, the onset of disability can have an adverse effect on education, employment and earnings, increase living costs and result in higher rates of poverty (Groce and others, 2011; Mitra, Posarac and Vick, 2013; WHO and World Bank, 2011; Yeo and Moore, 2003).

Without accounting for disability-related costs, however, conventional poverty measures probably underestimate the number of persons with disabilities living in poverty. Extra financial costs due to a disability include those related to contracting and purchasing support services, assistive devices, residential modifications and specialized health care. In China, for example, it is estimated that disability-related costs represent between 8 per cent and 43 per cent of the income of adults with disabilities, and between 18 per cent and 31 per cent of the income of families with children with disabilities (Loyalka and others, 2014).

High levels of poverty go hand-in-hand with lower levels of education, poorer health and worse employment prospects. Persons with disabilities are less likely to be employed full-time and more likely to be unemployed (United Nations, 2016a and 2015c; ILO, 2014a). The most recent available census data averaged over 27 developing and developed countries indicates that the labour force participation rate of persons with disabilities is about 20 percentage points lower than that of persons without (United Nations, 2016a). Similarly, the average unemployment rate for persons with disabilities in OECD countries was 56 per cent in the period from 2000 to 2010, compared with 25 per cent for persons without disabilities (OECD, 2010a).

A study of the economic losses associated with the gap between the potential and actual productivity of persons with disabilities—diminished by such factors as lack of adequate transport or physical accessibility, as well as lower levels of education—puts such losses at between 3 per cent and 7 per cent of GDP in 10 low- and middle-income countries (Buckup, 2009). Further losses are incurred by family members with caretaking responsibilities, particularly in countries lacking comprehensive social protection systems. In Bangladesh, for instance, one study found that not only did 87 per cent of individuals who suffered an impairment withdraw from the labour market within one year, but also that 90 per cent of their spouses had to forgo employment to provide care (Chowdhury and Foley, 2006).

The greater likelihood of living in poverty and lower levels of employment among persons with disabilities is explained in part by lower levels of education (Filmer, 2008; Groce and Bakshi, 2009; World Bank and WHO, 2011). Data collected from 1992 to 2004 for 13 developing countries show that children with disabilities were significantly less likely to have begun or been enrolled in school than those without disabilities, even in similarly poor households (Filmer, 2008). The higher cost of sending children with disabilities to school than those without disabilities is an important barrier that is compounded by other factors.

In general, persons with disabilities suffer from poorer health and have less access to health services than persons without disabilities. They are at higher risk of developing secondary health conditions and even of premature death after the initial onset of impairment (WHO and World Bank, 2011). Some studies indicate that persons with mental and intellectual disabilities are at greater risk of developing chronic health conditions, such as high blood pressure, cardiovascular disease and diabetes, than persons without disabilities (ibid.). Additionally, a significant percentage of persons with disabilities cannot afford health care: 53 per cent of men and 52 per cent of women with disabilities indicated that they cannot afford health care worldwide, compared with 34 per cent of men and 32 per cent of women without disabilities,

according to the 2002-2004 World Health Survey (ibid.). Forgoing medical care can exacerbate impairments and thus deepen exclusion.

2. Accessibility and attitudinal barriers to participation for persons with disabilities

Persons with disabilities face physical and social barriers that hinder their access to services or employment and prevent them from enjoying their rights. The design and construction of indoor and outdoor facilities can prevent them from going to school and hospitals, shopping, gaining access to police services and finding or keeping a job. Footpaths, parks and public transportation may also be inaccessible, preventing some persons with disabilities from enjoying the most basic elements of participation in social life.[54]

Persons with disabilities also face communication barriers—that is, physical and virtual challenges in accessing and sharing information. Assistive technology enables people to live healthy, productive and independent lives, but is far from available to all. It is estimated, for example, that 360 million people, globally, have moderate to profound hearing loss, yet hearing aid production meets less than 10 per cent of the need (WHO, 2016). Digital technologies can also break down traditional barriers to communication and information. However, evidence suggests that the level of use of information and communications technology (ICT) by persons with disabilities is significantly lower than among persons without a disability (WHO and World Bank, 2011). In some cases, they may be unable to obtain access even to basic products and services, such as telephones, television and the Internet.

Stigma and discrimination touch nearly all aspects of the lives of persons with disabilities. They are present at the interpersonal and institutional levels, through laws and customs that systematically marginalize such persons and can prevent them from obtaining employment, accessing services and making friends. Expectations for academic and career success by persons with disabilities are often unfairly lowered. Parents may keep children with disabilities out of school for fear of abuse (Banks and Polack, 2014). If they attend school, children with disabilities are also subject to negative attitudes and bullying (UNESCO, 2017).

The relationship between disadvantage and disability often becomes a vicious cycle. Social protection has an important role to play in breaking that cycle and promoting the inclusion of persons with disabilities by improving economic security and providing them with the means to access services and devices needed to create an enabling environment. As the next section illustrates, while the vast majority of countries have some social protection scheme in place for persons with disabilities, the same accessibility and attitudinal barriers that drive their disadvantage limit their social protection coverage.

B. Gaps in social protection coverage for persons with disabilities

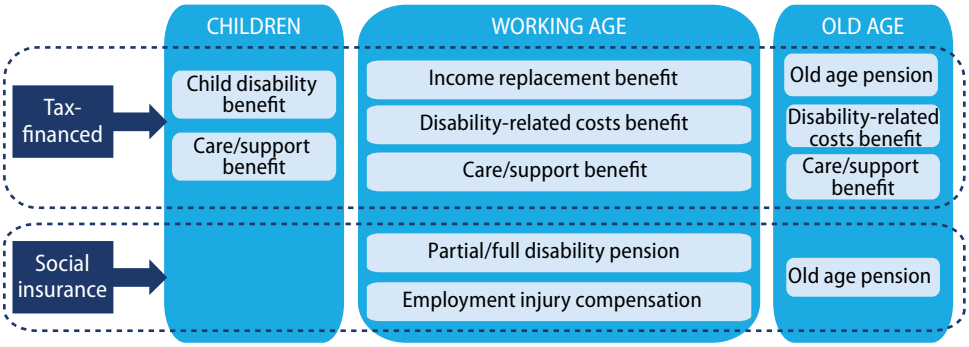
States parties to the Convention on the Rights of the Persons with Disabilities recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability (art. 28). The United Nations Special Rapporteur on the rights of persons with disabilities has also stressed

[54] The rate of disability is high among older persons and many of the accessibility barriers listed in this section are particularly relevant to social protection issues regarding older persons (see also chapter IV).

that social protection is fundamental for achieving the social inclusion and active participation of persons with disability, and in promoting their active citizenship.[55] Indeed, social protection can ensure the economic security of persons with disabilities and their families and contribute to creating an enabling environment for their inclusion. For example, by providing cash benefits to help to meet the needs of persons with disabilities, such as assistive devices, accessible transportation or support services, social protection can act as an enabler for their education and employment. Improved access to employment opportunities can, in turn, facilitate the access of persons with disabilities to work-based social protection schemes.

Approaches to providing disability-specific social protection benefits vary by country and by age group. Figure V.1 shows the type of cash benefits that countries with comprehensive social protection systems typically offer to persons with disabilities throughout the life cycle. That typology includes old-age pensions (either contributory or tax-financed) as a form of disability benefit, on the grounds that one of the main reasons for an old-age pension is to offer income replacement to those who can no longer work owing to disability or for other reasons.

Figure V.1
Comprehensive disability-specific benefits throughout the life cycle



It also includes employment injury schemes that provide benefits in the case of work-related accidents and occupational disease that result in temporary or permanent disability. Only 33.4 per cent of the global workforce is legally covered for employment injury, and in most countries for which data are available, the effective coverage rate is lower than the legal coverage rate (ILO, 2014a and 2017a). The administration of employment injury protection schemes is generally separate from that of old-age, disability and survivor benefits and therefore not discussed in detail in this chapter.

For working-age persons with disabilities, there are three different types of disability-specific benefits. The first is a disability pension offered to those who are unable to work. In effect, this is a form of income-replacement scheme. The second type of benefit compensates persons with disabilities for the additional costs that they face. They are offered to persons with disabilities regardless of whether or not they are employed, but can play a critical role in helping them to get work, since they may cover the cost, for instance, of accessible transportation and assistive devices. Lastly, a caretaker's benefit supports family members who must give up work to care for a person with a disability.

Few countries provide all those benefits, but some have complex systems that offer them and additional benefits, such as in-kind transfers or subsidies, including

[55] A/70/297, para. 2.

free public transportation, free access to public services, free or subsidized food, and free or subsidized assistive devices, among other benefits.[56]

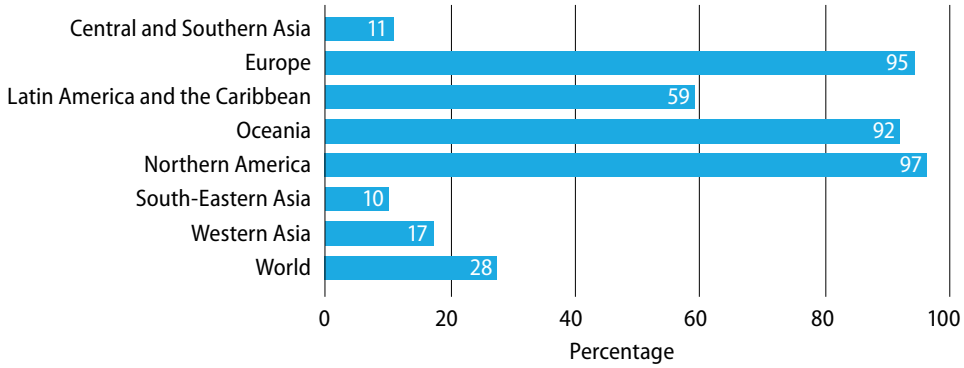
1. Gaps in disability benefit coverage

Disability benefits for the working-age population, together with old-age pensions, survivor benefits and health insurance, have been part of modern social protection systems since their inception. In 1932, 20 countries had some sort of contributory social insurance covering disability and 4—Australia, Canada, Denmark and Uruguay—had tax-financed, means-tested programmes (Liu, 2001, table 2). More than 80 years later, the social protection systems of most countries make provision for working-age persons with disabilities.

Most countries (170 out of 186 for which information is available) offer disability-specific schemes with periodic cash benefits that are anchored in national legislation. In 103 of them, only contributory schemes are available to persons with disabilities, while 67 provide only tax-financed schemes or combine contributory and tax-financed schemes (ILO, 2017a). Contributory social insurance schemes mainly cover workers in the formal economy. Tax-financed schemes, where available, provide at least a minimum level of income security for those who have not met the minimum requirements for contributory benefits.

Beyond legal coverage, SDG indicator 1.3.1 measures effective coverage—that is, the proportion of the population with severe disabilities collecting social protection benefits for disability.[57] Only 28 per cent of persons with severe disabilities receive disability benefits but coverage varies significantly by country and region. Benefits reach more than 90 per cent of persons with severe disabilities in developed regions but only 10 and 11 per cent in South-Eastern Asia and in Central and Southern Asia, respectively (see figure V.2).[58]

Figure V.2
Percentage of persons with severe disabilities receiving disability benefits, by region, 2016



Source: SDG Indicators Global Database Available from https://unstats.un.org/sdgs/indicators/database (see figure IV.1).

[56] See, for example, ESCWA (2017) for the case of Arab countries.

[57] Coverage estimates rely, in the absence of a universal definition of severe disability, on that adopted by the World Health Organization (WHO and WB, 2011). Disability caused by conditions such as quadriplegia, severe depression and blindness qualifies as severe.

[58] At the time of writing, data on disability benefit coverage was only available for a few African countries: Algeria, Burkina Faso, Cabo Verde, Cameroon, Kenya, Mali, Mozambique, Nigeria, South Africa and Tunisia.

Among OECD countries, disability benefits are mainly provided through contributory schemes managed by national Governments. As of 2015, 20 OECD countries provided contributory disability benefits only, 13 countries offered a mix of contributory and tax-financed disability benefits and two countries—Spain and New Zealand—had only tax-financed disability benefits in place.

The percentage of the working-age population (15 to 64 years of age) receiving public disability benefits in OECD countries ranged from 13.8 per cent in Norway (about 474,00 persons of working age) to less than 1 per cent in Mexico, the Republic of Korea and Turkey (representing 20,000, 193,000 and 128,000 persons, respectively) in 2014.[59] Additional data indicate that the proportion of persons with disabilities not receiving any public benefit and not in employment was higher than 20 per cent in Canada, Greece and Spain in 2005, but significantly lower in most, and close to zero in Finland, Iceland, Norway and Sweden (OECD, 2010a, figure 2.7).[60] In those countries, the universal coverage of disability benefits combined with a comparatively high rate of employment of persons with disabilities, ensures that few are left without income (ibid, figure 2.1).[61]

The percentage of the working-age population receiving public disability benefits remained largely steady, on average, in OECD countries from 2007 to 2014.[62] However, trends differ between countries: coverage has increased markedly in Chile but declined in countries such as Sweden and the United Kingdom. Those opposing trends are driven mainly by policy changes rather than changes in the size of the working-age population or the number of persons with disabilities. In recent years, disability benefit programmes have been reformed in many OECD countries, mostly because of concerns about the growing number of working-age people receiving disability benefits at a time of fiscal consolidation efforts (OECD, 2010a; Burkhauser, Daly and Ziebarth, 2016; ILO, 2017a). Some OECD countries have tightened eligibility for disability benefits or imposed conditions on their receipt and, at the same time, have strengthened worker retention and rehabilitation measures (Burkhauser, Daly and Ziebarth, 2016; Geiger, 2017).

Although coverage of persons with disabilities remains low in most developing regions, several low- and middle-income countries have made notable strides in improving coverage. Nine countries (Armenia, Azerbaijan, Brazil, Chile, Georgia, Israel, Kazakhstan, Mongolia and Uruguay) have achieved universal or near-universal coverage of persons with disabilities, primarily through a mix of contributory and tax-financed disability schemes.[63]

The expansion of tax-financed disability benefits has particularly helped to improve coverage in some developing countries. Since 2000, for instance, the number of beneficiaries of the South African Disability Grant has grown to number more than a million (see figure V.3). The Disability Grant is the only tax-financed scheme available to the working-age population whose work capacity has been reduced because of HIV infection. The introduction of free anti-retroviral drugs by the Government

[59] OECD Social Benefit Recipients Database. Available from www.oecd.org/social/recipients.htm (accessed 21 November 2017).

[60] These estimates should be interpreted with caution, as they do not include contributory disability schemes that are not publicly managed. They can be misleading in the case of countries where privately managed contributory disability benefits play a larger role in the provision of income support to persons with disabilities.

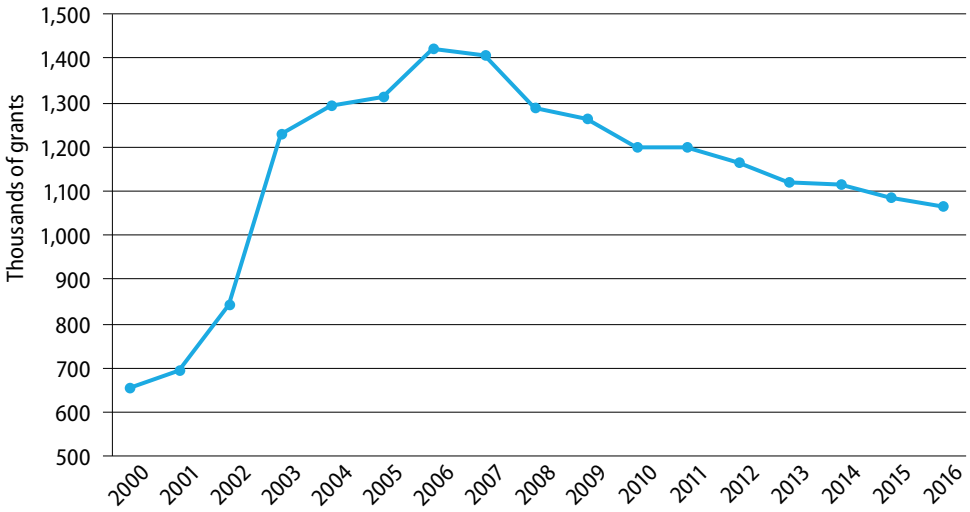
[61] As of 2016, Finland, Iceland, Norway and Sweden had reached universal coverage of persons with severe disabilities. At the same time, only 67 per cent of persons with severe disabilities received disability benefits in Canada and 83 per cent in Spain. See the SDG Indicators Global Database. Available from https://unstats.un.org/sdgs/indicators/database (accessed 11 December 2017).

[62] OECD Social Benefit Recipients Database.

[63] In Georgia, the sole disability benefit is distributed through a universal, tax-financed scheme, at a cost of about 0.5 per cent of GDP (Nutsubidze and Nutsubidze, 2015; Abels, 2016).

significantly improved the health of people living with HIV, which may explain the decline in the number of beneficiaries over the past decade (Strijdom, Diop and Westphal, 2016). Currently, it is estimated that 64.3 per cent of people with severe disabilities receive the Disability Grant.[64]

Figure V.3
Total number of Disability Grant beneficiaries, South Africa, 2000 to 2016



Source: South African Social Security Agency (2008 and 2017).

The coverage of disability benefits can vary depending on the type and severity of functional limitations. In South Africa, persons with seeing and hearing difficulties are less likely to receive the Disability Grant than those with other functional limitations, such as difficulties in walking, remembering or concentrating, or with self-care (Coulson, Napier and Matsebe, 2006). Furthermore, persons with the most severe limitations are more likely to be excluded from the Grant. In India, those with difficulties seeing and walking are less likely than persons with other functional limitations, such as in hearing, remembering or concentrating, or with self-care, to receive the Disability Pension (Wapling and Schjoedt, forthcoming (a)).[65] In Brazil, persons with visual and hearing impairments were the least represented group among beneficiaries of the Benefício de Prestação Continuada de Assistência Social, while those with intellectual impairments were the most likely to receive the benefit (Medeiros, Diniz and Squinca, 2015). Those differences underline the need to consider the access barriers faced by specific groups in the design and implementation of social protection programmes.

2. Adequacy of disability benefits

In most countries for which data are available, disability benefits do not fully replace employment income. Disability benefits from contributory schemes, for instance, are frequently lower than contributory old-age pensions. There are, however, exceptions. In 11 OECD countries for which data are available, for instance, the average disability benefit ranged from about 50 per cent to 80 per cent of the average net wage of an equivalent full-time employee in 2006. The replacement rates for unemployment ben-

[64] SDG Indicators Global Database Available from https://unstats.un.org/sdgs/indicators/database.

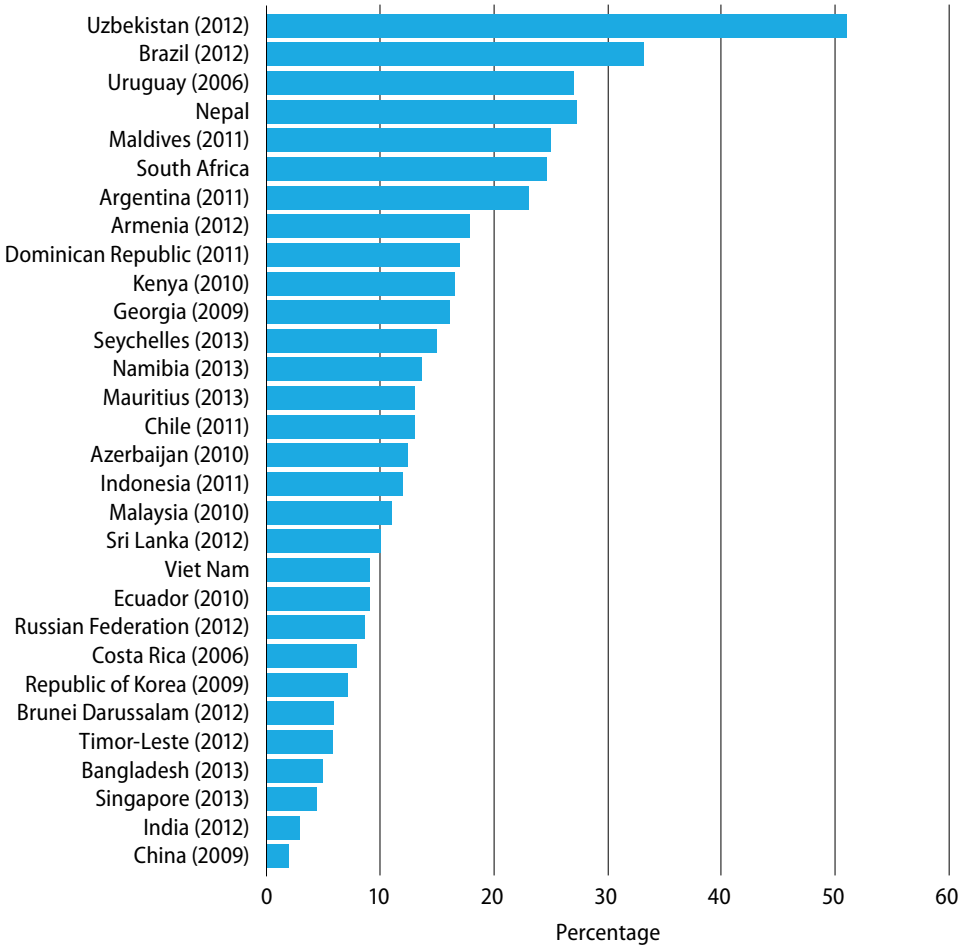
[65] Based on analysis from the India Human Development Survey-II, 2011-2012.

efits are only slightly higher than the replacement rates for disability benefits in those same countries (OECD, 2010a, figure 4.2).

Tax-financed schemes tend to provide lower benefits than contributory schemes. The average benefit amount received through the contributory Social Security Disability Insurance scheme in the United States was about 25 per cent of the gross average full-time wage, while the benefit amount of the tax-financed Supplemental Security Income programme was 12 per cent of the average full-time wage in 2006 (OECD, 2010b, figure 1.9).

The benefits that persons with disabilities received in the early 2010s through tax-financed schemes were above 20 per cent of GDP per capita, on average, in only a few developing countries—Argentina, Brazil, the Maldives, Nepal, South Africa, Uruguay and Uzbekistan (see figure V.4). In Brazil, the high level of transfers is explained by the fact that benefits are pegged to the country's minimum wage (Robles and Mirosevic, 2013). Many countries, however, purposely set disability benefit values below the minimum wage in order to avoid any potential negative impact on the employment of persons with disabilities (Palmer, 2013).

Figure V.4
Tax-financed disability benefit levels as a percentage of per capita GDP in selected countries



Sources: Development Pathways Disability Database (www.developmentpathways.co.uk/resources/disability-benefits-scheme-database; accessed 11 December 2017); ILO and IDA (2015); Kidd and Wapling (forthcoming) (South Africa); Kidd and Damerau (2016) and London School of Hygiene and Tropical Medicine (forthcoming (a) and (b)) (Nepal and Viet Nam).

Disability benefits may prove insufficient to guarantee income security if the increased costs of living associated with a disability are not taken into account. Even persons with jobs may require support to cover disability costs. Countries such as Denmark and the United Kingdom provide benefits to cover the cost of disability-related expenses, in addition to offering income support. In Denmark, people are assessed on an individual basis by social workers and given the financial support that they require to cover disability-related costs. That disability supplement is provided in accordance with the needs of the individual and there is no fixed maximum (Danmark Statistik, 2015).

3. Design and implementation barriers

A key barrier to accessing disability benefits is the disability assessment process itself, especially in low- and middle-income countries (Banks and others, 2016). The approach varies considerably from one country to another. Many use a purely medical assessment, with no consideration of social factors that may disadvantage persons with disabilities beyond their impairment. Countries such as Austria, Belgium, France, Germany and South Africa use a medical assessment but give medical officers discretion on whether to incorporate an evaluation of social and environmental barriers, such as those described in section A of this chapter, in their assessments. Other countries, including several Northern European countries, undertake a medical assessment but also place weight on social and environmental factors and give a role to non-medical experts, including social workers, occupational therapists and employment advisers. Attempts to incorporate social factors, however, have also been criticised for subjectivity and fraud (Banks and others, 2016).

One of the main challenges in undertaking disability assessments is insufficient expertise. Medical officers hired by the South African Social Security Agency, for example, often have no specialized training to conduct disability assessments (Kidd and Wapling, forthcoming). Furthermore, the time given for each assessment is often insufficient—sometimes less than three minutes (Banks and others, 2016). As a result, while some disabilities may be easily identified, those that are more hidden or complex to diagnose can be missed.

As with other disadvantaged groups, persons with disabilities may be unaware of the existence of programmes, unclear about the application process or unable to obtain the correct documents. A study carried out in rural areas in India in late 2005 revealed that 94 per cent of households with persons with disabilities had not heard of the Persons with Disabilities Act of 1995 and its associated entitlements, and that 60 per cent of persons with disabilities in rural areas had not heard of the country's disability pension (World Bank, 2007). The results of that study illustrate that, often, too little is done to raise public awareness of available benefits, in particular among persons with disabilities. Alternatives to printed materials may be needed to disseminate information about disability benefits effectively.

Where persons with disabilities are aware of their entitlements, they may face other obstacles. Application centres and pay points are often distant from applicants' homes, a particular problem for persons with mobility challenges. Some encounter difficulties in entering pay points and banks where, for instance, there are no wheelchair ramps or elevators. Others may live too far from registration centres or face high transport costs. Countries should endeavour to ensure that staff employed to manage disability benefit schemes are well trained and employed in sufficient numbers to conduct disability assessments as needed. Assessments should take place as close as possible to the applicants' place of residence and should be available to everyone with

an impairment. Where applicants incur transport costs, they should be compensated. Other support measures, such as translation, should be made available as appropriate during the assessment process.

Lastly, applicants should always be treated with dignity, and their right to privacy should be respected. Persons with disabilities should actively participate in the assessment and have access to a complaints mechanism.

C. Expanding access to social protection for persons with disabilities

Persons with disabilities face disadvantages in the labour market. Disability benefits should not, therefore, be limited to contributory schemes. Even in countries with relatively high rates of social insurance coverage, tax-financed disability schemes are essential to cover persons with disabilities who fall outside the scope of social insurance. Social protection schemes must strike a delicate balance between providing income security and adequate support services, on the one hand, and promoting participation in the labour force as much as possible, on the other.

1. Improving access to social protection

In addition to disability-specific social protection, persons with disabilities should have access to other programmes—including child and family allowances, unemployment benefits and social assistance schemes—as long as they meet the criteria of such programmes. Owing to high rates of poverty and exclusion from the labour market, persons with disabilities are often eligible for mainstream social protection programmes. Policy design and implementation, however, often keep those programmes beyond their reach.

Mainstream social protection schemes rarely include disability-sensitive, awareness-raising material or facilitate the access of persons with disabilities to an application point. At times, they contain conditions that persons with disabilities have difficulty fulfilling. In the Philippines, for example, many persons with disabilities were excluded from the Pantawid Pamilyang Pilipino Program because of school attendance requirements. Of the children benefitting from that conditional cash-transfer programme, one third reported difficulties in 2013 in travelling to school and two fifths in travelling to health centres, both of which were prerequisites for participation in the programme (ILO and IDA, 2015). Moreover, few mainstream social protection schemes take into account disability-related costs, either in the eligibility criteria for means testing, or in the setting of benefit levels, thereby putting persons with disabilities at a disadvantage (Kidd and Wapling, forthcoming).

The extent to which design or implementation barriers contribute to the exclusion of persons with disabilities from mainstream social protection schemes is largely unknown. To date, there has been no attempt to measure disparities in access to mainstream social protection programmes between persons with disabilities and persons without, indicating an important line of future research.

In recent years, several countries have expanded social protection coverage of persons with disabilities by including disability status as one of the eligibility selection criteria for mainstream social assistance programmes, introducing disability-specific cash benefits, or both (ILO, 2017a). In South Africa, for example, the effective coverage of households with persons with disabilities is relatively high compared with that of other developing countries. That is probably because of the range of available

disability-specific and old-age schemes, combined with relatively high public social protection expenditure. Including health, spending is higher in South Africa (10 per cent of GDP in 2015) than in any other country in sub-Saharan Africa (ibid.). In Ethiopia, the Productive Safety Net Programme has a social assistance component for households that include members who are not capable of work (ibid.). In 2014, 1.1 million persons benefited from this social assistance component (Ethiopia, Ministry of Agriculture, 2014). In Indonesia, although persons with severe disabilities do receive cash benefits, financial constraints have kept coverage rates very low and largely unchanged in recent years—the number of beneficiaries increased from 20,000 in 2011 to 23,000 in 2015 (ibid.). Solid evidence on the merits of one approach over another, however, does not yet exist.

There are, however, important lessons to be learned from countries that have achieved universal coverage of persons with disabilities. In Brazil, the tax-financed Benefício de Prestação Continuada de Assistência Social offers benefits equivalent to the minimum wage to 2.3 million persons with disabilities. The programme is designed for people living in extreme poverty and is means tested. Brazil also has a comprehensive social insurance system, the Previdência Social, which includes a disability pension for partial and full disability and sickness benefits for those working in the formal sector (Robles and Mirosevic, 2013). That mix of tax-financed and contributory disability benefits has enabled the country to achieve universal coverage of persons with disabilities.

Brazil has also taken steps to improve the process for assessing disability benefit eligibility. A social worker conducts an initial assessment to determine the labour market barriers faced by the applicant. That is followed by an evaluation of medical and functional limitations. Assessment centres are located in only 1,500 of the country's 5,570 municipalities and many potential beneficiaries have to travel long distances to reach them. Accordingly, applicants' transport costs and those of an accompanying adult are reimbursed, regardless of the outcome of their applications (Wapling and Schjoedt, forthcoming (b)).

Some countries with limited administrative capacity and resources have tried to reach persons with disabilities closer to their homes. Rwanda, for example, undertook a nationwide disability assessment in 2016, with teams visiting each subdistrict (Kidd and Kabare, 2017).[66] India operates a system of temporary camps for disability assessment so that people do not have to travel far for their examination (Wapling and Schjoedt, forthcoming (a)).

2. Impact of social protection on labour market participation

Disability benefits for persons of working age that are linked to an individual's capacity to work can act as a disincentive to work. Denying benefits to persons with disabilities who are able to work can, perversely, encourage them to stay out of the labour market so as to receive and retain the benefit. In South Africa, qualifying for the Disability Grant is linked to a person's capacity to work. In 2005, fewer than 6 per cent of individuals receiving the Grant were employed and only 6.6 per cent were willing to accept a job if offered one (Mitra, 2010).[67] Linking eligibility for disability benefits to capacity to work can also reinforce stereotypes and perpetuate dependency.

[66] Rwanda has not, however, put in place a system allowing on-demand assessment. People who missed the 2016 national assessment therefore have no way of being examined.

[67] See also Bound and Burkhauser (1999) for a review of the evidence on disability benefits creating work disincentives in developed countries, as well as Taylor Committee (2002), Mitra (2005 and 2008) and Mutasa (2012).

Conversely, schemes that offer incentives to employers to hire persons with disabilities and support their transition into the labour market can be a means of challenging stereotypes and promoting the inclusion of persons with disabilities. In Australia, the Disability Support Pension allows recipients to work for up to 30 hours per week while receiving the full benefit, and the Government offers employment services and financial incentives for employers to hire persons with disabilities (ILO, 2014a). In Ireland, the Department of Social and Family Affairs has a sectoral plan under the Disability Act of 2005 that includes measures to promote self-sufficiency for persons with disabilities, in particular the Reasonable Accommodation Fund for the Employment of Disabled People, which encourages the private sector to employ persons with disabilities and ensure that they stay in the workforce (Ireland, 2006). In Saudi Arabia, at least 4 per cent of employees in the private sector must be persons with disabilities. The Tawafuq Empowerment for Employment for Persons with Disabilities programme, which was launched in 2014, is designed to provide persons with disabilities with job-seeking support (ILO, 2014a). In 2016, the Government introduced a disability and work card and established a certification system for disability-confident work environments (Saudi Arabia, 2016). Progress, however, has been slow. Less than 10 per cent of persons with disabilities were employed in Saudi Arabia in 2016, and about one quarter of those working received subsidies under the Tawafuq programme (ibid.). Only 17 companies in Saudi Arabia had joined the Business Disability Network in 2016, and just 7 had increased the number of employees with disabilities. Not strictly social protection measures, the above-mentioned programmes represent efforts by Governments to foster the inclusion of persons with disabilities in the formal labour market.

Recent disability social protection reforms have concentrated on removing benefits for persons who have disabilities but a significant capacity to work. Some countries have attached conditions to the receipt of benefits: most often, transfers are made conditional on participation in rehabilitation, training and job-search activities (Geiger, 2017). Those reforms have had only limited success in increasing the proportion of persons with disabilities in employment. That can be explained by an unfavourable labour market and the lack of measures to facilitate the integration of persons with disabilities into the market over the long term (ibid.). Moreover, efforts to restrict eligibility for disability benefits to those with severe limitations can further deepen the disadvantage experienced by persons with disabilities if appropriate employment support for those with less severe limitations is not in place (OECD, 2014b). Even when employed, many persons with disabilities need additional support to defray their higher costs of living. Those costs stem from disability-related expenses, many of which are necessary to stay in employment.

Much of the impetus for reforming tax-financed disability schemes in developed countries stems from concerns regarding their fiscal sustainability, given the growing number of beneficiaries (Burkhauser and others, 2014). Because few persons with disabilities who begin to receive benefits move back into the labour force, countries have redoubled efforts to improve the retention of workers after the onset of disability (OECD, 2010a). However, changes in disability benefits should not be undertaken without a good understanding of the impact they may have on unemployment, insurance, pensions and mainstream social protection programmes.

Conclusions

The physical, mental, intellectual or sensory impairments that persons with disabilities experience can hinder their full and effective participation in society and open the way to social exclusion and discrimination. Nonetheless, their vulnerability should not be regarded as implying dependency or an inability to participate in society and work. Physical barriers and societal attitudes contribute to their disability and often result in lower incomes, less fulfilling jobs and exclusion.

The perception of persons with disabilities as a group in need of charity still underpins the design and implementation of many social protection programmes. In other words, many are based on the idea that such persons lack capacity and are dependent, unable to fully contribute to society or the workplace. This is damaging for persons with disability and their families, the economy and society at large.

Many persons with disabilities are excluded from social protection, particularly in developing regions. The wide variations around the world in rates of coverage and amounts paid in benefits largely reflect differences in the design, implementation and funding of social protection programmes and do not necessarily reflect variations between countries in levels of disability or in the needs of persons with disabilities.

Little is known about the impact of disability benefits. The existing evidence from low- and middle-income countries suggests that, while disability benefits help households to meet their basic needs, they are far from replacing employment income and meeting the cost of disability-related expenses.

Beyond social protection, a wide range of additional support services is needed. They include: assistive devices; access to education and health services (including school materials and health-care products specifically needed by persons with disabilities); housing (and adaptations); access to buildings, care services and subsidised transport; and help to enter the labour market. This needs to be couched in a legislative framework in which all forms of discrimination against persons with disabilities are prohibited. Indeed, although largely falling outside the definition of social protection employed in this report, schemes and programmes that support the (re)integration of persons with disabilities into the labour market and facilitate their participation in decent work where feasible and appropriate—including measures to address discrimination—play a key role in advancing the social inclusion of persons with disabilities. Social protection schemes can contribute to their income security but are no substitute for employment.