Baseline Study on the Protection and Promotion of the Rights of Children with Disabilities in Fiji

"AN INCLUSIVE FUTURE FOR OUR CHILDREN WITH DISABILITIES"

Human Rights and Anti-Discrimination Commission

Australian Aid

UNITED NATIONS

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Disclaimer

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Foreword

We are pleased to present this Baseline Study Report on the status of the protection and promotion of the rights of children with disabilities in Fiji.

Children are the most precious gifts in our lives, whether we are parents, aunts and uncles, grandparents, guardians or members of our communities. We pour our hearts into loving them, protecting them, guiding them, and nurturing them with everything we have, dreaming of the day they grow into strong, kind, and capable individuals. We carry both hope and concern in our hearts; hope that they will thrive and become compassionate, responsible people, and concern that the world will treat them with dignity and respect. Above all, we wish for them to be safe, valued, and surrounded by kindness wherever they go. Every child deserves the opportunity not only to grow and flourish, but to be seen, heard, and empowered to realise their full potential.

Yet for children with disabilities, this opportunity remains out of reach far too often. Many still face stigma, exclusion, discrimination and barriers that prevent and limit their access to education, participation, and the full recognition or realisation of their rights. The Commission recognised a critical gap in information, particularly in relation to a rights-based assessment of the situation of children with disabilities. While all children face vulnerabilities, children with disabilities often experience heightened levels of exclusion, discrimination, and marginalisation. This Study was therefore undertaken to better understand these realities and to inform targeted, meaningful, and sustained action.

We trust that the findings and recommendations contained in this Study will contribute to strengthening existing systems of protection, inclusion and support for children with disabilities. More importantly, we hope this Study serves as a catalyst for renewed commitment, innovative thinking, and decisive action. It is our aspiration that this Study will inspire stakeholders to champion and provide the required resources to ensure that legislations and policies are inclusive, invest in sustainable programmes, and work collaboratively so that children with disabilities fully, equitably and equally enjoy their rights with dignity.

We extend a special and heartfelt thank you to children with disabilities and their families, whose courage in sharing their lived experiences has deeply enriched this Study. Without their voices, this Study would not be as meaningful, authentic or impactful. We also offer our sincere gratitude to all stakeholders who generously gave their time to speak with us and share valuable information and insights throughout this Study. Your openness and collaboration have been vital to shaping a comprehensive and grounded understanding of the issues.

Our deep appreciation goes to the Study Advisory Committee for their invaluable expertise and guidance throughout this Study process. We acknowledge the dedication and perseverance of the Baseline Study Team, who worked tirelessly, often with limited resources to bring this important work to a successful completion.

Finally, this Study was made possible through the support of the Australian Government through the Vuvale Partnership and the United Nations Peacebuilding Fund-supported Strengthening Social Cohesion Pathways, Human Rights and Women's Civic Participation Programme, led by the Government of Fiji and the United Nations Resident Coordinator's Office, and implemented in partnership with UNDP, UN Women and OHCHR. We sincerely thank you for sharing our vision and commitment in advancing and safeguarding the rights of children with disabilities in Fiji.

We encourage all stakeholders—Parliamentarians, Government leaders, Government Ministries and agencies, the private and commercial sectors, civil society organisations, faith-based organisations, development partners, communities, and families to actively engage with this Study and use it as a practical tool to drive meaningful change that will enable and support children with disabilities to live fulfilling and meaningful lives. Together, we can remove barriers, build a more inclusive Fiji where every child is respected, valued, supported, empowered to thrive, and where children with disabilities fully, and equitably enjoy their rights with dignity.

Veena Singh
Commissioner

Alefina Vuki
Commissioner

Chantelle Khan
Commissioner

Loukinikini Lewaravu
Director

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Common abbreviations and terminology

AAC	Augmented and Alternative Communication
ADHD	Attention Deficit/Hyperactivity Disorder
AFHP	Australia Fiji Health Programme
AQEP	Access to Quality Education Program
CBID	Community-Based Inclusive Development
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CID	Crime Investigation Division
COSIE	Council for Special and Inclusive Educators
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisations
CWM	Colonial War Memorial Hospital
DFAT	Department of Foreign Affairs and Trade (Australia)
DISCOM	District Committees
ECE	Early Childhood Education
FAD	Fiji Association for the Deaf
FDPF	Fiji Disabled Peoples Federation
FEMIS	Fiji Education Management Information System
FHO	Frank Hilton Organisation
FHRADC	Fiji Human Rights and Anti-Discrimination Commission
FMA	Fiji Mobility Alliance
FNU	Fiji National University
FWCC	Fiji Women's Crisis Centre
GEDSI	Gender Equality, Disability and Social Inclusion
IEP	Individualised Education Program
LGBT	Lesbian, Gay, Bisexual, Transgender
MHMS	Ministry of Health and Medical Services
MICS	Multiple Indicator Cluster Survey
MoE	Ministry of Education
MOU	Memorandums of Understanding
MWCSP	Ministry of Women, Children and Social Protection
NCCC	National Coordinating Committee on Children
NCPD	National Council for People with Disabilities
NGO	Non-government organisation(s)
ODPP	Office of the Director of Public Prosecutions
OHCHR	Office of the High Commissioner for Human Rights
OPD	Organisations for Persons with Disabilities
OSC	Online Safety Commission
PDF	Pacific Disability Forum
PSEAH	Prevention of sexual abuse and harassment
RPF	Rainbow Pride Foundation
SDG	United Nations Sustainable Development Goals
SIE	Special and Inclusive Education
SIEG	Special and Inclusive Education Grant
SRHR	Sexual and Reproductive Health Rights
UNFPA	United Nations Population Fund
UN PRPD	United Nations Partnership on the Rights of Persons with Disabilities

PART ONE:

INTRODUCTION TO THE ISSUE

> > > >

1. Introduction

Children are among the most at-risk groups exposed to human rights violations, because they cannot fully exercise their rights and therefore depend on adults for their safety, livelihood, wellbeing, advocacy and overall protection.[1] Children with disabilities face even higher risks of human rights violations compared to their peers without disabilities due to systemic, structural, environmental, economic, cultural and social barriers.[2]

The emerging evidence shows that children with disabilities in Fiji face barriers in accessing education, healthcare, and other essential services due to factors such as physical inaccessibility, stigma and discrimination, enforcement gaps, underinvestment, and limited availability of disability-inclusive programs and services. Stakeholders have observed that societal stigma often leads to discrimination, and the attitudes and behaviours of parents and family towards children with disabilities are also a key challenge.

Children with disabilities can also be impacted by multiple and intersecting forms of discrimination, because of factors like their gender, the nature of their disability, sexual identity, ethnicity, family income, or where they live, such as in a rural or remote community.

1.1 The Fiji Human Rights and Anti-Discrimination Commission

The Fiji Human Rights and Anti-Discrimination Commission (FHRADC) is established under Section 45 of the Fiji Constitution 2013 and the Human Rights and Anti-Discrimination Commission Act 2009. The FHRADC is mandated to promote and protect human rights through education including monitoring and investigation, as well as provide advice and recommendations on existing or proposed laws and policies that affect human rights.

The FHRADC is committed to:

- Protecting and promoting human rights.
- Exercising the Commission's authority and powers independently.
- Promoting access to justice and equal application of the law.
- Providing a professional, transparent, accountable, ethical, responsive and effective service.

The FHRADC upholds the rights of all children with disabilities as stated in the Convention on the Rights of the Child (CRC), the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

1.2 The Issue

Recognising the challenges faced by children with disabilities, Fiji has taken significant steps to strengthen the rights of children with disabilities through domestic legal and policy frameworks. In March 2018, Fiji's Parliament enacted the Rights of Persons with Disabilities Act 2018 and further enforced this commitment through the National Policy on the Rights of Persons with Disabilities (2025 –2035), publicly launched in October 2025. Other policies such as the Special and Inclusive Education Policy and the National Disability Inclusive Health and Rehabilitation Action Plan have had an impact. The Fiji Government has also increased its financial support in disability over the past five years, indicating a growing concern and commitment to persons with disabilities.

Fiji is a State Party to international human rights frameworks, including the CRC, CRPD, CEDAW, and the Universal Declaration of Human Rights (UDHR), as well as alignment with the United Nations Sustainable Development Goals (SDGs).

Fiji has a strong and influential disability rights movement made up of various Organisations of Persons with Disabilities (OPDs) and service providers that actively advocate for the rights of people with

[1] Save the Children Fiji, (2019), Child Rights Situational Analysis, Save the Children: Suva.

[2] Jenkin, E., Wilson, E., Clarke, M., Campain, R., & Murfitt, K., (2017), Listening to the voices of children: understanding the human rights priorities of children with disability in Vanuatu and Papua New Guinea, Disability and Society, 32(3), 358-380, pp.359-360.

disabilities, and shape policies and legislation, such as the Rights of Persons with Disabilities Act 2018. Important progress has also been made in recent years to improve data collection specifically on children with disabilities. Preliminary results from the 2021 Multiple Indicator Cluster Survey (MICS) indicate that 8.8% of children surveyed aged 2 to 17 years reportedly had difficulty functioning in at least one domain.[3]

In 2024, the Office of the High Commissioner for Human Rights (OHCHR) and the United Nations Partnership on the Rights of Persons with Disabilities (UN PRPD) completed a situational analysis of the rights of persons with disabilities in Fiji. The analysis had a broader scope, looking at contextual factors affecting the implementation of the CRPD and SDGs, and the preconditions for disability inclusion. Among the findings was the need for inclusive service delivery for children with disabilities, including access to appropriate early intervention, support services, and assistive devices to support their educational needs. Consultations were primarily in Suva, and limited engagement at the community level was identified as a limitation of the situational analysis.[4]

The experiences of children with disabilities in Fiji have been sparsely documented, with existing research focused on broader children's rights issues, disability across broader population groups, or specific sectors like education. In Fiji's 2nd Voluntary National Review Report 2023, overarching accessibility issues for all people with disabilities were mentioned, however, concerns on children with disabilities were highlighted in terms of access to education only.[5]

Other research includes a study undertaken in collaboration with Frank Hilton Organisation into barriers to accessing services for children with disabilities and another examining vaccination rates for children with disabilities. Examples of strengths and achievements in protecting and promoting the rights of children with disabilities have been documented through NGO case studies and awareness campaigns. These stories can be powerful tools for challenging stigma and negative stereotypes, empowering communities, and a platform for people with lived experience to be heard.

While Fiji has made crucial achievements in law and policy, an assessment of the protection of the rights of children with disabilities is still lacking. There remains a critical gap in understanding the diverse experiences of children with disabilities, including how these may differ based on factors such as type of disability, age, ethnicity, sex, gender, socioeconomic status, geographic location, and cultural context.

1.3 The Study

To address these gaps, and build on existing efforts to ensure the inclusion of children with disabilities, in February of 2025, the FHRADC launched its Baseline Study on the Protection and Promotion of the Rights of Children with Disabilities (the Study). The Study aims to highlight successes and challenges, and identify opportunities to strengthen the protection of the rights of children with disabilities.

1.3.1 Objectives of the Study

The Study aimed to undertake an in-depth assessment on the status of the protection and promotion of the rights of children with disabilities in Fiji. The three key questions it asked were:

1. What have been the key achievements and successes in protecting and promoting the rights of children with disabilities in Fiji?
2. What challenges and gaps exist in current efforts to protect and promote the rights of children with disabilities in Fiji?
3. What are the opportunities and recommendations on strategies for improving the protection and promotion of the rights of children with disabilities in Fiji?

[3] Fiji Bureau of Statistics, (2022), Multiple Indicator Cluster Survey 2021 – Survey Finding Report, p.27.

[4] OHCHR & UNPRPD, (2024), Situational Analysis of the Rights of Persons with Disabilities in Fiji, Compiled by independent consultants, Leaine Robinson (Collaborate Consulting Pte Ltd (CoLAB)) and Litia Naitanui for OHCHR, pp.13, 74.

[5] Fiji Bureau of Statistics, UNDP & UNESCAP, (July 2023), Voluntary National Review - Strengthening Resilience to Meet the Challenges of Climate Change and Other Global Issues, Ministry of Finance, Strategic Planning, National Development and Statistics, p.51.

1.4 Structure of the Study Report

This report is divided into two parts:

- **Part One** introduces the Study and its methodology as well as the current landscape for children with disabilities in Fiji, including existing data, policies and legislation.

- **Part Two** discusses the findings of the Study across these seven thematic areas:

1. Law, policy and governance
2. Child and caregiver experiences
3. Community attitudes and inclusion
4. Services and support systems
5. Health and rehabilitation
6. Education
7. Justice, protection and safety

Each thematic area highlights work being done in this area, opportunities or positive practices and the challenges and barriers that exist. The final sections summarise findings from the key thematic areas and makes recommendations.

Throughout the report several devices are used to help the reader understand the situation for children with disabilities in Fiji. These include:

- **Organisation Spotlights** which are case studies on positive work or activities carried out by different organisations to support the protection and promotion of the rights of children with disabilities.

- **Child Snapshots** which capture and amplify the voices of children who engaged with the Study and its inclusive tools, but did not have a verbal interview. These children's stories and interactions are shared through the detailed notes taken by the researchers and research assistants about how children engaged with the research materials and research questions. Photos shared as part of these stories are done with the consent of children and their parents.

- **Quotations** that are direct quotes from children, parents and caregivers, civil servants, OPDs, communities and other stakeholders which are used to shed light on the experiences of children with disabilities and underscore the findings from the Study.

- **Pictures** which refer to pictures from the students of Ra Special School responding to different prompts, 'What do you really like or care about?', 'What would make your life better or easier?', and 'What are your hopes and dreams?'

1.5 Study Advisory Committee

In line with the principles of equity, intersectionality and participation, an Advisory Committee was established with representatives who had lived experience of disability and from those who were working in the child disability space. The Advisory Committee played a critical role in providing expertise, guidance and strategic direction to the Study including support with the data analysis and validation process. This Committee facilitated mutual learning between members and the Study team by sharing community-based data collection strategies, inclusive methodologies, culturally grounded approaches, and reflections on challenges and best practices.

The members of the Advisory Committee were:

- Ms. Sureni Perera – Frank Hilton Organisation.
- Ms. Leaine Robinson – development specialist (GEDSI).
- Ms. Sabina Moce – young person with disability.

1.6 Baseline Study Team

The Baseline Study Team consisted of:

Research Lead and Report Writer (Consultant): Kayt Bronnimann - Provided overall expert research advice, direction, and guidance on the Baseline Study. This included specialist input and review of the ethics protocol and guidance to ensure a robust, disability and child-inclusive research approach, data collection methods and analysis and training of the research team in these methods and approaches. The Research Lead worked collaboratively with the Baseline team, to analyse and validate data and write the Study report.

We also acknowledge the contribution by **Anita Lumbus**, who started as Research Lead and Report Writer. She conducted initial desktop research and analysis; drafted early versions of survey questionnaires for parents, children, and online submissions; developed a coding framework for interview analysis; initiated the ethics protocol and guidance; and began the Study report structure. She also prepared stakeholder consultation materials, including questions, information sheets, and consent forms, and facilitated these consultations.

Emele Wabale, project officer at the Fiji Disabled Peoples Federation, accompanied the field research team facilitating community consultations in Ra, and provided support with identifying children with disabilities and their families, connecting FHRADC with community disability focal points.

Researchers: Consisted of five Field Researchers **(Neha Reddy, Suakini Balesisawana, Rusiate Rale, Leon Singh, Laite Kaunisela)** and three Research Assistants **(Adi Maopa Tale, Mark Lal, Varisha Kumar)**. The research team all underwent training in disability sensitisation, child safeguarding and inclusive and ethical research practice. The research team conducted interviews with families and children with disabilities and facilitated community consultations. The team supported overall logistics, including transcribing and translating of interviews.

HRADC Commissioners: Commissioner **Chantelle Khan** and Commissioner **Alefina Vuki**, provided support and guidance to the Study and engaged in Study components upon request and where possible.

Communications and Education Team: Mithleshni Gurdayal and **Irene Yuen** developed a Communications Plan. They led and implemented the Communications Plan and provided additional support to the Project Coordinator with coordinating the implementation of Study activities. They also assisted with facilitating consultations, meetings and interviews.

FHRADC Staff: Maikeli Talatala, Tiko Nobis, Senimili Waqa and **Jordan Peter Travis Lews** (intern) supported the research team with facilitating community consultations.

2. Research Approach

2.1 Methodology

This Study employed a mixed-methods approach, integrating qualitative and quantitative data to provide a better understanding of the status of the protection and promotion of the rights of children with disabilities in Fiji. Qualitative research provides the opportunity to go deeper and focus on individual experiences and stories. It allows children with disabilities to tell their own stories rather than have representatives speak on their behalf. Combined with quantitative analysis, qualitative methods give a human face to the data and reveal the different barriers, challenges and direct lived experiences of children with disabilities and their families.

Findings and insights gathered from initial consultations with key stakeholders informed the development of data collection for the community-level phase. This ensured the questions were relevant, culturally grounded and sensitive, capturing and reflecting the cultural context and needs of children with disabilities and their families.

2.1.1 Conceptual Framework

The Study was guided by a conceptual framework that incorporates international and regional best practices for rights-based disability analysis. The framework is informed by these three approaches to situational analyses:

1. UNICEF's guidelines for conducting situational analyses of children's rights, which incorporate:
   - A human rights-based approach grounded in the CRC, CRPD, and CEDAW;
   - An equity lens, ensuring that the priorities of the most marginalised are addressed and there is equitable participation in the research;
   - The social model of disability, recognising disability as a result of societal barriers;
   - Inclusive development principles in accordance with the right to participation in the CRPD and in accordance with "Nothing about us, without us";
   - A life cycle approach, which considers rights across developmental stages; and
   - Intersectionality, examining how multiple aspects of identity (e.g., gender, age, sex, ethnicity, disability, location) interact to influence rights realisation.[6]
2. The Pacific Disability Forum's (PDF) framework on the interdependent preconditions for disability inclusion is drawn from the CRPD and adapted for the Pacific region. These preconditions include non-discrimination, accessibility, assistive technology, social protection, and community support services. It ties these preconditions to Pacific cultural values and recognises Community-Based Inclusive Development (CBID) as a critical enabler. As described by PDF, CBID "fosters local support networks and ensures that inclusive policies reach individuals at the community level".[7]
3. The United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) situational analysis guidelines, complement the above, with the additional preconditions of accountability and governance, CRPD compliant budgeting, and inclusive services, as well as cross-cutting issues affecting disability inclusion – participation, gender and inequalities.[8]

The Study also utilised local knowledge and understandings throughout the project, such as the concept of the *Vanua*, which supports a culturally rooted framework for the inclusion of people with disabilities. The *Vanua* is a traditional, indigenous concept that guides how people respect the land, culture, and values in Fiji.[9] Grounded in concepts of respect, responsibility, reciprocity and relationships, these concepts strongly align with key rights under the CRPD that foster inclusion, such as belonging, mutual care and shared resources.[10]

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6 UNICEF, (2013), UNICEF Guidelines for Disability Situation Analyses, Version 5.

7 Pacific Disability Forum, (2024), Preconditions to inclusion issues papers: complete series, p.3.

8 UNPRPD, (2022), UN PRPD guidance for conducting a situational country analysis of the rights of persons with disabilities, United Nations Partnership on the Rights of Persons with Disabilities.

9 Yumi, S., (2018), 'Indigenous Concept of *Vanua*: Empowering Indigenous Persons with Disbilities, Disability Rights Fund.

10 Ibid

Together, these frameworks ensured the Study was grounded in international human rights standards, regional and national priorities, and inclusive, equity-focused analysis. They formed a unified lens for addressing the Study questions and guided the Study tools, the sampling strategy, the thematic coding of qualitative data and the analysis of Study findings.

2.2 Data Collection Methods

The Study adopted a variety of data collection methods, including:

- Document and policy review of national legislation, policies, programs, and prior research.
- Key informant interviews with Government, Organisations for Persons with Disabilities (OPDs), non-government organisations (NGOs), and service providers, including schools.
- Consultations with communities.
- Interviews with parents and caregivers of children with disabilities.
- Inclusive methods of data collection with children (child-friendly interviews, play-based methods, creative expression, and adapted tools).
- Online submissions.
- Quantitative data analysis using available national datasets and disaggregated indicators.

Memorandums of Understanding (MOUs) were also signed with the Fiji Disabled Peoples Federation (FDPF) and Frank Hilton Organisation (FHO) to share data and support access to families and communities.

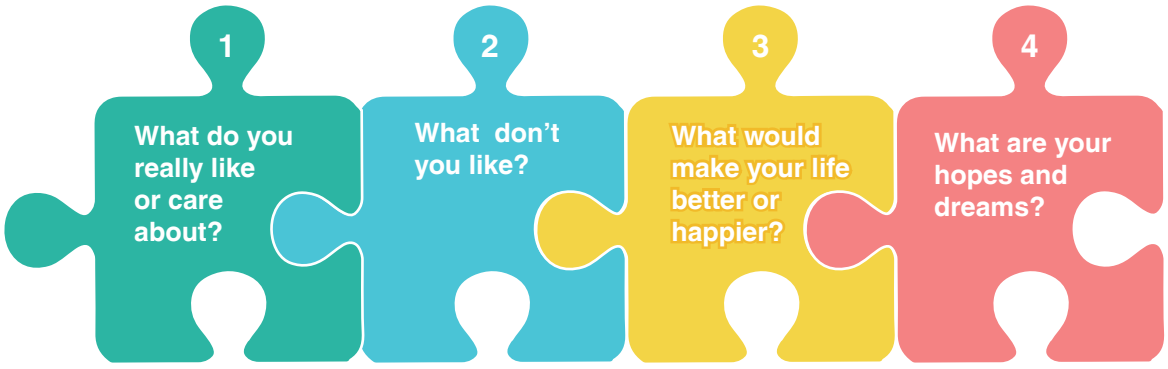
Interviews with parents and Government and non-government stakeholders took a semi-structured approach, exploring human rights issues, successes and challenges. Community consultations were conducted *talanoa*[11] style in the local language and focused on community understandings of disability and the experience of people with disability in the community.

With the consent of participants, interviews were audio recorded and later transcribed. Interviews conducted in Fiji Hindi or *iTaukei* were translated into English.

For the interviews with children, a children's toolkit was developed, informed by prior human rights research conducted in Papua New Guinea and Vanuatu with children with disabilities.[12] The toolkit was designed to be engaging, child friendly and adaptable to different ages, abilities and disabilities. For more information about the toolkit see Appendix Five.

The researchers met with families twice. The first time involved meeting the parents and the child, introducing the Study, building trust and rapport with the child and learning whether they had any communication or other support needs. During the second meeting, after ensuring children still wanted to take part, the interview was conducted.

Researchers asked children these four key questions:

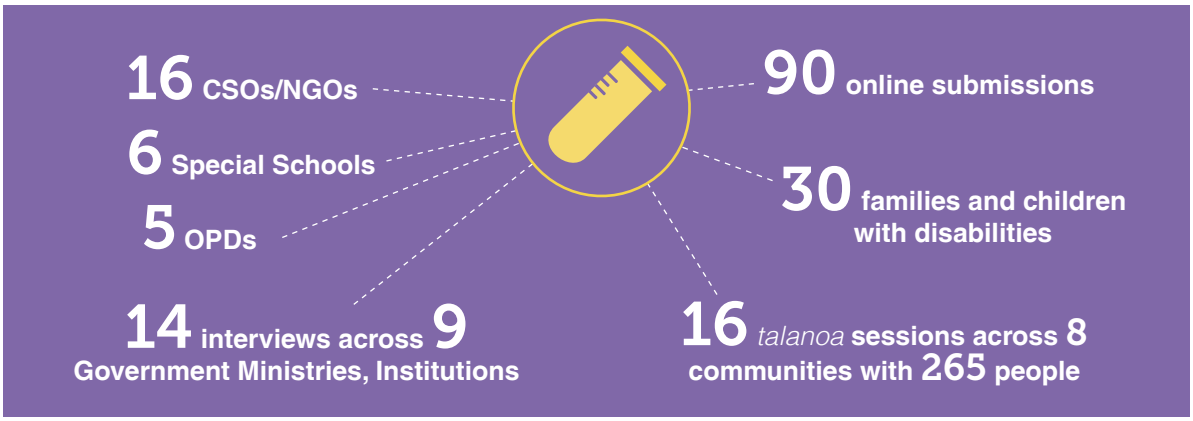


Depending on the child's response, interest and ability, researchers asked further questions to learn more about the child's life.

[11] *Talanoa* is a locally relevant concept and at its simplest means "talking about nothing in particular, and interacting without a rigid framework" (Vaioleti, 2006, p.23). It is a conversation, which requires both respect and reciprocity between those involved.

[12] Jenkin, E., Wilson, E., Murfitt, K., Clarke, M., Campain, R. & Stockman, L., (2015) Inclusive Practice for Research with Children with Disability: A Guide, Deakin University, Melbourne.

2.2.1 Participants and Sampling



The Study used purposive sampling, with efforts to ensure representation across key diversity factors such as age, sex, gender, disability, ethnicity, geographic location, and socioeconomic background. Special attention was paid to ensure representation from rural and remote areas. Semi-structured interviews were undertaken with 9 Government agencies (14 separate interviews), 16 NGOs, 5 OPDs and 6 special schools.

The FHRADC made a call for submissions from the public to share their thoughts on what was working well for children with disabilities, what was not working well and what recommendations they would make. Submissions could be made in written form, orally or even drawings to provide greater accessibility and inclusion. The FHRADC received a total of 90 submissions from across Fiji, mostly from parents of children with disabilities. The FHRADC acknowledges that having the submissions online may have been a barrier to some families with limited internet or digital access.

The FHRADC conducted 16 community consultations across 8 different communities with 265 participants through *talanoa* group discussions. These sessions included separate discussions for men and women as well as consultation tailored specifically for *iTaukei* communities and Indo-Fijian communities. This approach ensured safe spaces for participants to share their views while respecting diverse cultural protocols.

The Study team spoke with 2 rural communities in the Central Division, 3 in the Western Division, 2 in the Northern Division and 1 in the Eastern/Maritime Division. Due to the less contained nature of urban living, most communities were rural or from smaller towns.[13]

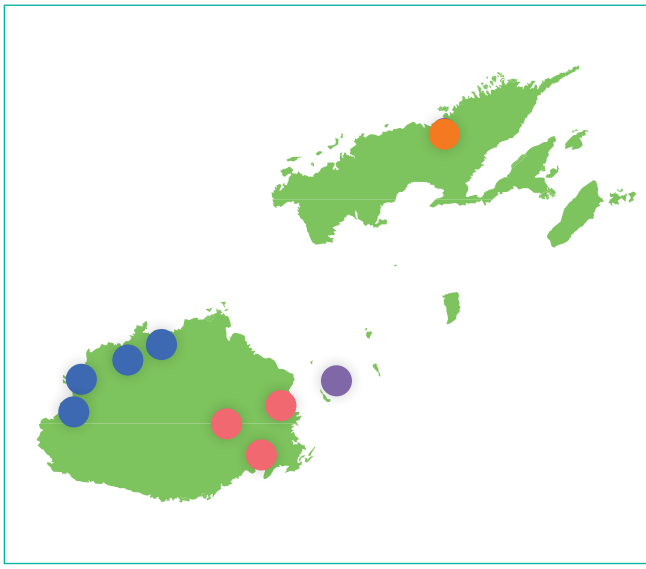
Children with disabilities and their families were identified by FDPF and FHO.[14] The Study team also spoke to one parent who reached out through the online submission process. In the end, the Study team met with 30 families and 30 children across a range of disabilities. Eight of the children were girls and twenty two were boys. Of the 30 children, two declined to take part so the Study team just interviewed their parents. The Study team also interviewed the parent of a child who had dyslexia, however did not meet her son.

Not all children the Study team met with communicated verbally. Some used gestures or symbol boards, other used single words or short phrases. In these cases, researchers usually chose not to audio record the interview. The children were still able to participate via inclusive tools and methods.

[13] All communities in the Central Division and 2 communities in the Western Division were identified through the Social Empowerment and Education Programme (SEEP), an NGO that had previously engaged with these communities. One community in Ba was identified with the support of the Ministry of iTaukei Affairs. FDPF facilitated contact with two communities in the Northern Division and the Commission personally reached out to one community in Kadavu.

[14] Initial contact was made by staff at these organisations to introduce the Study and gauge the family's interest. If families consented to being contacted then a member of the Study team telephoned to explain more about the Study and organise a time to meet.

Disaggregated data



Location of family interviews		Number of Families
Central	Naitasiri	8
	Rewa	5
	Tailevu	3
	Unknown	1
Western	Lautoka	2
	Ba	2
	Tavua	1
	Nadi	1
Northern	Labasa	5
Eastern/ Maritimes	Levuka	2
	Total	30 families

Figure 1: Map showing locations of family interviews.

Gender Distribution of Children

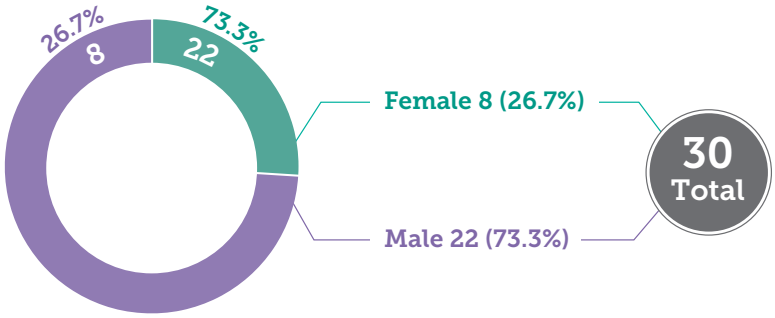
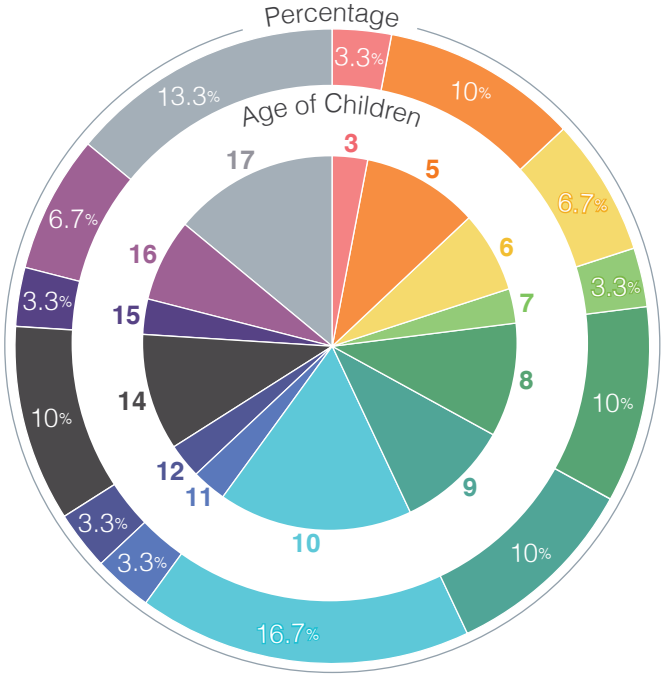


Figure 2: Gender distribution of children.

Age Distribution of Children



Age	Number
3	1
5	3
6	2
7	1
8	3
9	3
10	5
11	1
12	1
14	3
15	1
16	2
17	4
Total	30

Figure 3: Age distribution of children interviewed

Number of Children by Type of Disability

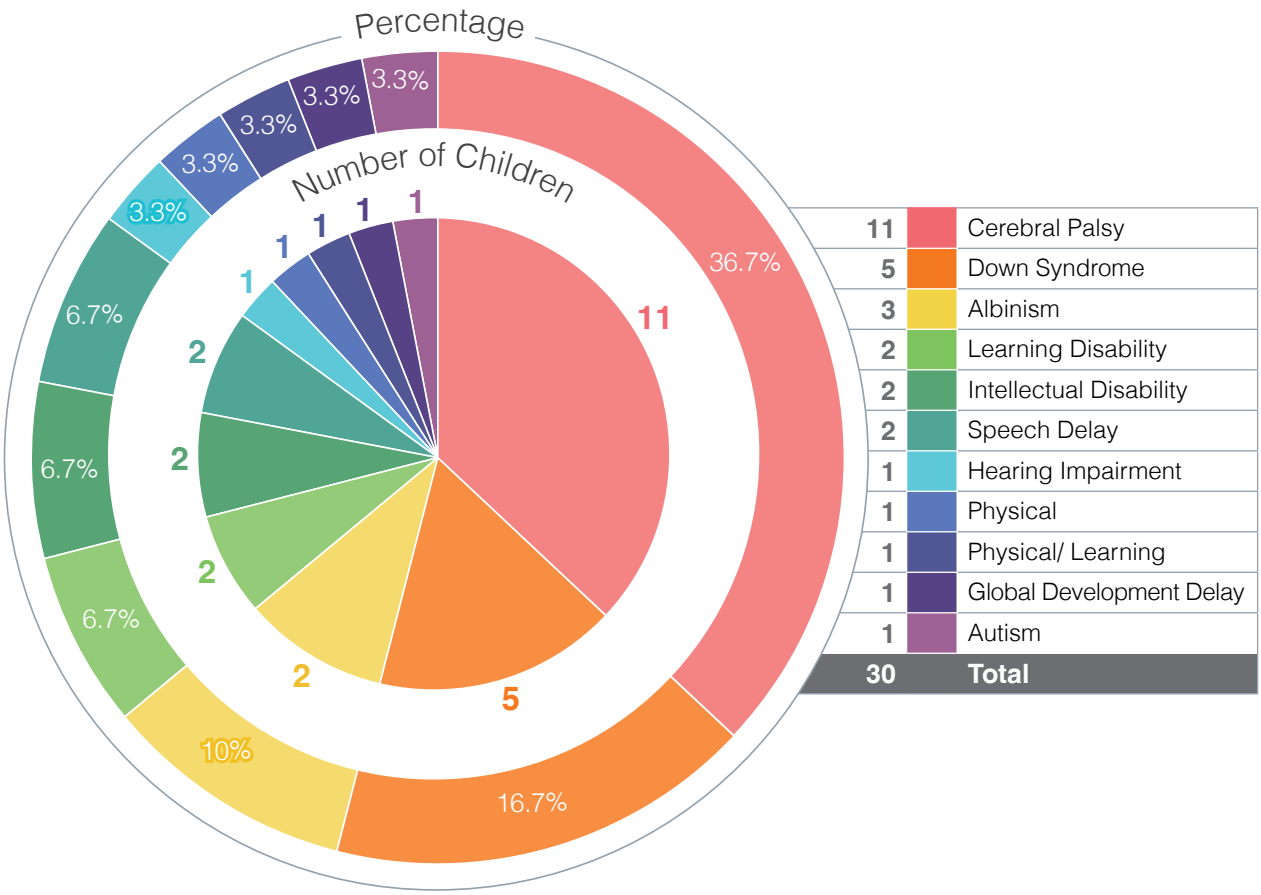
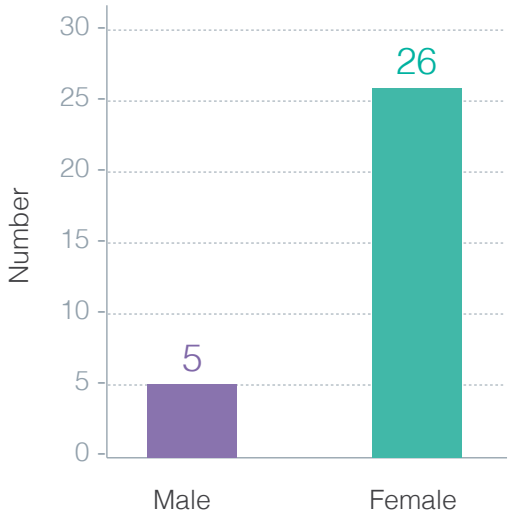


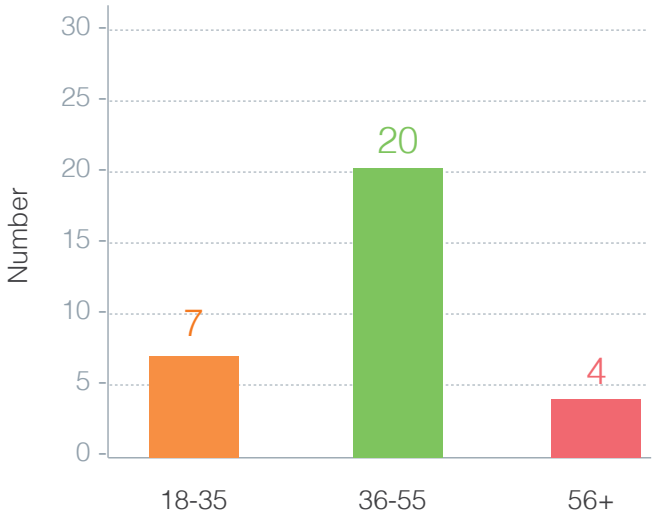
Figure 4: Number of Children by type of disability[15]

Gender of Parent/Caregiver



31 Total

Age of Parent/Caregiver



31 Total

Figure 5: Gender and age of parents interviewed

[15] Disability of child was identified through data held by FHO and FDPF and confirmed during interview process.

Role of a Parent/ Caregiver

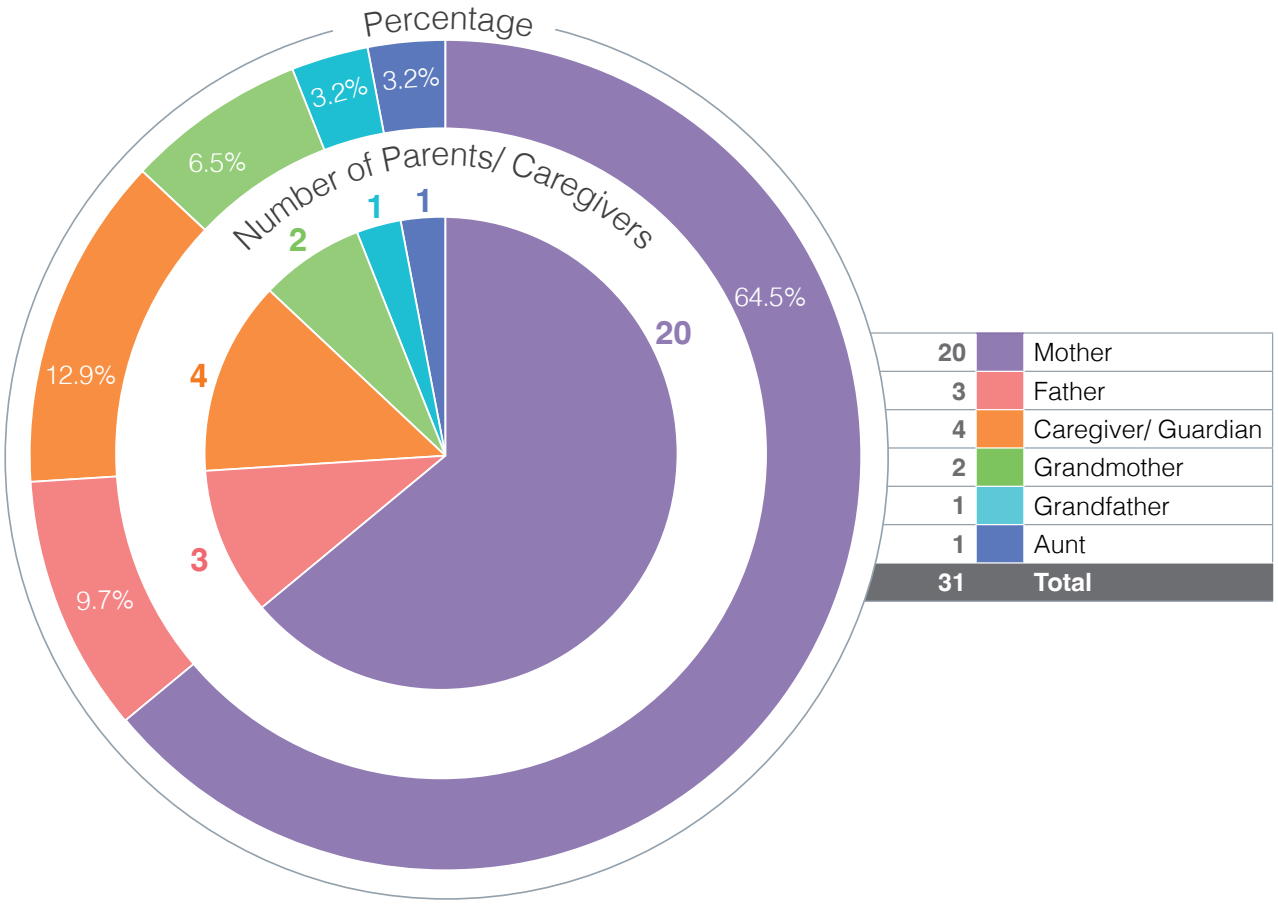
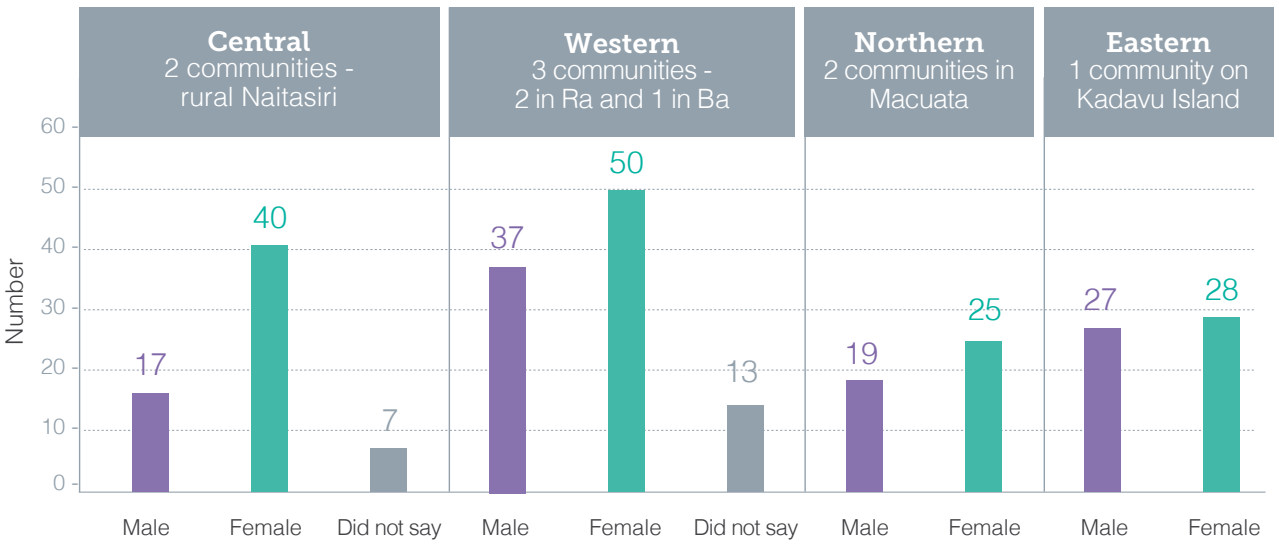


Figure 6: Caregiver role

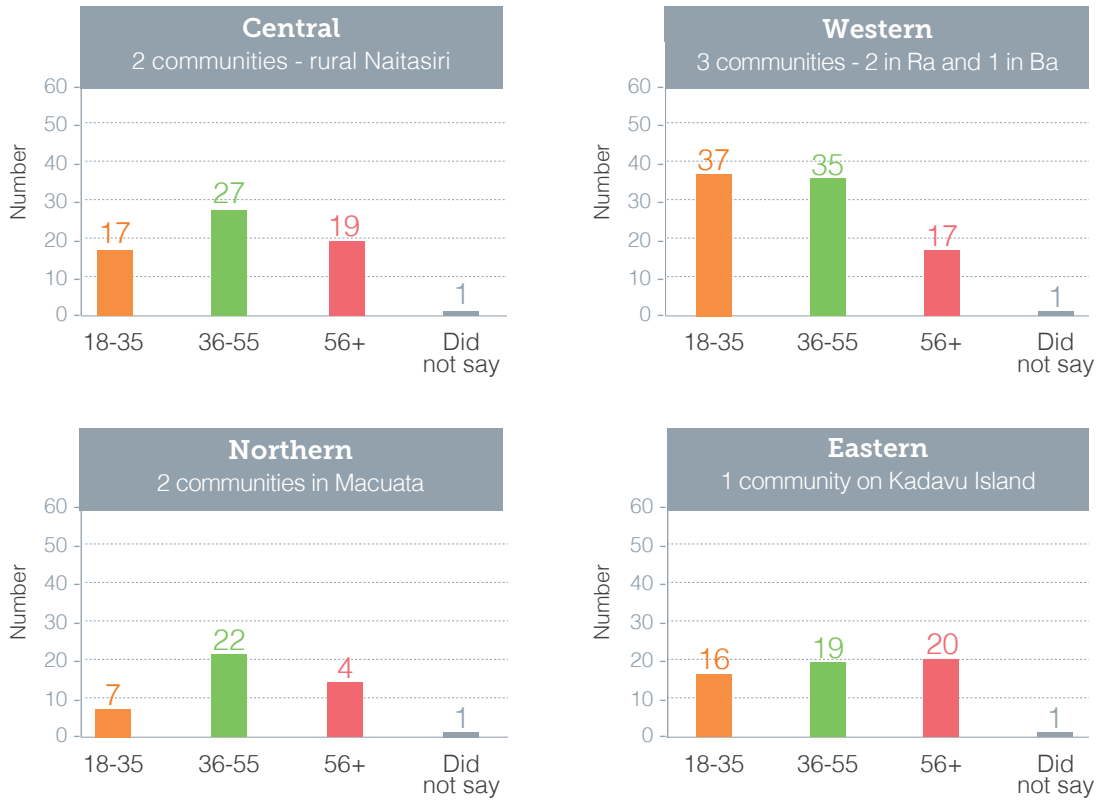
Gender Distribution Across Community Consultations by District



Note: Some communities include "Did not say" as a response option.

Figure 7: Gender distribution of community

Age Distribution Across Community Consultations by District



Note: Some communities include "Did not say" as a response option.

Figure 8: Age distribution of community consultations

Washington Group Short Set - Responses Indicating Disability

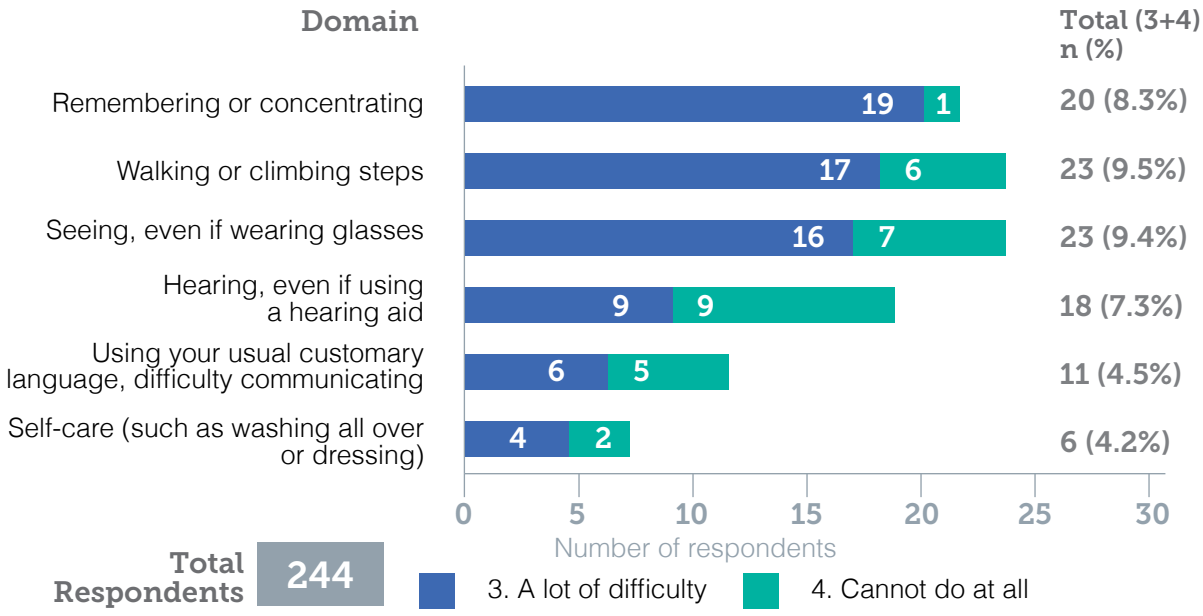
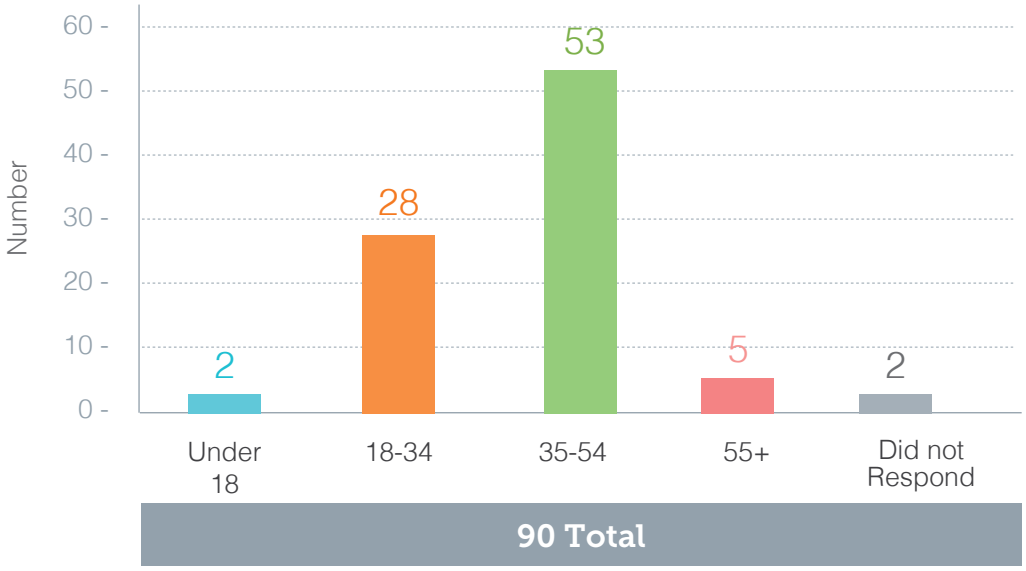


Figure 9: Communities' answers to Washington Short Test (Selecting 3 or 4 is considered to be an indication of disability)[16]

[16] Note this was self-reported and some people did not answer every question.

Age of Online Submission Respondent



Gender of Online Submission Respondent

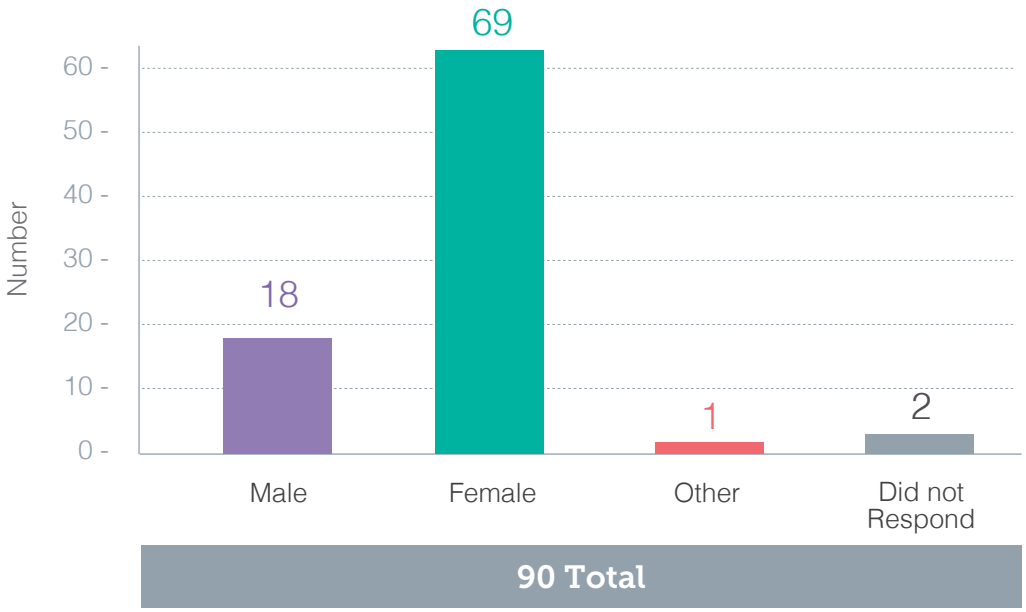


Figure 10: Age and gender of Online Submission respondents

2.2.2 Data Analysis

Data analysis was guided by the conceptual framework, ensuring a rights-based, inclusive, and equity-informed approach. Both qualitative and quantitative data was analysed using strategies that reflect the intersections of the UNICEF framework, the PDF's preconditions for disability inclusion, and the UNPRPD situational analysis guidelines while allowing for emergent themes that may not be captured within the conceptual framework.

Thematic Analysis (Qualitative Data)

A working, coding framework was developed based on international human rights standards (CRC, CRPD, CEDAW), alongside inductive analysis to allow for unanticipated yet relevant themes to emerge. NVivo was used to support analysis and support identification of common themes. The analysis prioritised the voice of children with disabilities and their families, including variations across gender, sex, location, age, and disability type.

Quantitative Data Analysis

Quantitative data from existing administrative datasets was analysed to identify disparities in access to services and rights fulfilment. Disaggregated analysis examined outcomes across disability status, gender, sex, age, ethnicity, and location to identify patterns of exclusion or structural inequality. Analysis of structural inequality examined things such as geographic concentration of services, gendered outcomes, and socioeconomic inequalities.

Integrative Analysis and Validation

Findings were validated and triangulated through:

- Comparison across stakeholder groups (e.g., children, parents, Government, OPDs).
- Integration of qualitative and quantitative findings.
- Alignment with existing policy, legal, and programmatic documents.

Three participatory validation workshops were conducted with children, families, communities and key stakeholders in Lautoka, Labasa and Suva to ensure that themes are contextually grounded and reflect lived experience. See Appendix Four for a full list of validation workshop attendees.

Ethical and Contextual Reflection

Throughout the analysis, an ongoing reflexive approach was applied to:

- Recognise and question the researchers' positionality, power dynamics and biases.
- Respect local cultural and contextual interpretations of disability and rights.
- Ensure data collection tools were fit for purpose and modify/adapt as needed.
- Address any ethical challenges that arose.
- Ensure findings were not only academically valid but useful and actionable for communities and duty bearers.

2.3 Ethical Considerations and Safeguarding

Ethical rigour was central to this Study, particularly given the focus on children with disabilities who may face multiple vulnerabilities and require enhanced safeguards. It is worth noting here that the vulnerability of children with disabilities is structurally produced and not inherent to their person. The Study complied with international ethical standards for research involving children, in particular the International Charter for Ethical Research Involving Children[17] and Article 12 of the CRC. This research was also guided by the University of the South Pacific's ethical principles. Ethical considerations drew on the DFAT Ethical Research and Evaluation Guidance Note[18], which provides a framework for ethically sound research and evaluation activities funded by the Australian Government and The Inclusive Practice for Research with Children with Disabilities Guide.[19] This guide is particularly relevant to work involving children with disabilities in the Pacific.

The Study was guided by the ethical principles of respect for human beings, beneficence, research merit and integrity, and justice and was further informed by a decolonial lens.

2.3.1 Respect for Human Beings

The Study team engaged with participants, and particularly children with disabilities, in ways that upheld their dignity, recognised their autonomy and honoured their right to have a say in all matters affecting them. Researchers took a strengths-based approach that recognised the abilities, knowledge, and experiences of children with disabilities, valuing their capacities as well as protecting their rights.

Cultural guidance was integral to shaping research questions, methods, and interpretation of findings. OPDs, local leaders, and community-based organisations guided culturally appropriate engagement strategies such as *sevusevu*[20] and *talanoa*.

The Study ensured voluntary, informed consent or assent from all participants, including children, using accessible formats such as plain language, Easy Read[21], visual communication aids, and vernacular versions, aligning with PDF's pre-condition of accessibility.[22] Informed consent was required from parents or legal guardians of children participating in the research. Children's informed assent was also sought before conducting interviews.

Consent and assent were not one-off events. Children and their families were given ongoing opportunities to reaffirm consent and assent and attention was given to the non-verbalised cues or body-language children may have used to show they wanted to end the interview.

Research was undertaken in a way that ensured privacy and confidentiality. Each participant was given an anonymised code unless they gave permission for their name to be used in the report. Data was collected, stored, and analysed securely and confidentially.

[17] Graham, A., Powell, M., Taylor, N., Anderson, D. & Fitzgerald, R. (2013), Ethical Research Involving Children, UNICEF Office of Research – Innocenti, Florence.

[18] Department of Foreign Affairs and Trade, (2021), Ethical Research and Evaluation Guidance Note.

[19] Inclusive Practice for Research with Children with Disability: A Guide.

[20] Sevuesevu is an *iTaukei* cultural practice of visitors seeking acceptance into a Fijian village. An offering of a *sevusevu* (a small gift or token) is presented to the village chief in order to ask permission to visit. The practice is often marked with a kava ceremony.

[21] Easy Read is a standardised form of presenting information that uses simple words, short sentences, and pictures to explain information. It helps people with intellectual disabilities understand written information. Easy Read is not a word-for-word translation of the original text – it is a simplified interpretation. There are clear guidelines for language, layout, and images to ensure that the information provided is clear.

[22] Preconditions to inclusion issues papers: complete series, p.9.

2.3.2 Beneficence

The Study was guided by a commitment to do no harm. Researchers were trained to recognise signs of distress and discomfort and implement appropriate referral mechanisms for protection or psychosocial support. Child safeguarding and prevention of sexual abuse and harassment (PSEAH) policies were also implemented and all staff and partners taking part in the Study were required to sign a Code of Conduct. Risk management protocols were developed and documented, including clear procedures to respond to emotional distress, disclosure of harm, or safeguarding risks.

All researchers, volunteers, and team members were trained in child protection procedures, safe communication techniques, and ethical engagement with participants. Researchers were mindful of the power dynamics between themselves and the child and the child's family. In line with the principle of do no harm, the Study team were also provided with several group sessions with Empower Pacific to support them through the process.

2.3.3 Research Merit and Integrity

The Study is based on a robust rights-based methodology that incorporates international standards (CRC, CRPD, CEDAW) and regionally adapted frameworks. The team included researchers with training in disability-inclusive and ethical research methodologies, guided by an experienced research advisor. The ethics protocol was developed by the FHRADC, Commissioners, a research advisor and another independent consultant. A multi-stakeholder Advisory Committee, including disability rights experts, guided and reviewed the process.

Research and engagement tools were adapted to ensure child-friendliness and accessibility across disability types and the research teams allowed adequate time to build trust and rapport with children, families, and communities, recognising that ethical participation is rooted in respectful relationships.

2.3.4 Justice

Sampling of participants aimed to ensure representation across diverse experiences and identities, including type of disability, gender, sex, ethnicity, geography (rural/urban), and socioeconomic status. As is highlighted in the limitations' section, this was not fully achieved, especially as regards to gender and sex. The Study has tried to mitigate this as much as possible by highlighting the particular challenges and barriers faced by girls with disabilities.

The Study design prioritised accessibility, inclusion and supported decision making. Reasonable accommodations such as accessible venues, transport support, and assistive technologies were available.

The Study findings will make evidence-based and actionable recommendations for change that prioritise and promote the rights of children with disabilities. They will be shared in inclusive and accessible formats and will be returned to participants and communities to foster transparency and shared learning.

2.3.5 Recognition of Decolonising Approaches

This Study was also guided by a decolonising ethic that critically engages with the legacy of colonial power structures in knowledge production in the Pacific. In outlining a framework to guide researchers, Nabobo-Baba argues for "decolonising research…using culturally appropriate framings that recognise Pacific…worldviews."[23] The Study team acknowledges the historical and ongoing marginalisation of Indigenous knowledge systems, and the risks of extractive or externally imposed research practices.

[23] Nabobo-Baba, U., (2008), Decolonising framings in Pacific research: Indigenous Fijian *Vanua* research framework as an organic response. AlterNative: An International Journal of Indigenous Peoples, 4(2), 140–154, p.143.

In challenging this, the Study design centres community voice, especially those of children with disabilities, their families, and OPDs, and draws on local cultural frameworks and lived experience as valid sources of knowledge. Cultural practices, local custom and community protocols worked alongside the ethics protocol. The Study drew on Pacific research principles developed by the Pacific Research and Policy Centre at Massey University.[24] These principles include, respect for relationships; respect for knowledge holders, reciprocity, holism, and using research to do good.

The process of developing and carrying out the Study was also done through collaboration and power sharing. Relationships with OPDs and communities were grounded in mutual respect, shared decision-making, and the principle of "nothing about us without us." This approach complements the rights-based and participatory ethics underpinning the broader methodology.

2.4 Scope and Limitations

This Study is not intended to be a representative quantitative accounting of the current number of children with disabilities in Fiji.

Instead, this Study aims to share the voices and stories of children with disabilities and provide a baseline from which to grow our understanding of the status of children with disabilities in Fiji. It is based on available data and the experiences of those who spoke to the Study team - children and adults with lived experiences of disability, their families, and the stakeholders working with them. In total the Study team spoke to or heard from over three hundred people, including those with disabilities.

2.4.1 Limitations in sample size

With support from FDPF and FHO, the FHRADC reached out to 21 girls and 33 boys and their families across all four Divisions. However, various factors meant that researchers were unable to make contact or secure interviews with the families of 13 girls and 10 boys. Some families were unable to be reached with the contact number provided, some families declined to take part in the Study, and in other cases the limited data collection time frame meant that researchers could not find an appropriate time to speak to some families. The ethical principle of consent also meant that when families or children chose not to take part their agency and decision was respected.

The FHRADC acknowledges that the number of children met with is smaller than originally intended. Their views and experiences should not be seen as representative of all the children with disabilities in Fiji. However, they still offer valuable insight into the diverse realities, challenges and aspirations of children with disabilities and help to centre their voice in a way that other reports may not.

The smaller sample size is also reflective of societal attitudes toward disability and barriers affecting awareness and understanding. Parental disempowerment, limited advocacy opportunities, and the compounding burdens of socioeconomic challenges, accessibility barriers and limited access to information affected the ability of some children with disabilities and their families to effectively participate in the Study, while preventing others from participating altogether.

The FHRADC relied on external stakeholders to connect its researchers with children and their families. Although the Study sought to have a balanced representation of different disabilities, numbers were shaped by the children who interact with these service providers. Certainly, there are children with disabilities in Fiji who may never have engaged with services, and their voices are underrepresented not only in this Study, but across the existing data.

A reliance on our partners also resulted in certain disabilities being under-represented in our dataset. As much as possible, the FHRADC tried to supplement this by speaking to stakeholders or service providers who worked with specific disabilities or through information shared by parents in online submissions. For example, although researchers only spoke to one child with a hearing impairment, the Study also gained insights from the Fiji Association for the Deaf, Gospel School for the Deaf, and the Fiji Women's Rights Movement, who work with Deaf girls, to learn more about the experiences of children who are deaf.

[24] Pacific Research and Policy Centre, (2017), Pacific Research Guidelines and Protocols, Massey University, New Zealand.

Another limitation of this Study is the disproportionate representation of boys with disabilities compared with girls with disabilities. As girls with disabilities often experience distinct barriers and forms of discrimination, their perspectives may be underrepresented in the findings. Consequently, the Study's ability to conduct robust gender-based analysis and draw conclusions about the experiences of girls with disabilities is limited to what the Study team heard from participants and the existing research. Findings should therefore be interpreted with caution, and further research may be required to better understand the specific experiences and priorities of girls with disabilities.

2.4.2 Lack of engagement from key stakeholders

The FHRADC initially reached out to sixteen Government Ministries or institutions. Seven did not respond to our invitation to participate in the Study. Of those seven, two agreed to the consultation but then did not offer a time to meet with the FHRADC. The two Teachers' Unions and several Special Schools in Suva and from the Western and Northern Divisions also did not respond to the FHRADC's requests.

The FHRADC also reached out to eight faith-based organisations across different faiths and denominations but received no response. One faith-based organisation cancelled a scheduled meeting and failed to provide written feedback as initially promised. This means that there is a gap in our findings regarding the work of faith-based organisations with children with disabilities.

The lack of engagement by key stakeholders could be seen to represent wider systemic, structural, social, and attitudinal barriers that influence awareness of the rights of children with disabilities. These barriers are discussed more in-depth in section 3.1.

For a full list of the stakeholders contacted and spoken to see Appendix One.

2.4.3 Timing and resourcing

The Study was launched in February 2025, with the original timeline envisioning data collection taking place between March and August 2025 with preliminary findings planning to be released at the beginning of 2026. However, delays in establishing the Study team, delayed response from stakeholders as well as identifying children and families, resulted in the timeline being extended. Funding limitations and tight timelines meant that the team responsible for undertaking the Study was small and while they carried out extensive and wide-ranging data collection, it was not to the extent originally planned.

Stakeholders who supported the FHRADC in contacting families also had their own work programmes and limited staff, which contributed to delays in contacting families and communities.

In the end, data collection with families and communities took place over two months in early 2026 and was impacted by weather, staffing issues, community and family availability. The condensed timeline meant that the Study team did not speak to as many communities and families as was originally intended.

Other factors such as lack of access to the internet or social media, lack of parental understanding of disability, and caregiver capacity and resourcing to reach out also influenced the number of children and families the Study team were able to speak with.

3. Understanding disability in Fiji: Data, definitions, and challenges

3.1 Definitions

Historically, people with disability have been viewed as objects of pity. Disability was seen as something to be cured or 'fixed' rather than a representation of human diversity. Known as the medical model, this framing conceives of disability as an impairment or problem to be solved through medical care and intervention.[25] The medical model originated in Western healthcare systems and sees people with disability as 'less than' or broken and the challenges they face as rooted in their disability.

The moral view of disability frames disability within the context of cultural beliefs, practices, and norms, including spiritual or religious understandings.[26] Disability may be understood as a curse, punishment, or blessing from a higher power. The moral view underpins the charity model, where people with disability are positioned as dependent on others or pitied.[27] An empowering and strengths-based conception of disability is not incompatible with cultural and faith based belief systems, as these systems can also serve as important avenues for awareness, advocacy and support to children with disabilities and their families.

Ableism is a term that refers to the prioritising of the needs of people without disabilities over people with disabilities. In an ableist society, it's assumed that being "normal" means one does not have a disability and that people without disabilities are inherently more capable, productive and valuable to society. Ableist beliefs can perpetuate harmful ideas and misconceptions that people with disabilities are a burden, inferior or less able to contribute to society.[28]

The human rights model of disability provides an internationally ratified framework for addressing and removing socially constructed barriers to inclusion and participation.[29] It embodies core values found in key human-rights frameworks that are fundamental in the context of disability, including the inherent dignity of the individual, autonomy and self-determination, equality of all persons, and a spirit of solidarity.[30]

The social model was conceptualised by people with disability, with disability understood as the result of societal barriers that prevent or limit full or equal participation of people with disability in society. Society, designed by and for people with typical abilities, actively creates barriers that disable people with impairments. Disability is an overarching term, to describe when a person's impairment interacts with environmental, attitudinal, policy, or other barriers to limit their activity and participation.[31] The social model's flexible and expansive definition underpins movements for disability justice, supporting collective resistance and identity among people with impairments through shared experiences of societal barriers and exclusion.[32]

This Study adopts a human-rights framing for analysis while also considering findings through the lens of the social model of disability.

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[25] Preconditions to inclusion issues papers: complete series, p.19.

[26] Burns, S. D., & Warner, D. F., (2023), Studies in Comparative International Development, 58(3), 369-402.

[27] Picton, C., & Tufue-Dolgoy, R., (2018), Designing Futures of Identity, In Navigating Agenda Collisions in Pacific Disability (1 ed.) Routledge.

[28] Dunn, D.S, (2021), Understanding ableism and negative reactions to disability, American Psychological Association.

[29] Ibid, p.353.

[30] UNICEF, (2013), Using the human rights framework to promote the rights of children with disabilities: Discussion Paper – An analysis of the synergies between CRC, CRPD and CEDAW, United nations Children's Fund: New York, p.7.

[31] Sprunt, B., et al., (2023), A teacher's guide to disability-inclusive education in Fiji, In Toolkit for disability-inclusive education – Fiji, p.11.

[32] Lawson, A., & Beckett, A. E., (2021), The social and human rights models of disability: towards a complementarity thesis, The International Journal of Human Rights, 25(2), 348-379, p.348.

Barriers to participation and inclusion for children with disabilities

The social model of disability views disability as the result of barriers in society and the environment rather than an individual's impairment. A human-rights based approach identifies and addresses these barriers. It recognises that their removal is essential to realising the rights of children with disabilities to inclusion, participation, and equality, as set out in international human rights frameworks and in domestic legislation including the Constitution of the Republic of Fiji 2013 and the Rights of Persons with Disabilities Act 2018.

Examples include:

Attitudinal Barriers	Stigma and discrimination from community members or extended family, low or no expectations of children with disabilities, and negative perceptions that lead to exclusion from education or community life. For girls with disabilities, these attitudes often intersect with gender-based discrimination, increasing their risk of exclusion, violence and reduced access to information about their rights, including sexual and reproductive rights.
Informational barriers	Limited awareness among caregivers and communities about disability rights, child development, and available services and a lack of clear, accessible information from service providers.
Institutional barriers	Inconsistent implementation of inclusive education policy, centralised service provision in urban areas, fragmented referral systems, and weak coordination between health, education, and social sectors.
Physical and geographic barriers	Inaccessible transport and buildings, limited availability of assistive technology, and long travel distances to reach specialist services, particularly for rural and remote communities.
Economic barriers	Household financial constraints that limit the ability to pay for transport, therapy, or assistive devices, and limited Government funding for disability-specific services.
Communication barriers	Lack of trained personnel to support children with communication difficulties, absence of sign language interpreters in key services, lack of alternative and augmented communication devices, and limited provision of information in accessible formats.

3.1.1 Language regarding disability is not fixed

Language used to describe disability is constantly evolving and terms can differ depending on the country and the context. The United Nations uses people-first language, such as 'person with a disability', 'person with autism', or 'person with a physical disability'. This sees people as an individual first and foremost, rather than defining them by their disability.[33] Fiji also uses people first language in its policies and advocacy. In comparison, countries like New Zealand largely use identity-first language, such as 'disabled person', 'autistic person', or 'learning disabled person'. [34] Identity-first language foregrounds the disability, seeing it as inseparable from the person and an essential, proud or even neutral part of their identity.[35] Outside of legislative or rights based settings, the language used should be based on the preferences of the individual person with a disability.

[33] People with Disability Australia, (2021), PWDA Language Guide: A guide to lnguage about disability, PWDA, Australia, p.6.
[34] Whaikaha Ministry of Disabled People (New Zealand), (n.d), Things you should know: Definitions, concepts and approaches.
[35] PWDA Language Guide: A guide to lnguage about disability, p.6

The language used by participants in the Study stakeholder and family interviews and community consultations varied, and some terminology used is considered less inclusive or respectful within ongoing conversations around disability, often due to lack of awareness or knowledge of wider disability discourses. Words such as 'able-bodied' or 'normal' are generally considered to be disempowering towards someone with a disability, as people with disabilities are able to do many things, while the usage of 'normal' implies people with disabilities are 'abnormal', which can create further stigmatisation. Preferable terms included person/child without a disability and typical rather than normal.

This Study has not changed the language that respondents used to describe or speak about disability when using direct quotes, in order to accurately reflect what has been said. An important part of advocacy and awareness is also encouraging open discussion and reflection on respectful and inclusive language to use when speaking about disability.

Outdated language and terminology still used in legislation

Certain legislation in Fiji continues to use outdated terminology when it comes to disability. For example, Section 12.3 (a) of the Child Justice Act 2024 uses the phrase "of sound mind", for instances where children may be considered for diversion rather than brought before the court. The Fiji Constitution 2013 also adopts this terminology. This discriminates against those who may have psychosocial, cognitive or learning disabilities. It also positions people without disabilities as the measure for 'normalcy' while discrediting those not considered to have full decision-making capacity. It can particularly undermine children and people with psychosocial disabilities in justice settings.

The Disability Act 2018 section 4(c) calls for working "toward eliminating the causes of disabilities or impairment." While people with disabilities should be provided with necessary health care and therapeutic interventions, calling for the elimination of the causes of disability aligns more with the medical model rather than a human-rights based or social model approach, as it conceives of disability as something to be cured, rather than a natural part of human diversity. Section 27.6 also speaks of people "suffering" from long-term impairments. The use of the term "suffer" is not strengths-based language and places a negative connotation upon the experience of disability. People have long term impairments they do not suffer from them. Challenges and barriers arise from the interaction with the social, economic and physical environment, which is inaccessible and non-inclusive.

In late 2025, the President of the Fiji Disabled Peoples' Federation, Setariki Macanawai, called for the removal of outdated and harmful terminology from several electoral laws under review. [36]

3.1.2 Understandings of children and childhood in Fiji

The role of children in Fijian society is an important one, which is shaped by tradition, customs, and cultural norms.[37] Within both *iTaukei* and Indo-Fijian communities, children are highly valued and there are many rituals and practices that exemplify this. For *iTaukei* communities the birth of the first child can hold particular significance and be accompanied by rites such as:

- *Vakasilimi* (First birth)
- *Vakatoka yaca* (The naming of the child)
- *Bogi va* (4 nights observance)
- Gifting from the mother's side
- *Butodra* (burying of the umbilical cord linked to the totem if planted with a tree)

Traditionally children in Fiji were "nurtured and pampered by an extended family group."[38] The extended family and community setting that many *i-Taukei* and Indo-Fijian children are raised in enhances support for families, including those raising children with disabilities. Within a village setting, the responsibility for a child's well-being is often seen as a community wide effort, although this has been impacted by urbanisation, with nuclear families becoming more common.[39]

[36] Pratap, M. (November 4, 2025), 'Abolish outdated terms and support disabled candidates: Macanawai', Fiji Village.

[37] Child Rights Situational Analysis, p.20.

[38] UNICEF, (2017), Situational Analysis Of Children In Fiji, United Nations Children's Fund, Pacific Office, Suva p.88.

[39] Child Rights Situational Analysis, p.20; Situational Analysis Of Children In Fiji, p88.

Families and community environments can therefore be important places of love, nurture, care and protection for children with disabilities.

At the same time traditional conceptions of childhood that offer children less agency and voice than adults can act as a barrier to a full realisation of children's rights. One survey looking at Child Protection in Fiji found that although adults had significant knowledge of positive parenting and discipline techniques, only 15% of respondents disagreed or strongly disagreed that part of protecting children included banning corporal punishment.[40] The same study found that community and religious leaders had a strong influence and held positions of trust within communities to shape social norms, attitudes and behaviours.

Religion and culture are deeply embedded in Fijian lives, with the public and private sphere influenced by both. These beliefs also shape how disabilities are viewed within the broader context of child rights. Having a deep connection with culture and religion offers opportunities for intertwined approaches, whereby culture and religious teachings can be drawn upon for human rights education. On the other hand, culture and religion can be used to further stigmatise and discriminate against children with disabilities and other marginalised groups.[41] This tension is discussed further in subsequent sections of the report. Ensuring that the rights of children with disabilities are protected and upheld can include drawing on Fiji's strong cultural, religious, community and families ties and traditions in a strengths-based and non-discriminatory manner.

When guided by human rights principles and values, these social, cultural and religious networks can serve as significant sources of support for children with disabilities and their families. They can also play a vital role in challenging stigma, promoting inclusion and contributing towards an environment that enables the full or equal participation of children with disabilities in family and community life.

A group of eight boys and girls in a blue school uniform standing in two rows of four. The children look happy. This picture was drawn in response to the question, 'What do you really like or care about?'

[40] UNICEF Child Baseline Report, cited in Situational Analysis Of Children In Fiji, p.88.

[41] United Nations, (2021), Faith based organisations'committment to ending violence against women and girls, Pacific UN.

3.2 Key policies and frameworks

3.2.1 International and regional human rights frameworks

Fiji has ratified key international conventions that protect and promote the rights of children with disabilities: the Convention on the Rights of the Child (CRC) in 1993, the Convention on the Rights of Persons with Disabilities (CRPD) in 2017, and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1995.

The CRC and CRPD include specific articles that guarantee children with disabilities equal opportunities alongside other children and have the best interests of the child as a primary consideration. Core principles of the CRC, other than the best interests of the child, are non-discrimination; the right to life, survival, and development; and the right to be heard. The CRC was the first human rights convention to specifically include an article (Article 23) on disability.[42] The CRPD upholds the principle of respect for the evolving capacities of children with disabilities and their right to preserve their identities with Article 7 expressly providing for the rights of children with disabilities. This Article calls on States Parties to ensure that children with disabilities enjoy all human rights and fundamental freedoms on an equal basis with other children, with their best interests as a primary consideration.

CEDAW, while not specifically addressing children with disabilities, provides a framework for ensuring gender equality, which is important for girls with disabilities who may face multiple, overlapping forms of discrimination.[43] General Recommendation No. 18, issued by the UN Committee on the Elimination of Discrimination Against Women, acknowledges the double discrimination faced by women and girls with disabilities. It emphasises that States Parties should take measures to ensure their equal access to education, employment, healthcare, and social security, as well as their participation in social and cultural life.[44]

The CRPD has been incorporated into domestic law through the Rights of Persons with Disabilities Act 2018. Although the CRC has not been fully incorporated into domestic law, its principles, such as the best interests of the child, are reflected in current legislation, including the Child Justice Act 2024 and Child Care and Protection Act 2024. Effective implementation of these conventions into domestic legislation is essential to ensure that children with disabilities in Fiji can fully enjoy their rights.

At a regional level, the Pacific Framework for the Rights of Persons with Disabilities (2016-2025)[45] aims to support Pacific Governments to promote, protect and fulfil the rights of persons with disabilities as outlined in the CRPD, while also offering a regional mechanism to enhance coordination and collaboration in support of national efforts. The framework recognises children with disabilities as rights-holders, embedding their inclusion throughout its vision, principles, and goals, particularly in relation to inclusive education, protection in disaster risk reduction, and participation in decision-making processes.[46]

The Preconditions for Disability Inclusion developed by the Pacific Disability Forum (PDF) in 2018 is a key regional framework to guide efforts to address systemic barriers and promote the full participation of persons with disabilities in all areas of life.[47]

[42] Sandland, R., (2017), A clash of conventions? Participation, power and the rights of disabled children, Social Inclusion, 5(3), 93-103, p.93.

[43] UN Women, (2018), The empowerment of women and girls with disabilities: Towards full and effective participation and gender equality.

[44] Committee on the Elimination of Discrimination Against Women, (1991), General recommendation No. 18: Disabled women.

[45] Pacific Islands Forum Secretariat, (2016), Pacific Framework for the Rights of Persons with Disabilities 2016-2025.

[46] Ibid.

[47] Preconditions to inclusion issues papers: complete series, p.2.

Section 41 of the 2013 Fijian Constitution states that:

1) Every child has the right -

(a) to be registered at or soon after birth, and to have a name and nationality;
(b) to basic nutrition, clothing, shelter, sanitation and health care;
(c) to family care, protection and guidance, which includes the equal responsibility of the child's parents to provide for the child— (i) whether or not the parents are, or have ever been, married to each other; and (ii) whether or not the parents are living together, have lived together, or are separated;
(d) to be protected from abuse, neglect, harmful cultural practices, any form of violence, inhumane treatment and punishment, and hazardous or exploitative labour; and
(e) not to be detained, except as a measure of last resort, and when detained, to be held— (i) only for such period of time as is necessary; and (ii) separate from adults, and in conditions that take account of the child's sex and age.

(2) The best interests of a child are the primary consideration in every matter concerning the child.

3.2.2 National policies and plans

At a policy level, important developments include Fiji's 2025 – 2035 National Disability Policy, to ensure equality and inclusion, and the Ministry of Education's National Policy on Special and Inclusive Education, a framework for ensuring quality education and inclusion for learners with disabilities in schools. Fiji's National Development Plan 2025-2029 and Vision 2050 recognise the protection of children and people with disabilities as being critical to Fiji's sustainable future development. The Ministry of Health and Medical Services' National Disability Inclusive Health and Rehabilitation Action Plan 2023 – 2027 and the National Early Childhood Development Policy 2024 – 2028 both support efforts for early identification and intervention for children with disabilities. These policies are discussed further in subsequent sections of this report.

Rights of Persons with Disabilities Act 2018

Following Fiji's ratification of the CRPD, the Rights of Persons with Disabilities Act 2018 was enacted. This replaced the 1994 Fiji National Council for Disabled Persons Act, which had established the coordinating body for disability services. The Act domesticates Fiji's obligations under the CRPD to ensure that persons with disabilities enjoy full and equal rights, protection, and inclusion in all aspects of society, and established the National Council for People with Disabilities (NCPD).

For the most part, the Act moves away from a welfare model of disability to a human rights-based approach and prohibits discrimination based on disability, sets out comprehensive rights across all areas of life and creates systems and institutions to implement and monitor these rights.

The Act is strongly aligned with a CRPD-based rights framework and explicitly protects children with disabilities, through the lens of best interests of the child. This includes their right to inclusive education and the right to have their best interests considered and their views heard with age- and disability-appropriate support. Despite this provision, the Act does not outline requirements for children's participation or detailed mechanisms for child-led or child-inclusive policy consultation.

It's alignment with CEDAW principles is less explicit. The Act recognises gender-based violence, refers to women and girls with disabilities in social protection, and includes gender equality representation in the Council. However, it does not provide a detailed framework for addressing the specific rights and risks faced by girls with disabilities, such as sexual violence, reproductive autonomy, menstrual health, forced sterilisation, early pregnancy, or barriers to justice.

The Act provides a strong legal and rights-based foundation for children with disabilities in Fiji, especially through its CRPD alignment. However, the main concern is implementation. The Act recognises many rights but needs stronger enforcement mechanisms for equity, budgeting, child participation, service delivery, safeguarding, intersectional monitoring and accountability.

National Disability Policy 2025 – 2035

The Fiji National Policy on the Rights of Persons with Disabilities 2025 – 2035 is informed by a 2023 review of the 2008 – 2018 national disability policy, which had pioneered a rights-based approach but faced challenges, including the absence of a monitoring framework, insufficient funding, and an overburdened National Council of Disabled Persons.[48] The new policy builds on updated data, including the 2017 census showing that 13.7% of respondents aged five and older have disabilities, and highlights persistent inequalities in income, education, health, employment, and access to services.

Led by the Ministry of Women, Children and Social Protection (MWCSP) and implemented through the National Council for Persons with Disabilities, the policy recognises persons with disabilities as rights-holders capable of making informed decisions and participating fully in society. It aligns with the CRPD and other global and regional commitments such as CEDAW, CRC, ILO Convention 159, the SDGs, the Jakarta Declaration, and the Pacific Framework on the Rights of Persons with Disabilities. Domestically, it is grounded in Fiji's Constitution 2013 and the Rights of Persons with Disabilities Act 2018.

The policy aims to mainstream disability inclusion while also implementing targeted actions. It seeks to remove barriers, promote equity and equality, and expand access to services. The policy covers 13 priority areas across a range of domains, such as advocacy, data, health, education, accessibility, social protection and disaster risk reduction. While respect for the evolving capacities of children with disabilities is a cross-cutting principle of the policy, children are explicitly mentioned in just four of the priority areas. Priority area four, covering health and well-being makes no reference to children with disability, but does highlight the importance of early identification and intervention. The 2008 – 2018 policy had a more comprehensive focus on children, particularly in relation to early detection, identification and intervention and children with disabilities' awareness of their rights.

While many of the priority areas have goals that also support children, the policy could benefit from having more provisions targeting the distinct rights, support needs, protection risks, and participation barriers experienced by children with disabilities.

Despite a strong implementation plan with key accountabilities and indicators the policy has no clear funding pathways, which could impact its effective or successful implementation.

3.3 Key stakeholders

3.3.1 National Council for Persons with Disabilities (NCPD)

The Fiji National Council for Persons with Disabilities (NCPD) was approved by the Government in 1992 as the coordinating body for the needs of persons with disabilities[49] and is currently empowered under the Rights of Persons with Disabilities Act 2018. The NCPD is made up of different affiliated organisations, such as Fiji's special schools and Medical Services Pacific. Organisations that work with persons with disabilities must be registered with NCPD which also has the power to deregister.

[48] National Council for People with Disabilities, (2025), Fiji National Policy on the Rights of Persons with Disabilities 2025 – 2035, p.9.

[49] Fiji Bureau of Statistics, The Pacific Community, & UNICEF Pacific, (2023), Fiji Disability Monograph: An analysis of the 2017 Population and Housing Census, p.6.

A key responsibility of the NCPD is reporting on Fiji's progress against the CRPD to the United Nations Committee on the Rights of Persons with Disabilities. The first state report on the CPRD was submitted to the Committee in late 2025 but is not yet publicly available. It was submitted late, having been due in 2019.

The NCPD is also made up of different committees. There are eight Advisory Committees, including Education, Health, Vocational Training and Women with Disabilities.[50] There is no committee for children with disabilities. Eighteen District Committees have also been established and are responsible for reporting district level issues to the NCPD. See Section 7.3.1 of this Study for further information about District Committees.

In the Commission's consultation, NCPD shared that it is also responsible for policy development, research and ensuring budgets across Ministries are aligned and inclusive of people with disabilities. Promoting the rights of women, children and older persons is another of the NCPD's priority areas.

3.3.2 Organisations of Persons with Disabilities (OPDs)

Fiji has a strong and influential disability rights movement that actively advocates for the rights of people with disabilities, shaping policies and programmes in alignment with the global motto, "Nothing About Us Without Us."

The Fiji Disabled Peoples Federation (FDPF), is the national umbrella organisation representing persons with disabilities in Fiji. It includes four affiliate Organisations of Persons with Disabilities (OPDs) - Fiji Association of the Deaf, Psychiatric Survivors Association, Fiji Mobility Alliance (formerly Spinal Injury Association) and United Blind Persons of Fiji.

FDPF began as the Fiji Paraplegic Committee in the 1970s to support sports for people with disabilities. In 1984, it was established as the Fiji Disabled People's Association and became the Fiji Disabled People's Federation (FDPF) in 2012. Its achievements include successful lobbying and advocacy for the rights of persons with disabilities in Fiji's Constitution 2013 and Rights for Persons with Disability Act 2018, as well as influencing national policies related to inclusive education and employment. It is also a founding member of the Pacific Disability Forum.[51]

The FDPF receives funding from the Government for its core activities while its 18 branches across Fiji are largely self-funded.[52] In their 2023 submission to Australia's Disability Equity Rights Strategy, FDPF highlighted that the current funding model for disability through multilaterals, UN agencies, and regional organisations results in lower levels of disability financing in Fiji. It states that OPDs are the most underfunded sector within non-government organisations and have no direct, long-term funding, which impacts their effectiveness and sustainability.[53]

FDPF does not officially represent the specific interests of children with disabilities. However, when children with disabilities are identified within communities, they are referred to relevant stakeholders and organisations that provide specialised services for children with disabilities, such as the Frank Hilton Organisation, the Fiji Society for the Blind, Ministry of Women, Children and Social Protection and other relevant stakeholders.

In terms of advocacy, and in line with the CRPD, FDPF advocates for the rights and inclusion of all persons with disabilities, including children with disabilities, across all sectors such as education, housing, and welfare assistance.

[50] Situational Analysis of the Rights of Persons with Disabilities in Fiji, p.13.
[51] Ibid, pp.15-17
[52] Ibid, p.5.
[53] Fiji Disabled People's Federation, (n.d), Submisison by Fiji National Organisations of Persons with Disability on Australia's Disability Equity Rights Strategy, p.2

3.3.3 Frank Hilton Organisation

The Frank Hilton Organisation began in 1961 as the Suva branch of the Fiji Crippled Children's Society, to provide care and education for children with disabilities affected by conditions such as poliomyelitis and meningitis.[54] It was formalised as a non-governmental organisation in 1966. Over time, the organisation has adopted a multidisciplinary approach, and is a key provider of early detection, intervention and rehabilitation support services under the early childhood development banner.[55] It provides allied health and related support through physiotherapy audiology, speech therapy, and community outreach. The organisation also runs programs to support parents, caregivers, and families. It functions according to the rights-based model of care and upholds the obligation of providing access to standardised, evidence based support services that ensure children with disabilities and their families have opportunities to develop and thrive.

The organisation also runs two schools, The Hilton Special School and the Early Intervention Centre. The latter provides early childhood education and development programmes for children with disabilities. Frank Hilton offers residential care and hostel facilities for children and young people with more complex or high-level needs.[56] Their residential care facility, Hilton Home, houses fifteen residents and employs fifteen caregivers. Running the facility comes at considerable financial cost. Government funding for Frank Hilton Organisation covers 60% of the organisation's total operational costs and just 15% of Hilton Home's operational costs. Due to a lack of adult residential care facilities in Fiji, several residents in the home are adults, which limits the spaces available for children with disabilities.

3.4 What the data tells us

The data on disability in Fiji is still developing and hampered by decentralised data collection, a lack of data sharing and a failure to capture disability disaggregated data.[57] The limited capacity to identify and diagnose disability at an early age also prevents accurate enumeration and data collection of children with disabilities. Developmental milestones are often not accurately tracked, in part due to limited access to adequate and consistent health services. This further limits access to services that in turn support data collection.[58] Addressing gaps in the data requires long term strategies and investment in technical expertise.

Obligations under CRPD Article 31 requires states to collect appropriate information, including statistical and research data, in order to formulate and implement policies that give effect to the Convention. Robust data collection also supports CRC Article 23, which calls for recognition and response to the special needs of children with disabilities.

The Ministry of Health and Medical Services' Patient Information System (PATIS) is an electronic medical record and patient administration system that tracks data such as hospital admissions, discharge records, and medications from divisional and sub-divisional hospitals, health centres and some specialised facilities. Although not currently utilised as a tool to highlight the prevalence of children with disabilities in Fiji, if properly resourced and developed it could bolster early identification and intervention efforts and support parental awareness of developmental milestones.

While there is no definitive number on how many children with disabilities are currently in Fiji, important progress has been made in recent years to improve data collection. However, there are likely many children with disabilities who remain invisible in the data because they have never interacted with services or Government agencies.

The data only tells part of the story and therefore it is important to ask what the data does not tell us and who is left out.

[54] Frank Hilton Organisation, (n.d.), History. https://www.frankhilton.org.fj/About-Us/History

[55] Smith, F., Perera, S., & Marella, M., (2023a), Early identification and intervention for children with disability in Fiji – current practices and opportunities, Nossal Institute for Global Health, Melbourne School of Population and Global Health, p.7.

[56] Situational Analysis of the Rights of Persons with Disabilities in Fiji, p.83.

[57] Ibid.

[58] Smith, F., Perera, S., & Marella, M., (2023b), The Journey to Early Identification and Intervention for Children with Disabilities in Fiji, International Journal of Environmental Research and Public Health, 20(18), 6732, p.17.

3.4.1 Population-level data collection is improving

The 2017 census provided the first nationally standardised disability data for Fiji, using the internationally recognised Washington Group Short Set of Disability Questions. Fiji's Disability Monograph presents the 2017 data, examining the situation of children, women, and men with disabilities across living conditions, education, economic activities, and health.[59] However, while the data was significant for highlighting disability issues more broadly, it did not fully capture disabilities in early childhood as the Washington Group Short Set was designed for people five years of age and above. Children below five were not assessed which left a gap in information on disabilities among Fiji's youngest children.

To address this gap, Fiji implemented the 2021 Multiple Indicator Cluster Survey (MICS) with an expanded approach to disability data collection. MICS is a global household survey programme developed by UNICEF to gather high-quality, internationally comparable data on the well-being of women and children. The Fiji MICS 2021 survey included the Washington Group/UNICEF Child Functioning Module, which contains specialised questions for children aged 2–4 years and 5–17 years across various functional domains (such as vision, hearing, mobility, communication, learning and emotions).[60] This enabled Fiji to capture data on younger children with disabilities that the census had missed.

Of approximately 6,000 selected households comprising 22,900 household members, a total of 4,928 children were surveyed using the child modules: 2,115 children under five were assessed through caregiver interviews, while 2,813 children aged 5–17 completed the child functioning questionnaire, based on a randomly selected child per household.[61]

According to the survey findings, 8.8% of children aged 2–17 were reported to have difficulty functioning in at least one domain, while 82.9% of children 36–59 months were considered to be developmentally on track in health, learning and psychosocial wellbeing.[63] The MICS report offers disaggregation by domain (e.g., seeing, hearing, walking, learning, emotions) and by demographic variables such as age and sex, filling an important gap in disability data. The exclusion of children under two years of age reflects broad academic consensus that identifying disability in children under the age of two through population surveys is likely unfeasible, due to developmental changes occurring during this early stage of life.[64]

3.4.2 Ministry of Women, Children and Social Protection

The Ministry of Women, Children and Social Protection (MWCSP) is responsible for administering the disability allowance to both children and adults with disability in Fiji. According to data provided by MWCSP on May 4, 2026, there are currently 1,652 children in Fiji receiving the disability allowance. Of this total, 972 (58.8%) are boys and 680 (41.1%) are girls. As of May 2026, there are a combined 14,823 adults and children receiving the allowance, with children making up around 11% of the figure.

The Ministry breaks the data down into different districts within the four divisions. Based on this, Suva has the highest number of children receiving the allowance (243 children), followed by Nausori (211). Rotuma with four children, is the district with the least number of recipients, followed by Lautoka with 18. In all but two districts, a higher number of boys than girls receive the allowance.

[59] Fiji Disability Monograph: An analysis of the 2017 Population and Housing Census.
[60] Washington Group on Disability Statistics, (2025), WG/UNICEF Child Functioning Module (CFM).
[61] Multiple Indicator Cluster Survey 2021 – Survey Finding Report, p.ii.
[62] Ibid, p.27.
[63] Ibid, p.20
[64] Cappa, C., Petrowski, N., & Njelesani, J., (2015), Navigating the landscape of child disability measurement: A review of available data collection instruments, Alter, 9(4), 317-330, p.325.

The data provided to the FHRADC for children was not disaggregated by disability or by age. Disability data was provided, however, for the overall population. Disability is disaggregated into the following categories: communication, hearing, intellectual, learning, mental, multiple, other, physical, and visual. It is not clear whether 'mental' refers to psychosocial (the preferred terminology) disability or cognitive disability, or whether disability type is self-reported, based on a medical certificate or diagnosis, or a combination of the two.

Physical disability is the most common impairment type (4,453), followed by multiple impairments (2,026), and 'mental' disability (1,143). Data on the type of disability is not always recorded by MWCSP so it is likely that these numbers are higher.

3.4.3 Fiji Education Management Information System

The Fiji Education Management Information System (FEMIS) was introduced in 2012 and collects and manages information on schools, students, teachers, finances, infrastructure, assessments, examinations, and other key areas. In 2016, disability disaggregation functionality was added to FEMIS.

Within FEMIS, the Student Learning Profile (SLP) is a tool to identify students with functional difficulties, learning support needs, or those at risk of learning disabilities. It is mandatory for schools to complete a SLP for all students in special schools and for students in mainstream schools who have functional difficulties or consistently perform well below expected levels. The SLP should be completed by teachers, working together with the child's parent/guardian where possible, and fed into the FEMIS database where it forms part of each student's individual record.[65]

Based on FEMIS data provided to the FHRADC by the Ministry of Education, as of March 2026, there are 3,152 children with disabilities (identified through the SLP) across both mainstream and special schools, making up 1.3% of the total student population. Of the 3,152 children, 1,867 students with disabilities are enrolled in mainstream pre-school, primary and secondary schools and 1,285 students with disabilities are enrolled in special schools.

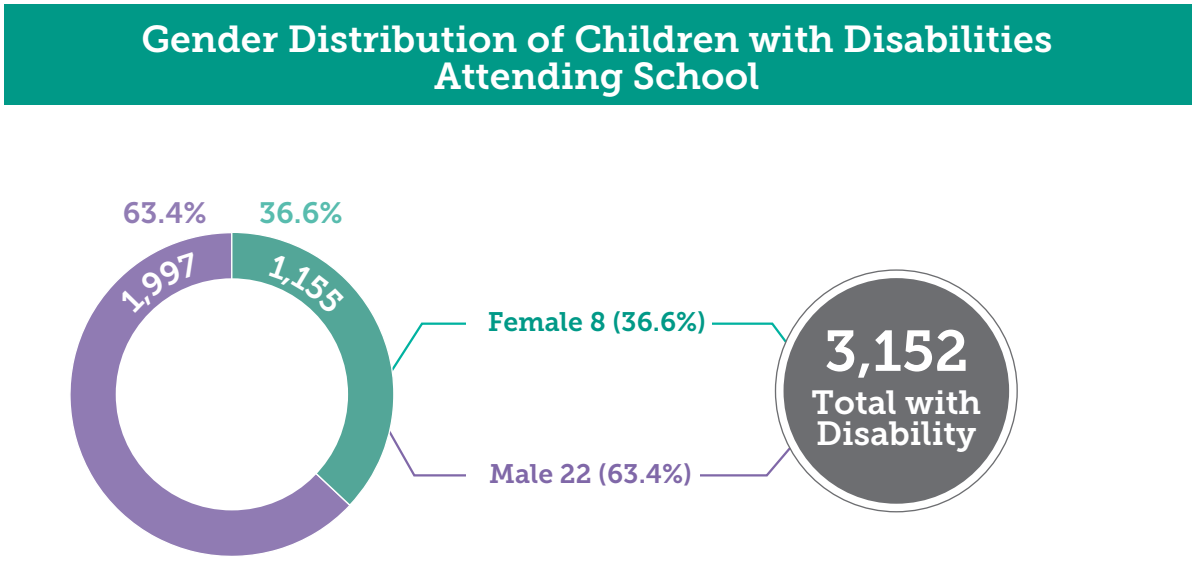

Figure 11: Gender distribution of children with disabilities attending school according to FEMIS

In comparison to the overall student population where the composition of male and female students is almost fifty/fifty, there is a stark difference between the number of boys with disabilities and girls with disabilities attending school. Currently there are almost twice as many boys (63.4%) as girls (36.6%) with disabilities enrolled across mainstream and special schools.

[65] Special and Inclusive Education Policy 2024-2027, Section 6.3.

School Type	EN1 (mild)	EN2 (moderate)	EN3 (extensive)	Total
Mainstream	557 (29.8%)	1,156 (61.9%)	154 (8.2%)	1,867
Special	153 (11.9%)	677 (52.7%)	455 (35.4%)	1,285
Total	710	1833	609	3152
Sex	**EN1 (mild)**	**EN2 (moderate)**	**EN3 (extensive)**	**Total**
Female	276 (23.9%)	654 (56.6%)	225 (19.5%)	1,155
Male	434 (21.7%)	1,179 (59.0%)	384 (19.2%)	1,997
Total	710	1833	609	3152

Table 1: Educational support needs of students with an SLP in special and mainstream education

Data from the SLP categorises children as having "mild educational support needs" (EN1), "moderate educational support needs" (EN2), or "extensive educational support needs" (EN3). As shown in Table 1, the majority of students with disabilities in both mainstream and special schools are classified as having moderate support needs (EN2), however the distribution across support levels differs markedly between the two settings. In mainstream schools, 92% of students are classified as EN1 (mild) or EN2 (moderate), with only 8% having extensive support needs (EN3). Special schools, by contrast, have a notably higher concentration of students with greater needs: 35% are classified as EN3, and 88% are EN2 or EN3.

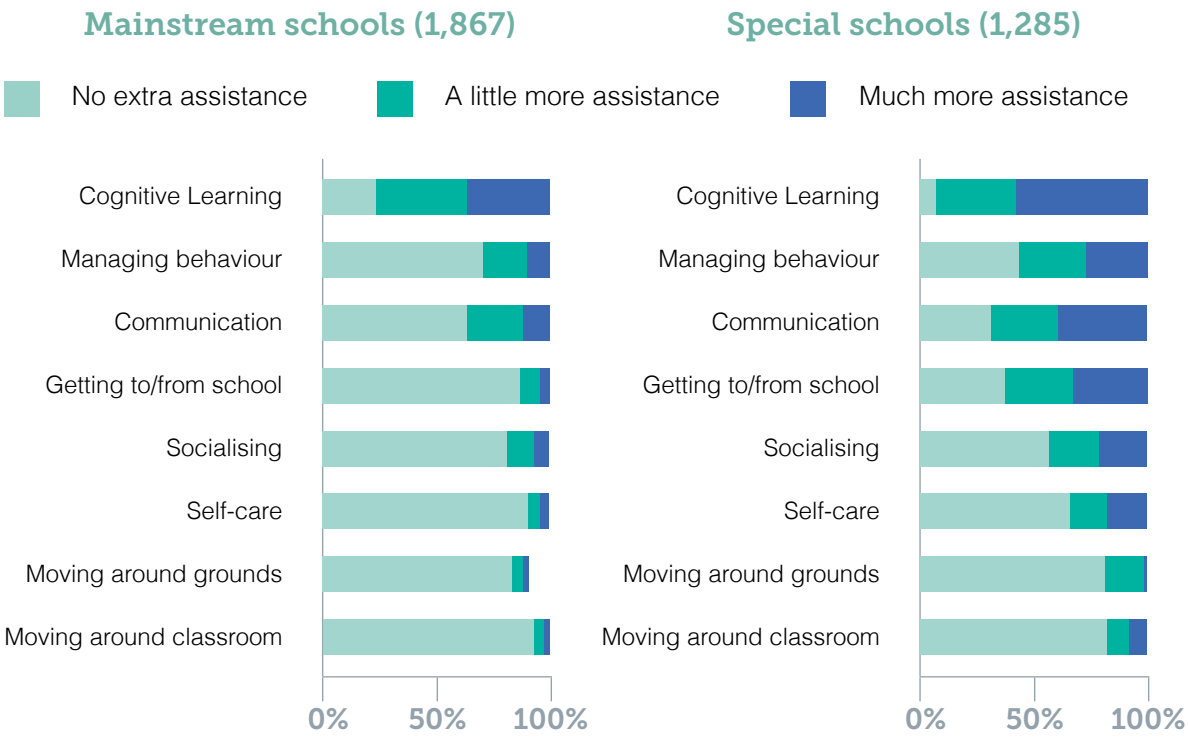

Figure 12: Personal assistance needs amongst students with disabilities in mainstream and special schools

Almost twice as many students in special schools require “much more assistance” with different tasks than other children, such as moving around school grounds, communication, self-care and managing behaviour in comparison with children with disabilities in mainstream schools. FEMIS data shows that special schools have a higher level of support needs and that students with extensive support needs require significantly higher levels of assistance in cognitive/learning activities, communication, and behaviour. Cognitive and learning support is the single greatest area of need for students with disabilities in both special and mainstream schools. In mainstream schools, 77% of students with disabilities require some additional help with cognitive/learning tasks, including 36% who need ‘much more assistance’ than other children. In special schools this figure rises to 93%, with 56% needing ‘much more assistance’. Communication (69% needing some extra help in special schools versus 37% in mainstream) and managing behaviour (56% versus 31%) also show large differences.

Physical mobility within school (moving around the classroom and school grounds) has comparatively smaller differences between the two settings, and low levels of need overall. This is consistent with the broader picture of educational support needs: the majority of students with disabilities, in both mainstream and special schools, have cognitive, communicative, and behavioural support needs rather than primarily physical ones.

Most children identified through the SLP experience functional difficulties related to cognition, communication, or behaviour, attention or socialisation. There are some notable differences between girls and boys in the domains recorded. Of the identified girls with disability, a higher proportion have difficulty with seeing (21% versus 16% for boys) and walking/mobility (14% versus 10%), while a higher proportion of boys are identified as having difficulty with behaviour, attention, and socialisation (40% versus 29%), which may be due to externalising presentations such as behavioural difficulties being more readily identified in boys.

The data also suggests that there are 1,500 more children with disabilities attending school than are currently receiving the disability allowance. Given the disability allowance also includes a transport subsidy, this could mean that students with a disability who don’t receive the allowance are financially disadvantaged in comparison to those who do.

3.4.4 Frank Hilton Organisation

Data provided to the FHRADC by Frank Hilton Organisation shows that in 2025 the orgranisation supported 427 male children and 269 female children with disabilities. The largest age group within that number was 0-2 years of age which represented 43% of their total clients. This shows the important role that Frank Hilton Organisation plays in the early identification and intervention of children with disabilities. It also identifies a common trend, namely that more boys than girls are accessing disability services.

This disparity persists when examining the number of referrals to Frank Hilton Organisation. Of the 1,505 referrals to Frank Hilton in 2025 more than 60 percent were boys. Girls made up just over a third of all referrals. Referrals for all children most commonly came from outreach and awareness (44%), followed by referrals from Colonial War Memorial Hospital (26%), which is home to Fiji’s primary Paediatric Department. An increasing number of clients were self-referrals (11%), with parents seeking out the services themselves.

There are also differences in access when it comes to the location of children. Most children (74%) who engaged with Frank Hilton Organisation in 2025 came from the Central Division while children from the Eastern Division made up just one percent. This reflects a widespread access barrier, as the majority of service providers are concentrated in Suva or other urban centres.

3.4.5 The data shows a gender imbalance

According to data from the Multiple Indicator Cluster Survey, the percentage of boys and girls with at least one functional difficulty is fairly evenly split; the number of boys ages 5 to 17 with at least one functional difficulty is only two percent higher than girls and 0.7% higher for 2 to 4 year olds.[66] However, data from Frank Hilton, MWCSP and from the Ministry of Education's FEMIS databases consistently show that a significantly higher number of boys are accessing services, receiving the allowance and attending school. Girls make up just a third of the total number of children with disabilities attending school. The gap is slightly less when it comes to the disability allowance, however almost 20% more boys than girls with disabilities are receiving the allowance. Similarly with Frank Hilton Organisation, a larger number of boys than girls are accessing services.

If the data from the Multiple Indicator Cluster Survey is considered accurate than, when examining data from other sources, it appears that girls are at a disadvantage and are not accessing services on an equal basis with boys. This gender imbalance likely not only reflects service access gaps but deeper gendered norms, biases and systems that shape identification, referral, family decision-making, transport, safety, schooling and entitlement access.

[66] Multiple Indicator Cluster Survey 2021 – Survey Finding Report, p.280..

PART TWO:

KEY FINDINGS

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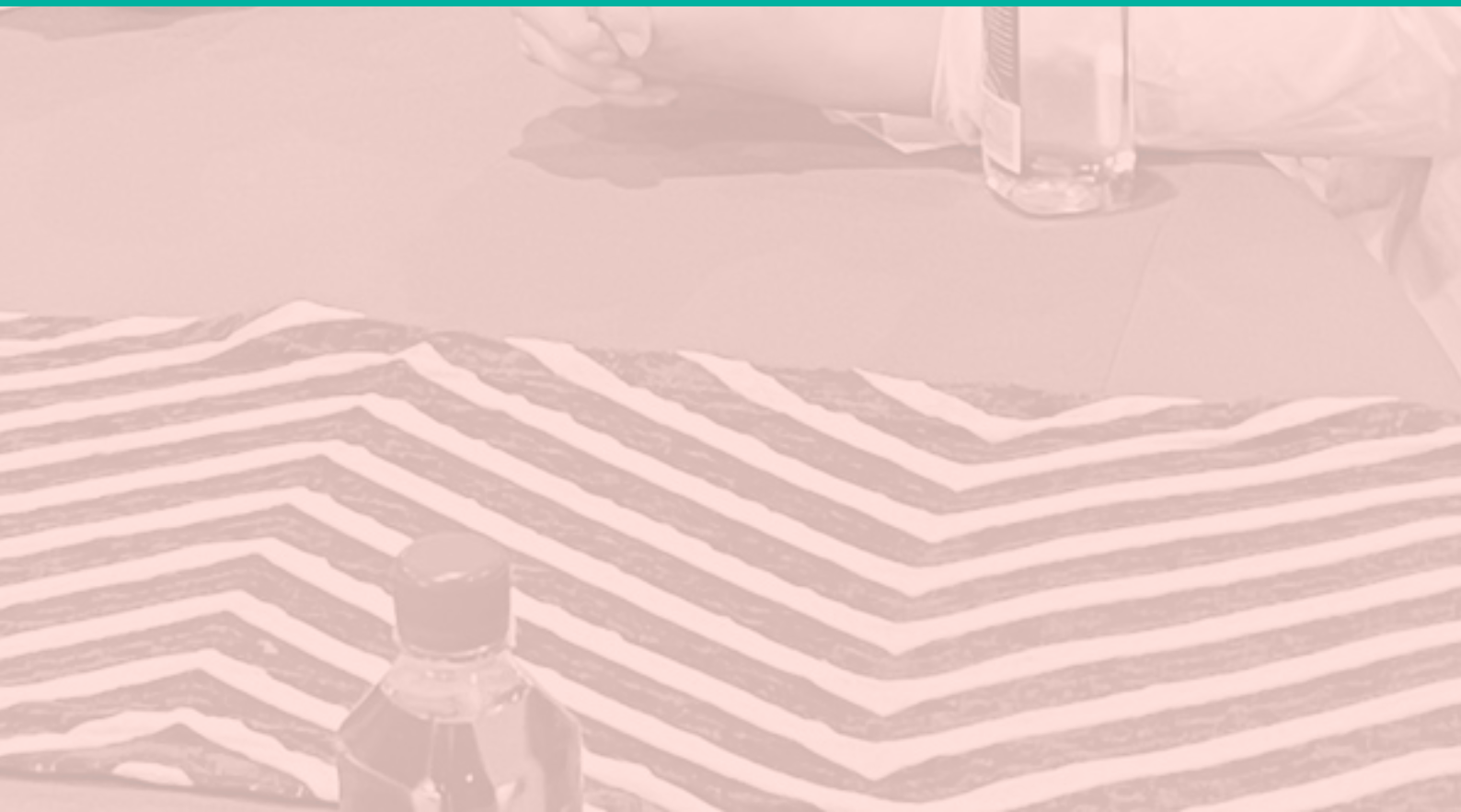


4. Law, Policy and Participation

> *Nothing can be achieved when we are working in silos. So, policy coherence, what we are doing and what is in paper and what we are doing, it has to be aligned with an inclusive approach, having to include everybody.*
>
> **GOVINT35.**

As discussed in the previous section, Fiji has key frameworks, legislation and policy governing the rights of people with disabilities and children. Despite this, insufficient funding and resources, a lack of targeted focus or prioritisation of disability, weak monitoring and oversight of policies, and a siloed approach to working, has hampered the effective and meaningful implementation of disability policies and legislation.

4.1 Government investment into disability is not sufficient

> *Some Ministries are very good. Within their budget they allocate it, this is for disability grant. Like Social Welfare and Women, they already got something. Ministry of Youth and Sports through Sports Commission. It's only a few years back now that they have a disability grant, which is very small, but at least something is there 60 or 80,000 or 100,000 for the whole year. (NGOINT12)*

Government investment into disability support has been increasing. In the 2020 – 2021 financial year the Government invested FJD $28.1 million into supporting disability. For the 2024 to 2025 period this number grew to FJD $40.7 million, representing an increase of 86.8%.[67] The Government recently released its 2025 – 2026 Budget covering a total FJD $4.8 billion investment. As part of this budget, around FJD $22 million has been allocated to disability specific programmes and services. Most of this, (FJD $18,545,722), is going towards the disability allowance.[68]

Other funding includes FJD $1 million towards the Early Intervention Programme conducted through Frank Hilton Organisation, FJD $1 million towards grants for Special Schools, FJD $300,000 to Organisations for Persons with Disabilities and FJD $500,000 for the NCPD. Only FJD $33,750 dollars has been earmarked for implementing the Rights of Persons with Disabilities Act, 2018.[69] There does not appear to be any investment in procuring assistive devices.

Significantly, there is no budget line for carrying out the activities in the 2025 – 2035 Disability Policy or for establishing the disability data hub. For Fiji to successfully implement the priorities laid out in the policy, significant budget and resources must be allocated to support the rollout.

The FHRADC heard from a number of NGOs working in the disability space that sustainable and secure funding was an issue. Project HEAVEN Trust, who conducts hearing and vision checks at schools throughout Fiji, told us:

[67] Ministry for Women, Children and Social Protection, (16 October, 2025), Fiji Launches National Disability Policy (2025 – 2035), Press release.

[68] Ministry of Finance, (2025), Budget Estimates 2025 – 2026, Republic of Fiji, p.189.

[69] Ibid, p.187

At the moment, our major challenge is the funding. Because we want to reach as many students we want, and we want to go to the most remote places. And, you know, the islands, the maritime, and plenty of children are being neglected.

NGOINT16.

Funding often comes from external donors, such as DFAT. Government funding is only from year to year, hampering organisations' abilities to plan for the long-term. Funding may also not be enough to cover outreach to more remote communities who are most in need of services.

The issue is not only whether disability is funded, but who within the disability community benefits from that funding. Without gender, sex, ethnicity, age, location, and disability-disaggregated budget tracking, it is difficult to know whether public investment is reaching girls with disabilities, children with high support needs, children in rural and maritime areas, or children who are not connected to school or formal services. Overcoming barriers and addressing gaps require a systems level analysis as well as investment in holistic, wrap-around support to ensure the rights of children with disabilities are realised and upheld.

4.2 Opportunities

4.2.1 Centralisation of disability data is in development

A regional initiative led by The Pacific Community (SPC) and the Pacific Group on Disability Statistics, is working with Fiji and other Pacific Governments from 2024 to 2026 to strengthen disability data across the region. The initiative aims to ensure that all Pacific countries adopt and sustain the use of internationally comparable tools, such as the Washington Group on Disability Statistics tools and MICS Child Functioning Module, while also building national capacity to analyse, interpret, and apply disability data.[70]

For Fiji, this provides an opportunity to address ongoing data gaps. It positions Fiji to contribute to, and benefit from, a coordinated regional approach to disability data that is aligned with CRPD obligations, the 2030 Agenda, and the Pacific Framework for the Rights of Persons with Disabilities.

Related to this, work has been done towards establishing Fiji's Centralised Disability Data Hub (formerly the OPD datahub), supported through various donors, Government stakeholders and OPDs. One of thirteen key priorities of the Fiji National Disability Policy 2025 – 2035 calls for the continual progression and development of the data hub, including a clear roadmap and budget allocation. This data hub is to be housed at the NCPD and develop standardised disability data collection forms in collaboration with Fiji's Bureau of Statistics.[71] Although it was officially launched at the end of 2024, the data hub is not yet fully operational, as existing data, held across different Ministries, OPDs and NGOs, is still being assessed and collated. It is important that the required technical expertise supports the development of the datahub to ensure that existing databases held by Ministries are able to "speak" to one another to avoid inconsistencies, inaccuracies or replication of the data.

[70] Pacific Group on Disability Statistics, (2024), Pacific Group on Disability Statistics (PGDS) Project: Multi-Year Work Plan 2024-2026, Pacific Community.

[71] Fiji National Policy on the Rights of Persons with Disabilities 2025 – 2035, p.15.

In November 2025, the Government established a Bilateral Disability Inclusion Working Group, made up of five key organisations: the Fiji Disabled Peoples Federation, Fiji Mobility Alliance, United Blind Persons Association, Psychiatric Survivors Association, and Fiji Association of the Deaf. The working group will support and strengthen coordination to help advance this work.[72]

4.2.2 National Coordinating Committee on Children

The National Coordinating Committee on Children (NCCC) is a multi-sectoral committee chaired by the Permanent Secretary for the MWCSP. The NCCC was established in 1993 following Fiji's ratification of the Convention on the Rights of the Child (CRC). Its role was to coordinate the implementation of the CRC into Fiji's laws and oversee issues relating to the safety and protection of children. The NCCC also coordinates the work of Government agencies involved in children's protection and welfare.[73] The NCCC exists at the policy level and is not referenced within Fiji legislation.

After three years of not convening, the Ministry has recently revised the Terms of Reference (TOR) and the NCCC has started to meet once more. The FHRADC has also recently been invited to sit on the NCCC as an observer. Concerns were raised about limited Government engagement due to discomfort discussing children's issues among other stakeholders:

> *So we've seen that a lot of Government agencies, they don't have the confidence to talk about children's issues there.*
>
> **GOVINT12.**

A multi-tiered system is now in place with the NCCC based in Suva and division level Interagency Committees. Findings from divisional meetings are escalated to the NCCC, which engages Permanent Secretaries to resolve cross-sectoral issues. This structure may help to ensure better vertical coordination, but its effectiveness will depend on implementation, resourcing, and meaningful engagement with disability-focused actors. There is currently no child representative on the NCCC.

The CEO of Frank Hilton Organisation told the FHRADC that for most of the NCCC's history there had been no representative for children with disabilities on the NCCC:

> *I found by chance that this committee existed, then I asked then Minister what is the voice of children with disabilities within this committee. We were then appointed to this committee, but we were not aware if it was convened.*

Frank Hilton Organisation was provided the new Terms of Reference by the Permanent Secretary of MWCSP which they redrafted in accordance with the UNICEF Pacific Island Countries Toolkit. The NCCC sat again this year however Frank Hilton was not included.

The NCCC represents an opportunity to address and advocate for the needs of children with disabilities. However, if the voices of people and children with disabilities and the organisations that represent them are excluded, then it is likely that the rights of children with disabilities will be left out of the conversation.

[72] Fiji Government, (5 November 2025), Fiji Advances Disability Inclusion with Centralised Data Hub, Press release.

[73] Situational Analysis Of Children In Fiji, p.105

Child Snapshot

I took permission from the child's mother and then sat on the child's bed to start the interaction. I greeted the child, who smiled and laughed a little. I showed the child a butterfly stamp, which she had liked yesterday, and with my assistance, the child was able to stamp her child's consent form.
At the first meeting, her mother had stated that the child loved to dress up and wear bangles and an Indian *tikka* or *bindi* as well. I mentioned to the child that her pink bangles matched her pink pants, which made the child very happy. The child signed in sign language, "thank you".

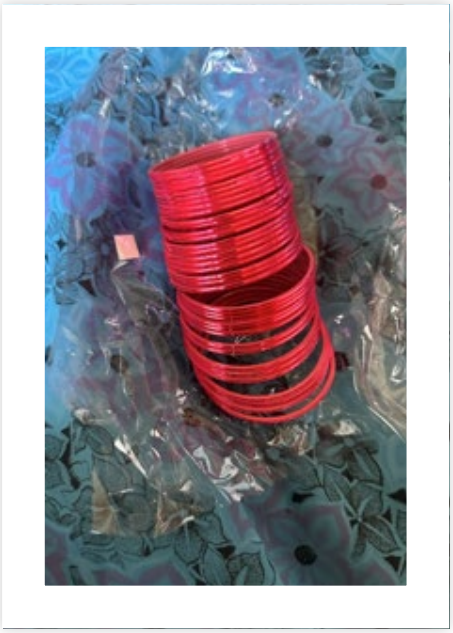


Photo description: Around thirty bright pink thin bangles sitting on a cellophane packet. Underneath is a blue flowered bedspread.

I moved on to showing the child some photos. She rejected some photos and chose others. The photos she chose and was happy to see were the picture of the beach, the dog, the cat, the banana tree, the man playing the guitar and the picture of police officers.

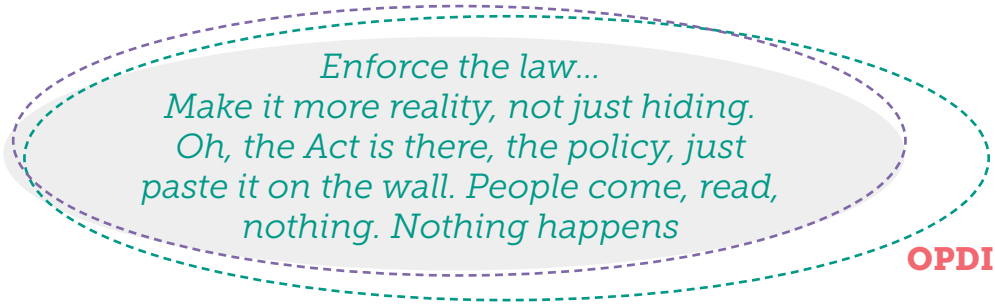
She specifically reacted to the police because her older sister's boyfriend is a police officer. After seeing the photo, the child slowly said the name of the sister's boyfriend. Her mother said today was the first time the child had said his name out loud. The child is very attached to her sister's boyfriend, and they have a strong bond.

I also used the talking board with the child. The child pointed, nodded to the symbol of a table that resembled a phone and her mother stated that she loved using the phone and watching videos and cartoons. She nodded to the symbol showing food and pizza. She also reacted to the symbol of a teddy bear and smiled as she also had countless soft toys, her Pikachu toy being her favourite. She reacted to the handshake symbol, and with her mother's help, she shook my hand.

Afterwards, her mother told me that the child likes to listen to rhymes, especially *Nani Teri Morni*. The child and I listened to the rhyme together. After singing and giving the child the ball again, and realising the child seemed tired, I decided to end the interview.

4.3 Challenges

4.3.1 Implementation gaps and limited enforcement impact policy effectiveness



Policy, legislation and international frameworks exist in Fiji but there is a gap in how they are being implemented. What the Study consistently heard from Government stakeholders down to families, is that legislation is not adequately funded or properly enforced and that there is a gap between the policies and actual practice on the ground. What's more, not all policies comply with the CRPD and CRC, and existing legislation and policies often fail to address children with disabilities.

Some stakeholders saw the work that had been done to promote inclusivity and disability issues as all talk and no action:

> *What I've seen is we all can write policies. It can be all beautiful and all. The implementation is the issue that I've seen. (NGOINT18.)*

Donor funding and support for the drafting of policies also may not extend into the implementation stage. Without clear action plans, adequate resourcing and a clear understanding from those responsible for implementing policies, little progress will be made towards upholding the rights of people with disabilities. As one online submission attests,

> *Policies and legislations should not be tokenistic. (Online Submission 87).*

One key reason why policies and legislation are not fully implemented is because of a lack of strong monitoring, reporting or accountability mechanisms. The National Council for People with Disabilities is the main organisation responsible for implementing the Disability Act and reporting on the CRPD, however, efforts have been hampered by organisational capacity. The UNPRPD's situational analysis on the Rights of Persons with Disabilities in Fiji found that stakeholders' knowledge of how well the CRPD had been implemented was constrained by a lack of systematic monitoring and reporting.[74] Cabinet endorsed the submission of Fiji's First Report to the Committee on the Rights of Persons with Disabilities in October 2025.

While both Fiji's Disability Act and Disability Policy have monitoring mechanisms embedded in them, there is little information on enforcement powers and what the consequences for non-compliance are. Under the Act, Government Departments are not required to report on disability inclusion, meet specific targets or demonstrate compliance. This was shared by a stakeholder working in the disability space:

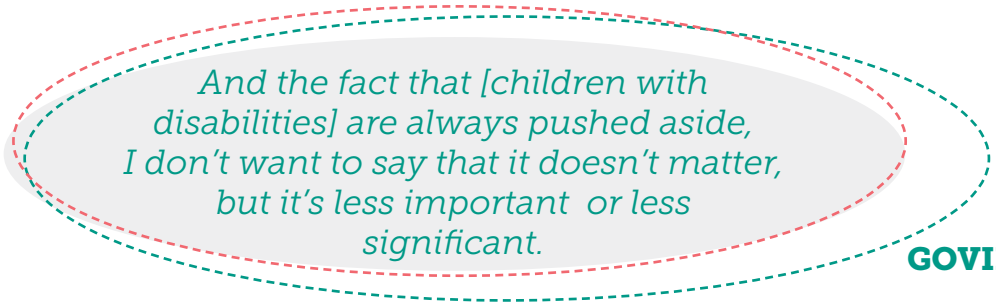
> *The thing is like we already have a policy, we already have a law, but in terms of the enforcement part, it's not there. (NGOINT21.)*

While the 2025 - 2035 Disability Policy does call for a Technical Working Group and a monitoring and evaluation role to be established, it does not indicate how this will be budgeted for nor does it give specific reporting requirements (for example monthly, quarterly, yearly).

Ensuring policies are meaningfully implemented and enforced requires sufficient investment and the establishment of monitoring mechanisms that respond proactively to breaches or when outcomes are not achieved. Donor investment into policy development should also consider long term resourcing and capacity to achieve meaningful and sustainable implementation and compliance.

[74] Situational Analysis of the Rights of Persons with Disabilities in Fiji, p.6.

4.3.2 Children with disability not prioritised



Most Government agencies lack a specific focus on children with disabilities and/or do not have programming or policies to address the needs of these children. The Fiji's Disabled People's Federation primarily works with people over the age of 18 and there are no OPDs focussing only on children, although they do provide support for children with disabilities if needed. The Frank Hilton Organisation is the main service provider for children with disabilities in Fiji but as their CEO told the Study team:

> *We come under the broad umbrella of the National Council of Persons with Disabilities and that has been challenging because that is an agency driven by adults with disabilities and often the voices of children are not considered in many areas when it comes to NCPD.*

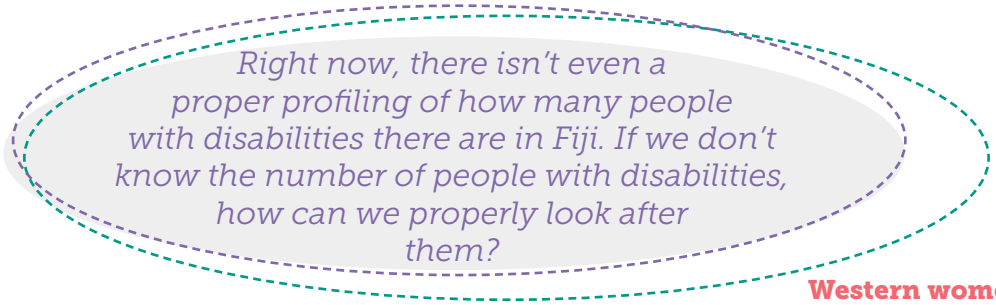
As part of wider underinvestment by the Government into disability, Fiji lacks adequately resourced child-specific disability representation and advocacy mechanisms.

Disability awareness and sensitisation across Government Departments and Ministries was highlighted by stakeholders as an area that needs improvement. Different NGOs and agencies shared trainings they had undertaken or accommodations they provide, such as learning sign language or engaging interpreters when needed. However, there is a need for more in-depth disability sensitisation and its intersection with specific concerns such as gender, sexuality, age, ethnicity and socio-economic status. This was highlighted by Shairana Ali the CEO of Save the Children, who acknowledged gaps in her organisation's capacity:

> *But in terms of the work translating into action, I think it's fair to say that we are still falling a bit short, especially when it comes to the disability space. We've done quite a fair bit of training for staff around gender inclusion and all those things, but when it comes to disability and having that lens within the organisation, ensuring that our staff are well-trained to work with children living with disabilities...We don't have a disability policy, a specific one at the moment. There's something that is on top of our list for this year to actually prioritise and develop.*

Disability policies, and especially policies targeting children, are largely confined to the Ministry of Health and the Ministry of Education or to organisations working directly with children. Yet disability inclusive policies should be embedded throughout all Government Ministries and organisations should have policies in place that support inclusive and accessible service provision for all peoples.

4.3.3 Lack of disability disaggregated data



Western women's community consultation

Although work has been undertaken towards centralising and improving disability data collection, organisations acknowledge that in many cases disability data is not being collected, or is collected in an ad hoc, decentralised manner. Sharing of data amongst organisations has not been common practice.

One NGO raised the challenges they faced when collecting data on disability:

> *As much as possible in all of our projects...we've tried to obtain data on children that are impacted by our programmes and children living with disabilities, but it's been very difficult to even collect data...In many cases when you go into the communities, the communities may not see those children as being disabled, so there's also denial from the communities, and then we do rely on our community focal points to give us information...There could be children who are part of the programme, but they're missed because you can't see that they are actually disabled. (NGOINT15)*

Reporting on disability numbers can be a sensitive issue. Families may not wish to be identified as having a child with disability due to fears of stigma or discrimination. It is also important not to rely on visual identification alone, as those without obvious disabilities may not be recorded.

The main issue raised in relation to data was the lack of disability disaggregated data. Government Ministries are currently required to collect disability disaggregated data, but this is not always happening in practice.[75] Many Government organisations and NGOs collect data for reporting purposes, for service provision, or for their own internal databases, however, they often fail to include whether a person has a disability or not.

A staff member from MWCSP told the Study team about gaps in the data collected as part of establishing child friendly spaces around the country:

> *We had to go specifically in the North. And then setting up these spaces when we had to record the different children that came in the community that day. Some officers kind of missed out on recording children with disabilities and focused on just how many males and how many females. (GOVINT11)*

For service providers, having standardised and disaggregated data collection processes in place is vital. Without this information, organisations cannot have a clear picture of who is accessing their services, and what their individualised needs may be, leading to generic and potentially inaccessible service provision.

Failing to capture disaggregated data also represents a safeguarding issue when it comes to accessing justice or making reports of abuse. As one lawyer pointed out to the Study team, the failure of frontline staff to identify and record a child's disability meant that the appropriate accommodations were unable to be provided, thus affecting the child's access to inclusive and equitable justice. A staff member from MWCSP confirmed that it is left to the discretion of the person making the report whether to include disability information:

[75] Fiji National Policy on the Rights of Persons with Disabilities 2025 – 2035, p.14.

We've got the CWA [Child Welfare Act] form to capture, but you'll only put it [disability] in the database if it's...in the report or if it's in the form. So, there can be a gap in information not being there and the child is actually living with disability. (GOVINT11)

Disaggregated disability data also is not collected in reports of online abuse to the Online Safety Commission, however, this data may be captured in the description of the abuse, such as whether it was motivated by discrimination towards disability.

It is vital that disability information is captured at the time a report is made, so that children with disabilities can access justice and Departments understand the context within which the abuse took place and any additional needs the child may have.

4.4 Children's participation and the right to be heard

They do not have much of the decision-making or the voices that we normally want to champion. It's like we hear everyone, but when it comes to children with disability, how do we do it? How do we hear their voices?

NGOINT3

A fundamental aspect of the CRC is children's rights to express their views freely and to have their say on matters that affect them. However, the Study found that children with disabilities are often not consulted or given meaningful opportunities to feedback on relevant policies or programmes. Communication barriers and a failure to provide reasonable accommodations can also prevent children with disabilities from having their say. This was highlighted by a Government employee working in the child protection sector:

Because we are just looking at it at a broader level, but the real thing is we need to get to communicate to them, because otherwise we really won't be doing any justice to them. It's just, mother, you know, it's someone else, a third person, interpreting, whereas that person, and the one-way communication will be lost, and their needs won't be met. (GOVINT10)

For children with disabilities, especially those who may not communicate verbally, people often speak for them, assuming they cannot express themselves. Rather than making judgements about children with disabilities' capacity to communicate, organisations should instead offer accessible and inclusive means of communicating, such as with symbol boards, sign language, and text to speech devices. The Study team did hear some positive examples of participation and inclusion, including parents supporting children to share their views freely, organisations building leadership capacity for children with disabilities and special schools encouraging students to be ambassadors for disability and help raise awareness:

We do advise and inform our children that we want them to be the ambassadors of change. We want them to learn from the school and go out in the community and educate, tell others in the community what they have been learning in school so that together we are able to create an inclusive society where everyone is able to understand. And if children are able to influence one person in the community and they are able to influence one, probably a day will come when everyone in the community will have the knowledge of how we should create a barrier-free society for everyone. (SCHINT3)

Despite these positive efforts, existing systems that fail to prioritise the needs for children with disabilities and do not provide the required opportunities and space for enabling their participation, all intersect to systematically marginalise the participation, experiences and voices of children with disabilities.

Organisation Spotlight

Fiji Women's Rights Movement

Fiji Women's Rights Movement (FWRM) has a deep and sustained commitment to inclusion of diversity, justice, good governance, rule of law, feminism, and human rights for all. For FWRM, achieving true gender equality hinges on securing women's equal representation across all levels of leadership and decision-making. However, this vital progress face persistent barriers from deep-rooted traditional, cultural, and religious attitudes. This year marks 40 years of feminist activism, movement building and collective action for the Fiji Women's Rights Movement.

FWRM's Grow, Inspire, Relate, Lead, Succeed (GIRLS) programme is an initiative designed to empower young girls with leadership and advocacy skills, and gender rights education. In the 10 years since its inception, the GIRLS programme has provided a safe and inclusive space for Fijian girls aged 10-17 to build confidence, gain leadership skills, engage in critical thinking, and participate in societal change and covers topics like gender equality, leadership, human rights, digital safety, and financial independence. The GIRLS programme also connects girls with mentors and peers, and educates girls about their rights, to support prevention of gender-based violence and discrimination.

To date, the GIRLS programme has graduated four cohorts of girls who have gone through the three-year programme with FWRM, including 12 Deaf girls aged 14 to 17 years under the PERSIST cohort. For the next three years, FWRM is partnering with the Gospel School for the Deaf to integrate deaf and hearing participants, with plans to expand to include blind and low-vision youth. The GIRLS programme is girl-led which ensures that girls are directly consulted on advocacy work, giving them personal agency. FWRM has also institutionalised its Deaf Girls Engagement Strategy and Deaf Culture 101 modules, making them permanent foundational components of all FWRM programming.

A group of teenage girls from the FWRM's GIRLS programme.

Deaf girls who participated in the programme had the opportunity to contribute to the Intergenerational Peacebuilding Dialogue as well as the GIRLS Forum. Patrina Tawake, programme officer for the GIRLS programme described the forum process:

> *The forum is where the girls come together. The process is intentionally girl led whereby the theme or topic are co-created and decided by the girls. For example, in 2025 the girls convened a dialogue on Sexual and Reproductive Health and Rights (SRHR), where key partners and stakeholders were invited to dialogue with the girls. At this convening, the girls successfully articulated key priorities and challenges experienced in school, home, with peers and friends, and within their communities. These key conversations were consolidated into a key Outcome Statement outlining call to action and recommendations. The girls presented the Outcome Statement to key partners and stakeholders, such as UNFPA Pacific office, the Ministry of Education, Ministry of Youth, Ministry of Women, UNICEF Pacific, donor partners, RFHAF, and IPPF.*

A girl who is deaf and took part in the forum shared her experience:

> *I am a girl living with a disability called Microtia and for most of my life I have been through a lot of discrimination because of this. Through this programme, I learnt that no one has the right to discriminate another based on their sex, race, colour and even disability. This learning has encouraged me to continue being an advocate on girls' rights as I know there are other girls with disabilities out there who are not privileged to be in an empowering space like this.*[76]

One issue that was raised by the Deaf girls at the GIRLS Forum was that the current domestic violence helplines are inaccessible to Deaf women and girls. For the Deaf girls, this accessibility barrier impacts victims of domestic violence from getting immediate crisis support. In the Outcome Statement, the girls strongly recommended that Government resources to be allocated to service providers to develop a dedicated, text-based mobile application to ensure that Deaf people can access critical life-saving services when needed.

Many girls who graduate from the GIRLS programme transition to the Young Feminist Network where they have continued to push for inclusive design and messaging for campaigns related to the International Day of the Sign Language or Youth Day across different social media platforms. Two Deaf girls currently sit on the Young Feminist Network's committee.

The FWRM GIRLS programme is a standout example of honouring the right of children with disabilities to have a say in matters affecting them. It champions inclusive means of working with children with disabilities.

4.5 Conclusion

Children with disability lack full visibility within existing data. Many organisations do not collect disability-disaggregated data or share data with other key agencies or organisations. If agencies and services fail to identify children with disabilities, they are prevented from responding appropriately. This can contribute to further exclusion, delayed intervention, and uninformed or unresponsive planning.

Despite promising developments in legislation and policy, a gap exists between what is written and the lived realities of children with disabilities and their families. Across sectors, there are policies, legal frameworks, action plans, and rights commitments, but implementation is inconsistent, underfunded, fragmented, or poorly enforced. Responses often tend to be reactive, rather than proactively designed to support rights and inclusion. Without proper resourcing, monitoring and accountability, Fiji's efforts to fulfil its obligations under national and international human rights frameworks will be undermined. This has real life consequences for children with disabilities and their families, who continue to face barriers to their inclusion and meaningful participation. The following section delves deeper into the lives and experiences of children with disabilities and their families, including ongoing barriers and challenges.

[76] Fiji Women's Rights Movement, (19 May 2023), 3rd GIRLS Forum a space to share girls lived realities in the western division.

5. Child and family experiences

My dream is to find a good job.
I want to be a policeman when I grow up!

CHDINT15

Both the CRC and CRPD see family as "the natural and fundamental group unit of society."[77] Article 23 (3) of the CRPD obliges State Parties to ensure that children with disabilities have equal rights with respect to family life and to prevent their concealment, abandonment, neglect or segregation. It also calls for States Parties to ensure that people with their disabilities and their families have an adequate standard of living and that children with disabilities who cannot be housed with their immediate family, as much as possible, be cared for by their wider family or with a family in a safe community environment.

Many children told the Study team they love to help at home by collecting firewood, cleaning, doing laundry or cooking. One child with autism told us:

> *I like helping mommy, I clean. I wash the dishes. I clean the floor. (CHDINT23)*

Children shared their daily routines, including their favourite part of the day. Like many children, it is when they have a chance to relax or spend time with family and friends. A teenage girl with albinism described a typical day:

> *I go to school in the morning, and then we have recess and sometimes some kids bullies us so we report them to our teacher to be dealt with. After school, I come back home, help mum with cleaning, bath and study. (CHDINT6)*

Many children, across a range of disabilities, both verbal and non-verbal, love listening to music, singing or dancing. Playing on their phones and watching TV were also commonly mentioned. Children enjoy playing with their friends or siblings, swimming or playing sports, participating in religious activities, drawing, or being outside in nature.

For those who are able, parents encourage independence in their child, such as having agency over how they spend their allowance, spending time alone with friends, or preparing their clothes and books for school.

The sharing of these experiences is not to downplay the challenges and barriers that children with disabilities face, but rather to show that children with disabilities often have similar interests, daily lives, and desires as children without disabilities.

[77] United Nations, (2006), 'Convention on the rights of persons with disabilities', Treaty Series, 2515, 3, United Nations Treaty Collection, Preamble (x); United Nations, (1989), 'Convention on the rights of the child', Treaty Series, 1577, 3, Preamble.

Child Snapshot

I visited a child with Down syndrome at his residence. When we entered the room, the child approached us confidently and began greeting everyone present. He extended his hand to shake hands with each of us. He did not display hesitation or shyness and appeared comfortable interacting with people he had just met.

I introduced a set of colouring pictures from my bag. Before doing so, the child's mother mentioned that he had attended school for approximately one year. I slowly flipped through them and asked him to stop me when he saw a picture that he liked and wanted to colour.

Eventually, he stopped me and pointed directly at a picture of a dog. At that moment, he smiled widely and said that he wanted to colour the dog. While he coloured, I asked him why he had chosen the dog picture. He responded using a combination of short words and gestures. He pointed toward himself and said, "my dog." After saying this, he pointed toward the door outside. His choice of the dog picture appeared to be directly connected to his personal experience with the dog at his home.

Photo description: A child is sitting on the floor facing away from the camera. He is sitting on a colourful mat and colouring a picture of a dog. A researcher is sitting cross legged next to him watching him colour. Another researcher sits taking notes.

While continuing the colouring activity, the child also looked at other pictures in the colouring book. He pointed at different images such as ice cream, fish, and other objects. When doing so, he used English words to identify them.

At one point, a doctor's toy toolkit was taken out from the bag. He reached for the toy stethoscope, placed the earpieces into his ears, and positioned the chest piece against his chest. This suggested that he had likely seen or observed it being used before.

The child is the youngest in his family. Despite being the youngest, his confidence and comfort interacting with visitors suggested that he receives strong support and engagement within the household. The preparation for our visit, the confidence he displayed when greeting visitors, and his communication during activities suggested that he receives attention and support not only from his mother but also potentially from older siblings and other family members.

5.1 Family dynamics

I like my home, because I like how we live in our home and the relationship with our family as a whole

CHDINT2

The FHRADC heard of a range of family situations, from dual parent families, blended families, single parent families, to children being raised by grandparents or other family members or children in care homes or boarding schools.

From our family interviews, the close relationship between parents and their children was clear. Children with disabilities were described as "the light of our lives", "princess" or "favourite." Parents are closely attuned to their children's needs and ways of communicating and children told researchers they were closest with their families. For some children who are non-verbal, parents use alternative means of communicating, such as signing, gestures or symbol boards, and said they are usually able to understand what their child needed. A mother of a child with Down syndrome talked about how she interprets the needs of her non-verbal son:

> *It's quite hard, because he was not able to talk. So, our communication, we'll just tap at the table if he wanted something. For example, if he wants food, he'll tap the table. Or if he wants to go out to shower, he'll just cry or he'll just keep on coming to the front. Where I was, if I'm in the front, he'll come in front. If I'll be at the back, he'll just, like, yell at me pointing to the outside door. He just wants to go down and have a shower. (FAMINT4)*

Other parents said it can be hard sometimes fully understanding what their child needs, especially if they are sick or in pain:

> *The main challenge is that we often sometimes don't really get what she is saying. Especially if she is sick or crying and we don't know what the problem is because she wouldn't tell us. She will just keep on crying and we will just guess out what she wants. (FAMINT31)*

Parents told us they include their child in all activities and treat them the same as their siblings without a disability. One community member told us about her two children, one of whom had a disability:

> *My 21-year-old son has a hearing impairment. Since he was a pre-term baby who was born 6 months and 2 weeks old, his ear was not fully developed. Sometimes he feels shy and scared even at home, so I make sure he knows that he belongs in our family. Whatever I buy for my 19-year-old son, I will buy for my 21-year-old disabled child as well. For instance, if I buy rugby boots, I will buy it for his brother as well, and the same goes to buying them clothes. I try to treat them equally and make sure my son who lives with a hearing impairment feels that he belongs in the family as well. (Central women's community consultation)*

The importance of family support and love was highlighted and that acceptance starts in the home:

> *Even with my daughter, I accepted it. When she was born like this, I believe where she is today. It's just the love that we give her. As a family, it started from me and it goes down to the siblings and the dad. It has to start from home. Everything has to start from home. If it doesn't start from home, I don't think the Government can do a better job...They have to visit so that the parents can be educated, can be given awareness that this is not the end of the world. (FAMINT23)*

Parents often act as advocates for their children and educate their wider family and the community about disability and acceptance.

While all the children spoken to appear to live in caring and nurturing environments, the Study team heard from Government and NGO stakeholders of instances of neglect and abuse. They also heard of parental neglect, of children with disabilities coming to school without lunch or clean clothes, of parents prioritising the needs of their children without disabilities or giving preferential treatment to boys over girls, and the struggles of families living in poverty.

These issues are discussed more in depth in Section 10.5 of this Study.

When adhering to principles of the best interests of the child, it is worth remembering that homes and families can be indispensable spaces of love and support but, for some children with disabilities, parents, caregivers or other family members can further marginalise or exert control or violence over children with disabilities. At the same time, neglect needs to be considered within the wider context. Many families who have a child with a disability contend with competing priorities, restricted access to support and resources, and socioeconomic challenges.

5.1.1 Gendered aspect to caregiving

Most primary caregivers spoken to were mothers or a female relative. Many of the women do not have paid employment but rather are responsible for their child's full-time care and other domestic responsibilities. This may be influenced by the number of children with disabilities with high needs who the Study team met with, who therefore require constant care but may also reflect persistent societal norms when it comes to childcare in general.

Often, women balance the complex needs of their child with other responsibilities such as household duties, the care of other children, community roles, and full or part-time work:

> *I'm a housewife. I looked after CHDINT22 because of a physical disability. I have other five kids, there are six all together, my kids. She is the second youngest and the youngest princess and at the moment it's only my husband who is working... All I'm doing now is taking care of CHDINT22, trying to get her educated and one day she can be on her own. (FAMINT23)*

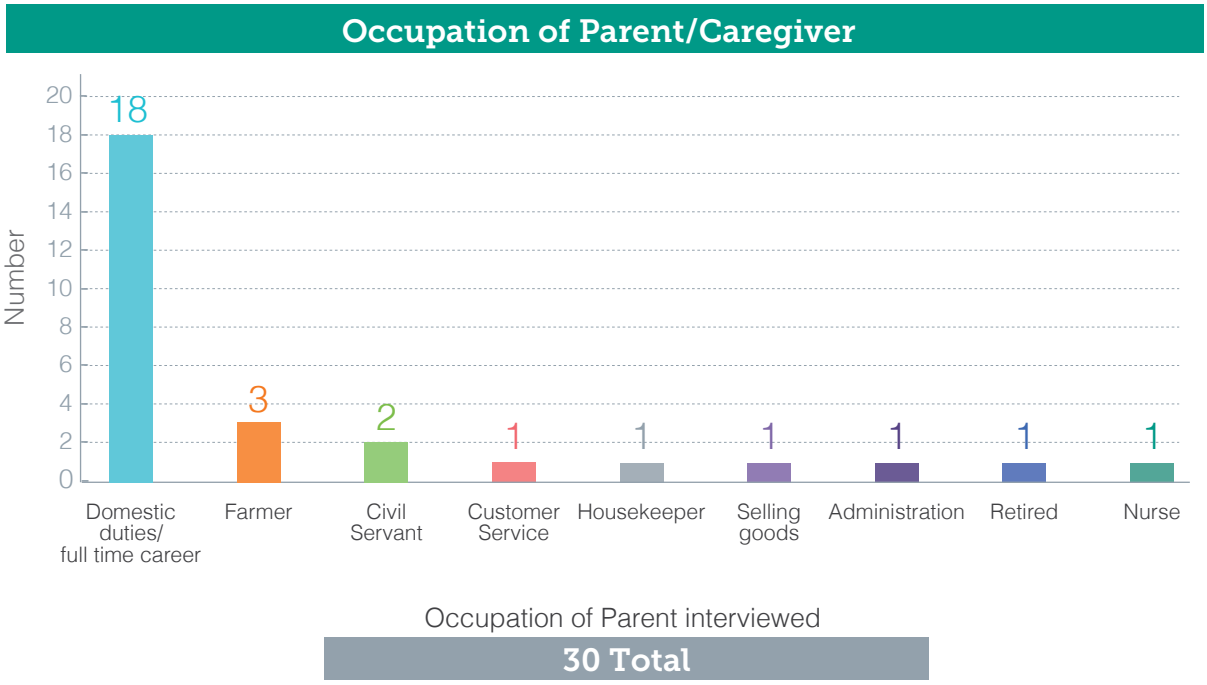


Figure 13: Occupation of parents interviewed for study

Some mothers told the Study team that they had left their jobs in order to meet the care needs of their child with a disability. What this means is that many families are surviving on a single income, supplemented by the disability allowance, increasing the financial strain. The allowance itself is inadequate, and not all families receive it.

As with many places worldwide, unpaid care work largely goes unrecognised in Fiji.[78] CEDAW acknowledges the fundamental role that women play within the family and the importance of shifting gendered family relations that place undue burden upon the woman. Mothers and female relatives are most typically expected to provide unpaid care, often at the expense of paid work, rest, education, social participation and financial independence. This means disability-related exclusion affects not only children with disabilities, but also the women who provide much of their daily support.

Social protection responses therefore need to recognise both the rights of children with disabilities and the economic, social and emotional value of unpaid care. This may require Government to restore financial caregiving assistance, provide accessible community services such as health, transport or training, including flexible employment opportunities and other measures to support caregivers.

5.2 Opportunities

Children with disabilities and their families face multiple challenges but the Study team did hear of some positive initiatives. Many parents acted as advocates for their child, raising awareness among family and community members or in health and educational settings about their child's disability and their rights.

Some organisations also provide parenting workshops and capacity building for families and children. The head of Mending Minds Foundation described the parenting skills programme that they offered and its impacts on communities:

> *We teach the parents child development. We take them through a journey of when your child is a month old to when your child is just pre-adolescent. There's physical changes, there's cognitive changes, there's emotional changes. Then we also talk about the risks along the stages of development. We highlight the risks of peer pressure, social media, you know, and we also talk to them about how lack of finances or stress on parents can actually impact a child and their development. We give them a whole picture...of how a child grows, how a child thinks and feels and what role do they play...Then we incorporate gender-based violence in there, a little bit about GBV and the impact of GBV on your children.*

Through these workshops, parents were able to reflect on their own childhood experiences and how they may impact their parenting style and behaviour. This encourages them to envision what kind of parent they would like to be and any changes they want to make.

Despite this support, there is an overall lack of support for parents raising children with disabilities, including peer support networks, awareness raising, capacity building and respite services. As the CRC and CRPD highlight, the family is a fundamental aspect of society and, for children with disabilities, their primary source of support and care. Wrap around services and support to parents and caregivers of children with disabilities, including mechanisms such as a caregiver allowance, can help ensure parents are in a better position to care for their child and support them to exercise their rights.

5.2.1 National Stakeholders Dialogue: Supporting Children with Disabilities in Fiji

In April 2026, the MWCSP in partnership with Frank Hilton Organisation and UNICEF, convened a National Stakeholders Dialogue on Supporting Children with Disabilities in Fiji. It was attended by Government representatives from education, health and social services, OPDs, NGOs, the FHRADC, health and education professionals, social workers and family and community members.

[78] National Stakeholders Dialogue: Supporting Children with Disabilities in Fiji - Summary of Proceedings and Agreed Next Steps.

The Dialogue identified four key issues in relation to supporting children with disabilities. Firstly, Ministries and organisations lack disaggregated and reliable data and so very little data is shared between sectors on children with disabilities. Secondly, despite a robust policy framework, challenges in implementation persist, in part due to fragmented approaches and a lack of policy alignment. Thirdly, early identification and intervention remain a challenge. Finally, it was highlighted that the systems need to be responsive to grassroots' needs and the lived realities of families. Ongoing stigma and attitudes continue to create barriers.

Thematic areas were also discussed with a set of outcomes developed for each area. Responsibility and accountability for the actions are spread among the Ministry of Health and Medical Services, the Ministry of Education, the MWCSP, OPDs, Frank Hilton Organisation, Development Partners, UNICEF Pacific as well as cross-sectoral coordination.

The discussions align with what the Study has heard and researched and underscore the need for consolidation of existing findings and data regarding children with disability to avoid duplication of work.

5.3 Challenges

5.3.1 Challenges in children's lives

> *When I'm going to school...And sometimes...I fall by mistake. That's what I don't like. (CHDINT12)*

The barriers and challenges that children shared with the Study team often related to teasing or bullying or barriers that arose from inaccessible environments.

Some children told the Study team that other kids would often discriminate against them because of their disability:

> *"What makes you feel sad or angry? (Study team)"*

> *"In school, it would be bullies. (CHDINT6)"*

A child with a learning disability told us about being bullied by children in a nearby village:

> *I was picking up rubbish and minding my own business and this kid from the other village who was in the same class as me just came and punched me and one of the boys from that village punched me as well. (CHDINT2)*

A child who attends a special school shared that some children could face abuse at home and so she would try and find ways to make them feel better when they came to school:

> *Some, they get a hiding from home. They come to school. We should make them happy when they come to school. Some, they will come and cry and teachers will leave them. And I'll be looking at them, and I'll tell my friends, bring them... make them happy. They have to go back to their house...They'll come back, and say, thank you. (CHDINT22)*

Other children shared environmental barriers they faced at home:

> *"Interviewer: What are some of the challenges at home that you need help on?"*

> *"[For the] toilet...to be at the same height as the house. (CHDINT6)"*

One child with a hearing impairment told us that he sometimes struggles to communicate with others because of this:

> *My ear, because I am not able to hear things well when I communicate with other people here at my village and in school too. (CHDINT15)*

We heard other instances of Deaf children facing communication barriers with their families:

> *We educate the children on sign languages and Braille and all this, but we forget to educate the family. When I asked their father, how do you communicate with your daughter? He said, he just know, you know, the basics. When they want to know more, they have to call her friends. But otherwise, at their home, when she is shutting herself, no one can get through to her. I think this is a real problem,a gap that must be met.*
>
> **GOVIN10**

One child with cerebral palsy who uses wrist braces and a wheelchair told us that she has to limit how far she travels due to physical discomfort:

> *First, I can't travel for long. Because of my back. And I can't sit for long. CHDINT22*

The children the Study spoke to shared many positive aspects about their lives such as friends and family and focused less on challenges or barriers that they faced. This could be because of the support they receive from those around them or a general shyness in sharing more negative experiences with an unfamiliar adult.

These challenges and barriers underscore the importance of a human rights-based approach to disability, grounded in the social model. Many of these challenges could be alleviated if meaningful investment was put towards addressing inaccessible environments and shifting perceptions and attitudes of disability.

Picture description: There are six people standing together, two adults and four children. Above them is written the words 'My family. Having family time.' Written in response to the question, 'What do you really like or care about?'

5.3.2 Knowledge and empowerment of parents and caregivers

> *I think sometimes mum and dad really do not know what to do when they have a child living with a disability. They may notice that the child is different or struggling, but they feel lost and confused. Because they do not understand the disability, they do not know where to go or who to ask for help. So many times the child is left without the support they need because the parents themselves do not have the knowledge or guidance. (Western men's community consultation)*

Having adequate knowledge of how to care for and support a child with disability in a way that upholds their dignity and respects their agency is a common theme that emerged from the interviews. Some parents told us they did not know anything about disability before their child was born. Others relied on YouTube and online resources to learn about their child's disability.

Several parents said they knew little about the rights their child was entitled to. One staff member of an OPD shared with us the experience of some young mothers of children with disabilities:

> *Last month, I went to...a programme done by the persons with disabilities... We have a session, bringing their kids. Some of them are crying, because they face challenges with them. Some are young mothers, whenever they found out that their babies are born with persons with disabilities, they were being rejected. We have the Act now already, ratified by the Government, the UN CRPD...and we have the Act for children, they can use it, but the only challenges is doing the awareness, and let the parents know where to get the support. I think that's a big challenge here in Fiji. (OPDINT5)*

Many whom the Study spoke to said there is a need for awareness and capacity building for families, so they are empowered with the knowledge of how to care for their child and to have a strengths-based, rather than negative, view of disability.

According to the Nurturing Care Framework developed by UNICEF, the World Health Organisation and the World Bank, children must have access to good health, adequate nutrition, safety and security, responsive caregiving and opportunities for learning in order to "survive and thrive to transform health and human potential".[79] To provide this enabling environment, parents of children with disabilities need to have the capacity to care for their child and be empowered to identify the various services and support mechanisms that are available. Without this, children with disabilities will not be able to exercise their rights to health care, education, support and participation and parents will face undue stress when it comes to caring and providing for their child.

> *In the morning when I wake up, I prepare breakfast. When CHDINT10 wakes up, I have to feed him. Feeding him takes about one hour because he eats very slowly. After that I give him a shower. By then it is already lunchtime. When I cook lunch, I again have to feed him and that also takes about one hour. In between I give him milk or sometimes juice. The whole day goes like that while looking after him. Sometimes we have to stay awake late at night. If his health is good, he sleeps around 1a.m., but sometimes he stays awake until around 4a.m.*
>
> **FAMINT10**

[79] UNICEF, the World Health Organisation & the World Bank, Nurturing Care for Early Childhood Development

5.3.3 Caregiver responsibility and stress

Parents face many responsibilities and worries in caring for their child. Many families juggle their caregiving responsibilities with caring for other children, household duties, caring for elderly parents and with work:

> *For school, I will try and take the younger one first to school and then we will get him ready for school. I need to have both my kids ready and in school before 8am and they both go to two different schools in two different places. So, I am up early in the morning to get my husband ready and my two kids ready for school. (FAMINT18)*

Some children are more independent and able to attend to daily matters, while other children have high support needs in things such as dressing, toileting, feeding and mobility, and therefore they cannot be left alone:

> *He eats blended food and he requires a sitting chair to sit and is dependent on me mostly. If I stay around him he'll be with me or else he cries a lot and he doesn't want to stay on the ground he wants me to carry him in my arms. Until he is asleep I cannot do anything. (FAMINT13)*

Some parents of children with mobility issues told the Study team, as their child grows up it becomes harder to carry them around.

Parents told the Study team they tried different home therapies to support their child, such as massage, speech therapy or potty training. One mother told us she utilises skills taught by Frank Hilton to support her child's communication:

> *I teach him speech therapy here at home based on the ones taught to me by Frank Hilton and it helps a lot as you saw how he was communicating with us. (FAMINT18.)*

Parents shared different worries and stressors with the Study team, such as financial worries, housing insecurity, accessing services or not sleeping. Parents fear what will happen when their child grows up and they are no longer around to support them. One parent became quite emotional and cried while sharing this with the Study team:

> *There will come a time I won't be here. I want CHDINT5 to be able to look after himself and protect himself and be well looked after. I want for him to get an education and be someone in life. I want him to know that even in that condition there is still hope and he too can have a good job and a successful education. (FAMINT6)*

Parents of children with high support needs often have very structured daily routines. Due to the needs of their child, some parents told the Study team they have little time for themselves, which can add to the stress they face:

> *Maybe the only break I take is when she's in school. But I don't go out. Because of her disability. More for safety. I have to be there. If not, my eldest daughter, she's in Lautoka, if I happen to attend some occasions,...if she's around, then I can go. Now that she's far away, I don't have any chance to sleep out or to get out of the house overnight or to have time for myself. (FAMINT23)*

These findings highlight the importance of not only having support services for children with disabilities but for parents too:

> *When we have parent meetings or family forums, when our psychologists or people with epilepsy have sessions you can see the stress level of the families when they speak out, the frustration. We need to have people or organisations who can help them. So, if the family is not helped, how can they help their own son or daughter? (NGOINT12)*

A child with a disability should never be seen as a burden.

Stressors and challenges that parents and children with disabilities face stems from overlapping attitudinal, environmental, societal, and structural barriers. Without addressing these persistent barriers, children with disabilities will continue to face challenges to living full and meaningful lives on an equal basis with other children. With adequate access to support mechanisms and services parent's stress and worries can be lessened. Part of this involves ensuring parents and caregivers have the financial resources to care for their child with disability.

5.3.4 Cost to families

> *Extra cost? We're still in diapers, and these things are getting skyrocketed, the prices. I wouldn't complain, but the living standard has gone up, so prices have gone up as well. (FAMINT11)*

Families face out of pocket expenses in supporting their children with disabilities, including transportation costs, medication, toiletries, food and diapers. These are essential for children with disabilities to develop and thrive and uphold their rights to reasonable accommodations. Without adequate support to cover these costs, children with disabilities will not be able to access their basic rights.

Many of the families the Study team spoke to receive the disability allowance but for most it is not enough to cover their costs. Parents told us it has become harder to afford things as the cost of living rises. One mother had drawn on her pension to cover expenses. The Study team heard that some families need extra support from their families, and are grateful for their extended family network:

> *Financially they always support when we have to travel for, for his...check-ups and everything. They help a lot. With his toys, or anything, because my brother, very close to him, so every time he calls, he'll ask, only one person, how's CHDINT28? His toys, everything they ask us to buy, he supports us with that. (FAMINT30)*

Children who live outside of urban areas often need to travel longer distances to access services such as health care and face high transportation costs. For children in wheelchairs, generally the only option is to catch a taxi, as public transportation is not accessible. One mother who lives in Rewa, told us about the costs she faces in accessing services for her son:

> *To go to town is very expensive for us. We travel by boat for about 40 minutes from our village to the landing and we will catch the bus there to go to Nausori or to Suva when we travel by boat to the landing, the boat fare is FJD $35 one way. (FAMINT1)*

Parents whose children wear diapers raised this as a major expense, particularly for those who wear adult diapers. One mother told us that almost the entire allowance went towards paying for diapers:

> *Sometimes there are problems with diapers, and diapers are very expensive. For diapers, we receive an allowance, only FJD$130. If we buy diapers for the whole month, almost all the money is used up, and only a small amount remains, maybe around 8 or 10 dollars. (FAMINT20)*

Some parents also shared that their children had specific dietary needs or sensory issues that determined what clothes they wear, meaning they could only buy certain foods or materials. As one mother told us:

> *For that money comes, I use it just for him, buy his diapers, buy the food he likes and buy whatever he likes to eat. Even his clothes too. He don't like wearing long pants. I have to buy short pants. And it's not all material he likes to wear. Sometimes I have to buy just one pants to make sure he likes that material...It's quite hard because of his choices. (FAMINT4)*

Older girls with disabilities also have the added cost of purchasing menstrual hygiene products.

Children themselves shared that the allowance is not enough for their needs. A teenager who uses a wheelchair and relies on taxis to get him to town told the Study team that he wishes:

> *For the monthly allowance to be increased cause life is expensive nowadays. For me to buy my spray etc and haircut and for the transport that takes me to town and back. (CHDINT24)*

Some parents acknowledged that their homes are not fully accessible or need renovations, but they are unable to afford the costs involved:

> *We can't even build the house because we don't have the money and for her all the facilities, like even the bathroom, washroom it's not in a good condition for her. Everything needs to be proper but currently we cannot do anything because we don't have the money. (FAMINT19)*

Research undertaken by UNICEF across the Pacific region found "a strong correlation between disability and gender, poverty, location and exclusion" with the preliminary findings putting the cost of caring for a child with disability from anywhere between FJD $41 and FJD $2,406 per month.[90] This variation in financial commitments, as well as the experiences shared with the Study team, highlights the importance of considering the individual circumstances of the child and their family, and developing tailored, holistic and human-rights based supports and social protections in order to ensure equity between children with disabilities and their families.

5.3.5 Stigma in families and its impacts

> *The current situation with the person with disability is, for example, is the stigma, the stigma which the family has. Some of them they don't want to like, they don't want to get their children out because of the embarrassment they have been facing. (NGOINT21)*

The Study team heard in some instances, parents can feel ashamed, or display stigma against their child due to lack of awareness about disability:

> *We've had some very tough cases, some very, very tough parents...So it's not just a lack of information, but it is stigma. It is also their cultural and religious belief that is dominating. And plus, most of the time, it's just plain, simple fear. They're scared, you know, scared of the unknown. (NGOINT19)*

Stigma can be both "actual" – direct acts of discrimination and bias – as well as perceived. The fear or belief that children with disabilities will be discriminated against or treated differently can also lead to families isolating their child and not including them in daily life. The Study team heard from some stakeholders that parents may not recognise that their child has a disability or are in denial, due to the perceived stigma:

> *Sometimes I think in the rural setting, sometimes there's so much denial by the parents...And sometimes maybe in terms of maybe denial and also embarrassment, that ...they're just slow. They don't understand the fact that these children, they need expert care. And sometimes they just leave them as they are, ..., and they face this type of name-calling throughout their lives. (GOVINT1)*

[80] UNICEF, report forthcoming.

In some communities, cultural beliefs can prevent parents from seeking health care or other therapeutic interventions for their child:

> *I think that's one of the barriers that makes parents reluctant to come up and say, you know, my child is going through a learning disability. And then there's superstition attached to that too, you know, behind, you know, mental health symptoms and also cognitive disability symptoms too, you know. So that makes families more reluctant to seek relevant and appropriate support services. (NGOINT19)*

In research by the United Nations Population Fund on women and young people with disabilities on sexual and reproductive health and rights, gender-based violence, and access to essential services, focus group participants from OPDs expressed concern about the lack of integration of children with disabilities into Fijian families and communities. They noted that parents may not accept their child's disability, leading to situations where the child is socially isolated or kept out of public spaces. This reflects broader patterns of stigma within family and community contexts and contributes to a broader cycle of marginalisation. It reduces opportunities for further education and employment, while also limiting the capacity of persons with disabilities to understand and exercise their rights, including in relation to sexual and reproductive health and protection from gender-based violence.[81]

Stigma does not just stem from a lack of awareness, it can also reflect entrenched power imbalances, as well as pressure to conform to societal norms and expectations. Awareness raising and advocacy efforts must also address these deeper issues to shift attitudes and eliminate discrimination towards children and people with disabilities.

5.4 Transition to independence

> *Interviewer: What should be done if there is a disability child? What do you think should be done for the child [with disability]?*

> *To be kind, supportive and loving. (CHDINT12)*

Although the focus of this study is on children with disabilities, it is important to recognise that children with disabilities will eventually transition to adulthood. Rights and inclusion across the life course are a fundamental aspect of the PDF's preconditions for inclusion and a particular focus of UNICEF's guidelines for the rights of children with disabilities. Children with disabilities need to be provided with the opportunities to transition to independent living, to training and further education, employment, to pursue a relationship and start a family, to have safe and secure housing, and to have access to necessary supports and care for their disability across their lifetime, while ensuring supported decision-making and varied forms of agency and independence.

5.4.1 Transitioning to independent or adult life

> *My hope is for CHDINT26 to work and live by herself. I don't want her to depend on anybody. I've been telling my family that I don't want her to depend on anybody. She will stay here in this house. I have already told all my kids that she will stay in this home. To work and be independent. That is why I really want her to do well in her education.*
>
> **FAMINT27**

[81] United Nations Population Fund, Women Enabled International, & Pacific Disability Forum, (2022), Women and young people with disabilities in Fiji: Needs assessment of sexual and reproductive health and rights, gender-based violence, and access to essential services, p.10.

Children and their parents told us about their hopes and dreams for the future, such as what they want to be when they grow up or being able to lead independent lives. Parents want their children to be able to care for themselves once parents passed on. As one mother told the Study team:

> *My hopes and dreams are that one day he can be independent. That would be a great achievement for him. So that is my hope and dream, that one day he'll be independent, he can do things by himself, because one day we won't be here to be helping him...So, I don't have to worry about his future. (FAMINT11)*

One parent told the Study team how she encourages her son not to let his disability hold him back and that if he works hard, he can achieve many things:

> *Ah, my dream is like, I always ask him, what do you want to be when you grow up? He just want to say, Mommy, my leg is like that, what I'm going to be? I said, don't think about your leg, you're going to walk, so you can be a front officer, or whatever you want to do...He said, I know one of the girl...she's studying in FNU...and now she's working in the hotel. I told him,...so one day you're going to be like that...and he said, okay, I work hard, I study hard, so I will be like that. (FAMINT12)*

For other parents, their main concern was that their child is happy and well looked after throughout their lives.

Children told the Study team, they want to be many different things when they grow up, such as nurses, teachers, soldiers, models, superheroes, dieticians or police officers. One child told the Study team about her hopes for the future:

> *My dreams? For me, when I grow up, I want to be a teacher. (CHDINT22.)*

Another boy that we spoke to has different desires for his life:

> *Just to be happy with my family till I die. (CHDINT24)*

The Study team heard from different stakeholders about some of the challenges that children and young adults with disabilities have experienced when seeking employment or leading independent lives. Fiji Women's Rights Movement, who works with girls who are deaf, told the Study team about the challenges one of their former cohort members had faced:

> *She has graduated and she has been looking for work for almost three years and she hasn't got into any formal white-collar jobs just because there's no interpreters present within the places that she has applied for. (NGOINT10)*

The Director of the Fiji Society for the Blind shared a similar experience of a young woman who is blind:

> *Once they get their certificates or degree programmes...they are being not recognised, not given the right employment in what field they have been graduated. So just recently, last year, one of our students, she graduated with a Bachelor of Education, totally blind, but she wasn't enrolled, she wasn't given an appointment to teach...So these are some of the challenges. They are not being widely recognised. (SCHINT5)*

Fiji's National Development Plan seeks to "empower participation of persons with disabilities to gain employment opportunities[82] and Fiji's Employment Relations Act 2007 establishes a target of 2% of staff to be persons with disabilities for later companies.[83] Despite this, challenges remain that prevent people with disabilities having equal opportunity for employment.

[82] Government of Fiji, (2024), Fiji National Development Plan 2025-2029 and Vision 2050, p.139.
[83] Government of Fiji, (2007), Employment Relations Promulgation 2007, Section 84.(4).

The Study team did hear positive stories, however, of people with disabilities finding employment. The CEO of Special Olympics Fiji shared the impact that participating in sports had had on some participants:

> *Those who went through sports, they have already found employment. So, most of them are working, our ex-sports people, and a lot of them have got, you know, some respected responsibilities in the communities where they are living. So, we are gradually working on that, you know, like, if they're given that opportunity, so definitely in the last few years, from nowhere they are all working, so that was one step.*

At the same time, the opportunities available could depend on the type of disability a person had, as shared by the Principal of a special school:

> *From personal experience, those children especially who fall in the mild category, they're doing well in life. Some are taxi drivers, some are bus drivers, some are mechanics, some are sales, market vendors. Those children are probably in moderate to severe condition, many of them just, no, they just stay home. And there is no provision for them to have independent living. (SCHINT3)*

No matter their disability, all children transitioning to adulthood should have ample opportunities for vocational training, higher education, and employment should they wish to pursue these avenues. This aligns with the priorities set out in the National Development Plan which calls for persons with disabilities to be "given equal opportunity to participate in the full range of education, social, political, employment and cultural activities.[84]

5.4.2 Long-term support across the life course

> *This gap becomes even more critical as children grow into adulthood, where there is very limited support for employment, independent living, or caregiving for those who cannot support themselves. There is also a question, who will look after my child in my absence? (Online Submission 53)*

With the right support, many children with disabilities can live independent lives, but some children will require lifelong care and support due to the nature of their disability. Currently in Fiji, there are limited options for the care of adults with disabilities with high support needs outside of the family home. This issue was raised by the CEO of Frank Hilton Organisation, whose organisation runs a care home for children with disabilities:

> *We've taken a child on here when she was young. She's now 46 years old in our care facility. And she's spent her life here and we've been asking for many, many years, can we transition her to an adult care facility? And the Ministry says there are none. So, then it restricts my capacity to take on more vulnerable children and there are no other care facilities that we can transit the...older individuals too. We've got four individuals who are all above the age of 20 and we run a home for children.*

There are no residential facilities for adults with disabilities in Fiji, which heightens their vulnerability when they depend on others for care. One caregiver of a child with a learning disability shared her worries for the child's long-term future because of his family situation:

> *Because his mum had died and he doesn't have a dad and his uncles...we don't know about his aunts. So, my only hope is for him to be independent in life while I'm still alive. That is why I had wanted him to join this vocational training so that if I pass on, he has something to keep him going. Just for a place to have a roof over our head since we are staying with this family. (FAMINT32)*

[84] Fiji National Development Plan 2025-2029 and Vision 2050, p.140.

Obligations under the Rights of Persons with Disabilities Act 2018 requires that the State take responsibility for ensuring the care of people with disabilities within their immediate or wider family or within a community setting. It also calls for the provision of respite care. Fiji's Disability Policy does not advocate for "separate or segregated housing" for people with disabilities as this is contrary to the CRPD.[85] Instead, it recommends efforts should be focused on family and community care, adequately resourcing caregivers and offering training and support.

At the same time, in circumstances of abuse, harm or neglect or for children with disabilities who lack supportive family networks, residential care offers a necessary avenue to ensure their fundamental right to care and protection is met, particularly in a context where family or community-based care may pose significant risks.

5.5 Conclusion

Addressing the challenges identified in this section requires a shift away from viewing disability as an individual or family burden and towards a human rights-based approach that removes environmental, attitudinal and systemic barriers. Meaningful investment will be critical to ensuring children with disabilities in Fiji are able to grow, participate, and thrive on an equal basis with other children.

The experiences shared by children with disabilities and their families highlight both the strength and resilience of families, and the significant barriers that continue to shape daily life. Children with disabilities have the same hopes, interests, aspirations and desire for belonging as all children, yet many continue to face stigma, inaccessible environments, financial hardship, limited support services, and uncertainty about their futures. Families, particularly mothers and female caregivers, often carry emotional, physical and financial responsibilities with insufficient recognition or support. At the same time, the findings also demonstrate the impact that acceptance, family support, community inclusion, peer networks, and participation can have on the lives of children with disabilities, as the next section also shows.

[85] Fiji National Policy on the Rights of Persons with Disabilities 2025 – 2035, p.24.

6. Community attitudes and inclusion

I also see that these children [with disabilities] face a lot of emotional challenges. They are called names, laughed at, and sometimes even made fun of by other children and adults. When they keep hearing negative things about themselves, they start believing that they are not capable or that they do not belong. This affects their confidence and their willingness to participate in school or community activities.

Western men's community consultation

Children with disabilities and their families do not exist in isolation. They live and are embedded in communities which can be key avenues for support for children with disabilities. Yet in many instances harmful stereotypes about disability and a lack of understanding on disability lead to the exclusion of these children with disabilities from the social life and activities of their communities.

The CRPD guarantees the rights of persons with disabilities to be included in the community and participate in cultural, recreational, leisure and sport activities. It also calls on States Parties to raise awareness throughout society on the rights, capabilities and contributions of persons with disabilities (CRPD Art. 8 19, 30). The CRC also affirms the right of a child with a disability to actively participate in community life and have opportunities for play, recreational, cultural and artistic pursuits (CRC, Art. 23, 31). Community Based Inclusive Development is a key pre-condition to disability inclusion and can be used to support awareness raising, advocacy and referrals. Both the Pacific Disability Forum and the UNPRPD call for equality and non-discrimination as a fundamental part of ensuring full inclusion of people with disabilities.

Children with disabilities and their families have mixed experiences of community life and social inclusion. Some children feel they are accepted, and have participated in religious and community activities, sharing positive experiences of living in their communities. Other families shared instances of discrimination or how they feel isolated from community life. Many of those who participated in our community consultations spoke of a general lack of awareness of children with disabilities and their rights.

6.1 Opportunities

6.1.1 Inclusive sport and recreation

The Council for Special and Inclusive Educators (COSIE) help support inclusive sporting opportunities for children with disabilities. The COSIE games held in the Western, Northern and Central/Eastern Divisions bring together children from special and inclusive schools to participate in modified and accessible versions of sports and events, such as table tennis, football, netball, volleyball, futsal, wheelchair races and shotput.

Support for the games comes from MoE's Special and Inclusive Education Grant and from external sponsors such as McDonalds. The aim of the programme is to highlight that sports should be for everyone and to advocate for the abilities of children with disabilities.

Ra Special School spoke about the 2025 West COSIE games:

> *Our school, very first time ever in the history, organised this event last year. We approached our school management to organise one fundraising drive... It was a fun day together with sports, all integrated together. They had a social night for the children...We were able to accommodate more than 300 students,*

teachers together with parents, with very limited resources available here in our school.

We tried to liaise with our neighbouring schools and our village community halls so that these children are accommodated and are given the best accommodation. And even our school manager, he went at length to look for the sponsors. We are proud to say that we had some good sponsors. And it was truly a great event for our Western COSIE. (SCHINT6)

A mother whose daughter had participated in the Northern COSIE games said that there was a need to involve the wider community in the games as they often did not participate or attend the games as they would other community events.

In 2026, for the first time ever, students with disabilities were included in the Coca-Cola games, which is Fiji's secondary schools' athletics competition.

Organisation Spotlight

Special Olympics Fiji

Special Olympics is an international organisation with branches around the world. The first Special Olympics for people with intellectual disabilities was held in 1968 in Chicago with over two hundred events. Formed around 2013 by Bishwa Sidal, a special education teacher, Special Olympics Fiji promotes inclusive sports for people with disabilities through unified sports. Unified sports organises people with and without disabilities to play together, and sometimes with modified rules and regulations in order to be inclusive. Children who engage with Special Olympics Fiji were initially identified through special schools but now, as the networks strengthen, referrals generally come through other families.

Special Olympics Fiji partners with local sports federations by utilising their coaches and facilities and encouraging inclusion in sports such as athletics, swimming, table tennis, badminton, football, netball, and volleyball. Athletes from Special Olympics Fiji have won medals at various international para sporting events and have been awarded Sportswoman of the Year, the President's Award and the Order of Fiji.

On top of inclusive sports, Special Olympics Fiji also conducts health screenings, offers community health programmes, facilitates family health forums, and engages in youth focused programming. They provide leadership opportunities for people with intellectual disabilities to be advocates and raise awareness. Special Olympics Fiji runs a Young Athletes programme that helps build fine and gross motor skills for young children with disabilities. They have also helped establish Family Support Networks with family groups and family leaders across Fiji offering leadership training and other programmes. They indicated that most of the parents who participated in these networks are mothers. This information is crucial as its supports the contention that greater attention needs to be paid by organisations and Government around addressing gender imbalances in such networks.

Special Olympics Fiji receives funding from the Fiji National Sports Commission and often partners with organisations such as Empower Pacific and Diabetes Fiji to conduct Family Health Forums. Parents who took part in the forum described it as follows:

"For years we felt forgotten, but today, we feel seen, heard, and part of something greater" and "This initiative doesn't just help our children, it gives our families strength." [86]

[86] Special Olympics Fiji, Diabetes Fiji & Empower Pacific, (27 September 2025), Health Forum – Central Division: Media Statement.

6.1.2 Social participation

> *I like playing rugby. I like jumping out there in the river with friends. My best friend he has a ball and we sometimes go swimming in the afternoon after playing. (CHDINT2)*

Many families told the Study they generally feel included and that their child with a disability attends social events. Children participate in village gatherings, parties, funerals, awareness raising events, fundraisers, sports activities and general day to day life. Parents stressed it is important that their child is a part of community life:

> *We try to treat him as a normal child as much as possible by taking him outside and making him be a part of the community as much as possible...We take him in all events and include him in every gathering that we attend...He is very happy. He really likes it when we take him out on gatherings and events... We want to make him feel included. (FAMINT16,17)*

The Study heard of children with disabilities playing with their peers without disabilities and these children making accommodations so they could be included, particularly in smaller village communities:

> *We have a boy and a lot of village boys play in front of their home. He sits at the porch of their home and watches these other village boys play. So what these other village boys do is carry him to the ground and make him play with them. It gives him so much joy and happiness to be playing amongst these other village boys though he is using his knee to play. (Northern men's community consultation)*

Children told the Study team they had good friends whom they trusted. One child who has a physical disability shared about his social life and how his friends support him to participate:

> *The youths...come and take me as well to tag along with them when they go. We normally go out to the river to swim...They push me to the village [in a wheelchair]. They come they come to take me to the river, or if there is a rugby game that is happening, they take me to the game as well and every afternoon the village rugby team trains in our ground and so they always take me to go watch them train. (CHDINT24)*

Some parents told the Study team that they feel loved and cared for by their community and that their child is accepted for who they are:

> *When people come here they are happy to see her. They care about her. They will come in the house, hug and kiss her. They really care about her. When my grandchildren come over. Oooh she's like a small baby to them. How they treat her. Yesterday one of my neighbours came back from Nauru and had brought her chocolates. It's how much they care about her. (FAMINT29)*

Children also participate in religious activities and church was an important place for several children. One community member from rural Naitasiri told the Study team that their church did not exclude anyone:

> *In church we don't push disabilities aside. We include them in the church programs like singing, and other church programs because he has every right to do so and we as the church community do not have any right to stop them. (Central women's community consultation)*

A mother of a child with speech delay told the Study team about her son's experience of going to the local temple:

> *On Fridays he goes with his dad for pooja [Hindu prayers] in a mandir [Hindu place of worship]. They are nice to him. He does pray and everyone cooperates with him nicely. (FAMINT21)*

Religious spaces such as churches, mosques and temples can be important avenues for fostering participation and raising awareness and advocating for disability issues. In November 2025, the Pacific Conference of Churches in collaboration with the Fiji Council of Churches, FDPF and the Pacific Disability Forum convened a week-long dialogue focused on awareness, collaboration and action planning to strengthen inclusion and combat discrimination of people with disabilities in faith communities.

6.2 Challenges

6.2.1 Children and their families face stigma and discrimination

> *We have faced a lot of discrimination, and I have heard stories from some women how many women in the community talk about us having a disabled child and jumping to conclusions as to why and how we got a son like that. I get to hear from other women how some members of the community talk and discriminate us for having a child with CP [cerebral palsy]. The children stare at my child because of his appearance and they look at him in a way that is very judgemental. My young daughter when she goes to the store she can tell that the kids are looking at her for having a disabled brother but good thing she is a no care kind of person. (FAMINT18)*

Although the Study team heard stories of community care and acceptance, stigma and discrimination were still the most common issues raised in community consultations, family interviews, online submissions and interviews with Government and community stakeholders. Around 55% of interviews mentioned some form of stigma, bullying, teasing or discrimination against children with disabilities.

Around half of the families the Study team spoke to have experienced stigma or discrimination against their child. A higher number of parents compared to children raised this as an issue. Sometimes the stigma was subtle, such as pitying looks and other times it was more direct, through teasing, staring or bullying. Some parents face persistent questioning about their child's disability.

Families and stakeholders shared that children with disabilities face discrimination from extended family, from the wider community, from other children, from teachers and from health professionals. A woman from a small rural community told us about the negative treatment a child with a disability received at school:

> *I would like to say something about a child with intellectual disability or intellectual impairment. What we see is that he is being pushed aside from school. Teachers don't really care about him. Now this child is at home and is not attending school anymore since he is behind in reading and writing. (Central women's community consultation.)*

Children with disabilities were often described in negative terms, such as slow, sick, aggressive or a burden. Some community members used words such as "incomplete" or "unable to contribute" to describe people with disabilities. This kind of deficit thinking aligns with the medical model and fails to consider the wider environment and how this creates barriers to participation for persons with disabilities.

A mother whose son has a visible impairment said he was the victim of harsh treatment from others in the community:

> *Sometimes people will call him names, "big head" and it hurts me so much to hear that people here call him names like that and it doesn't sound good. Children who are in high school in this village normally call him names like that and bully him too. They like to bully for work in the village. When they want him to do a job and he refuses to do it, they will call him out like "qavokavokalevu" [big head]. After that I can see that he will force himself not to cry even though I could see his eyes tearing up but will never want to cry so we can see it.*
>
> **FAMINT1**

In other cases, family members or the wider community place the blame for disability on the parents or the mother and presumed that they or she, have done something wrong to cause the disability. This was emphasised in Fiji's 2023 Gender Assessment report: "In traditional Fijian society, disability is frequently perceived as punishment for previous familial misdeeds or the result of witchcraft or bad luck, and women are often blamed for giving birth to disabled children.[87] A doctor, whose sister has Down syndrome, spoke of her mother's experience:

> *My mom and the family also faced a lot of discrimination from other people. They would have said so many things. Even our own family, they thought it's not something to do with genetics. They thought it's something superstitious, something that was done because my mum did wrong. My mum got blamed for it so much. It's hard for children with disabilities in Fiji...We're still a long way back. (GOVINT28)*

The impacts of stigma and discrimination are multiple. Some families choose not to receive a formal diagnosis, to avoid labelling, stigma and judgement, which can result in children being unable to access certain services. The perceived shame associated with disability can act as a barrier to parents accessing health care or assistive devices for their children. It can also prevent children from attending school, for fear of them being bullied or because schools turn families away, saying they are unable to support a child with a disability. Discrimination also results in children with disabilities being excluded from social events, leading to isolation and, in some cases, neglect.

6.2.2 Children with disabilities can be excluded from social life

> *Sometimes the reason why children do not take part is because most of us tend to push them away due to their disabilities. Some of their friends say mean words to them and belittle them, hurt their feelings. These feelings disallow them to take part in community programmes, church programmes and school activities. It's the words that are said to them that breaks them. (Central women's community consultation)*

While families report feeling included and accepted by their community, around one quarter of all interviews and a fifth of families also spoke of instances where they felt excluded from social life. One child with a learning disability told the Study how he feels when he isn't included in community events:

> *I feel sad. I feel sad...Because I want to go there. (CHDINT30)*

[87] Fiji Country Gender Assessment: Deep Dive,p.24a

Some parents expressed that because their child has a disability with high support needs, they are excluded from community gatherings. In other instances, they find it easier to stay at home with their child because of the level of care required:

> *When I get busy taking care of the baby, then I hardly am able to go anywhere. Most of the time I stay at home, because … if I go outside, then doing his care, feeding, and everything else on time becomes difficult. For example, if I go to the temple or to a wedding, then it feels a bit difficult there. So most of the time I do everything at home, and it feels better to stay at home. (FAMINT10)*

Another parent told the Study team that their daughter who had albinism was being bullied and therefore preferred to spend most of their time at home and even didn't want to attend school:

> *Most of the time [she] doesn't go out to play with her peers because of bullying from children of her age group and even older ones. Even sometimes when she goes alone to the shop people tease her and she will tell us when she comes back home. (FAMINT7)*

Other times children with disabilities are excluded because it is assumed they are unable to take part in community activities:

> *I have also noticed that when there are village gatherings or community events, these children are usually not part of it. They stay on the side or remain at home while the other children participate. Sometimes people think that they will not understand what is happening, so they do not bother including them. But by doing that, we are isolating them even more from the community. (Western men's community consultation)*

The Study team also heard that children are sometimes left at home due to shame or the perceived stigma of having a child with a disability as the *Mata ni Tikina* of one village told us:

> *I have seen that many families do not bring their disabled children to community gatherings or family gatherings or even outings. This is because they do not want to be seen having children living with disability. Many are ashamed to take their kids. They are ashamed to show the community that they have disabled kids. They keep their kids at home and don't allow them to be seen in the gatherings. (Western men's community consultation)*

Stigma, exclusion and discrimination against children with disabilities cannot be pinned to one singular explanation however, one mechanism to combat such beliefs is increased awareness and advocacy. When combined with adequate investment, services and legal frameworks, awareness efforts can help to shift negative mindsets and attitudes towards disability and foster greater inclusion and participation for children with disabilities.

6.2.3 Awareness and education needed at the grassroots level

I think the community also does not know how to properly include these children. People are unsure about how to talk to them or how they should behave around them. Because of that lack of understanding, they just avoid involving them in activities. If there was more awareness and understanding about disabilities, the community might be more willing to include them. (Western men's community consultation.)

Stigma, discrimination and exclusion are often rooted in a lack of understanding or awareness of the rights and capacities of people with disabilities. Many communities told the Study team it was the first time anyone had spoken to them about disability and its associated rights. As one community member told the Study team:

> *We need inclusivity awareness on children with disabilities. We need to be enlightened that these children are part of this community and that they need to be treated exactly like the rest of the children. (Northern men's community consultation)*

Many parents of children with disabilities told the Study team that they had also never experienced any awareness activities focused on children with disabilities in their communities. Instead they have to advocate on their children's behalf and educate teachers, health professionals and other community members on how to interact with their children in a respectful manner. One mother of a child with Down syndrome told the Study team how she encourages local children to treat her son with respect:

> *They saw him outside having his bath or sitting in the veranda. When he saw people outside, he'll just yell. And those people, those children will talk back and they say, "Hey, what's wrong? What's wrong with you? Why are you yelling like that?" And I'm going to explain to those children that [he] is a disabled child and ...not able to talk. This is how he communicates. So from there, they understand...Sometimes when they go past [him] and say, "Bula! Moce!" (FAMINT4)*

Other issues raised were the lack of a disability focused curriculum in schools, rural or isolated communities being excluded from awareness raising activities, a lack of training or disability sensitisation within the public and private sectors and a lack of funding or focus on the rights of children with disabilities.

Community understandings of disability can also overlook the more "invisible" disabilities like intellectual disabilities and learning disabilities, such as dyslexia or ADHD, or autism and treat them as the same when they are not. A community member from a village in the Western Division spoke about community perceptions of disability:

> *One of the biggest challenges is that many people do not understand what the child is going through. When a child struggles with learning or behaves differently, people quickly label them as lazy, slow, or stubborn. Because there is no understanding of intellectual disability, the child is often misunderstood both at school and in the community. Instead of receiving help, they are criticised or ignored, and that makes their situation even more difficult. (Western men's community consultation)*

A doctor told the Study team she believes awareness needs to happen at all levels, from the community up to professionals:

> *I think it goes back to the understanding of the community. Because we do not understand that this person is going through this...I would not blame any person. I would not blame the parents or the medical faculty or things like that. It's the general community. When I say community, I mean the doctors, the nurses, the teachers, the pastors, the pundits, everyone. If we change how we understand disability is, what disability is. (GOVINT26)*

Many communities expressed the desire to have more community awareness of the issue, highlighting the need for investment in community-based initiatives and grass roots awareness. One caregiver of a young boy with autism who also works as a disability advocate explained:

> *But to get to know it, they have to raise awareness throughout the community and mostly to the grassroot levels because what I've come to see, rural areas, the grassroot levels, are the one who doesn't understand what disability is. So to raise awareness in the grassroot level, it may help. Especially in villages. (FAMINT24)*

On a more positive note, there is also evidence of Government and NGO based awareness raising, and communities learning about disability through the radio, workshops, programs, church discussion or community meetings. Some stakeholders report seeing a greater acceptance today than previously within educational and health settings. Others think that urban environments can be more accepting or aware than rural or remote communities.

Despite Fiji's strong disability rights movement, a gap remains in advocacy efforts or organisations that are focused solely on children with disabilities. This also impacts the awareness children with disabilities and their families have of their own rights. Community exclusion is not only the result of limited awareness. It is shaped by social norms about ability, sex, gender, age, ethnicity, behaviour and belonging. For some families, especially mothers, community stigma can increase isolation and caregiving burden, while for children it can restrict friendships, play, education, worship and public participation.

Child Snapshot

Upon arrival at the child's residence, the child remained close to his mother and appeared hesitant to engage independently. However, once his mother began interacting with us and pointed out where the interview would take place, there was a noticeable and immediate shift in his behaviour. Following his mother's lead, he ran out from the house with increased energy and positioned himself beside his mother. He then verbally called out "Come!", accompanied by a hand gesture directing us toward the area where he was seated.

Given his speech delay, his engagement relied heavily on physical interaction rather than verbal communication. He expressed interest and preference through action rather than words. During the session, the child engaged with all items presented, including crayons, toys, plastic fruit, colouring pencils, balls, and stickers. His interaction style was highly active and exploratory. He did not remain with one item for an extended period but instead moved between objects with curiosity and enthusiasm. A notable behaviour observed was his repeated use of the ball. He frequently threw the ball outside the immediate area and then gestured or encouraged my colleague to accompany him to retrieve it.

During the session, an incident occurred where his younger sibling took his crayons while he was outside retrieving the ball. Upon returning and noticing this, the child displayed a clear emotional reaction. He did not use extensive verbal language to express his frustration. Instead, he used a direct gaze toward the sibling, quick hand movements toward the crayons and short utterances.

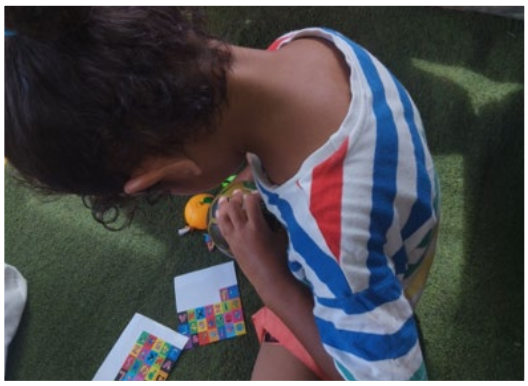


Photo description: A young boy with hair in a ponytail is sitting on a green carpet. His head is bowed as he leans over some toys and stickers. He appears to be holding a ball. He is wearing pink shorts and a striped t-shirt.

His mother later explained that he becomes protective over items he perceives as his, especially when they are taken without his permission. This behaviour suggested a developing sense of ownership and personal boundaries. However, due to his communication limitations, his ability to express this appropriately was restricted, leading to visible frustration.

He used minimal words, often single-word expressions or short phrases. His communication was primarily non-verbal, supported by gestures, eye contact, and facial expressions, with limited use of words. Despite this, he demonstrated clear intent and awareness in his interactions. His engagement with objects reflected strong sensory and exploratory behaviour, while his repeated ball activity indicated a preference for interactive and movement-based play.

6.2.4 LGBT children with disabilities can face additional stigma and discrimination

Children with disabilities who identify as LGBT can face additional discrimination and marginalisation due to heteronormative views of gender and sexuality. Because of this, the FHRADC determined that speaking to children about it posed a safeguarding issue and therefore it was not included as part of the discussion. In keeping with a child led approach, had this topic come up, researchers would have acknowledged it and offered referrals to organisations who could provide support, however no child spoke on this matter.

A member of the Fiji Association for the Deaf (FAD) raised that LGBT Deaf children often face more challenges and so FAD tries to find ways to support them where they can. Advocates have also established the Disability Pride Hub to promote, protect and realise the rights of people with disabilities with diverse sexual orientations, gender identities and expression and sexual characteristics (SOGIESC), although it is not clear whether this involves direct support for children with disabilities. Rainbow Pride Foundation (RPF) expressed that it was challenging to work with LGBT children, including those with disabilities:

> *Simply because of the culture and all those things. And the Ministry of Education was not very willing to partner with RPF, and also because of that, because of culture and stigma and everything surrounding LGBT. So RPF had to collaborate, partner with others who are seen as acceptable partners to Ministry of Education. UNICEF, Reproductive Health Association...to name a few. (NGOINT11)*

The limited information received on LGBT children with disabilities does not mean they do not exist. Instead, it suggests that they are at risk of stigma, discrimination and support services because of both their disability and sexual or gender identity or expression.

6.3 Media portrayals

The media plays an important role in raising awareness and advocating for the rights of people with disabilities. Some parents have seen an increase in the stories of people with disabilities in the news media. Social media sites like TikTok are also avenues where families and children with disabilities can share their stories or see the experiences of others. Families of children with speech impairments said watching the stories of children with similar experiences give them hope:

> *Sometimes on social media also we saw a boy who started speaking at 16 years. So I also hope that one day CHDINT10 will speak (FAMINT10).*

A stakeholder within Government shared how they hope that high-profile media figures can use their platform to raise awareness and help shift the mindset of people. A representative from Fiji Mobility Alliance and NCPD believes a more powerful message can come directly from people with disabilities:

> *So, more effective success stories of persons with disability. More awareness. Bring down the story, right down to their level. Tell them that's not the end of it. Tell their parents, even for them. My story can be an encouragement to one of my peers. Encouragement to parents. Who are preparing their children. Because the ability we have, no one will have. The ability that God has given us, I think it's unique. We are all unique. (OPDINT5)*

While media visibility can promote awareness and inclusion, representation is often selective. Children with disabilities are frequently portrayed through narratives of pity, dependence or objects of charity, rather than as rights holders with diverse identities, opinions and aspirations. This fails to acknowledge the environmental barriers that contribute to disability as laid out in the social model. Children with high support needs, psychosocial disabilities, intellectual disabilities and children living in rural and remote communities may remain largely absent from public narratives.

The Pacific Disability Forum stresses that media portrayals must take a strengths-based approach, that highlights people with disabilities as active and capable members of society and that centres their voice and experience.[88]

Meaningful representation also requires that children and people with disabilities are able to shape and tell their own stories, rather than only being spoken about by professionals, charities or caregivers.

6.4 Conclusion

Inclusion is not only determined or shaped by legislation, policy or services, but by the attitudes, relationships and everyday interactions children with disabilities encounter within their communities. Many children described meaningful friendships, participation in sport, church and community life, and families spoke of communities that embraced and supported their children. Initiatives such as the COSIE Games, Special Olympics Fiji, grassroots awareness programmes and inclusive community activities show the important role that local networks, schools, faith groups and organisations can play in fostering belonging and participation.

At the same time, stigma, discrimination and exclusion remain a significant part of many children's lives. Negative attitudes, bullying, harmful stereotypes and limited awareness continue to affect children's confidence, participation and access to education, health care and social life. These barriers are often intensified for children living in rural or remote areas, children with intellectual or psychosocial disabilities, girls with disabilities, and LGBT children with disabilities.

Meaningful inclusion requires more than physical presence within the community. It requires that children with disabilities are valued, respected and recognised as active members of their families and communities, with the same rights to participation, friendship, recreation, culture and belonging as every other child. Moving beyond communities, meaningful inclusion relies on adequate support systems to enable and facilitate children with disabilities to access the necessary services to live full lives within both their families and the wider community.

[88] Preconditions to inclusion issues papers: complete series, p.21.

7. Services and Support Systems

One key limitation is that the distribution of services remains uneven, particularly in remote and maritime communities where access to specialised health and rehabilitation services is limited...which is a challenge for remote and maritime persons with disabilities in terms of their access.

GOVINT38

Services such as healthcare, education, therapies, respite care, and financial support are a necessary part of ensuring children with disabilities have equitable and meaningful opportunities to develop, participate and thrive. The CRC, CRPD and CEDAW all contain provisions relating to accessibility, services, and support systems for children with disabilities and their families. Across the conventions, States Parties are required to ensure non-discrimination, accessibility, inclusive education, health care, rehabilitation, social protection, and participation in community life. Together, these conventions establish that children with disabilities should be able to access the supports, services, environments, and systems necessary to participate fully and equally in society.

The UNPRPD preconditions stipulate that service provision should adopt a two pronged approach of both mainstreaming services and providing targeted disability support services. For the Pacific Disability Forum, support services are a fundamental part of inclusion. In their absence people with disabilities are prevented from participating in community and daily life, living independently with agency or contributing to their communities.

Service provision in Fiji is unevenly distributed and under-resourced in terms of both staff capacity and service availability. Many communities remain underserved and without adequate access to these support services. Disability supports, such as assistive devices and augmented and alternative communication (AAC) devices[89] are reliant on external donors with no Government led supply chain or procurement.

The central role played by NGOs reflects both the strength of Fiji's disability sector and gaps in sustained state-led service provision. Reliance on externally funded organisations and donor-supported programmes can create uneven access, particularly for children outside urban centres or those not connected to established referral networks.

7.1 Disability referral systems and assessment

Many children with disabilities are referred to the Frank Hilton Organisation for support and intervention. The Ministry of Health refers children to Frank Hilton Organisation and in turn they provide the doctors with assessments to assist them in their medical diagnosis. The CEO of Frank Hilton Organisation said their organisation is recognised as the children intervention detection agency for children with disabilities. They work with the health wellness unit, the family health unit and the rehabilitation unit within the Ministry of Health and Medical Services (MHMS) to support children in getting assessments. Based on that information, doctors may be able to provide a medical diagnosis.

Families are also referred to Frank Hilton Organisation by their doctor, or through seeking out support themselves. One parent told the Study team, the different steps they went through before being referred to Frank Hilton Organisation:

[89] Augmentative and alternative communication (AAC) supports individuals with speech or language difficulties to express themselves. Unaided AAC systems communicate using gestures, body language, facial expression and sign language. Aided AAC Systems communicate using different types of communication tools or devices. These tools can be low-tech such as using symbols or talking boards, books, and folders. High-tech examples use tablet apps or other digital devices, including ones that can generate speech.

When he was about 2 years old, we were then referred to Frank Hilton. We used to take him to the hospital and then from there we were referred to the advanced ear and eye care in Ba. From Ba a male doctor was looking after us who then referred us to Frank Hilton. (FAMINT18)

Private organisations such as the Pacific Autism Centre represent another referral pathway for children, although in comparison to the Frank Hilton Organisation, the services that are offered are not free of charge.

The Frank Hilton Organisation recently organised a Stakeholder Discussion with the Ministry of Health with the aim of "Harmonising Policies, Strengthening Referral Pathways, and Aligning Indicators for children with disabilities in Fiji." Stakeholders from the Ministry of Health and Frank Hilton Organisation worked together to examine current policies and find opportunities for improving coordination and referral pathways across a child with disability's lifespan.

As with other services, and accessing health care more generally, referral pathways can also be impeded by geographical barriers:

Geography plays a major role in terms of rural communities or families in the rural community, they struggle with, you know, lack of access to resources and especially services and referral pathways. I think we have got more work to do in the rural communities, highlighting the referral pathways and like whom to go to help for and how to access and where to go and what kind of support there is there for children with certain or specific disabilities. (NGOINT19)

Previous research conducted with caregivers in Fiji also found that many experienced fragmented pathways, centralised service provision, and minimal cross-sector coordination, resulting in late or inconsistent access to intervention. There is a need for multi sectoral collaboration to help families access support.[90] The same study also found the need for systems that facilitate better sharing of data between Ministries to enable the coordinator care and management of children with disability from birth through to school age.[91] The FEMIS model is considered an effective example of a disability-related information system that could inform the design of referral pathways and data-sharing mechanisms.[92]

Evidence from an outreach project conducted by Project HEAVEN Trust found that the referral uptake was only 63% for ear conditions and 37% for eye conditions. There was little difference between boys and girls accessing referrals, but the older the child the more likely they were to access a referral. Reasons given for the low uptake in referrals were parents' lack of understanding of ear and eye conditions, the process of trying to book appointments with health facilities[93] or, as one staff member told the Study team:

I think the cooperation with the parents...Like, for example, we have screened one school just beside the health centre. The school and the health centre is...in one compound. So, we identified 80 cases of this ear and eye impairment. We gave the referral letter to the students, to the parents, but about 50 percent, they never visited. (NGOINT16)

Low referral uptake should be understood within the broader context of poverty, transport barriers, competing caregiving demands, limited awareness, and the complexity of navigating multiple service systems.

[90] Early identification and intervention for children with disability in Fiji, pp. 37, 39.
[91] Ibid, p.37
[92] Ibid, p.39
[93] Review of School Health Screening: Final Review Report, p.6

7.2 Disability allowance

The main form of Government support for children with disabilities is the disability allowance of FJD$130 (inclusive of a transportation allowance of FJD$25), administered by the MWCSP. Several families and stakeholders suggested that the caregiver allowance be re-introduced, separate from the disability allowance.

Most families the Study team spoke to receive the disability allowance, however some do not. One parent told the Study team that it took them two years from the time of applying to receive the allowance:

> *We were referred to by a woman physio from the hospital and she wrote a letter and sent it to the Social Welfare Department with everything else that is needed for our application. Two years have passed and we still have not received any word from them. I then decided to go visit their office, then I found out that they had done nothing with the application we sent. It was just lying there in their office. Had I not checked on it, nothing would have been done. Just imagine we waited for 2 years and nothing was done. We thought something was up with our application but no they didn't attend to it. (FAMINT18)*

Organisations such as FDPF, FHO and FWCC have supported families to apply for the allowance.

One parent shared that her child was not receiving the allowance because she did not have a formal diagnosis of disability. Staff from the disability unit of MWCSP, however, told the Study team that they adopted a human-rights approach and that the disability allowance was not conditional on a diagnosis.

To recognise the increase in prices due to the 2026 fuel crisis the MWCSP raised all social protection allowances by five percent for the months of May, June and July 2026, taking the monthly disability allowance for the three months from FJD$130 per month to $135 per month.

7.2.1 Government support not enough to cover disability specific needs

Many families, community members and stakeholders told the Study team, the disability allowance was not enough to cover the costs associated with raising a child with a disability, especially with the rising cost of living:

> *I don't think it is enough, especially when you divide the money for food only, it might cost about FJD $10-FJD $20 a day and there are other things to buy apart from this so that is when we the family comes in to assist. (FAMINT14)*

The costs associated with supporting children with disabilities are highlighted in section 5.3.4 of this Study.

FDPF explained that for some lower income families, the allowance was being used to cover necessities rather than disability specific support and that the Government needed to assess how the allowance was being used:

> *The scheme was brought in for the extra costs for disability but it is not sufficient. Because of the financial status of people with disability…They are using that to cover their basic living rather than what it was meant for like assistive devices. They are willing to sacrifice those disability specific needs to put food on the table. If they were allowed to apply for the family assistance and disability allowance it would help them. They need to review the social protection. (OPDINT1)*

The transport allowance is also not as useful for some children as it can only be used for public transportation and transport in many areas is not accessible or, in some areas, not provided at all.

Lower income families who receive social welfare grants are not eligible to receive the disability allowance for their child and vice versa. The purpose of the disability allowance should be for covering the costs of disability related care, rather than as poverty alleviation. Receiving the disability allowance, therefore, should not prevent lower income families from accessing other forms of social welfare support.

Assistance that families or stakeholders told the Study team would help support children with disabilities includes introducing funding for caregiver or babysitting costs, offering grants or scholarships to support further tertiary or vocational education, or providing grants intended for housing support.

Child Snapshot

The child was brought forward by the aunt, placed on a mat, and she sat up.

I played the nursery rhyme Twinkle, Twinkle Little Star which the child seemed to respond to. She made sounds along to the song. She also took my phone to see the rhyme herself. She is fond of songs, and she laughed while it played.

After a while, the child lost interest. I gave her some space before showing her the next toy, which was a small textured ball. She really enjoyed the ball and played with it constantly. When it would fall or roll away, she would look for the ball. It is thought she loved the sensory feel of the ball as she continued to feel the texture of it.

Another toy she really loved was a small clapper toy that made sounds. We found out yesterday that she loved toys that made sounds, and she tried to shake the toy as well. When her mom helped her sit up again, I gave her the textured balls to play with, which she loved again and even smiled.

After a while of playing, the child seemed to be tired, so we decided to end the interview and gave the toys to the child.

7.3 Opportunities

7.3.1 Community outreach and stakeholder coordination

Collaboration between Government Ministries and disability organisations can help facilitate support and services for children with disabilities. A staff member from the Labasa NCPD described several examples of successful coordination:

> *Ministry of Youth and Sports, Friends, we are connected to them whereby we organise skill trainings into their programmes. We request them if we want some special programmes or special trainings for people with disability. They engage very well and that's how we get our programmes and trainings coming in. We are also...very well connected to the Department of Children with Ministry of Welfare where if any child or any young adult with disability is facing any issues. We get them in and how best they can help or support that child. (NGOINT21)*

Community level structures at the village level are another avenue for advocacy and outreach. A Principal Welfare Officer from the MWCSP spoke of how they worked with community leaders:

> *I think our approach is not only towards the child, but it's towards the family and the community as well. So that's where we work with the family and the community, networking with the Turaga ni koro, the community advisory counsellors, and then we ensure that we work together so that whatever support the child needs, we go there as a team. (GOVINT37)*

The former President of FDPF also praised the work of the community nurses and village headmen in helping to identify children with disabilities and connect them with services.

Some Ministries also work with OPDs to support accessibility and inclusion efforts. Organisations utilise the interpreter service provided by Fiji Association for the Deaf (FAD) when a Deaf person needs to access health care, make a statement to police, or has come into contact with the law. Legal Aid told the Study team, they also support access to justice by coordinating with other organisations:

> *We have assisted Empower Pacific with transportation as well...allow them or give them transportation to enable their counsellors to come and speak to us or our clients...at a safe space. (GOVINT7)*

Further initiatives enabling access to justice are discussed in more detail in section ten.

Another positive example of stakeholder coordination and collaboration are District Committees. District Committees (DISCOMs) come under the umbrella of the NCPD and are intended to advise on the needs, issues and activities for people with disabilities in their districts.[94] There are 18 district committees throughout Fiji made up of representatives from NGOs, CSOs and Government Ministries or Departments such as the Police, Ministry of Health, and Provincial Offices. A Principal Welfare Officer from the MWCSP described the work of their local DISCOM:

> *We have this committee running in all our districts here in Northern Division and the concerns, the challenges. They meet actually on a quarterly basis... And they talk about issues related to people with disabilities, that includes children. The meeting minutes are being forwarded to the council and our headquarters in Suva and it supports them in making policies and tabling it to the national committee to say that these are the issues being faced here in Vanua Levu...We work together. We talk about the issues and the challenges. (GOVINT37)*

If functioning well, DISCOMs can be conduits of information between local districts and central Government and are well placed to respond to the local context. They can also support the tracking of Fiji's progress against the CRPD obligations and local laws like the Disability Act 2018.

The Study team also heard examples of different NGOs working together. A staff member from Diabetes Fiji told the Study team of an outreach they undertook with Empower Pacific that offered intervention for unhoused children:

> *Like I said, when we collaborate with...Empower Pacific, we're looking after the mental health. So while they run the session on mental health to these street children here in Fiji, then there's an opportunity we integrate our programme together with the NCD, and then we found out, again, the higher number of children with high blood glucose. That's the only first step, and we provide some education...and that's where we're able to identify there are some children who have a disability living in the streets. (NGOINT20)*

Although the Study team did not speak to any unhoused[95] children for the Study, it is important to consider how disability intersects with other compounding factors such as interaction with the law, drug use, and housing instability which increase the vulnerability of children with disabilities.

[94] Situational Analysis of the Rights of Persons with Disabilities in Fiji, p.14.

[95] The term "unhoused" has become increasingly used in place of "homeless" to try and reduce the stigma that is often directed towards people experiencing housing insecurity or people living in shelters, encampments or sleeping on the streets. It is intended to direct the attention towards the wider issue rather than focus on the individual

Organisation Spotlight

Frank Hilton Organisation

Frank Hilton Organisation is the primary provider of services for children with disabilities in Fiji. The organisation has designed its programmes based upon the Nurturing Care Framework.[96] Its work adheres to principles of evidence based service delivery, investment in developing locally led programmes and increasing local capacity, as well as working alongside sectors to complement the work they undertake.

When a parent and their child first engage with Frank Hilton Organisation, they fill in a Personal Details Form where they identify what their primary concern may be. This is coupled with an in-depth interview to learn more about the child, their medical history and their home environment. Frank Hilton Organisation then supports the child to get standardised assessments to determine the level of skill and support the child requires. For some children, their level of support may be minor, such as having hearing tests and being fitted with a hearing aid, while other children may require more intensive intervention such as speech therapy, physiotherapy, or nutrition support. If children need assistive devices, such as wheelchairs, Frank Hilton Organisation will facilitate access. Parents are also offered support and capacity building in how to care for their child.

All of Frank Hilton Organisation's services are free of charge, other than for adults who may engage with their services. Their services are provided in-house, but they also conduct community visits and telehealth sessions. From 2020 to 2024, Frank Hilton Organisation supported 2,200 children, assessed 1,993 children, and conducted more than 5,000 standardised assessments. Frank Hilton Organisation also conducts multidisciplinary community based intervention programmes in the Central Division and supports 100 children through allied health intervention and community support programmes.

The Study team attended a *talanoa* session with parents whose children have engaged with Frank Hilton's services, and they shared their experiences with the Study team. Parents told the Study team, their children had shown huge improvements since working with Frank Hilton Organisation. Many children had gone from being non-verbal to saying a few words or full sentences. Others had grown in confidence and were more comfortable with social interactions. Support from Frank Hilton Organisation had allowed some children to attend school. Parents felt less alone after coming to Frank Hilton Organisation and more empowered to care for and understand the needs of their child.

Since 2016 Frank Hilton Organisation has hosted the Bara Battle, a corporate wheelbarrow relay race to raise funds for the organisation. The 2025 edition featured 24 teams and raised close to FJD $200,000. The event also helps raise awareness of the needs of children with disabilities including highlighting the fact that many non-government organisations need to rely on fundraising and donations to survive.

7.4 Challenges

7.4.1 Access and availability to services constrained by multiple factors

> *From our experience caring for a 13-year-old child with a severe physical and communication disability, support is currently very limited and inconsistent... At present, there are very few structured supports in place that are reliably helping her development or inclusion. (Online submission 74)*

Families told the Study team that they access services such as primary healthcare, physiotherapy, counselling, dieticians, babysitters, nannies, community services, home visits and other forms of assistance. Other than the allowance, Frank Hilton Organisation is the main service provider families receive support from. Some families describe having regular check-ups, home visits or access to different services. Others receive no support.

[96] UNICEF, the World Health Organisation & the World Bank, Nurturing Care for Early Childhood Development.

This highlights inconsistencies in the access and availability of services amongst families due to differences in location, awareness or financial situation. A common accessibility issue raised is that most services are either located in Suva or other urban centres. This means families living in rural areas, in the Eastern or maritime islands and communities with poor transportation infrastructure are at a disadvantage and face higher costs and time commitments in accessing services. This was raised by a service provider who engages in community outreach:

> *Because those that live in the urban areas, everything is available to them. It's those in the rural and remote areas, those are the ones that aren't reached. They are hardly reached. They are neglected and they are not seen. So if we go out into the communities, we'll be able to identify these cases where they are. Because if we tell them to come to the service centres, they won't be able to. Because of the transportation costs, all those barriers, they won't be able to come and access the services that they need. (NGOINT17)*

Both Frank Hilton Organisation and the main Paediatric Department in the country are in Suva and the Study team learned of families moving to the city, some to informal settlements, to be able to access services unavailable elsewhere. One family from Levuka said they were unable to receive regular support from Frank Hilton Organisation because of the distance to Suva:

> *I thought it was fortnightly because they told us since we're in Levuka, we can do arrangements for fortnightly therapies, training. But when we went two weeks ago, I mean a few weeks ago, they said, since you're one of the outreach, since you're out of the island, that was just one session. And we'll have to wait for the outreach, yeah? So we couldn't get into the program. (FAMINT30)*

Special schools for blind and deaf students are also only found in Suva and FAD told the Study team there are fewer sign language interpreters available in the Western Division. Some Deaf students from rural communities miss school for long periods of time due to the cost of boarding or getting to school:

> *Because most of the girls that are here at the hostel, they're coming right from interior of Ba and coming right from Bua, villages in Bua and in Beqa. Them having access to that funds will then enable them to come into school without having to worry these funds are not getting in. Sometimes, some of them might go without school for a term just because there's not enough funds. (NGOINT10)*

The Fiji Association for the Deaf told the Study team that sign language interpreters did not want to take on jobs that they knew would be unpaid, which disadvantages the Deaf community. It should be noted that these experts have a right to be paid for their professional services, and their refusal to take on unpaid work is not the root cause of the disadvantage. Rather, the disadvantage arises from systemic barriers where Governments, institutions and agencies do not provide funding for such services. The result is the Deaf community being deprived of an essential linguistic service that is critical to their effective and meaningful participation in community life.

Capacity and resourcing

Compounding the availability of specialist services for disability is the staff capacity and under-resourcing of service providers. Due to the limited Government funding available, many organisations need to rely on external donors, fundraising or through charging for their services. Their sustainability relies on stable and continuous funding, which is not guaranteed for many organisations the Study team spoke to.

Organisations providing vital services often run on minimal staff and rely on volunteers. It can be hard to find appropriate staff and volunteers who are motivated, empathetic and passionate about this kind of work:

> *It's their passion. You give yourself to it. It's not just a job. And I think that probably applies to all disabilities, I expect...It's a very small pool of people which we can actually draw from to employ staff. (SCHINT1)*

There are also a lack of trained disability caregivers that can provide respite support to parents. This issue was discussed at the Study's validation workshops as well as in online submissions the FHRADC received:

> *We also face limited support services, including a shortage of trained caregivers and little to no respite care, leaving families to manage on their own. (Online submission 74.)*

Improving access and availability of services in Fiji is not simply a case of opening more regional or community services providers. Without significant and sustained Government investment in building and retaining the workforce and providing support for those wishing to undertake study in specialist fields, the capacity of Government service providers and NGOs to provide services across Fiji will be constrained.

7.4.2 Procurement and cost limit access to assistive devices

Gaps in resourcing and capacity exist not only within the workforce but also when it comes to procuring and maintaining assistive devices.

Fiji Mobility Alliance (FMA) supplies assistive devices for physical mobility, such as wheelchairs, canes, crutches and walkers to people with disabilities. They receive donor funding from Vodafone and Physio Net and ship large container consignments to Fiji. The Study team heard that many of the devices are second-hand and therefore are not specially fitted for the child's particular needs. Demand often exceeds supply:

> *The consignment they arrive, it's a 42 foot container, sometimes we run out of device, and we fix it sometimes when our members can't be here, because they are desperate, but what we do, we have a form that we fill, and we record their details, whenever a consignment comes, when they are with the devices, we call them, say we are ready and they can come and pick it up. (OPDINT5)*

FMA, like other OPDs, is based in Suva but it partners with FDPF and Local Government representatives to provide devices to rural communities.

Wheelchairs are the main assistive devices used by children who participated in the Study. Other assistive devices include arm braces, adaptive chairs, symbols or talking boards, and glasses. Frank Hilton Organisation works with FMA to supply wheelchairs to children and most of these children received their wheelchair through this channel. Some children have wheelchairs that are not appropriate for their size or environment:

> *For him I really need a wheelchair. Hilton got us a chair but it was too hard for him. He sits on the wheel chair that they provide but then he cries and it's not suitable for him. The wheelchair is something that will really help us a lot. (FAMINT22)*

Having wheelchairs and assistive devices that are properly fitted for a child's size and condition is vital, otherwise it can cause further issues or discomfort.

Other assistive devices that families and stakeholders said would help them are hydraulic beds, glasses, a laptop for a child with low vision, and fidget or sensory toys for children with autism. AAC devices such as talking boards are used by some children and organisations like Frank Hilton Organisation. However, digital technology, such as text to speech devices and tablet-based applications are expensive and not used by any of the children the Study team spoke to.

The cost of obtaining and maintaining devices is also expensive. Procurement of assistive devices is mainly through donor support in conjunction with OPDs. There is no direct Government budget for assistive devices and most assistive devices come from overseas:

> *Assistive technology right now is majority in the donor space. It's not something Ministry tries to procure. It's not a budget line item, but as I said, wheelchairs are getting there, but we know wheelchair is just one portion. It's a mobility device, and the majority of the items are just not there. (GOVINT30)*

Several stakeholders raised the issue of Fiji lacking an internal supply chains for assistive devices or the local skill base to repair or maintain devices. Fiji Society for the Blind said all their braille machines come from overseas and need to be serviced offshore. Another stakeholder from the Special and Inclusive Education Unit of MoE described the assistive technology landscape in Fiji in the following way:

> *AAC, to begin with, it's not available locally. All these purchases we have to do from abroad. And even for braille and other things, we don't, we have to, and then if something goes wrong for maintenance and services. Even the braille machine. Even wheelchairs. If that wheelchair needs servicing, the tube of that wheelchair, that small one, is not even available. So yeah, all the tiny bits of things. (GOVINT24)*

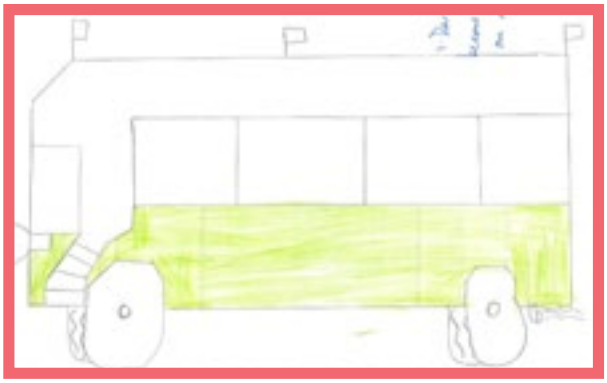
Children with disabilities should have access to assistive devices that are properly fitted and regularly maintained and guaranteed through sustainable and sufficient Government investment. Relying on second-hand devices, donor funding and lacking local capacity to procuring and maintaining assistive devices is not a rights-based approach. Instead, assistive devices become objects of charity rather than essential items necessary for upholding children with disabilities' right to reasonable accommodations under the CRPD.

7.4.3 Inaccessible environments and services

> *So it's access to buildings, access to services, access to transport, communication access, all this. This is a big challenge. But we are hoping that one day it will all get better. (GOVINT24)*

Having access to assistive devices is an important step towards disability inclusion but even with assistive devices, children with disabilities may face barriers when navigating the physical and social environment. For instance, the infrastructure and design of many villages, towns, cities and service providers is inaccessible. There is a lack of ramps, lifts, braille signage for blind people, clear signs and information in public areas, disabled parking and accessible crosswalks. Many of the online submissions to the FHRADC addressed the lack of inaccessible infrastructure in Fiji.

In 2023, the Ministry of Public Works, Transportation and Meteorology released a draft building code in line with Australian and New Zealand accessibility standards and guidelines. The Code lays out requirements for physical accessibility across all kinds of infrastructure, including accessible bathrooms and parking, according to Universal Design principles. The NCPD's Housing, Transport, and Environment Advisory Committee is responsible for monitoring compliance, and advising on other issues under the Code.[97] Although these accessibility provisions also benefit children with disabilities, their needs are not specifically addressed by the policy, other than accessibility requirements for schools.



Picture description: A bus is driving with its lights shining and exhaust coming out the back. The lower half is green. There are three flags on top of the bus. In response to the prompt, 'What are your hopes and dreams?', this child said they wanted to be a bus driver.

[97] Situational Analysis of the Rights of Persons with Disabilities in Fiji, p.32.

A representative from Labasa NCPD explained that, despite the revision of the building code, many businesses are still not complying with the accessibility stipulations:

> *The barriers which the people with disabilities are facing is...accessibility. We have been seeing, for example, in Labasa, when we see the structural environment, it's not accessible. Whenever we go out and we voice out for accessibility, they assume that they can do whatever they want and however they want, but it's not actually complied with what is needed for the accessibility. So we have been facing these kind of issues and we have been getting these attitudes from the businesses and the companies. (NGOINT21)*

Many Government Departments, including those directly providing services to people with disabilities, are upstairs in buildings without elevators. For example, the disability unit under the MWCSP is only accessible via stairs, creating a barrier for many who need to access their services. The FHRADC acknowledges that its building is not fully accessible, with some of its office located on the third floor of a non-elevator building.

Most transportation, including buses, vans, boats and airplanes are also not accessible to children with mobility issues, wheelchairs or those who are blind. One mother told the Study team of the difficulty she faced in finding an appropriate vehicle to transport her son to his school:

> *We have to look for a car that can help us go to school. And not just any car but a car that has a big storage space at the back because we need to take his wheelchair as well. For the wheelchair that we have, it does not fold and it is quite heavy. So once I find a car I will then bring it home and from here I will then take him. We are mostly late because of the difficulty of looking for transport. What they say from the special school is that the special bus only goes around the town area, I will bring my child to town and from there they can take the bus to school. Transport is a difficulty I face when getting CHDINT17 to school. [He] can't take the bus because it won't fit. (FAMINT18)*

Families often rely on private vehicles or taxis due to inaccessible public transportation. However, the Study team also heard of taxi drivers turning away children in wheelchairs or wheelchairs not fitting inside taxis.

Children may lack accessible bathroom facilities at school, home or in community spaces. One child who uses a wheelchair told the Study team that she faces difficulty using the bathroom at her special school because there is no railing inside for her to hold onto. She can only hold onto the toilet, which creates a hygiene risk:

> *I need to have one railing inside...I need to hold on to it...They have changed the toilet where it was leaking. And they have tell me the toilet is dry...I thought they do the railing because I need to grip on it. We have no railing...I need to hold on the wall and then onto the pan. (CHDINT22)*

Another guardian shared the need for her child to have a ramp built in their house to support him in accessing the bathroom:

> *Some difficulties in taking him to the bathroom since he uses a wheelchair. Because he doesn't have a proper place to sit in the bathroom and also his leg is weak. We have our toilet inside the house but we do not have the ramp. (FAMINT25)*

The Fiji Society for the Blind raised the issue of financial inaccessibility and that recently released bank notes are not accessible to people who are blind, "as it does not follow recognised Braille standards and are ineffective[98] ATM machines also do not have braille, which further limits access. Banks have been made aware of this issue but are yet to instigate changes.

[98] Ratucadra, C., (January 8, 2026), New banknotes 'not accessible,' says blind advocacy group, Fiji Sun.

To support public and private organisations with meeting their accessibility obligations, FDPF conducts accessibility audits, make recommendations and provide certification:

> *I also work with a team to conduct access audits. Going in and conducting assessments in terms of how the environment is...Also making the environmental building accessible. [We] write up our recommendations and we do certification. And we have been doing this from 2021. We have a tool that has three parts to it: From the drop off point, the internal environment, the reception, and lifts and services that are available within the building. We measure what is in place, and what can be done. (OPDINT1)*

In 2020, the Office of the Auditor General conducted an audit on the accessibility of public transport and public buildings for people with disabilities. It showed a positive step for children's accessibility through the introduction of the Special and Inclusive Education Policy and assessments of schools' accessibility and inclusivity for children with disabilities. Overall, it found, however, that limited institutional awareness by those responsible for policy making and enforcement meant that accessibility requirements were under-implemented. It also found that accessibility efforts focused on physical accessibility.[99]

The UNPRPD's Situational Analysis of the Rights of Persons with Disabilities also found that the Rights of Persons with Disability Act 2018 has a narrow focus on physical accessibility over other access needs, "which can lead to an assumption that once physical access is provided, accessibility is achieved. However, noting the diverse impairments and access needs, there is a need to also enforce provisions for the visually impaired such as raised tactile markers, appropriate lighting, and physical layout and colours, for persons with intellectual and/or psychosocial disabilities, and audio readers for those with hearing or speech impairments."[100] Accessible accommodations can also include provision of Easy Read information on key services, access to support persons, as well as age appropriate methods of communication for children with disabilities.

Accessibility is vital because its absence impacts the exercise and enjoyment of different rights. Inaccessible transport can limit children's participation in educational and social life. Inaccessible information can undermine agency and supported decision making and a lack of access to respite care services can affect family wellbeing. Accessibility provisions must be adequately resourced, and tied to strong compliance, accountability and monitoring mechanisms to ensure they are sustainable and move beyond token efforts.

7.5 Conclusion

The experiences shared highlight the critical role that services, support systems and community coordination play in enabling children with disabilities to participate fully in family and community life. Across Fiji, dedicated organisations, community outreach initiatives, referral networks and collaborative partnerships are working to fill important gaps in support services. Organisations such as Frank Hilton Organisation, Project HEAVEN, Fiji Mobility Alliance, OPDs and community-based actors provide essential services, advocacy, and support to families, often with limited resources. Their work demonstrates both the strength of Fiji's disability sector and the importance of holistic, family-centred and community-based approaches to disability inclusion.

Significant inequities remain with however, with geography, financial constraints, transport barriers, workforce shortages, and limited Government investment continuing to influence whether children and their families can receive timely, appropriate and accessible support. The Study found similar barriers for children with disabilities when it comes to accessing health facilities and health related services.

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[99] Office of the Auditor General, (2020), Report of the Auditor General of the Republic of Fiji: Performance Audit on the Access for Persons with Disabilities to Public Offices and Public Transport.

[100] Situational Analysis of the Rights of Persons with Disabilities in Fiji, P36.

8. Health and rehabilitation

In terms of visiting health facilities, taking them to the facility is a bit of a challenge. A lot of even our medical facilities, our professions, our families are saying, ...there's nothing in the health centre to make my child feel comfortable. So those barriers are what most of our families with children with disability are facing. And some of them have got to the point where they'd rather just not take and resort to home remedy.

NGOIN18

Under both the CRC and CRPD children with disabilities are afforded the right to the highest attainable standard of health care without discrimination. Art 23(3) of the CRC stipulates that in consideration of the additional needs of children with disabilities, vital services, such as healthcare should be provided free of charge, wherever possible. CEDAW calls for the elimination of discrimination against women in health care and for ensuring equality of access between men and women. Article 24 of the CRC also calls for early intervention and identification and for health care to be provided close to people's communities, including in rural areas. The extent to which healthcare services are inclusive and accessible is also an important aspect of UNPRPD's guidelines.

It is worth clarifying that rehabilitation should support autonomy, participation, communication and quality of life, rather than "fixing" impairment.

The Fijian population is served by three divisional hospitals and 16 sub-divisional hospitals. One of the main hospitals, and home to Fiji's children's hospital, is the Colonial War Memorial (CWM) hospital in Suva which is also the national referral hospital. Most babies born in a hospital are delivered at CWM. The Medical Superintendent of CWM described some of the services the hospital provides:

> *One is for new-borns and the other one is for children who are born outside the hospital and bigger children. They also provide outpatient services and specialised clinics at the children's hospital. So in terms of the management of the care of children with disability, the hospital or the Paediatric Department, they...provide immediate clinical care to those who present to the hospital and they also provide specialist clinics for children with disability, especially those with problems with their sight, problems with hearing and children with some physical disability that require the assistance of the physiotherapy. The department has got its own department of physiotherapy that looks after children with disability. (GOVINT25)*

CWM is reported to be undertaking efforts to build the capacity of health workers in identifying developmental disabilities and ensure there is routine screening for all the children that present to services at the hospital.[101]

St. Giles Hospital in Suva is dedicated to psychiatric care, Twomey Hospital, also in Suva, includes a rehabilitation department. The main centre for physical rehabilitation is the National Rehabilitation Medicine Hospital, however its focus is on adults, not children.

Hospitals such as St Giles and CWM conduct community or home visitations for some clients, although this is concentrated in the Central Division. The Study team did not speak to representatives from the other divisional hospitals, so it could be that they also offer community outreach services.

[101] The Journey to Early Identification and Intervention for Children with Disabilities in Fiji, p.8

Fiji's health system is still governed by the 1935 Health Act. The Act is primarily focused on infectious disease control, sanitation, quarantine, environmental health and public health enforcement powers and there is no reference to disability at all within the Act. Recognising the need for updating the more than 90 year old legislation, in June 2025 the Fiji Cabinet endorsed a review of the Act. The Public Health Amendment Bill 2026 was tabled in Parliament in March 2026 and is currently being debated. It also does not reference disability.

While carrying out data collection for this Study, the FHRADC struggled to secure a consultation with the Ministry of Health and Medical Services (MHMS). Eventually the FHRADC spoke to several stakeholders from different hospitals and the Australia Fiji Health Partnership.

This fragmented aspect of the Ministry of Health was raised as an issue by one of our stakeholders. Both the Ministry of Education and the Ministry for Women, Children and Social Protection both have disability units, but the MHMS does not.[102] This may explain the difficulty the FHRADC faced in finding the relevant person or department to speak to about the Ministry's work to support children with disabilities.

8.1 Systemic Gaps in Early Identification and Intervention

Stakeholders expressed that disabilities are being identified too late and that the allied health workforce lacks the capacity to support early detection. Geographic isolation, transport costs, and competing financial pressures can hinder attendance at appointments, especially for rural and remote families. Delayed interventions and therapies are compounded by the limited availability of specialists and specialist services and the concentration of services in Suva. Centralisation of services, therefore, represent a structural inequality issue within Fiji's health and rehabilitation system.

Issues in early identification and intervention were raised by many parents and by those making online submissions. For children that did have a diagnosis, the experience of receiving one was mixed. Some parents told the Study team that the doctors were good and the process was not difficult. Others had to travel to Suva to get a diagnosis or that identification was delayed. Some parents shared that their child still does not have a diagnosis or medical report from a doctor.

One mother said it took her a long time to get a straight answer from doctors about her son's disability:

> *We didn't get a formal diagnosis directly from the doctors...They never told me what was wrong with him...just that I am to expect that when he is born, something will be wrong with him...Personally, I saw that the Doctors didn't want to directly just tell me that he has CP [cerebral palsy] and they kept on referring me to other places where I got a formal diagnosis. It is really, really hard for me to be carrying my then 2-year-old son around from one doctor to another, from one hospital to another just for one doctor to tell me that he has CP. (FAMINT18)*

Some children experienced multiple health issues from an early age, but doctors struggled to identify the cause. One mother said it took almost two years for her son to receive a diagnosis:

> *We were admitted for, like, three months. And...different kind of doctors, different kind of information. They said his brain is too much for him. He got asthma. He got pneumonia. So many sickness they've been, but they couldn't find the real one. He was already one year, seven months [when diagnosed.] (FAMINT4)*

Parents also shared that when they were given a diagnosis, they were not given enough information to understand what the diagnosis meant. As one mother explained:

> *When they were telling us, we could not understand properly. The baby was on a ventilator, and also on oxygen. At that time, we could not understand that our baby has such a big illness. We could not understand that the baby would not be able to walk. No one explained properly. (FAMINT10)*

[102] Early identification and intervention for children with disability in Fiji, p.38.

Because of a lack of information, parents told the Study team they turned to the internet to learn more:

> *It's a big challenge because I'm new to this condition. And when we asked for information from healthcare, they just said he has cerebral palsy. They didn't explain what really cerebral palsy is. So most of the time I just come home, Google, YouTube, just to familiarise myself with the condition. (FAMINT11)*

Another challenge, particularly when it comes to children with psychosocial or learning disabilities, is the lack of child psychiatrists or doctors trained to diagnose certain conditions. One service provider told the Study team that doctors sometimes had a simplistic understanding of autism and did not always understand the nuanced ways in which it could impact a child:

> *They [doctors] have this idea when you hear the word autism, it's just behaviour and not communication or speech. Some of the doctors said, autism is, they lack social skills and the behaviour is different and they don't talk...I realised they were missing out on the child sensory issues. The sensitivities were, they didn't address it. They forgot that. Maybe they had no idea, but they were only focussing on this, but they forget. (NGOINT18)*

The Study team did hear examples of positive health interventions supported by the Government. One child underwent surgery overseas with support from the Fiji Government, while another received specialist surgery in Fiji with doctors from New Zealand.

A lack of specialists trained in disability also impacts early identification and intervention. The Superintendent of CWM highlighted further gaps in identifying disability at an early stage:

> *One of the areas that we were lacking was the detection of disabilities during pregnancy. So, you understand that we are a developing country and it's an area that is so specialised. It's an area we were lagging behind on this. Most of the time the disability is only recognised at the later stages of pregnancy with the assistance of some consultants from overseas. (GOVINT25)*

In a positive development, Fiji recently opened a clinic for maternal and foetal scans during pregnancy through donor support. This will allow doctors to conduct ultrasound scans and may support detection of certain congenital abnormalities.

For certain invisible disabilities, like autism or learning disabilities, diagnosis could be even further delayed or interpreted as behavioural issues or 'poor' learning. Children with an intellectual disability could be labelled as "slow" rather than receiving diagnoses, therapies or other forms of support. There is also a gendered aspect to diagnosing children with autism or who are neurodivergent, with girls often being diagnosed later than boys.

Delays in identification lead to delays in intervention, which can play a fundamental role in supporting ongoing development of children with disabilities. One parent believed that if their child had received services and supports earlier, it would have led to improved outcomes:

> *If it was detected when he was born, you know, having all the services where we can access to all the services, I think it would have helped him in a great deal. Because he was one or one and a half years old, that's when they detected his condition. Early intervention at such an early age, it would have helped him a lot. (FAMINT11)*

These findings are also backed up by previous research which looked at the experiences of 12 caregivers of children with disabilities from urban (Suva), rural (Serua), and remote (Kadavu) communities. Caregivers reported a lack of information about their child's condition, with diagnoses often given without explanation or advice on developmental implications or available supports and services. Concerns raised during routine health visits were frequently dismissed or met with "wait and see" or that their child was "just slower than other children responses, delaying referrals".[103]

[103] Early identification and intervention for children with disability in Fiji, p.20.

Limited availability of early intervention services, long waiting lists, and a shortage of trained specialists compounded these barriers. Caregivers described stigma within families and communities, a lack of awareness about the benefits of early intervention, and uncertainty about where to seek help.[104]

Their child's development was not discussed at baby clinics, which provide the first contact for caregivers in recording developmental milestones and identifying developmental delays.[105]

Early intervention should fundamentally be a mechanism to support a child's participation, development and wellbeing, rather than achieving some kind of "normalisation". As Frank Hilton Organisation's CEO raised with the Study team, diagnosis is socially constructed and its lack should not prevent a child receiving necessary therapies or support.

8.2 Opportunities

8.2.1 Health and Rehabilitation Action Plan

The Ministry of Health and Medical Services' National Disability Inclusive Health and Rehabilitation Action Plan 2023 – 2027 (the Plan) supports the Ministry's vision for a 'healthy population.' The Plan provides actionable steps for the Ministry and relevant stakeholders to ensure health services are accessible to children and adults with disabilities and that rehabilitation and assistive services are available for everyone. The overall outcome is that "All Fijian adults and children, including persons with disabilities, achieve optimal health, functioning and well-being through Inclusive Health and Rehabilitation Services; supporting their attainment of their full potential."[106]

To achieve its two primary goals of Inclusive Health and Rehabilitation the Plan seeks to reduce existing barriers and improve access, build rehabilitation and assistive product services across all levels of health care, strengthen the Ministry's disability data collection and develop stakeholder coordination across different sectors to ensure better service delivery from the community up to primary care. Establishing clear referral pathways and systems for children and adults to health, rehabilitation and assisted product services including other areas such as education, livelihood, social and community services is another objective of the Plan.

Children with disabilities are well represented within the Plan, however it lacks a dedicated focus on the holistic development and rights of children with disabilities. Instead, children are included together with adults with disabilities. This fails to acknowledge the unique barriers and challenges that children with disabilities can face. The Plan also prioritises the needs of people with physical disabilities and those with hearing or vision impairments. This risks marginalising other disabilities by failing to account for their needs within national policies and plans.

The Plan provides a high-level discussion of proposed activities but does not have concrete details of specific strategies, timelines and budgets for its execution. Its proposed governance structure positions NCPD as the governing organisation, with the Permanent Secretary for Health and a Stakeholder Committee responsible for reporting. Implementation responsibility is spread over several roles and organisations including OPDs and health services providers.

Based on the recommendation of the Plan, The National Disability Health and Rehabilitation Action Plan Steering Committee was established shortly after its release and is chaired by the Acting Permanent Secretary of MHMS (formerly the Chief Medical Advisor) Dr Luisa Cikamatana. Other members include representatives from the Fiji Emergency Medical Assistance Team, Fiji Disabled People's Federation, the Disability Unit of MWCSP, the Ministry of Education, Frank Hilton Organisation, Fiji Mobility Alliance, the Policy and Planning unit of MHMS and the National Disability Inclusion Coordinator.

[104] Early identification and intervention for children with disability in Fiji, p.21.

[105] The Journey to Early Identification and Intervention for Children with Disabilities in Fiji, p.8.

[106] Ministry of Health and Medical Services, (2023), National Disability Inclusive Health and Rehabilitation Action Plan 2023 – 2027, p.12.

The implementation, monitoring, and progress reporting is undertaken and presented to the Committee by the secretariat which consists of the MHMS's Rehabilitation Coordinator and the Disability Inclusion Coordinator. The Committee meets twice a year to discuss updates, approvals and challenges to implementation. Progress against the Action Plan is not publicly available, and the FHRADC did not receive a response to its request for this information.

In the 2024 to 2025 national Budget, the Fiji Parliament committed FJD $50,000 to the Disability Inclusive and Rehabilitation Medicine Programme. In the 2025 to 2026 Budget this financial allocation was slightly increased to FJD $56,250.[107] The Action Plan is also supported through DFAT's Fiji Programme Support Platform (FPSP), highlighting the need to rely on donor funding to fill gaps in Government support.

The under investment by the Government and a lack of transparent progress against the outcomes highlights the earlier finding that, while Fiji has several policies relating to children with disabilities, the relevant authorities and agencies have failed to fully or effectively implement them on the ground.

8.2.2 Community outreach

The centralisation of services in Suva, has led some organisations, such as Project HEAVEN Trust, the Frank Hilton Organisation and Fiji Society for the Blind, to engage in community outreach programmes to identify children with hearing or vision impairments. Project HEAVEN Trust is an NGO that, for the past 25 years, has been conducting ear and eye screening in schools around the country to identify common ear and eye issues or children that may have hearing or vision impairment. They have received support from the Australian Government and work closely with the Ministry of Education and community nurses. One staff member described the organisation's work as follows:

> *We go out into schools for early detection of any ear or eye problem or vision, hearing problems. So, we identify the cases, we refer to relevant authorities like the optometrists, we refer to Pacifica Institute, the Frank Hilton Organisation. So those who need hearing aid, we assist them. Those who need eyeglasses, we assist them. And then we also do follow-up on the cases that we've seen in schools. So, we have a two-week follow-up to check on these cases. If they've gone to the hospitals, if they went to the optometrists to get their glasses done. So, if they haven't gone, we do home visitations. (NGOINT17)*

In 2022, as part of the Fiji Health Programme, Project HEAVEN Trust undertook the Child Ear and Eye Care Project which screened over 20,000 children at 108 schools across all four Divisions. One quarter of children screened came from Ba.[108] They have continued to screen children in different areas across Fiji, and expressed that the continued sustainability of this project is highly reliant upon ongoing Government and donor support.

Another positive example of community outreach facilitating early detection is screening by the Fiji Society for the Blind. Their community-based rehabilitation programme has four field workers based in the Northern, Central and Western Divisions of Fiji overseen by a coordinator. They conduct outreach work in the communities to identify children who are blind or have a vision impairment. They refer children to ophthalmologists or eye departments for further assessment, conduct awareness on eye care and refer for the appropriate surgeries if needed. They sometimes partner with the Ministry of Health and accompany them on community outreach initiatives. Younger children who are identified through this programme are offered home based skills training while older children have the opportunity to attend the Fiji School for the Blind where they follow the regular school curriculum as well as learning Braille.

[107] Ministry of Finance, (2024), Budget Estimates 2024 – 2025, p. 161; Budget Estimates 2025 – 2026, p.171.
[108] Delivery Associates, (2024), Review of School Health Screening: Final Review Report, p.6.

8.2.3 Australia Fiji Health Programme

The Australia Fiji Health Programme (AFHP) is a bilateral support programme through FPSP. The AFHP has two key workstreams: system strengthening and targeted support. Systems strengthening looks towards improving supply chain systems and strengthening workforce, public finance management and digital health inclusion. Targeted support focuses on developing and implementing minimum service standards for primary health care facilities. Gender equality, disability and social inclusion (GEDSI) principles are imbedded throughout the programme, with a specific focus on two activity areas, gender and health and disability inclusion for health facilities.

Although the AFHP does not have a specific workstream for children with disabilities, it does support projects that have the potential to improve outcomes for children with disabilities, such as advising on the Disability Inclusive Health and Rehabilitation Action Plan, improving the procurement and distribution of assistive devices and through the work of their National Disability Inclusion Coordinator.

Child Snapshot

I visited the residence of a child identified by the family as having cerebral palsy. Upon arriving at the home, the child was present and positioned on a specialised chair designed to sit directly on the floor. The chair had no extended legs and appeared to be structured in a way that allowed the child to maintain balance and support while sitting upright.

During the visit, the child repeatedly called out a word directed toward his mother. His mother explained that it was his way of calling for her. Each time he called out, he directed his attention toward his mother, who appeared to understand his communication cues well. The child's overall mood appeared happy and enthusiastic. His smiling expression and vocalisations suggested that he was comfortable in the presence of visitors and enjoyed the interaction taking place.

We were introduced to a communication board that the child uses as part of his speech therapy. The board contained several pictures accompanied by words written in the *iTaukei* language. The board appeared to function as a visual communication tool designed to help him express ideas and respond to questions by pointing to images or words.

Photo description: A talking board is taped to a yellow desktop with different symbols such as a fork, a question mark, washing dishes and green and red circles. There are iTaukei words or phrases written underneath. A child's hand is pointing to the picture of a spoon.

We also introduced playdough as part of the activity. When the playdough was presented to him, he looked at it briefly and then turned his attention to the communication board. He pointed to the word *vakasisila*. His mother explained that *vakasisila* in the *iTaukei* language means "disgusting." Although the board had a limited number of words available, his use of the board to express a negative reaction highlighted its usefulness as a communication aid.

While the board clearly assisted him in expressing certain responses, it was also somewhat limited due to the number of words and images available on the board. There were moments when it appeared that he might have wanted to communicate more, but the board did not contain the exact words needed to fully express his thoughts. Despite this limitation, the board still served as a valuable tool that allowed him to respond to questions and communicate certain preferences.

We also looked through photographs from the children's toolkit. One particular picture that generated a strong reaction from the child was the image of a watermelon. When the watermelon picture was shown, he reacted with clear excitement. His face lit up with a broad smile, and he produced joyful vocal sounds. Another picture that produced a notable reaction was one related to singing. When the singing image was seen, his facial expression again became bright and enthusiastic. His mother explained that he enjoys music. The mother further explained that dancing is something he enjoys doing, which helped explain his enthusiastic reaction to the image.

Throughout the session, the child frequently directed his attention toward his mother. At certain moments when he was particularly happy or excited about a picture, he called out to his mother using a specific vocal expression. The mother explained that this particular sound or word is something he uses when expressing joy or excitement. It clearly served as a communication signal between the child and his mother. This interaction suggested a strong communication bond between the child and his mother.

8.3 Challenges

Children with disabilities face multiple and overlapping barriers when it comes to health care, including centralisation of services, the cost of travelling to health centres, long wait times, inaccessible environments, limited specialists and specialist services countrywide, ongoing health issues, or reliance on traditional forms of health care.

8.3.1 Access and barriers

While most families have some kind of health service in their area, such as a hospital or village health centre, some children must travel longer distances to access healthcare. Most rely on taxis, cars or boats, which creates an additional cost. Some families told the Study team that health workers, such as village nurses, conducted home visits but this was not across the board. One mother shared the challenges her son faced in receiving health care:

> *We only have a hospital in Wainibokasi and it's a bit far because we will travel by boat for 30 minutes to reach the landing so we can catch the bus to drop us to Wainibokasi... If there is no passenger on the boat for our route then we will have to pay $50 for a private charge. (FAMINT2)*

The distance to health care services is particularly an issue for people living in the interior or outer islands:

> *In those interiors, where there are people and children with disabled, but we can't do much, you know, like they have no access of medical. So if they are sick, they have to walk, you know, 10 hours or 15 hours to the main road to get to the hospital because there's no transport accessibility. (NGOINT8)*

A doctor told us geographical barriers could make it difficult to establish a continuum of care for children with disabilities outside of urban areas. The time, cost or travel distance required to attend follow up appointments or specialist care means a child with a disability is unable to access the health care they need throughout their childhood.

Children with disabilities also face barriers in accessing routine vaccinations. A study undertaken in 2023 with 198 children with disabilities in the Suva-Nausori corridor found that only 55% were fully vaccinated under the national Immunisation Programme, which is below the national average for children overall. Barriers influencing this low rate of immunisation included hesitancy around vaccine safety, lack of awareness around vaccine schedules, stigma towards children with disabilities, travel related costs, and long distances and waiting times.[109]

Inaccessible environments also created barriers to access. While some hospitals are physically accessible, with lifts and ramps, the Study also heard of children with physical impairments having to be carried up stairways or in busy hospital passageways that were too narrow to accommodate wheelchairs. A village in Naitasiri told the Study team about accessibility challenges at their local health centre:

> *Interviewer: Do you have wheelchairs at the health centres? Do you have railings at the health centres that can assist in walking?*
>
> *Villagers: No*
>
> *Interviewer: How are those with physical disabilities being attended to at the health centre? How will they be able to go in the doctor's rooms?*
>
> *Villager: They are being carried inside."*
>
> *Central men's community consultation*

Children who are deaf also face barriers to accessing inclusive health services. While the provision of a sign language interpreter is available through the Fiji Association for the Deaf, understanding and interpreting medical information is a specialised skill that not all interpreters may be trained in. Other accessibility barriers include a lack of braille signage or failing to understand the sensory needs of some children.

A social barrier highlighted by several stakeholders was the influence of religious or spiritual beliefs and reliance on traditional healing methods. One service provider of mental health support raised concerns of the danger when solely relying on these methods could pose:

> *Basically what happens is that when I say that when religion and faith becomes a barrier is when parents decide not to take clinical support as an intervention tool rather than stick with just spiritual beliefs. So what they do is they take the children to see spiritual leaders or faith-based leaders and whatever intervention they do, perhaps it's working for the family, but at the end of the day it doesn't help the child because the child needs specific assistance in terms of clinical support, in terms of mental health support, in terms of medical interventions, you know, if they have got a very severe disability...So whereby your faith and religion and spiritual beliefs should be a bonus of creating resilience and hope, we do see cases where it takes us 10, 20, 30 years back. (NGOINT19)*

While faith and spiritual beliefs can provide a comfort to children and families as well as an important space for community interaction, they must not come at the cost of needed medical intervention.

Approaches to healthcare must be holistic and consider all aspects of a child's wellbeing.

[109] Jahan, I., Vakaloloma, U., & Perera, S., et al., (2025), Vaccination and its social and behavioural drives in children with disability in Fiji, BMJ Global Health, p.1-14.

Some parents told the Study team their children had a traumatic experience at the hospital or feared doctors or treatment which made visiting the hospital more difficult. One mother shared about the experience of her son who displayed cognitive delays after surgery as a young child:

> *His head was really big and one sided and we went back to the hospital and the doctor told me that CHDINT1 will go for a surgery. The doctor explained everything to me with regards to CHDINT1's surgery. The fluids that need to be transported up to his brain are not flowing well that's why they will have to drain out the pus and the fluids from his head. We were in the hospital for one whole month and I was the only one with him and looking after him in the hospital…After the surgery I noticed that things changed with him and it was very hard to talk and communicate with him…For us after his surgery, CHDINT1 always has this fear of going to the hospital especially when he will see needles and blood due to his past experience. (FAMINT1)*

8.3.2 Staff, resourcing and capacity

The ability to provide accessible and quality healthcare to children with disabilities in Fiji is hampered by a lack of specialist staff and staffing shortages overall. A 2024 evaluation on ear and eye screening in Fiji found that 30 to 40 percent of positions at MHMS were vacant. The same report said that MHMS did not have sufficient capacity to conduct ear and eye screening for children in Fiji and due to a lack of training, community doctors and nurses would often refer children to hospitals for eye and ear conditions that could be treated at local health centres.[110]

Fiji's primary medical institution is the College of Medicine, Nursing and Health Sciences within Fiji National University (FNU). As well as nursing and medicine, they offer more specialist programmes such as a bachelor's and post-graduate diploma in physiotherapy, a Master of Medicine and post-graduate diploma in Psychiatry, and a post-graduate diploma in Mental Health Nursing. There are no programmes for speech therapy or occupational therapy. FNU formerly offered a Certificate in Disability and Community Based Rehabilitation, however this is no longer available as a course of study. According to the UNPRPD, The Australia Pacific Training Coalition offers a Certificate in Disability, but this is not available in the 2026 academic year.

Fiji does not have a specialist workforce for providing services such as occupational or speech therapy. Frank Hilton Organisation is the only organisation in the entire country to employ speech pathologists, occupational therapists and behavioural therapists. At a 2025 conference on speech, language and hearing it was reported that the lack of training for speech pathologists within Fiji and an over reliance on non-Fijian professionals to fill the gap makes it difficult for such services to be sustainable.[111]

Physiotherapy appears to be more readily available both privately and through public hospitals. According to the Disability Inclusive Action Plan, as of 2023 there were 51 physiotherapists employed by MHMS across 18 locations. To supplement these services there were also nine community rehabilitation assistants who help with the identification and implementation of health services, rehabilitation, and referrals, particularly for those living in rural locations.[112]

A lack of speech pathologists was acknowledged by the Superintendent of CWM:

> *Because, you know, we have doctors, we have nurses, then we have physiotherapists, but then the other, some specialised areas like speech therapists, we lack it in the hospital. So I think this is something that we can look into as we move forward with our workforce planning, is to start including all these specialised services that focus on children with disabilities. (GOVINT25)*

[110] Review of School Health Screening: Final Review Report, p.33.

[111] Hopf, S., & McAlister, H. (2025). Developing speech therapy services in an under-resourced setting: An update from Fiji. Poster session presented at 12th Asia Pacific Society of Speech, Language and Hearing Conference 2025, Bangkok, Thailand.

[112] National Disability Inclusive Health and Rehabilitation Action Plan 2023 – 2027.

A lack of specialist staff to meet the demand for services also makes it harder to decentralise.

This issue was raised by a stakeholder working for the Australia Fiji Health Programme:

> *One of our aims...was to put a rehab facility in Labasa. Because patients, they have to travel from Labasa and come to Tamavua. But when...we found a space, we started going, and then over time we discovered that we may get a building, we may put equipment and things there, but staffing is an issue. So you really can't decentralize when the staff here are already struggling. And we actually, at one time, we paid for volunteers to be part of TTH so they could go and outreach. And the HR gap is there, and we have to fix that first before we start thinking of decentralisation. (GOVINT30)*

Fiji also suffers from a 'brain drain' with health professionals moving overseas, further burdening the existing workforce.

Long wait times

> *They don't care that I have this condition and sit for long while waiting for my number to be called. I have to wait for a really long time. (CHDINT24)*

A shortage of staff also contributes to long wait times at many hospitals and health centres. This is by far the biggest health related issue that families raised. There is no priority line for children with disabilities and parents said they could sometimes wait more than two hours to see a doctor.

One mother shared her experience:

> *Yesterday it took like 2 hours to get checked...He hates it [waiting]. He doesn't like it. I have to take him in my arms and roam around the hospital so he stays calm and if he feels hungry so we do bottle feeding and he cannot bear the heat because it's a crowded place and the heat triggers him. (FAMINT13)*

Children can become agitated, distressed or bored and they sometimes have to leave before they are able to receive care.

Long wait times represent a key accessibility issue, especially for children with sensory sensitivities, pain, mobility issues or high support needs.

Staff attitudes

The FHRADC heard that a fear of stigma, blame or the attitude of some healthcare workers could act as a barrier to receiving health care. Some parents told us that hospital staff could be impatient with their child, who may struggle to communicate what they need.

One mother shared about the attitudes of doctors towards her child who has cerebral palsy:

> *Some of the doctors talk very rudely. They have to understand my child is like that. So, well, some of the time they asking question about my son, but you know, my son is like very bit shy. He can't say exactly, we are the parents, we have to tell them, because our son is sick or we have to do like, they don't want to listen us, they want to speak our children. But the children, they don't want to speak with the doctors and they are get nervous, sometimes they are scared. Yeah, but in hospital, some of them, they are good, some of them, they are very rude, or they don't understand. (FAMINT12)*

Others said staff could be impatient or aggressive when treating children with disability. At a community consultation in the Western Division one participant described the attitudes of some health workers:

> *I believe that sometimes these children do face discrimination when they go to health centres. I have seen situations where health workers or even people waiting in the clinic look at the child differently. Some people do not have patience with them, especially when the child behaves differently or takes longer to respond to questions. Instead of trying to understand the child's condition, they may become frustrated or dismissive.*
> *(Western men's community consultation.)*

Not every child and their family had negative experiences when engaging with health professionals. The Study team also heard of children being treated with kindness, sensitivity and without discrimination. The caregiver of a girl with Down syndrome described the nurses who care for her:

> *She is loved by the nurses. They care about her. (FAMINT29)*

Another parent told the Study team that the staff are sensitive to her son's needs and behaviour:

> *All is set from our nearby hospital. They really care for him. They know what he has and how he behaves and that is how they understand and know the best practice to treat him when we go to the hospital. (FAMINT8)*

This was similar to the experience of another parent who recounted how health staff had supported her son during a tooth extraction:

> *The nurses and the doctors are very welcoming to him but we had an experience last year when we took him to the hospital for his dental. I took him to the hospital and I carefully explained to him to keep still because they are going to remove his tooth so there will be no more pain for him. After that he never refused to the doctor and he listened and kept still during the procedure, he was not crying or scared. They were so good at their job. (FAMINT9)*

From what families shared, the nature and quality of care a child with disabilities receive depends also on the attitude, discretion and behaviours of individual health professionals. Disability awareness and sensitisation training for all health staff, including doctors, nurses, therapists and community health workers, can help improve staff interactions with children with disabilities and ensure that families receive quality health care no matter where they go.

8.3.3 Mental health services

Fiji's capacity to support children with psychosocial disabilities is constrained. St Giles is the primary hospital for mental health and there are also Stress Management Wards at CWM, Lautoka Hospital and Labasa Hospital. However, there are no separate services for children.[113] This could create a potential safeguarding risk as children who are admitted are housed with the adult population.

Several stakeholders said the number of children experiencing mental distress or with psychosocial disabilities is increasing. A doctor from St Giles Hospital told us that in the past they usually admitted around two to three children a year. However, between 2020 and 2025 a total of 98 children had been admitted to St Giles.

[113] Robertson, P., Paul, A., & Allen, M., (2020), CAMH in Primary Care Fiji: developing child and adolescent mental health in primary care, Austrlian Psychiatry, 28(1), 37–41, p.38.

In 2017, a partnership between MHMS, Fiji National University and the Royal Australian and New Zealand College of Psychiatrists delivered two workshops aimed at improving the capacity of Fiji's primary care practitioners to provide child and adolescent mental health care in Fiji.[114] Despite this, the Psychiatric Survivors Association told the Study team children with psychosocial disabilities continue to go undiagnosed:

> *With children, it's easy to detect, identify, and support children with other disabilities. Children with learning disabilities and psychosocials, these ones are the ones who are not given justice. And you will see, these are the ones that drop out of school, that end up on the streets, that will continue to increase the number of drug users, in our country. (OPDINT4)*

Psychosocial disabilities also represents a gap within the Study, as the Study team was unable to speak to any children with psychosocial disabilities. This may be because of the stigma attached to such disabilities, a failure to recognise these children as having a disability or because children with psychosocial disabilities may not have been engaged by Frank Hilton Organisation or FDPF, who supported the FHRADC in identifying children for the Study.

8.3.4 Sexual and reproductive health

The rights of people with disabilities access to sexual and reproductive health services is enshrined in the CRPD, including the right to access age appropriate, reproductive and family planning education.[115] CEDAW also affirms women's reproductive choice. Fiji's 2014 Reproductive Health Policy calls for the provision of family planning and information to vulnerable groups, including girls and support for child sexual abuse victims, however it does not mention any specific support for women or girls with disabilities.

According to a 2022 United Nations Population Fund needs assessment on sexual and reproductive health rights (SRHR) of women and girls with disabilities, many girls with disabilities receive limited SRHR information due to stigma and stereotypes. Those who did try and seek out this information, said they faced judgement or discrimination from service providers. The assessment also found that family members would often make decisions on their behalf, undermining their reproductive agency.[116]

Fiji's 2023 Gender Assessment found that women and girls with disabilities can experience "reproductive coercion" based on stigma around their capabilities. This could lead to pregnant women with disabilities being forced to have an abortion, not being given accurate and clear information on their reproductive rights or being denied contraception.[117]

Some stakeholders the Study team spoke to also raised issues of SRHR. A staff member at a branch of the National Council for People with Disabilities relayed the experience of one young girl who had engaged with their training programme:

> *The mother wanted to remove the ovaries of the girl, and so she came to me and she was telling me,...my mom told me that I'm going to have an operation. She didn't know what was happening to her. That's how we got an alarm. So we talked to the doctor, and the doctor said...because she used to have a misunderstanding with the mom, and used to run away from the home. Mom always thought that she will end up getting pregnant...We communicate with the girl, and...she said she loves to be a mom and have a child in the future. That's how we came to know of that case and assist her. If the medical team are trained enough to assist children with disabilities or people with disabilities in such events themselves, ...it's not too late to help them out. (NGOINT21)*

[114] Ibid, p.37.

[115] Convention on the rights of persons with disabilities, Art. 23b.

[116] Women and young people with disabilities in Fiji: Needs assessment of sexual and reproductive health and rights, gender-based violence, and access to essential services, p.3.

[117] Government of Fiji, (2023) Fiji Country Gender Assessment: Deep Dive, p.25-D.

This example highlights the way that women and girls with disabilities can have decisions regarding their sexual and reproductive health made on their behalf, without being consulted. Had the operation happened, this would have been a denial of the girl's right to maintain her fertility under Article 23(1)(c) of the CRPD.

In another example, a doctor told the Study team the story of a non-verbal child with a disability who came to the hospital pregnant with her third child. After giving birth, the child with a disability was given a tubal litigation. It was not clear whether her consent was sought or provided for this. The situation was not reported to child protection authorities and the child was returned to her home. Failing to report the risk of sexual abuse or remove the child from the environment represents a significant safeguarding concern which likely puts the child at risk of further harm.

A step towards mitigating these kinds of situations is the recent introduction of mandatory reporting requirements for certain professions, including doctors.

While this was not discussed as much in the literature, it is important to acknowledge that boys with disabilities also need access to sexual and reproductive health rights information. One positive initiative supporting awareness of these rights, for both boys and girls with disabilities includes training for educators and sex education for children at special schools. Between 2015 and 2019, a partnership between Family Planning Australia, the Reproductive and Family Health Association of Fiji and disability stakeholders, gave training to special school teachers in how to provide comprehensive sex education to children with disabilities. By the end of the training, students were able to show a significant increase in knowledge on issues such as changes during puberty and the differences between girls' and boys' bodies.[118]

8.4 Conclusion

Fiji's health system contains committed professionals, important policy developments, and examples of good practice, but remains uneven in its ability to meet the rights and needs of children with disabilities. For many families, accessing healthcare is shaped by geography, costs, long waiting times, shortages of specialist services, inaccessible environments, and a lack of timely information and support. Delayed diagnosis and intervention, particularly for children living outside urban centres or children with less visible disabilities, can have implications for development and support. Parents and caregivers are often left to navigate fragmented systems largely on their own, relying on personal initiatives and advocacy, online information, community networks, and NGOs to fill service gaps.

Positive initiatives such as community outreach programmes, assistive device provision, donor-supported health partnerships, and the Disability Inclusive Health and Rehabilitation Action Plan show that progress is possible when disability inclusion is prioritised. Truly inclusive health systems and services must ensure that all children with disabilities, regardless of where they live, their gender, impairment type, or socio-economic background, are able to access timely, respectful and quality healthcare on an equal basis with others.

[118] Botfield et al., (2021), Sexuality education for primary school students with disability in Fiji, Health Education Journal, 80(7), 785–798, p.785

9. Education

I really want him to go to school. You know the nearest school here is either Suva or Nausori and I know my son can be someone with proper education. I just need a school here for all kids with disabilities so that it can help me give my son the education he needs.

FAMINT5

The right to equitable and accessible education for all children is a key principle of the CRC, the CRPD, and CEDAW. Access to education for children with disabilities also satisfies the fundamental principles of equality, equity, non-discrimination and accessibility laid out in UNICEF, UNPRPD and PDF's frameworks guiding this research. In Fiji, the Constitution establishes key educational rights for people with disabilities including the right to education, reasonable accommodations, and working towards free education at all levels within available state resources.

The Rights of Persons with Disabilities Act 2018 affirms the right of all people with disabilities to inclusive, lifelong education without discrimination and based on equal opportunity. The Act guarantees access to all levels of education, with reasonable accommodation and individualised support. The 2025 Disability Policy affirms these rights and upholds Education and Training as a priority area. Its goal is for all children with disabilities to have access to quality, inclusive education, from early childhood up to vocational or tertiary education and with staff trained to address the needs of children with disabilities.

Access to education for students with disabilities in Fiji dates back to the 1960s, when Catholic schools such as St Joseph's Secondary School and Marist Brothers High School began enrolling learners with disabilities.[119] Fiji's first Special School, the Hilton Special School, was established in 1967 by the Fiji Crippled Children's Society, to provide education for children with significant physical and hearing disabilities.[120]

There are currently 1,285 students enrolled in 18 special schools across Fiji. Six schools are in Suva alone, including two schools directly catering to children who are deaf or who are blind or have low vision, Gospel School for the Deaf and Fiji School for the Blind. These schools are both private institutions, although they do receive Government funding for their student accommodation. The other 16 schools are found across Lautoka, Nadi, Yasawa, Ba-Tavua, Ra, Nadroga-Navosa, Nausori, Cakaudrove, Macuata-Bua and Levuka. The maritime Islands and Central highland areas are disadvantaged as there are no special schools in these areas.

While Fiji has previously had a focus on the education of students with disabilities in special schools, it is shifting towards an inclusive education approach[121] although barriers to full inclusion remain.

[119] Ministry of Education, (2024), Special and Inclusive Education Policy 2024-2027, p.4.

[120] Ibid, p.4.

[121] Ali, M. F., Mumtaz, A., Atendra, K., & and Ali, N. (2024), Investigation of primary school teachers' attitude towards inclusive education in Western Division in Fiji, Cogent Education, 11(1), 2419704, p.2

Picture description: A child in a blue school uniform dress is standing in front of a special school building. There are flowers at the front. The child is smiling. At the top of the picture are the words "Coming to school." Drawn in response to the question, What do you really like or care about?

What is disability inclusive education?

Inclusive education, as affirmed in the CRPD, is a fundamental human right that ensures children with disabilities have equal access to quality education in mainstream settings across all levels of learning, with their individual needs and abilities respected and considered. Inclusive education requires coordinated action across several areas: a systemic commitment and resource allocation, support for teachers and students, a cultural shift towards supporting diversity and participatory learning, meaningful partnerships with families and OPDs, and regular monitoring to track progress.

9.1 Special and Inclusive Education Policy 2024-2027

In response to global shifts toward inclusive education, the Ministry of Education (MoE) developed Fiji's first Special and Inclusive Education Policy (SIE), formally endorsed in November 2011.[122] The current Special and Inclusive Education Policy 2024 – 2027 sets out a commitment to rights-based, inclusive education in line with CRPD Articles 24 and 4, and CRC Article 28. It aligns with the Rights of Persons with Disabilities Act 2018 and includes disaggregated data collection through FEMIS.

The policy addresses several preconditions of disability inclusion:

Non-discrimination: Requires schools to enrol all learners with disabilities and promote inclusive education practices.
Accessibility: Requires annual completion of the School Accessibility and Inclusion Form to assess infrastructure barriers. School upgrades must align with the Minimum Infrastructure Standards and address accessibility needs, with particular attention given to safe and inclusive facilities for girls with disabilities.
Assistive Technology: Establishes referral pathways for assistive devices through coordination with health and disability services.
Community Support Services: Provides Special and Inclusive Education Officers at district level to support schools, coordinate referrals, and monitor inclusive education implementation.

The policy shows evidence of mainstreaming disability in the education sector planning through the grant allocation mechanism and annual monitoring requirements, with gender-responsive elements in infrastructure planning and child protection measures. A limitation of the SIE policy, however, is the absence of meaningful participation by children with disabilities in policy development and implementation. While consultation mechanisms exist for parents and organisations, children's voices appear to be largely absent from decision-making processes affecting their education. There is no mechanism for complaints by students discussed in the policy.

Intersectional analysis could also be strengthened throughout the policy framework. There is a lack of recognition of intersectional issues, for instance there is no explicit strategy or resource allocation for promoting the enrolment, retention, or safety of girls with disabilities, and insufficient recognition of increased support needs for children from low socioeconomic backgrounds such as for transport and assistive devices. The policy includes gender-responsive infrastructure provisions and recognition of different needs for girls and boys with disabilities, however it does not reference CEDAW as a relevant framework.

9.2 Inclusive Education in Fiji

> *Our main objective is to prepare children for lifelong learning and make sure at the end of their education journey, they are able to live life independently. And we will continue to find ways and means on how we can empower every child that goes through this institution so that at the end of the day, they are able to find the potential that they have within and explore those potentials so that at the end of their education journey, they are able to find placement in other tertiary institutions and become qualified people and able to earn their own living. (SCHINT3)*

Support for the implementation of the Special and Inclusive Education Policy was provided through the Access to Quality Education Program (AQEP), a bilateral support programme from the Australian Government to the Fiji education sector, which ran from 2011 to 2017.[123] It included the development of a Disability Inclusion Strategy to support the implementation of the policy.[124]

[122] A teacher's guide to disability-inclusive education in Fiji, p.15.
[123] GRM International, (2015), Access to Quality Education Program (AQEP) – Fiji, Eighth Six Monthly Report, 1 January – 30 June 2015, p.V; Naleba, M., (23 June 2017), AQEP aids skills levels, The Fiji Times
[124] A teacher's guide to disability-inclusive education in Fiji, p.15.

The AQEP supported five mainstream schools (four in rural areas and one in Suva) across Fiji to build their capacity to include students with disabilities.[125] These pilot schools received ongoing professional development and mentoring, with training materials developed by Australian and Pacific educators tailored to the local context.[126] At the conclusion of AQEP there were 69 mainstream and 17 special schools enrolling and supporting students with disabilities.[127]

The 2015 evaluation highlighted the influence of the pilot schools in shaping inclusive education practices at both school and Ministry levels.[128] The updated Special and Inclusive Education Policy 2017–2020 incorporated lessons from the trial, promoting a dual education model that increased support for inclusive practices in mainstream schools while recognising the continued role of special schools.[129]

The Special and Inclusive Education Unit within the Ministry of Education conducts trainings and upskilling with teachers around Fiji, particularly in identifying when a child may have a disability. Currently there are around 115 teachers across both mainstream and special schools who have received specialist training or have some formal qualification in special education.

There are 326 mainstream primary schools and 139 mainstream secondary schools that have students with disabilities. Nausori mainstream schools have enrolled the highest number of children with disabilities, with 75 primary schools enrolling 312 students and 23 secondary schools enrolling 135. Suva has the highest number of secondary schools overall, with 31 mainstream secondary schools enrolling a total of 269 students with disabilities.

All districts across Fiji have children with disabilities enrolled at both primary and secondary institutions, however Caukadrove, Eastern, Macuata-Bua and Ra districts currently have no students with disability in pre-school education settings. More students with disabilities are enrolled in mainstream settings (1,867) than in Special Schools (1,285) which suggests that efforts to mainstream inclusion have had an impact.

Special school students are taught the primary school curriculum and spend two years completing one year's worth of the curriculum. One stakeholder shared that this could result in less opportunities for special school students to access mainstream secondary education as many were already eighteen years old when they completed the special school curriculum. This presents a potential barrier to full equity and inclusion.

As highlighted earlier in this Study, girls with disabilities are not accessing education on an equitable basis with boys with disabilities. Teachers who were consulted as part of the 2024 situational analysis of the Rights of Persons with Disabilities in Fiji reported that it was more difficult to identify girls with disability than boys because girls with learning disabilities "are more likely to internalise, and manifest this with depression and low self-esteem, which are more difficult to detect."[130] Inclusion efforts must address the specific barriers that are preventing girls with disabilities from attending school or from being identified and thus offered support.

9.2.1 Assistive devices and accommodations

The collection of students' learning support needs through FEMIS is used to identify eligibility for additional school supports, including the Special and Inclusive Education Grant (SIEG).[131] It can be used for approved purposes such as assistive devices, specialist health services, adapted furniture, accessible infrastructure, special transport costs, and support for students with disabilities to access sports and recreation.[132]

[125] Ibid, p.15.
[126] Sharma, U., (2020), Inclusive education in the Pacific: Challenges and opportunities, PROSPECTS, 49(3), 187-201.
[127] Special and Inclusive Education Policy 2024-2027, p.25
[128] Access to Quality Education Program (AQEP) – Fiji, p.8.
[129] Kumar, P. P., (2022), Listening to the voices of students with disabilities in an inclusive school in Fiji, Queensland University of Technology, p.30.
[130] Situational Analysis of the Rights of Persons with Disabilities, p.62
[131] Special and Inclusive Education Policy 2024-2027, Section 6.3.8
[132] A teacher's guide to disability-inclusive education in Fiji, p.19.

Data from FEMIS shows that around 15% (472) of students with disabilities use an assistive device. Device use is higher in special schools, but a substantial number of students within mainstream education still use assistive devices. Suva, Lautoka, Yasawa, and Ba-Tavua account for 75% of all device users. This correlates with the experiences of families, who shared that those closer to urban areas have easier access to supports and services.

Number of students using each type of device across all districts

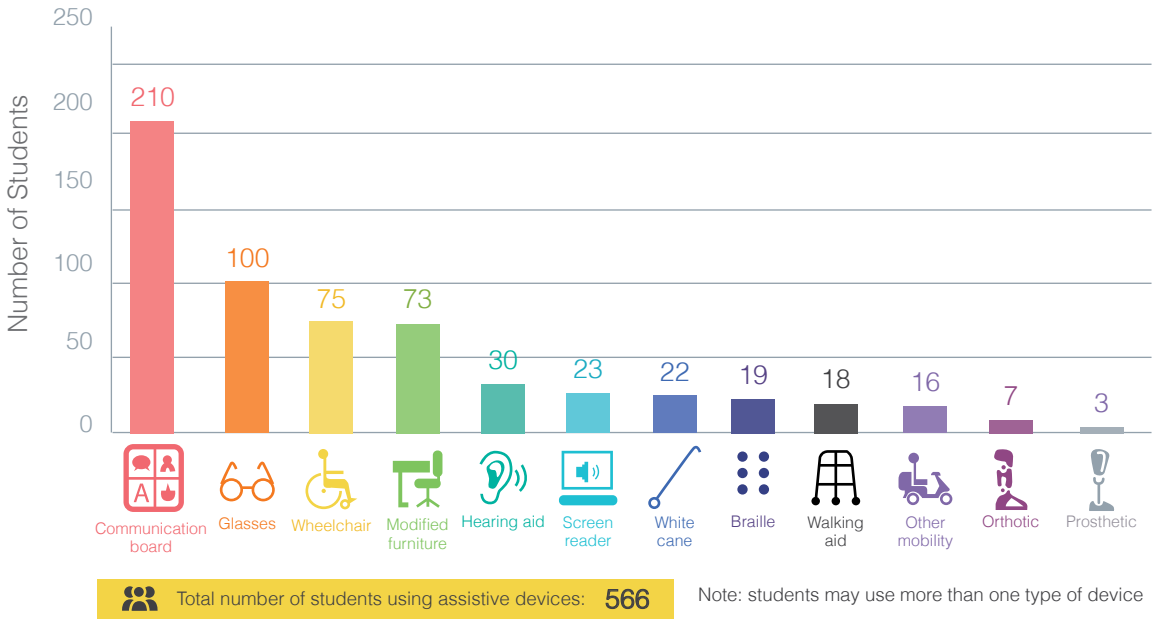

Figure 14: Use of assistive devices used by students at mainstream and special schools

The most commonly used assistive device is a communication board with 210 students using this device. Glasses (100 students), wheelchairs (75 students) and modified furniture (73 students) are also used by a significant number of students. There is very low use of prosthetics (3 students) and orthotics (7 students), although it is not clear from the data whether this is due to low demand, low availability or a combination of both.

District	Number of students using each type of device						
	Glasses	Hearing Aid	Wheelchair	Walking Aid	Other mobility	Braille	Screen Reader
Ba-Tavua	5	5	8	2	3	1	2
Cakaudrove	5	1	2	0	0	0	0
Eastern	2	2	0	0	0	0	0
Lautoka-Yasawa	25	4	29	3	5	4	6
Macuata-Bua	12	1	7	3	1	0	1
Nadroga-Navosa	7	4	3	0	1	0	1
Nausori	12	2	3	4	2	2	4
Ra	4	2	2	0	1	0	0
Suva	28	9	21	6	3	12	9
Total	**100**	**30**	**75**	**18**	**16**	**19**	**23**

District	Number of students using each type of device				
	White cane	Orthotic	Prosthetic	Modified furniture	Communication board
Ba-Tavua	1	1	0	33	62
Cakaudrove	0	0	0	1	6
Eastern	0	0	0	0	4
Lautoka-Yasawa	5	3	1	8	49
Macuata-Bua	1	0	0	2	6
Nadroga-Navosa	0	0	0	0	4
Nausori	3	2	1	4	8
Ra	0	0	0	1	1
Suva	12	1	1	24	70
Total	**22**	**7**	**3**	**73**	**210**

Table two: Adaptations for children with disabilities in special and mainstream education

Students with disabilities have also been provided with different adaptations to support their learning, such as enlarged print, modified lessons, sign language interpreters and teacher aide support. The most common modification for mainstream schools was allowing a child to sit closer to the board or teacher (1222 students) and for special schools modified lessons (reduced complexity) represented the highest amount (1222 students). Individual students receive more than one form of support although the exact numbers are not discernible from the data the FHRADC requested.

Adaptation	Mainstream	Special
Sits close to board/teacher	1,222	736
Enlarged print	349	299
Braille materials	19	29
Modified PE (sport)	339	972
Modified lesson (reduced complexity)	1,014	1,222
Sign language interpreter	66	354
Extra time (assessments)	1,061	1,090
Assistance in assessments	552	749
Teacher aide support	438	733
Home-based education	234	328
Total	**5294**	**6512**

Table three: Number of students using each type of device per district

These numbers show a promising effort by the Ministry of Education to commit to the inclusion goals laid out in the SIE policy through the provision of assistive technology, adaptations, expert assistance and grants to schools to ensure accessibility. The provision of digital technology such as iPads and text to voice devices, or sensory devices or modifications appear to represent a gap, which is that either data for these devices is not captured by FEMIS, or children currently do not have access to any of these devices.

9.2.2 Early Childhood Education

When it comes to early childhood education (ECE), both stakeholders and families shared that barriers remain to children with disabilities accessing ECE. Some parents said they were turned away from kindergartens or preschools because of their child's disability. Some parents enrol their children in specialised private education providers. Most are based in Suva and are not financially accessible to all.

ECE teachers follow the *Na Noda Mataniciva* curriculum, which focuses on six key areas of development. When it comes to teaching this curriculum to children with disabilities, the Study team heard that some ECE teachers may not have the requisite training to adapt the curriculum to ensure that children with disabilities are reasonably accommodated:

> *There are accommodations and modifications that are required, otherwise the curriculum is restrictive. So understanding what these accommodations and modifications are, understanding that there are evidence-based strategies to support access to curriculum and training teachers...to learn and practise these strategies is what's missing. So as a result, the teacher tries to take the curriculum and deliver it in the same way they deliver it to a classroom of 50 typically growing children to children with special needs. (NGOINT22)*

Current FEMIS data shows that there are only seven children enrolled in pre-school education in Fiji, although this does not account for private inclusive institutions and may be due to the limited use of the SLP amongst ECE centres, hence reducing the identification of children with disabilities.

9.2.3 Transitions

> *Education will take her further, and also she can know her rights, and if that was her dream, to become a teacher, I hope she'll get there through education. Education has moulded her to know a lot of things. (FAMINT23)*

Some children with disabilities have transitioned from special education into mainstream schools. Families also told the Study team, they were encouraged to enrol their child in mainstream education rather than at a special school. The Northern branch of NCPD told the Study team, they usually support parents to enrol their child into a mainstream setting if they can.

The Study team also heard of successes and challenges when it came to children with disabilities transitioning to higher education or vocational training. Ra Special School told the Study team how they support their students in finding training or work opportunities after finishing their schooling:

> *After 18 years, these children, they go to...the institutions like vocational and technical schools. And some of our students also get opportunity to get jobs as we have got the West Base garment factory, for example, some of our students after 18 years, they go into the job. (SCHINT6)*

The Principal at Nausori Special School highlighted the challenges that could prevent children attending vocational training centres, such as the distance needed to reach them or over-protective parents. Generally, less than half their graduating students would go on to attend a vocational school.

In a Policy Issues paper released by The Education Review Committee in 2025, it was acknowledged that transitions between education levels was "especially challenging" for children with disabilities.[133] Guidance developed for disability inclusive education recommends that students with disabilities are supported to develop plans for post-secondary education, training or employment.[134]

Inclusive education must be assessed not only by student numbers, but by the extent to which all children, including children with disabilities, are enrolled, retained, supported and able to participate safely and meaningfully. The underrepresentation of girls with disabilities, the absence of children with disabilities in pre-school settings in several districts, and the concentration of assistive devices in urban centres suggest that disability, gender, age, poverty and geography are interacting to shape unequal educational access and outcomes for children with disabilities.

[133] Education review Committee, (2025), Policy Issues Paper for Public Consultations: Review of Fiji Education Act 1966, p.65.
[134] A teacher's guide to disability-inclusive education in Fiji, p.52

Child Snapshot

Upon entering the home, family members present greeted us warmly and invited us in with noticeable openness and enthusiasm. I observed the child seated on the floor with a pen and paper placed in front of him. From a distance, his hand movements were continuous, controlled, and repetitive. Despite the audible and energetic greeting from the family members, the child did not display any observable reaction to our arrival. He did not look up, pause, or shift his attention away from his drawing.

The child's grandmother, who was present in the home, called his attention asking him to look up and see who had arrived. The child eventually lifted his head and turned slightly. Upon seeing my colleague, he immediately asked: "*Nasi, cula o au nikua?*" (Nurse, am I getting injected today?) It was not expressed with distress, but rather as a direct and matter-of-fact inquiry.

I proceeded with the "What's in the Bag" protocol, as it was deemed appropriate for his level of engagement and developmental presentation. When I introduced the crayons, the child showed immediate interest. He took them without hesitation and began engaging with them almost immediately. However, when I introduced printed pictures intended for colouring, the child showed no observable interest. His attention remained fixed on his own drawing. He did not glance at the pictures, nor did he attempt to engage with them at any point.

The child's drawing consisted primarily of circular shapes arranged in a repeated pattern. These circles varied slightly in size but maintained a consistent structure and spacing across the page. When colouring, he approached each circle methodically. He would select one circle at a time and fill it in completely before moving to the next. His colouring remained within the boundaries of each shape with notable precision.

In an effort to engage with him, I joined his colouring activity by sitting near him and beginning to colour alongside him. This action prompted a clear and immediate response. The child reached over and took the crayon from my hand. The movement was deliberate and firm, though not aggressive. This behaviour suggested a strong sense of ownership over the activity and possibly a preference for solitary engagement. The action can be interpreted as a non-verbal boundary-setting behaviour, indicating that he preferred to maintain control over the activity and his environment.

When prompted to sing, the child responded by singing the song "Just an Illusion." Notably, his singing displayed a marked contrast to his conversational speech. His pronunciation of English words during singing was clear, precise, and fluid and there was a noticeable increase in confidence and expression. His singing ability highlighted a notable strength, demonstrating that alternative forms of expression, particularly music, may serve as effective avenues for communication and engagement.

9.3 Opportunities

9.3.1 Review of the Education Act 1966

Until 2026, the education system in Fiji was governed by the Education Act 1966, which underwent review in 2025. In May 2025, the Education Review Committee released a Policy Issues paper for public consultation which acknowledged that children with disabilities are not fully included in the education system and many receive a "significantly inferior education" compared to their peers.[135] The paper highlights entrenched systemic and structural barriers such as a lack of teacher capacity, uniform curriculum design, societal attitudes and stigma, the continued exclusion of some children with disabilities, and inaccessible physical environments.[136]

Although the review signalled a shift towards inclusion, it is not clear if steps were taken to ensure children with disabilities were part of the consultation. Inclusion is framed as more of an aspirational goal rather than a right with legal obligations and accountability.

The Education Bill 2025 was passed in May 2026, replacing the 60 year old 1966 Act.

[135] Issues Paper for Public Consultations: Review of Fiji Education Act 1966, p.63.

[136] Ibid

9.3.2 Early Childhood Care and Intervention

A key priority of Fiji's National Development Plan is to uplift the socioeconomic wellbeing of all citizens. One of the goals aligned with this priority is ensuring conducive learning environments that support children's physical, social, emotional, cognitive, and language development.[137] With particular attention to the protection of children, youth, and persons with disabilities, the Plan includes a strategy to strengthen the early identification of developmental delays, disabilities, congenital impairments, and other support needs among children. Early intervention for infants and young children with disabilities is recognised as a right under the CRC and the CRPD, both of which affirm that children are entitled to support services that enable them to develop, participate in family and community life, and reach their full potential.[138]

In April 2025, Fiji launched its National Pre-Primary Education (PPE) Policy after a situational analysis highlighted two major issues, uneven access to early childhood education and the low status and pay of ECE teachers.[139] In 2024, the Government also announced its National Early Childhood Development Policy 2024 - 2028, which includes a focus on early childhood education. This policy is currently unavailable publicly, therefore it cannot be assessed for how well it addresses the needs of children with disabilities.

The PPE policy seeks to provide all children with one year of early childhood education before they enter Grade One. The PPE policy gives limited reference to children with disabilities but does stipulate that they should have equal opportunity to enrol in pre-primary education, as per the Special and Inclusive Education Policy. It also aligns with Fiji's Guide to Disability Inclusive Education through supporting "differentiated approaches and provision of educational adjustments to support the differential learning needs for learners with disabilities."[140]

The SIE policy implementation plan includes an action for the MoE to collaborate with the Social Welfare Department to establish early intervention services for children with disabilities. Currently, under 25% of children aged 3 to 4 years attend Early Childhood Care and Education programmes, making it harder to identify developmental delays or disabilities at an early age.[142]

9.4 Challenges

9.4.1 Teacher training and attitudes

> *Most of the teachers are not equipped... here was a big gap there...these teachers have no idea what to do with our children with disability. They had no idea how, why the child was behaving in such a manner.*
>
> **NGOINT18**

The Study team heard both positive and negative accounts of the training that teachers receive and their behaviour toward children with disabilities. Many teachers are working hard and want to provide inclusive education to their students but may lack the training or resources to do so. Large class sizes also make it difficult for teachers to provide individualised support for students with higher learning needs.

[137] Fiji National Development Plan 2025-2029 and Vision 2050, p.137.
[138] Brown, S. E., & Guralnick, M. J., (2012), International Human Rights to Early Intervention for Infants and Young Children with Disabilities: Tools for Global Advocacy, Infants Young Child, 25(4), 270-285.
[139] UNESCO, (2025), Fiji National Pre-primary Education Policy (Fiji): Good practice in using evidence for education policy and practice, UNESCO, p.1.
[140] Ministry of Education, (2025), National Pre-Primary Education Policy, Section 6.3.1.2.
[141] Special and Inclusive Education Policy 2024-2027, Action 5.5.
[142] Fiji National Development Plan 2025-2029 and Vision 2050, p.136.

In its submission on the review of the Education Act, 1966 the FHRADC recognised that "a significant challenge in providing equitable education lies with untrained teachers, who are more likely to inadvertently overlook children with disabilities or struggle to provide the necessary standard of care tailored to their unique learning needs."[143] Another concern raised was the insufficient number of teachers trained to work with students with intellectual disabilities. High student-to-teacher ratios and inadequate teacher training exacerbate the issue.

Although there are special education units available to students studying education, they are not required for a teaching qualification. Some teachers assigned to teach at Special Schools, therefore, may have little or no experience or understanding of teaching students with disabilities and have to learn as they go along. This was highlighted by a teacher working at a special school:

> *Usually when a teacher graduates from normal institution with teacher training and comes to special ed, they lack information on how to deal with students with autism, Down syndrome, developmental disability, and all students with multiple disabilities. I think there is a need ...Because when you graduate, you don't know which school you are supposed to go to. (SCHINT8)*

Some parents and community members feel teachers are not adequately trained to teach and support children with disabilities, even those within special schools.

Within mainstream education, the Study team heard of children being labelled as 'difficult' or 'slow' rather than recognising that they may have a disability:

> *The teacher doesn't really know what to do with these children. From what we hear from the teacher, they just say that the child is an idiot, and that is how they describe them when they are struggling in class. (Western men's community consultation.)*

The Study team also heard examples of teachers focusing on the 'top' students and either ignoring or "giving up on" students with disabilities. One mother described her son's experience of discrimination which resulted in him leaving school:

> *I can feel that sometimes he looks down at himself, but I always encourage him to go to school. He can go to school, and he can do better in school like the rest of the children in his school. If he is weak in his schoolwork, I always remind him that we can do it, we all can do it. That's why he looked down at himself because of how he was being treated by his teachers from school and then he came to me last year to inform me that he does not want to go to school anymore. (FAMINT15)*

Some stakeholders and families believe teachers do not have the capacity to identify so-called "invisible disabilities" like dyslexia, ADHD, autism or other learning disabilities:

> *Neurodivergent kids...they're always labelled as being difficult child, a child having disciplinary issues, and most of the time when they come to us, when we assess the child, that's not the case, it's just one of the symptoms, you know, so like I said, health services and education system sometimes, although inclusive, kind of falls short. (NGOINT19)*

When some families tried to send their child to a mainstream school, teachers or Principals encouraged them to send their child to a special school instead. Special school staff explained that some children referred to them could attend a mainstream school if the right supports were in place. One special school principal believed there was an over-reliance on educating children with disabilities at special schools instead of providing the necessary accommodations for them to attend a mainstream school:

[143] Fiji Human Rights and anti-Discrimination Commission, (2025), Submission on the Review of the Education Act 1966.

If the child has some behaviour issues, take him to a special school. If the child is slow, take him to a special school. If the child is sickly, take him to a special school...We need to raise a lot of advocacy, so that they are able to understand the circumstances of children with special needs and are able to provide them the best. Not send them to a special school with the thought that they are not ready.

In other instances, when parents tried to enrol their child in either mainstream or special school, they were told their child could not be accommodated and therefore their child just stayed at home:

She loves going to school. Right now, we have hidden her uniform because she always brings it out in the morning to be ironed whenever she sees us ironing. Because she knows that she is supposed to go to school. We have been explaining to her that she will not be going to school but it's painful to her. Because for one whole year she had been attending school and then on to the mid of the following year she was told not to go to school by the Head Teacher. (FAMINT31)

However, the Study team also heard of teachers who are supportive and encouraging and treat children well. Many parents had positive things to say about their child's school experience. Parents told the Study team, their child enjoys attending school, has a desire to learn and that they have a right to education just like any other child. One parent said her son opened up a lot after attending special school and making friends:

Attending that school, he got to see other students with the same disability. So, he started, like, kind of open up...When he's with other children that are normal, he's kind of shy...So taking him to that school, I can find it's a great opportunity as well, because him getting exposed to other... And he knows that there are children that are in the same condition with him. (FAMINT11)

Some children in special schools are given leadership opportunities through the prefect system. One girl who attends a special school in Viti Levu told the Study team about her responsibilities:

[I] came like, in the classroom in the morning. Whose book is this? Whose paper is this? Got to put it over here. Some, some of them they are prefect, but when they are prefect, they have, they are duty to do, like toilet duty, like washing, be in the garden, and we have to, I have to tell them, you can go and clean the washroom and all. And they have to go. When madam not there, I have to take them, because I'm the prefect, I have to take her. (CHDINT22)

Studies show that barriers to implementing inclusive education in Fiji include educator understanding and knowledge of inclusive education. One study surveyed 330 primary school teachers in Fiji's Western Division on teacher attitudes towards inclusive education and what factors could support inclusive practice. The study showed that nearly half the teachers (47.6%) reported they felt uncomfortable teaching students with special needs in mainstream settings. The study revealed a need for teacher training to implement inclusive education practices, but also a lack of support from school administrators and other stakeholders despite policy mandates. Discrimination or stigma towards children with disabilities may not always be intentional, rather it can be reproduced through inaccessible or ableist systems and structures.

Key barriers perceived by teachers to inclusive education included insufficient resources, with 70.5% citing inadequate financial support, as well as resistance from other students (80.7%) and parents (77.6%).[144] A further 45% of teachers perceived that students with Individualised Education Programs (IEPs), which are developed for students with moderate or extensive educational support needs, should receive instruction from special education teachers.[145]

[144] Investigation of primary school teachers' attitude towards inclusive education in Western Division in Fiji, pp.7-8

[145] Ibid, p.3.

This suggests a perception that students with disabilities should be in segregated education. This was also raised in a number of community consultations, with participants believing that students would be safer, happier and better accommodated within special schools.

The Frank Hilton Organisation also raised issues with fully implementing special and inclusive education across Fiji:

> *Although there is an inclusive education policy, the understanding that inclusion is not just token representation, inclusion means developing the potential of the child to meaningfully participate is something that is missed. (NGOINT22)*

A survey of 162 Fijian teachers found that respondents demonstrated professional knowledge of inclusive education and its key implementation processes. Early childhood teachers reported higher knowledge than teachers in primary and secondary schools, and the authors highlighted teacher under preparedness and the need for increased Ministry of Education resourcing to support effective implementation of inclusive education for students with disabilities.[146]

9.4.2 Barriers to access

> *We have a few cases, but then the reason they give is financial constraints, transport ...Sometimes sickness because some children have like weak immune systems...Other times it's like single parents, probably they're not able to support the child and allow the child to come to school.*
>
> **SCHINT3**

Children with disabilities face multiple and compounding barriers to accessing an education in Fiji. Children living in rural or remote areas, children from lower-income families, children with high support needs and girls can face additional barriers in attending school. As discussed in section 3.4.3 of this Study, there are almost twice as many boys than girls with disabilities across both mainstream and special schools. Although the data suggests that there are more boys than girls in Fiji with disabilities, it cannot account for such a large gap. Clearly barriers remain that prevent girls with disabilities accessing education on an equal basis with boys.

Children with disabilities who live in more remote locations encounter significant barriers to accessing education. Like most disability services, special schools are concentrated in urban or peri-urban areas. For children in rural areas to attend these schools, they need to travel long distances or relocate to these areas, all of which place a financial strain upon families. Often the local mainstream school may not accommodate children with disabilities, further compounding the disadvantage.

One mother told the Study team about the challenges involved in transporting her son to special school:

> *It's a challenge as well. Travelling from here and I'm working. Right now, my husband can't drive, so I'm taking him to school and then try to get back to work before eight...We have an inclusive school [here] but they don't take children like his condition. So, if they take him to that school, it would bring a lot of discrimination. Because other students wouldn't understand what he's going through, or the teachers, probably the teachers. So, taking him all the way to...special [school] is a challenge for us. (FAMINT11)*

[146] Chitiyo, J., & Alasa, V., (2023), School teachers' knowledge and perceptions of inclusive education in Fiji, British Journal of Special Education, 50(4), 450-462, p.459.

Although some schools do provide school buses for their students, these are not always accessible or do not go to all areas where students live. Some parents have to rely on taxis, which cost more. Inaccessible public transportation or a lack of access to a private vehicle also create barriers for children with disabilities:

> *Not all children are able to go to school, the disabled children. In some places the bus does not go, and they are unable to go into the normal bus, the normal daily services that the other kids use, they are unable to use it. Those kids go on the steps and climb the bus and sit and they have a lot of difficulty. And some children use wheelchairs and cannot use the bus. (Western women's community consultation)*

High support needs, the socio-economic situation of families, unstable home environments, the shame associated with having a child in special school and inaccessible school grounds and facilities were also raised as challenges to accessing education. One mother shared financial difficulties could be a barrier to her son attending school every day:

> *When we are short of money, we won't go to school that day. So, it depends on how much we sell and earn, then we will either go to school or not. The only challenge that is stopping us is money for our daily fares to school. (FAMINT26)*

Another barrier is teasing or bullying from other students. While many children enjoy school and have good relationships with their teachers and peers, the Study team heard of children being teased, bullied, or getting into fights. Sometimes the teasing or bullying led to children wanting to leave school. One father shared his daughter's experience:

> *All this time while she's attending...school, the teachers are doing great, but maybe because of her disability, children look down on her and discriminate against her...and I know it is painful to her but she wouldn't show it because she is very strong...The bullying in school just happened recently and it's the same child that keeps bullying her. So last week she didn't go to school because she [the bully] smacked her sore. (FAMINT7)*

Sometimes, a lack of trust on the part of the parents of the care their child will receive, prevents them from sending their child to school. Special schools that cater to blind and deaf students are both in Suva, meaning students from outside the Central Division usually need to board at the school's hostel facilities. Sometimes parents are fearful of having their children, especially girls, live away from home due to safety concerns. In other cases, the funding provided is not enough to cover the full costs of boarding at the school.

9.4.3 Education disruption

> *A lot of children with disabilities don't even come to the schools. They don't go through the education system, the parents or the caregiver. They keep the children at home. (NGOINT15)*

The Study team heard from both families and stakeholders that some children with disabilities had delayed starts to their education, left school after only a few years, or never attended school throughout their life:

> *They don't know, number of places children will just be kept at home because they can't fit in the normal education system, or taking them to somewhere where they can be schooled is basically too far. You will still have children out there who are not getting schooling because of a disability. (GOVINT30)*

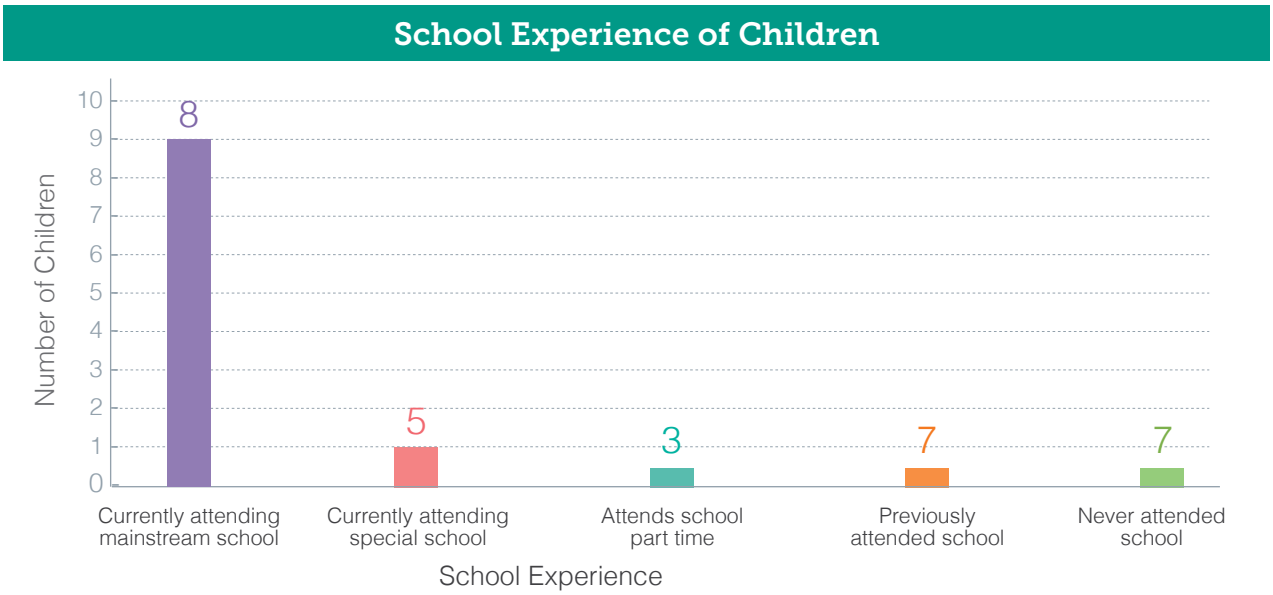

Figure 15: School experience of children with disabilities who participated in the Study

Children with high support needs, such as those wearing diapers or with speech and mobility issues were more likely to never have attended school:

> *When she had to go to normal class 1, the Head Teacher did not allow it. Also, she has difficulties—she uses diapers, cannot sit long, and has back pain. (FAMINT20)*

The Study team heard of children with disabilities only attending school a few days a week or leaving school entirely. This could be due to bullying or issues with other students, the child's perceived lack of interest in schooling, the financial costs involved in sending a child to school or a lack of academic progress. One parent told the Study team, they thought it was more beneficial to teach their child practical life skills like farming rather than have them attend school where they were largely ignored:

> *I will test him for two years for practical learning. We will go to the farm together and do some simple work that he can learn by practically doing it. Otherwise if he goes to school, he learns nothing. Best if comes with me to the farm and learns how to farm. Today, [child] is at home and is learning all there is that needs to be learnt practically at home. (Central men's community consultation)*

This example is worth highlighting because it shows children having to adapt when faced with inaccessible education opportunities. Children with higher educational support needs should be given the necessary accommodations to remain in school if they wish while also not discounting the important role that vocational education can play.

One child who had attended both a mainstream and special school said he enjoyed his education and had learned a lot. He described the reasons that led him to leave school early:

> *I went to school a little bit. I used to be able to walk and then all of a sudden my legs became heavy. And so heavy to the point where I cannot walk anymore to school. After class 8 I just stayed home cause my legs were getting worse and I just thought the best thing would be to just stay home. (CHDINT24)*

His caregiver explained that he had fallen over in the bus several times which also may have contributed to his decision. This situation highlights the different challenges that children with disabilities can face and underscores the ongoing issue of inaccessible transportation and access to rehabilitation services.

Children with disabilities also can face delayed starts to their education and may not begin schooling until they are seven years or older. Some parents told the Study team they wanted to wait till their child was more independent and able to care for themselves before sending them to school.

Children with disabilities who have delayed entry into schooling are often older than their classmates and such age mixing can cause issues:

> *We have problems when they reach, say, you know, like 11 years of age, 12 years of age, and if we put them in class one, you know, start them, enrol them, it's the big gap there. Class one age is six years, and if he comes in, he might not feel himself, you know, feel, you know, be with these children, smaller, younger children. (SCHINT5.)*

Children who are deaf and start school later, may not learn sign language for many years, which impacts their ability to communicate with their family and friends.

Data from the Fiji Disability Monograph showed that school attendance among children with disabilities aged 6 to 14 years was about 70%, notably lower than the over 90% attendance rate for their peers without disabilities. As children with disabilities reached the age of 15, their attendance rate began to decline further, with a marked drop after the age of 20. In addition, 22% of school-aged children with disabilities (n=2,836) had never attended school. Of those currently enrolled (n=2,204), 34% had left before completing their education. People with disabilities are three times more likely to have never attended school compared to people without disabilities.[147] One study shared by a stakeholder found that 10% of students drop out of school due to vision or hearing problems, many of which were preventable if correctly identified.

Even when children with disabilities do attend school, they can face barriers such as inaccessibility or a lack of reasonable accommodations.

9.4.4 Accessibility

> *I think, like, the major challenges for the students with disability in the schools is like the, what you call the infrastructure, right?...Like the washroom. And access to, you know, the rest area or the classrooms. But most of the schools, they don't have all this. So, it's one of the major challenges for the students. (NGOINT16)*

The Special and Inclusive Education Policy requires heads of schools to work with School Management Committees to complete the School Accessibility and Inclusion Form and record it in the FEMIS database. This data should then be reviewed annually by the Ministry of Education to identify any accessibility or inclusion issues.[148]

Children, parents, stakeholders and the public said that many schools are not accessible to children with disabilities. The gates may be narrow, there are stairs but no ramps, the bathrooms may have stairs leading to them or not have railings in the stalls to support those with a physical disability. A student also told us about access issues at her mainstream school:

> *There are steps that go up to the toilet. So, it will be difficult for those students who cannot climb the stairs and for wheelchair users. And I think it needs to be changed for it to be flat right to the toilet. (CHDINT6)*

[147] Fiji Disability Monograph: An analysis of the 2017 Population and Housing Census, p.30.
[148] Special and Inclusive Education Policy 2024-2027, Section 6.4

The Policy Issues paper released as part of the review of the Education Act 1966 highlights the importance of accessibility that moves beyond simply building ramps and wide doorways. Provisions like accessible curriculums and assistive technology are also a fundamental part of creating accessible environments for all students.[149] There is a clear need for disability-friendly school buildings to ensure the safety and well-being of students with disabilities. Denying these fundamental rights constitutes a violation of constitutional provisions, specifically section 31 (Right to education), section 41 (Rights of children), and section 42 (Rights of persons with disabilities). Accessibility also needs to move beyond physical accessibility and ensure communication, curriculum, digital, information, examination and sensory accessibility.

9.4.5 A lack of reasonable accommodations

> *This year they're both in the same class. They've got one interpreter. Their attendance rate, for whatever reasons, is not really great. So, they're left there, you know, two deaf boys in the class with a hearing teacher, and it's really hard for them.*
>
> **SCHINT1**

The CRPD defines reasonable accommodation as the "necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms."[150] Within an educational environment, reasonable accommodations can include preferential seating, extended test time, assistive technology, visual aids, and calm-down or sensory spaces.

Many students with disabilities in Fiji are not being provided with the necessary accommodations to ensure equitable and inclusive education. Examples include a lack of sign language interpreters for Deaf children attending mainstream school, no railings or ramps in the hallways or bathrooms, and limited tools and resources for children with intellectual disabilities. One child with albinism requested additional support because she found it hard to read the whiteboard:

> *I would like to have some sticker notes, and for my notes I prefer text books because I can't see the notes written on the whiteboard at school. (CHDINT14)*

Frank Hilton Organisation's CEO described the issue:

> *You would see teachers will be writing on a board in a classroom type setting and not understanding that there is a child with a hearing loss sitting right at the back of the class not hearing what the teacher says, or a child with a visual impairment somewhere who cannot really see the board or a child who cannot sit on a normal chair, or a child with cerebral palsy who needs specialised support to sit and...look at the board and understand. So the curriculum is not adapted to suit the child. The child is required to adapt to the curriculum.*

[149] Policy Issues Paper for Public Consultations: Review of Fiji Education Act 1966, pp.63-64.

[150] Convention on the rights of persons with disabilities, Art. 2.

A mother of a child with dyslexia described the countless time and energy she had spent researching the condition, speaking with experts overseas, contacting the Ministry of Education and speaking with her child's teachers in the hopes of raising awareness and obtaining additional support for her child:

> *I have tried to email the Ministry of Education for so long, for so long, nothing, they would not get back to me, nothing. I tried to get my son accommodations, when I started learning that he's entitled to accommodations in schools...He's allowed to have a reader, he's allowed to have assistive tools, he's allowed to be put separate in a classroom where he can focus better, because he finds it hard to comprehend written language. (FAMINT33)*

Despite her efforts, her son struggles to access the assistive tools that would support him during his lessons and examinations. All of this has had a negative effect on her son, who often does not want to go to school:

> *He hated school with a passion, he hated school so much, going to school having to sit down and read...You know, his first week of school, he was kicked out of his classroom, because he couldn't read something, and that was so hard for him, because he came home, he didn't want to go back to school, he said, mom, I'm tired, I don't want to. (FAMINT33)*

Some schools are also not equipped to support children with autism and do not have sensory spaces or rooms. On the other hand, sensory rooms without proper supervision and safeguards can pose a risk to children.

Despite the budgetary and resource constraints, some schools have made efforts to make schooling more accessible by building railings and ramps, offering transportation for their students, installing inclusive classroom technology or supporting the procurement of assistive devices.

9.5 Conclusion

Many children with disabilities continue to face barriers to accessing safe, equitable and meaningful learning opportunities. While there have been important advances through the Special and Inclusive Education Policy, the expansion of mainstream enrolment, the provision of grants and assistive devices, and ongoing teacher training initiatives, implementation remains uneven and shaped by broader structural inequalities.

Fiji's educational landscape demonstrates growing policy commitment to inclusive and accessible education for children with disabilities. With the right investment education can play a transformative role in fostering independence, confidence, participation and future opportunities for children with disabilities.

10. Justice, Safety and Protection

> *I believe, talking about barriers and gaps, we know that the biggest problem in Fiji is that at times we do have violence against these children as well. Because of the nature of disability they have, they are not able to may be speak it out, they are not able to share it. So the struggle they might have. (GOVINT37)*

The CRPD, CRC and CEDAW contain several human rights provisions relating to justice, safety and protection. Article 15 of the CRPD and Article 37 of the CRC provide for the right to be free from torture, or cruel, inhumane or degrading treatment, while CRC Article 19 and CRPD Article 16 afford children and people with disabilities the right to be protected from abuse, neglect, exploitation and violence. The conventions also emphasise age and gender sensitive assistance and procedures for identifying, reporting and investigating abuse. In relation to access to justice, rights include equality before the law, age-appropriate accommodations, procedural rights and effective legal protection. The UNPRPD guidelines call for inclusive justice systems and procedural accommodations, while the PDF highlights accountability and legal accessibility as structural preconditions.

Access to justice or legal protections were not raised by the children, their parents or the communities the Study team engaged with. In fact, access to justice was only discussed by those working in the sector, such as lawyers, police and justice department staff.

More commonly discussed were situations where children were neglected or subjected to abuse and the barriers faced in reporting it or having allegations adequately responded to.

10.1 Child Justice Act 2024

The Child Justice Act 2024 is a major child-rights reform, rehabilitation and reintegration framework and is strongly aligned with CRC principles on child-friendly justice, diversion, rehabilitation, privacy and detention as a last resort. However, the legislation has glaring gaps when it comes to recognising the rights and needs of children with disabilities.

The Act does not reference disability at all, despite children with disabilities facing heightened risks of misunderstanding, coercion, exclusion and rights violations in justice systems. Globally, the number of children in custody with brain injury, or a speech, language and communication impairment is higher than in the regular population.[151] This underscores the vulnerability that children with disabilities face when coming into contact with the law.

As one parent highlighted:

> *She [Ateca Williams] conducted her own little survey in the, in the prison. And there's more than 30 inmates that sat on the spectrum of dyslexia. And that says a lot. Like, if they're not understood, if these children are not understood in the classroom, they're going to turn to other things. (FAMINT33)*

Under the Act, the Police, courts, child justice officers and service providers are not expressly required to provide disability-related accommodations, which hinders children with disabilities' access to full justice. While the Act lays out requirements for age-appropriate language, there is no reference to alternative forms of communication such as sign language, braille, or digital assistive technology, and it does not provide for accessible complaints pathways for children with disabilities. The specific needs of girls with disabilities in conflict with the law are also not addressed in the Act.

It is vital that any legislation governing the treatment of children within the justice system ensures that children with disabilities are not disadvantaged when it comes to accessing their rights.

[151] Kent, H. (October 29, 2025), Why so many children in the youth justice system have special educational needs, The Conversation.

10.2 Child Care and Protection Act 2024

The Child Care and Protection Act 2024 replaces the Child Welfare Act 2010 and adopts a whole-of-system approach encompassing prevention, reporting, early intervention, care planning, emergency protection, court orders, and long-term care. As with the Rights of Persons with Disability Act 2018, the best interests of the child are primary, and children must be protected from all forms of abuse, neglect and exploitation. The Act also lays out mandatory reporting requirements for certain professionals, such as teachers, police, lawyers, health professionals, and social workers, in the case of suspected or known cases of child abuse. Failure to report can result in a FJD $5000 fine.

The Act aligns fairly well with many core principles contained within the CRC, CRPD, CEDAW, UNICEF and UNPRPD frameworks, particularly in its emphasis on the best interests of the child, child participation, family- and community-based care, protection from violence and exploitation, and inter-agency coordination. The Act adopts a broadly rights-based and preventive approach, recognising children as active participants in decisions affecting them and acknowledging the importance of dignity, privacy, family connection and cultural identity. It explicitly references disability throughout the legislation, including in relation to neglect, parental responsibilities, decision-making principles and care obligations for children in State care. The Act's emphasis on early intervention, collaboration with communities and traditional leaders, and prioritisation of family-based placements over institutional care reflects important elements of the CRPD, UNICEF's social model and life-cycle approaches, and the Pacific Disability Forum's focus on community-based inclusive development and support systems.

Despite these strengths, the Act only partially operationalises disability-inclusive and gender-responsive child protection in practice. While disability is acknowledged, the legislation lacks clear enforceable obligations around accessibility, reasonable accommodation, supported communication, assistive technology and inclusive participation mechanisms for children with disabilities. There are no explicit requirements for accessible reporting systems, child-friendly communication supports, disability-inclusive budgeting, or independent accountability and complaints mechanisms. Similarly, although gender is recognised as a consideration in decision-making, the Act does not substantially address the specific experiences of girls with disabilities or broader intersectional inequalities, including heightened risks of sexual violence, stigma and exclusion.

Historically, children with disabilities have been disproportionately placed into institutional or residential settings, removed from their families, or considered unmanageable.[152] Any child safeguarding or protection measures, therefore, must acknowledge the additional risk and potential stigma that children with disabilities face within care and protection systems.

10.2.1 Child Safeguarding Policy 2025

In order to strengthen the Care and Protection Act, the Government introduced the 2025 Child Safeguarding Policy governing all Government Ministries, Departments, and personnel as well as civil society or private organisations that work with children or re ceive Government funding. The expectation of the policy is that all organisations who work with children have child safeguarding policies, processes and procedures in place and that employees are aware of and trained in these practices.

The principles of the policy include a zero-tolerance approach to child abuse, the best interests of the child, that safety and well-being are a shared responsibility, identification and mitigation, non-discrimination, and child participation. The policy acknowledges that children with disabilities can be more vulnerable to abuse. The Child Welfare Act reporting form includes questions on whether a child has a disability and what the disability or impairment is, however, within the policy there is no provision on additional supports or accommodations that may be needed for children with disabilities.

[152] Royal Commission of Inquiry into Abuse in State Care and Faith-Based Institutions, (2022), Beautiful Children: Inquiry into the Lake Alice Child and Adolescent Unit, Crown Copyright New Zealand, p.48.

The policy also has limited alignment with UNPRPD requirements relating to CRPD-compliant budgeting, measurable accountability systems and independent oversight mechanisms, as implementation responsibilities are largely delegated to Government Ministries without strong monitoring indicators, enforceable compliance standards or dedicated disability-inclusive funding commitments.

Picture description: A man is wearing a blue police officer's uniform and standing next to a police car with a red siren and a police station. There is a green tree in the background. The sun is shining and there are a few clouds in the sky. At the top of the picture is the word "policeman." Written in response to the question, 'What are your hopes and dreams?

10.3 Opportunities

10.3.1 Bench Book on Children

The Bench Book on Children, funded by UNICEF, was launched in 2021 by Fiji's Judicial Department to guide Judges and Magistrates in dealing with children in criminal proceedings.[153] The Bench Book strongly reflects CRC principles, affirming that the best interests of the child are paramount in all proceedings. It aligns with CRC Article 12 on the child's right to be heard, advising courts to adapt questioning and consider each child's developmental stage so they can participate fully.

The Bench Book offers guidance on procedural accommodations to ensure children with disabilities can participate effectively in court, including early identification of disability related supports so that appropriate measures can be put in place. The Bench Book suggests seeking expert advice on a child's capacity to give evidence when the child has a learning, cognitive or intellectual disability. This ensures that competency assessments and questioning techniques are adapted, rather than discounting a child's testimony due to their disability.[154]

[153] UNICEF, (2021), Fiji launches first Child Bench Book in the Pacific to promote the best interests of a child.

[154] Fiji Judicial Department, (2021), Bench book on children, p.39.

The Bench Book also places strong emphasis on the attitudes and conduct of judicial officers toward children and children with disabilities. The ethos of non-discrimination aligns with CRC Article 2 and CRPD Article 5. The Bench Book clarifies that equality before the law does not necessarily mean identical treatment and that proceedings may need to be adapted to overcome barriers to full participation.[155] The Bench Book also seeks to combat discrimination by highlighting that children with disabilities often face "biased perceptions of their competence and capacity to give evidence," which can hamper their access to justice.[156] This encourages Judges to acknowledge and address prejudices that might influence them to discount a disabled child's testimony.

Despite these positive measures, there are limitations in its coverage of accessibility. The Bench Book does not explicitly mention physical accessibility standards, such as wheelchair-accessible facilities or accommodations for visually impaired children like providing braille or tactile evidence. Another gap is the absence of guidance on providing information in accessible formats for children with disabilities, for example, easy-read versions of court documents or the use of augmentative communication devices. While this may fall outside the sphere of court proceedings it represents a potential area for future development.

Training on the Bench Book commenced in 2024 for the Fiji Judiciary, the Office of the Director of Public Prosecutions (ODPP) and the Legal Aid Commission, delivered by the Asian Development Bank and UNICEF.[157]

10.3.2 Procedural accommodations

Building on guidance in the Bench Book, stakeholders from Legal Aid and ODPP spoke of positive steps towards inclusive procedural accommodations for children and people with disabilities. These included:

- Access to sign language interpreters.
- Removal of wigs and robes to create a more child-friendly environment.
- Allowing a support person to be with the child.
- The use of screens for privacy and protection.
- Pre-recording of evidence.

A lawyer for Legal Aid explained that they have also facilitated transport to and from the courthouse or have met clients outside their offices because of accessibility issues. It is unclear if efforts to accommodate children with disabilities within the justice system are formalised or merely ad hoc. There need to be clear written policies governing accessibility provisions and procedures to ensure that anyone with a disability engaging with the justice system receives equal treatment.

The ODPP told the Study team of a case involving the sexual abuse of a child with an intellectual disability and the accommodations that were made to support her testimony:

> *We had even brought in an intermediary ...because the child spoke in a certain way and could only understand things in a certain way. I would ask a question the intermediary would ask the child and the child would respond...Part of our special measure applications we usually also ask to use a body map diagram for sexual offence matters...So she didn't have to explain what body part it was, all she had to was point to the map. Our use of dolls to help demonstrate because her vocabulary or language wasn't so she couldn't explain the position so she would just use the dolls. She'd use the dolls to explain what the position was, whenever it varied and the body map diagrams. The intermediary in terms of like and making sure that she was able to explain or to we could understand what she was trying to say. (GOVINT2)*

[155] Ibid, p.20.
[156] Ibid, p.19
[157] Asian Development Bank, (2024), ADB Launches Judicial Training on Fiji Bench Book on Children.

This example demonstrates how justice actors can offer multiple avenues to support a child with additional communication needs to be able to access and participate in the justice process. It is important that accessibility measures extend beyond the courtroom into all points along the justice process, such as frontline interactions or when making statements. The Psychiatric Survivors Association described the importance of such provisions:

> *Ensuring that we have easy read versions of questions and statements that, and police officers need to be trained to use questions using simple terms. Easy read, easy to understand. And also the environment where the questioning would be taking place. It has to be quiet, not intimidating, a good room with space. Because for some people with psychosocial disability, a small room, even for me, if I walk into a room and the colour of the, the colours used for painting is a bit dark, and then you close this up, I start having anxiety or panic attack. And that could affect my ability to give a proper statement. (OPDINT4)*

Accessible provisions can support equitable justice and remove barriers that prevent a fair and inclusive system for people with disabilities. Equally important is that such accommodations be targeted, rather than generic, and consider the needs of each individual child.

10.4 Challenges

10.4.1 Gaps remain between policy aspirations and lived realities

The progressive legal guidance provided to justice actors contrasts with persistent barriers, such as physically inaccessible offices, digital systems, or communication supports. A recurring theme was a lack of accessible communication measures acting as a barrier to identifying and responding to children's needs. One police officer shared his experience with a child who was deaf:

> *They needed to give] just a short statement, which was required in court like three hours after we started recording. And I felt for the child, because for me personally, I did not understand. I could understand the emotions of the child, but I could not understand what the child was trying to tell us. (GOVINT13)*

Although the child's aunt had supported the child with sign language interpretation, the participant attested to the importance of the police also being able to understand sign language. Staff training in sign language and inclusive communication is seen as essential by many working in the Justice sector.

Physical barriers also impede access to justice, particularly the structure and design of buildings. This was raised by a CID staff member:

> *He [the client] was not able to access inside the building as well because the structure of our DPP's office and in terms of our structure in police stations are not child-friendly in terms of disabilities. So we had to go down to that child and then we had to record their statement while the child was sitting outside. We felt sorry for that, but that was the only option we had. (GOVINT13)*

While these accommodations are commendable, stakeholders in these situations appear to be responding reactively. The Government should instead proactively address systemic inaccessibility, not only within the justice sector but across all Departments and Ministries.

10.4.2 More training for justice actors needed

Stakeholder consultations consistently identified a lack of disability-specific training and reactive rather than systematic capacity building, suggesting the need for a comprehensive professional development strategy.

Training gaps were clearly acknowledged by the police working for the Crime Investigation Division (CID), especially in relation to communicating with children with disabilities, understanding disability-related needs in justice processes and ensuring accessible and sensitive investigative procedures. As one CID participant pointed out:

> *One of the gaps I have seen in terms of looking after the children with disabilities is the capacity building of our officers. I mean the training. So these are some of the areas we need to work as an organisation. I think a few years back, we have been provided some training, but not to that extent. We need to provide our officers with the training, how to deal, how to respond and approach these children with disabilities. (GOVINT14)*

Staff also mentioned receiving training on how to interview child victims of sexual abuse, but it was not clear if the training also covered children with disability.

Some justice actors have undergone sign language training or disability sensitisation. However, lawyers highlighted the need for more frontline staff such as Police to receive training in identifying children with disability which would help to identify any necessary accommodations. They explained the issues that arise if disability or support needs are not identified from the outset:

> *So part of the challenge here is the importance of having trained first responders to any complaint. So police are the first responders to any complaint by families or victims of families, so if they are able to identify the vulnerability, the disability at an early stage that is reflected in the police docket that comes to us. At times we're heading to trial not knowing what are the vulnerabilities and disabilities that are there. Then, in the 11th hour when we are about to kick start trial then we realise, or we will, when we're building rapport with victims then we realise that there's certain things that's quite telling. (GOVINT3)*

Another colleague further elaborated:

> *If we have them just alert and able to identify children with needs it would help us assess their needs directly and help them rather than doing the part that's supposed to be done by the police and then that takes time as well. And then I think it also affects the child when it's not addressed at the early stage and then only later into it. But if we have the trained first responders that really sort of helps us in the work that we do instead of just starting from scratch we just continue on with what's already in place because as much as we help, our primary role is in the prosecutorial sense so we are limited as well. (GOVINT2)*

Children with disabilities who come into contact with the law or who are victims of crime can interact with many stakeholders within the justice space, including police, social workers, counsellors, lawyers and judges. It is vital that these staff are provided the training and capacity to equip them in identifying and supporting children with disabilities.

10.5 Abuse and neglect

From the experiences and stories shared by stakeholders neglect has been identified as the most common safeguarding issue facing children with disabilities. The Study team heard of children with disabilities being left home alone, not being provided necessary health care, a lack of adequate food, shelter or clothing, and children being raised by grandparents because their parents no longer cared for them. An NGO stakeholder who conducts capacity building for children with disabilities shared the experience of one child:

> *One child, she's about 10 years old. And ever since the parents found out that she was disabled, she was locked in the room. Parents were going out for movies, shopping. The other children were going, but she was always in her room with the devices, or she's just locked... She's not an animal. Lock yourself in a room for an hour, you feel how it's going to be like, you will go crazy. And the same thing is with her, she's a human being. You don't lock her, you don't lock someone in the room. I mean, she's been locked in the room for nearly seven years. (NGOINT8)*

The NGO worked with the parents to educate them on how to properly care for their child. The child also took part in capacity-building training and through leadership opportunities was more confident, calm and independent. This example shows the importance of providing support and awareness to parents and the impact that increased agency and participation can have for children with disabilities.

Neglect can come in many different forms and may not be done consciously. Failure to provide an adequate level of care or give children with disabilities the opportunity to thrive and develop just like any other child can also be considered a form of neglect. As Frank Hilton Organisation explained:

> *I would say they would care for a child...but not, the potential for the child to grow is diminished because of the perception of that child is an object of sympathy. So this is for us borderline neglect. But in most cases,...it's an unconscious sort of form of neglect. For instance, if our physiotherapist say, look, you need to turn that child every two hours to avoid pressure sores or do these stretches, the parents would say, "No, we don't want to do that because that child cries and it's painful and we don't feel that's right". So, as a result, that child will...not necessarily achieve their development milestones, the child will regress further because of that lack of understanding. (NGOINT22)*

Some parents also neglect the needs of their daughter in favour of their son. An assistant head teacher at Nausori Special School told us a story a female student had shared with her:

> *You know madam, when I will be 18 I will just leave my parents...because they give a lot of opportunity to my brother, but for me there is nothing, because they said I'm a girl, so I have to go without this, this, this, this." It was nearing Diwali, and I think she was expecting new clothes. And then she was told that they will buy the new clothes for the brother, but the old ones which she has, she can just use that one. I think she was feeling down, and she came and she was very quiet in the class, because she's a very talkative girl.*

The Study team also heard of a child who was removed from their home due to ongoing neglect. Social Welfare representatives tried multiple ways to support the parents to better care for their child but eventually determined it was in the best interests of the child to be placed elsewhere.

Having a disability can increase the risk of being abused, particularly for children who are non-verbal or unable to move independently. Children with disability are not inherently vulnerable, nor is having a disability the reason for their abuse. Rather it is people taking advantage of power imbalances between themselves and the child with a disability. If a child cannot communicate, a perpetrator may exploit this, not only when carrying out the abuse but when it comes to the abuse being reported.

10.5.1 Barriers in reporting abuse

Many barriers exist when it comes to the reporting of abuse. There can be delays to reporting or the abuse is not reported at all. Other barriers include relying on traditional methods of reconciliation, the distance to reporting mechanisms or justice services, or children with disabilities not being provided the support to share their experiences. Abusers are often family members, who children rely on for care, which can create further barriers to reporting as children may fear retaliation or that care will be withdrawn should the abuse come to light.

Children are often perceived to be unreliable witnesses due to their age and capacity. This stigma is further compounded for children with disabilities, particularly those with intellectual or cognitive impairments or children who do not communicate verbally. The CEO of Frank Hilton Organisation recounted one situation to us where a child's concerns were not taken seriously:

> *I see a huge issue when it comes to social workers, even child protection officers, where they don't recognise the voice of the child. There was an instance that we got the Commission [FHRADC] involved with, where this child communicated through an AAC device. And she said, she told her teacher that she was being abused. She pointed to, she was a child with cerebral palsy, she pointed to marks on her body and all of that. But when social welfare officer was brought in and this child communicated on the board, they said, oh, this child does not sign. They don't use sign. We don't know what this device is. Therefore, nothing is happening.*

This emphasises the need for people engaging with children with disabilities to be adequately trained to recognise alternative forms of communication, beyond sign language. In the above situation the social worker deferred to the testimony of the parent. Discounting what the child was trying to communicate is a violation of their rights, including Article 12 of the CRC, which affirms the right of children to have their views given due weight, and Articles 2 and 12 of the CRPD which recognise and affirm AAC as legitimate forms of communication.

Stakeholders in the health sector shared a belief held by some that nothing will happen even if abuse is reported:

> *We don't know where it [the report] ends up. And even with all that reporting and things, she still goes back to her ancestral village. There's nothing like a special facility where then we can say, oh, let's take all these children and house them. Actually it's nothing. So there are things in paper, but making it practical is another issue. And sometimes like cultural barriers, they will not want to report. (GOVINT30)*

Another colleague agreed:

> *It's not about whether the policy is there or not. If we report, so what? What happens? So, sometimes people think, okay, it's just a waste of time because we have seen what has been happening in the past. It has set the precedent and then nothing will happen. And my child, you know, there will not be, or community intervention will not be there. He will be neglected. So, rather I'll not report it and I'll go with it. (GOVINT35)*

The introduction of mandatory reporting laws is an important step, but it must be coupled with efforts to combat bias against the testimony of children with disabilities as well as building sufficient capacity and resourcing to respond to allegations of abuse. Without these measures, mandatory reporting laws will do little to combat the systemic and structural barriers to preventing and responding to the abuse of children with disabilities.

10.5.2 Gender-based violence

> *For girls to have a disability, to me that's double the trauma, double the challenge, and double the effort that they have to make a comeback in life. Particularly if they are girls and they are teenage girls who fall pregnant, who become victims of rape and molestations and all other, you know, all other socialisation and emotional challenges that they face in the community...Just because of the social stigma around disability and...the culture that we have, the culture where women are inferior to men. (GOVINT24)*

Girls with disabilities are more vulnerable to harassment, abuse and unfair treatment. Boys with disabilities can also be subjected to sexual abuse, however stigma towards male victims of sexual abuse can act as a barrier to both reporting and responding to abuse.

The Study team learned of girls being sexually abused and sometimes falling pregnant. The MWCSP told the Study team of one case of sexual abuse resulting in pregnancy:

> *There's a case of sexual abuse. Poor child living with disability. And pregnant, gave birth. One of the perpetrator, I believe the perpetrator was just some, someone within the household, the community. She was not able to communicate it to us. (GOVINT12)*

Although the child received counselling, she was then returned to her family where the perpetrator resided, as the case was still under investigation.

The UN CEDAW Committee notes with concern, the limited available and accessibility of shelters and inclusive and survivor focused victim support services for girls with disability.

Girls with disabilities are typically discouraged from talking about and/or reporting gender-based violence, which is also highly taboo and extremely prevalent in Fiji.[158]

The former Acting Director of the NCPD spoke of instances of trafficking of children, however publicly available Counter-Trafficking in Persons data does not appear to disaggregate by disability.

Case Example:
Communication Barriers in Abuse Reporting (MWCSP)

A girl child with a disability, who was unable to speak, experienced sexual abuse. The abuse was identified after the child disclosed what had happened to her mother, who then reported it to Social Welfare. Once the case was reported, a case officer was assigned to conduct a family conference and carry out interviews at home. During this process, the perpetrator denied the abuse and attempted to undermine the child's disclosure, pointing to her communication difficulties.

The child's inability to clearly express what had occurred made the case more complex. However, the involvement of key agencies, including the health sector, enabled the case to proceed with supporting medical evidence. This evidence was critical in establishing the occurrence of abuse and ensuring that the perpetrator was held accountable. This case highlights several systemic issues:

- **Communication barriers: Children with disabilities, particularly those with communication impairments, may face greater difficulty in reporting abuse. This increases their vulnerability and can delay or prevent appropriate responses.**
- **Power imbalances: Adults may exploit children's communication barriers, assuming they won't be believed or able to report the abuse effectively.**
- **Gendered risks of violence: Girls with disabilities are at greater risk of sexual violence due to overlapping vulnerabilities linked to gender, disability, and age. These risks are often compounded by social stigma and silence around sexuality, disability, and abuse.**[165]
- **Need for multi-agency coordination: The success of this case was made possible through cooperation across sectors. This demonstrates the importance of strong links between child protection, health, justice, and disability services.**
- **Inclusive justice systems: The case reflects the importance of disability and gender sensitive procedures, particularly in child protection and justice systems. It shows that services must be equipped to identify and respond to abuse experienced by children with disabilities.**

This example supports the need for accessible and inclusive systems that can protect children with disabilities and ensure their voices are heard. Systems must also be equipped to recognise and respond to the unique barriers faced by girls with disabilities in accessing protection and redress.

10.6 Digital and online safety

Digital safety in Fiji is governed by the Online Safety Act 2018 and responsibility for the Act falls under the Online Safety Commission (OSC). A review of the Online Safety Act 2018 is currently underway, partly due to arguments that the current Act does not give enough 'teeth' to the OSC, as well as growing concerns about social media and the spread of harmful content.[160]

[158] Committee on the Elimination of Discrimination against Women (2025), CEDAW/C/FJI/CO/6: Concluding observations on the sixth periodic report of Fiji, p.7.

[159] Women and young people with disabilities in Fiji: Needs assessment of sexual and reproductive health and rights, gender-based violence, and access to essential services, p.3.

[160] Nakabea, M. (April 29, 2026), Online Safety Acts review underway, FBC News.

The Online Safety Act 2018 does not explicitly reference children with disabilities. According to the Commissioner:

> *Our legislation is not exclusively focused with children with disabilities. However, we have a crucial role in promoting and protecting the rights of children with disabilities in the digital space. (GOVINT4)*

The lack of specificity in law was reflected in internal practice, including the absence of collecting disability-disaggregated data when people made a complaint to the OSC.

Cyberbullying was consistently identified as a significant and growing risk affecting all children. However, the OSC noted that it had not encountered cases explicitly linked to a child's disability. This absence of reported cases may reflect under-reporting or a lack of disability identification in complaints. Children with disabilities may be disproportionately affected but remain invisible.

The OSC's digital content is not consistently accessible to children with disabilities. Materials are not translated into sign language or other accessible formats.

Children with disabilities are largely invisible in the current digital safety system. The digital safety system operates on assumptions of universal inclusion without evidence of actual accessibility or effectiveness for children with disabilities. Current infrastructure gaps, particularly in data collection, civil society partnerships, and accessibility standards, require immediate attention to move from assumed inclusion to demonstrated inclusive practice.

10.7 Barriers to birth registration for children with disabilities

Children have a right to birth registration and recognition before the law, as affirmed in the CRC. The Constitution of Fiji 2013 section 41(1) (a) states that every child has the right to be registered at or soon after birth. However, Ministry of Justice stakeholders described how some parents only seek to register their child's birth when it becomes administratively necessary. This includes children with a disability:

> *They only register the child when they want to take them for primary school... Whenever they want to receive any assistance from social welfare, then they come for registration. (GOVINT19)*

The non-registration of children with disabilities contributes to their under-representation in national data and undermines evidence-based planning for inclusive services. This issue is reflected in research undertaken through a national inequality assessment of civil registration and vital statistics in Fiji. The study used disaggregated data to examine disparities in birth registration across population groups. While the study found that mothers with disabilities had similar birth registration rates to the general population, it also suggested that children with functional disabilities may experience lower rates of registration, though this finding was based on a small sample size.[161]

The UN Committee on the Rights of the Child raised concerns about birth registration in its concluding observations on Fiji's combined second to fourth periodic reports, released in 2014. It noted that birth registration was not free and that late registration incurred a penalty fee. The Committee also expressed concern over reported declines in birth registration, particularly in remote island areas.[162]

The Ministry of Justice participates in joint mobile registration programs alongside the Department of Social Welfare, Legal Aid, and the Police. This is regarded as a positive practice that improves accessibility, particularly for families in remote areas. The Ministry acknowledged that there is currently no targeted programming or strategy specifically aimed at children with disabilities. Registration forms and systems do not collect disability-specific data, which limits the ability to understand the extent of under-registration among children with disabilities, identify disparities, or inform disability-inclusive policy and service planning.

[161] Sorchik, R., (2023), Assessing inequalities in civil registration of births and deaths in Fiji, Pacific Community, p32.

[162] United Nations Committee on the Rights of the Child, (2014), Concluding observations on the combined second to fourth periodic reports of Fiji, CRC/C/FJI/CO/2-4, P.5

10.8 Climate change and disaster risk reduction

In 2023, the UN Committee on the Rights of the Child published General Comment 26 which looked at States Parties' obligations under the CRC in relation to children's rights and the environment with a special focus on climate change. It draws links between the environment and numerous rights under the CRC, including Article 6 the right to life, survival and development and Article 24 the right to health, as well as highlighting how indigenous and minority children can be more vulnerable to environmental harm and climate change. The comment attests that children have the right to a clean, healthy and sustainable environment to realise their human rights under the CRC and that States Parties need to invest in mitigation and adaptation efforts and include children in decision making. Children with disabilities are not explicitly mentioned in the said General Comment.[163]

The CRPD contains explicit provisions relevant to disaster risk reduction and humanitarian emergencies. Article 11 requires States Parties to ensure the protection and safety of persons with disabilities in situations of risk, including natural disasters, humanitarian emergencies and climate-related crises. UN CEDAW Committee addresses climate change and disaster risk reduction through the lens of gender equality and discrimination. CEDAW General Recommendation No. 37 on the gender-related dimensions of disaster risk reduction in the context of climate change recognises that women and girls are disproportionately affected by disasters and climate change due to existing structural inequalities.

Fiji's Climate Change Act 2021 was passed on 23 September 2021, and incorporates GEDSI considerations. It calls for disability inclusive approaches, as well as the development of disability sensitive monitoring and evaluation. Fiji's Natural Disaster Risk Reduction Policy 2018 – 2030 has also integrated a gender-sensitive and disability-inclusive approach. The policy identifies women, children, and people with disabilities as vulnerable groups, particularly during times of disaster. It emphasises the need to draw on their experience and expertise in any disaster risk reduction planning. The focus on participatory approaches is promising, however, it is important not to lump at-risk groups together as each have different needs.

Different families and communities shared that some evacuation centres were not fully accessible to people with disabilities. One family, whose child has high support needs, explained the difficulty of caring for her child at an evacuation centre:

> *It'll be difficult since he eats only blended foods and he doesn't consume normal foods and bottle feeding is difficult and we need to boil water and all. During the hurricane times the power will be off so there will be challenges. (FAMINT13)*

Access to clean water, electricity and sanitation are important for everyone during times of disaster but can pose additional challenges for children with disabilities because they may have less flexibility in their daily routine.

A parent of a child in a wheelchair told the Study team why it's important for all evacuation centres to be inclusive and accessible:

> *I believe in all evacuation centres, there should be an inclusive, you know, what do you call it? To be inclusive...Like rooms and the ablution blocks. It should be inclusive. And where they can be kept apart from other people that we live with. For them to be safe. With her [her daughter], because she's disabled from the knee down. So she has to move into the bathroom and out and to be in the room alone while resting because she's a female. So yes, for, yeah, evacuation centres to be inclusive of special needs. (FAMINT23)*

[163] United Nations Committee on the Rights of the Child, (2023), General Comment No. 26 on Children's rights and the environment with a special focus on climate change.

This also reveals the added vulnerability of girls and women during natural disasters and how evacuation centres need to ensure the privacy and safety of all people with different areas set aside for women and girls who may need to breastfeed or attend to menstrual hygiene.

Children with disabilities are also vulnerable to natural disasters if they do not have access transportation or evacuation centres. Flooding is a common occurrence in Fiji and staff at a special school told us how children were at risk of being stranded at school when the local bridge flooded over.

Fiji Disabled People's Federation also highlighted the issue of inaccessible evacuation centres and discussed the steps they take to advocate for and support people with disabilities during times of disaster:

> *We also have resource teams. For disasters: one for emergencies, for dissemination of information. People with disabilities do not receive warnings, or where to prepare... When it is response time the Government does the response but most people don't go to the evacuation centre because it is not accessible. We have to get our partners to provide support. We do a lot of capacity building to voice the issue. (OPDINT1)*

The provision of clear, inclusive and accessible information during times of disaster is vitally important. Any information relayed by the Government or mainstream media must consider how to communicate effectively to ensure people with disabilities are not disadvantaged or unable to receive timely information. While Fiji's DRR policy does call for mainstream media to provide information that is easy to understand and access, however the policy does not specifically discuss inclusive methods of communication such as sign language interpreters, Easy Read information, or braille.

10.8.1 A participatory and inclusive approach to disaster risk reduction planning

A positive example of inclusive disaster risk reduction planning is a project undertaken by Save the Children with Fiji School for the Blind. Completed in 2023, the child-centred disaster risk reduction project engaged with students from the school to develop resources and training for children to be more resilient and to prepare, respond and recover from natural disasters. They supported the update of the school's disaster management plan as well as conducting emergency practice drills with the students.

All the materials that were developed were printed in braille so that they were accessible for the students. The students learned about natural disasters through play-based learning and creative approaches, such as creating songs and dances to express how they felt about their experiences of natural disasters.

The CEO of Save the Children described the outcome of the project and the importance of disability inclusion:

> *So in that project, I would say there was a big impact when working with them. It was one of the only schools that we saw that the disability lens was really very much applied and we could see the results. The other schools were [mainstream] schools, and one of the challenges in working in [mainstream] schools is that there could be children who are disabled or have some kind of disability, but it's not always visible.*

Including children with disabilities in disaster planning and capacity building ensures that adaptation and mitigation efforts are grounded in the lived experiences and direct needs of the community.

10.9 Conclusion

Fiji's efforts to uphold the rights, safety and protection of children with disabilities display both important progress and, conversely, significant gaps. Legislative reforms such as the Child Justice Act 2024, Child Care and Protection Act 2024, Child Safeguarding Policy, disability-inclusive disaster risk reduction policies, and initiatives such as the Bench Book on Children demonstrate growing recognition of children's rights and the need for more child-friendly systems. There are also examples of committed professionals and organisations working to create more inclusive approaches.

However, children with disabilities remain at heightened risk of neglect, abuse, exclusion and barriers to justice. Communication barriers, inaccessible environments, limited awareness of disability, under-reporting of abuse, inadequate procedural accommodations and gaps between law and implementation continue to undermine children's rights and safety. Girls with disabilities, children with communication impairments, and children living in rural or underserved communities often face compounded vulnerabilities.

Protection cannot be separated from broader systemic and structural issues, and it requires recognising children with disabilities not as passive recipients of protection, but as rights holders whose voices, experiences and agency must be respected across all systems which must be made responsive and sensitive towards supporting them.

PART THREE:

CONCLUSION

11. An inclusive future for our children with disabilities

This Study has highlighted the progress Fiji has made towards recognising and promoting the rights of children with disabilities, and the significant barriers that continue to limit the realisation of those rights in practice. Across communities, schools, health services, justice systems and Government agencies, children with disabilities and their families continue to face exclusion, stigma, inaccessibility and uneven access to support services.

At the same time, the Study has identified strong foundations on which Fiji can build inclusive and rights based systems and practices, including committed families and communities, active Organisations of Persons with Disabilities, emerging reforms, dedicated frontline workers and other appropriate measures. These findings demonstrate that meaningful inclusion is both necessary and achievable when systems are intentionally designed around accessibility, participation, equity and accountability.

Despite important progress in legislation, policy and awareness, the findings of this Study demonstrate that many of the rights guaranteed under the CRC, CRPD and CEDAW are not yet fully realised for children with disabilities in Fiji. Many children remain excluded from meaningful participation in decisions affecting their lives, contrary to CRC Article 12 and CRPD Articles 4 and 7, while inaccessible systems and negative social attitudes continue to undermine their rights to inclusion and equality under CRPD Articles 5, 9, 19, 24 and 30. The Study also reveals ongoing gaps in protection from neglect, abuse and exploitation, particularly for girls with disabilities, whose experiences reflect intersecting violations of CEDAW, CRC Articles 19 and 34, and CRPD Article 16.

Uneven access to services, limited disability-inclusive justice processes, inaccessible communication systems, lack of assistive technology, and the invisibility of many children within data and planning systems further restrict children's ability to realise their rights on an equal basis with others. While many families, communities, OPDs and frontline workers are striving to support inclusion, the Study demonstrates that rights violations are frequently produced by structural inequality, under-resourcing, inaccessible environments, fragmented systems and the failure to consistently implement disability-inclusive and child-centred approaches across all sectors.

Children with disabilities in Fiji face exclusion not because of their disability, but because systems, environments, institutions and social attitudes continue to limit, undermine or deny recognition, accommodation, inclusion, protection and support across all areas of life. Exclusion is cumulative, barriers intersect, and inequities compound over the life course of children with disabilities.

The findings of this Study make clear that achieving the rights of children with disabilities in Fiji will require more than legislation or policy commitments alone. It requires coordinated, sustained and adequately resourced action across all sectors, grounded in the lived experiences and voices of children with disabilities and their families. Existing services, community structures, OPDs, faith-based networks, schools, outreach programmes and district-level mechanisms already provide important foundations that can be strengthened, expanded and better connected. Investing meaningfully in children with disabilities means investing not only in specialised services, but also in inclusive systems, accessible environments, trained workforces, community awareness and family support structures that enable children to participate fully in all aspects of life.

Children with disabilities are not passive recipients of care, but rights holders with strengths, aspirations, agency and valuable contributions to their communities. By strengthening accountability, improving coordination, addressing inequalities and inequities, and embedding accessibility and participation across all sectors, Fiji has the opportunity to move beyond fragmented and reactive responses toward a more inclusive society where children with disabilities are supported to develop, participate and thrive throughout their life.

PART FOUR:

RECOMMENDATIONS

Timeline Key	
Immediate	0-12 months
Short-term	1-2 years
Medium-term	3-5 years
Long-term	5+ years/ongoing

11.1 Law, Policy and Governance

Recommendation 1	Establish a national implementation and accountability mechanism for the rights of children with disabilities
Lead	Ministry of Women, Children and Social Protection; NCPD
Supporting	HRADC, FDPF, Ministry of Education, Ministry of Health, Ministry of Justice, Fiji Bureau of Statistics, OPDs, Frank Hilton Organisation, Special Schools and NGOs working with children with disabilities.
Timeframe	Immediate to short term (with ongoing, long-term reporting).
Human rights alignment	CRPD Articles 4(3), 7, 31, and 33; CRC Articles 4, 12, and 23; CEDAW Articles 2, 3, and 7.

Establish a national, multi-sectoral mechanism to monitor and report on the implementation of laws, policies and programmes affecting children with disabilities, including the Rights of Persons with Disabilities Act 2018, Child Care and Protection Act 2024, Child Justice Act 2024, Special and Inclusive Education Policy, National Disability Policy 2025–2035, and Disability Inclusive Health and Rehabilitation Action Plan.

The mechanism should include children with disabilities, families, OPDs and child-focused disability organisations, with child disability representation within the governance structures.

Outcomes/Monitoring Indicators

- National disability implementation and monitoring mechanism formally established through Cabinet approval or Ministerial directive, with clearly defined roles, responsibilities and coordination functions across Ministries and stakeholders.
- Terms of Reference publicly endorsed and published, including mandates relating to coordination, implementation oversight, complaints handling, child participation, disability inclusion and reporting obligations.
- Annual public implementation report produced and made available in accessible formats (including Easy Read, plain language, braille-ready digital formats, captioned/audio-visual summaries and sign language interpretation where possible).
- National monitoring framework includes disability, age, gender, sex, ethnicity and location disaggregated indicators aligned with CRPD, CRC, CEDAW and SDG reporting obligations.
- Representation of children with disabilities, parents, caregivers, and OPDs included within governance, advisory or monitoring structures in line with the “Nothing About Us, Without Us” principle.
- Annual implementation progress report tabled before Cabinet, Parliament, the Government Human Rights Taskforce, and/or the National Council for Persons with Disabilities (NCPD), including progress against indicators, budget utilisation, implementation gaps and corrective actions.
- Public complaints, feedback and referral mechanism established and operational, with child-friendly and accessible reporting pathways including sign language support, Easy Read materials, AAC-compatible communication methods, telephone, online and community-based reporting options.
- Complaints and referral systems include safeguarding, confidentiality and non-retaliation protections for children and families reporting discrimination, abuse, service exclusion or accessibility barriers.

- Independent oversight bodies, including the FHRADC and relevant Parliamentary or statutory bodies, periodically review implementation progress and systemic barriers.
- Ministries and implementing agencies required to submit annual disability inclusion progress updates, including accessibility improvements, workforce training undertaken, service reach and budget allocations.
- Percentage of Ministries and public agencies with disability inclusion focal points, disability action plans and disability-inclusive budgeting processes established and functioning.
- Number of complaints received, resolved and referred through the public mechanism, disaggregated by sector, disability type, age, sex, ethnicity, gender and geographic area.
- Community consultations and *talanoa* sessions conducted with children with disabilities, families and OPDs to review implementation progress and identify emerging barriers and priorities.
- Mid-term and end-line independent evaluations conducted to assess effectiveness, equity, accessibility and sustainability of implementation efforts.

Recommendation 2	Review laws and policies for disability-inclusive and child-rights compliance
Lead	Ministry of Justice; Solicitor-General's Office; NCPD
Supporting	FHRADC, FDPF, OPDs, Child rights organisations, Ministry of Women, Ministry of Education, Ministry of Health.
Timeframe	Immediate to short term
Human rights alignment	CRPD Articles 4, 4(3), 5, 7, 9, 12, and 13; CRC Articles 2, 3, 4, 12, and 42; and CEDAW Articles 2, 5 and 7

Conduct a legislative and policy review to identify provisions that are outdated, discriminatory, inaccessible, or inconsistent with the CRPD, CRC and CEDAW. Priority should be given to removing discriminatory language and strengthening obligations for reasonable accommodation, supported communication and mechanisms, child participation, accessible complaints mechanisms, and disability-inclusive safeguarding measures and services. The review should actively engage and consult with OPDs, people with disabilities, children with disabilities and their families.

Outcomes/Monitoring Indicators

- Comprehensive review of legislation, policies and administrative processes and procedures affecting children with disabilities completed within the agreed timeframe and publicly released in accessible formats.
- National audit identifies laws, regulations, policies and institutional processes and procedures requiring amendment.
- Prioritised action plan and list of laws and policies requiring amendment developed, endorsed and publicly available, including timelines, lead agencies and implementation responsibilities.
- Draft amendments prepared for priority legislation.
- Outdated, stigmatising or discriminatory language removed from legislation, policies, forms and official Government communications.
- Disability-inclusive consultation and participation process documented throughout the review and amendment process, including engagement with children with disabilities, OPDs, caregivers, women and girls with disabilities and rural communities.
- Consultation processes include accessible communication methods such as Easy Read materials, sign language interpretation, translated materials, AAC supports and child-friendly consultation tools.
- Evidence of feedback from children with disabilities and OPDs incorporated into revised legislation, policies or implementation guidelines.
- Lead Ministries required to publish periodic progress updates on policy review, amendment status and implementation milestones.
- Independent oversight bodies, including the FHRADC and NCPD, monitor progress and publicly report, particularly on implementation gaps and delays.

- Number of Ministries and agencies that revise internal policies, operational guidelines and service delivery standards to align with disability-inclusive legal and policy reforms.
- Mid-term review conducted to assess whether reforms are improving accessibility, inclusion, accountability and protection outcomes for children with disabilities.

Recommendation 3	Institutionalise disability rights awareness, mainstreaming and sensitisation across Government
Lead	FHRADC; National Council for Persons with Disabilities (NCPD)
Supporting	Public Service Commission, MWCSP, Ministry of Education, Ministry of Health and Medical Services, Ministry of Justice, Fiji Police Force, Office of the Prime Minister, OPDs, Frank Hilton Organisation.
Timeframe	Immediate to medium term
Human rights alignment	CRPD Articles 4, 7, 8 and 9; CRC Articles 2, 3, 12, 23 and 42; CEDAW Articles 2, 3, 5 and 10.

Develop and implement a mandatory, Government-wide disability rights awareness, mainstreaming and sensitisation programme to strengthen understanding of disability as a human rights issue and ensure that all Government agencies are equipped to identify, include and respond to the rights and needs of children with disabilities. Training should move beyond general disability awareness and include specific modules on the rights of children with disabilities under the CRC, CRPD and CEDAW; child participation; supported communication and AAC; safeguarding and protection; accessibility; reasonable accommodation; inclusive service delivery; gender and disability; and the responsibilities of Government agencies under national legislation and policy frameworks.

The programme should be developed and delivered in partnership with OPDs, people with disabilities, children with disabilities and their families, and incorporated into public service induction, leadership development programmes and ongoing professional development.

Outcomes/Monitoring Indicators

- National disability rights awareness and mainstreaming framework developed and approved.
- Disability rights and child disability modules integrated into public service induction and training systems.
- Training curriculum co-designed with OPDs, children with disabilities and families.
- Government-wide disability focal points identified or strengthened within Ministries and Departments.
- Baseline assessment completed measuring disability awareness and confidence across Government agencies.
- Percentage of Government employees completing disability rights and child disability training.
- Disability mainstreaming action plans developed by Government Ministries.
- Disability and child-rights considerations incorporated into Ministry policies, plans and service standards.
- Annual Inter-Ministerial *talanoa* sessions on disability inclusion and the rights of children with disabilities conducted.
- Increased awareness and understanding of disability rights among Government personnel demonstrated through staff surveys and evaluations.
- Evidence of disability and child-rights considerations reflected in Government planning, budgeting, programme design and service delivery.
- FHRADC and NCPD to publish an annual progress report on disability mainstreaming across Government.
- Public Service Commission to track training completion and compliance across Ministries.
- OPDs and child disability representatives included in periodic independent reviews of implementation.
- Findings reported annually to Cabinet, NCPD and relevant parliamentary committees.
- Results incorporated into reporting under the CRPD, CRC, CEDAW and Universal Periodic Review processes.

11.2 Data, Evidence and Visibility

Recommendation 4	Fully operationalise the Centralised Disability Data Hub
Lead	NCPD; Fiji Bureau of Statistics
Supporting	Ministry of Finance, Ministry of Women, Ministry of Education, Ministry of Health, Ministry of Justice, OPDs, Frank Hilton Organisation.
Timeframe	Immediate to short term
Human rights alignment	CRPD Articles 31 and 33; CRC Article 4.

Fully operationalise the Centralised Disability Data Hub with clear purpose, governance, budget, staffing, privacy safeguards, data-sharing protocols and standardised disability-disaggregated indicators. Data should be disaggregated by age, gender, sex, ethnicity, disability type/functioning, location, school status and service access, and should include children with disabilities across education, health, social protection, justice, child protection and disaster systems.

Outcomes/Monitoring Indicators

- Centralised Disability Data Hub fully operational, staffed and funded through a dedicated and sustainable Government budget allocation.
- Governance framework for the Disability Data Hub formally endorsed, including clearly defined institutional roles, reporting lines, accountability mechanisms and oversight responsibilities.
- Standardised disability data collection tools and forms adopted and used consistently across Ministries and agencies, including Health, Education, Social Welfare, Justice, Disaster Management and Online Safety systems.
- Data collection methodologies aligned with the Modified Washington Group Short Set questions and CRPD-compliant disability indicators where appropriate.
- Formal data-sharing agreements and protocols signed between relevant Ministries, Departments and agencies to support coordinated service delivery and referral pathways while protecting confidentiality.
- Annual disability data reports publicly released in accessible formats, including disability-disaggregated statistics, service access trends, implementation gaps and geographic disparities.
- National datasets disaggregated by disability, age, gender, sex, ethnicity, location, schooling status and service access to support evidence-based planning and budgeting.
- Disability identifiers or markers integrated into child protection, police, justice, health, education, disaster response and online safety reporting systems.
- Percentage of Ministries and agencies routinely collecting disability-disaggregated administrative data increased annually.
- Disability data audits conducted periodically across Ministries and service providers to identify gaps, inconsistencies and under-reporting.
- Privacy, informed consent, safeguarding and confidentiality protocols developed, approved and implemented across all data collection and sharing systems.
- Data systems include clear safeguards to prevent misuse, discrimination, stigmatisation or unauthorised disclosure of personal information relating to children with disabilities.
- Training delivered to relevant Government staff and service providers on ethical disability data collection, child safeguarding, informed consent and inclusive communication.
- Mechanisms established for children with disabilities, families and OPDs to provide feedback on data collection practices, inaccuracies or concerns relating to privacy and representation.
- Periodic independent review undertaken to assess the effectiveness, accessibility, and ethical compliance of the Disability Data Hub and associated data systems.

Recommendation 5	Improve community-level identification and referral of children with disabilities
Lead	MWCSP; NCPD
Supporting	Ministry of iTaukei Affairs, Frank Hilton Organisation, FDPF, Ministry of Health, Village nurses, Community health workers, Ministry of Education, Schools and Teachers in rural communities and villages, DISCOMs, *Turaga ni Koro*, *Roko Tui*, Women's organisations, faith based organisations, Churches and Temples in rural communities and villages, OPDs.
Timeframe	Short term
Human rights alignment	CRPD Articles 5, 7, 9, 25, and 26; CRC Articles 2, 3, 6, 23 and 24.

Develop community-level disability identification and referral pathways, including through village profiling, DISCOMs, community health workers, schools and social welfare officers. Any profiling must follow cultural protocols, ethical safeguards, informed consent, confidentiality and non-discrimination principles.

Outcomes/Monitoring indicators

- Formal Memorandum of Understanding (MOU) signed between the National Council for Persons with Disabilities (NCPD), MWCSP, Frank Hilton Organisation and the Ministry of iTaukei Affairs to support coordinated identification, referral and community outreach for children with disabilities.
- MOU clearly outlines roles, responsibilities, safeguarding obligations, referral procedures, confidentiality requirements and accountability mechanisms for all participating agencies and community structures.
- Standardised community-based referral pathway for children with disabilities developed, endorsed and piloted in selected rural, maritime and urban districts.
- Referral pathway includes clear procedures for identification, referral, follow-up, emergency response, safeguarding concerns and cross-sector coordination between health, education, social welfare and disability service providers.
- Community workers, village nurses, *Turaga ni Koro*, DISCOM representatives, social welfare officers and other frontline personnel trained on disability rights, child safeguarding, referral processes, inclusive communication and confidentiality obligations.
- Training includes awareness of invisible disabilities, psychosocial disabilities, communication disabilities and the rights of children who use AAC or alternative forms of communication.
- Number of community workers and frontline personnel trained annually, disaggregated by role, division and district.
- Number of children with disabilities identified through community outreach, village profiling or referral mechanisms, disaggregated by age, sex, gender, ethnicity, disability type and geographic location.
- Number and percentage of identified children successfully referred to relevant services, including health, education, rehabilitation, social protection, child protection and justice services.
- Follow-up monitoring conducted to assess whether referred children successfully accessed services and whether barriers to access remain.
- Safeguarding measures, informed consent, confidentiality and privacy protocols formally adopted and implemented before any profiling, registration or referral activities commence.
- Data collection and referral systems include child protection safeguards to prevent misuse of information, stigma, discrimination or unauthorised disclosure of disability status.
- Families and children with disabilities provided with accessible information explaining how information will be collected, stored, shared and protected.
- Complaints and feedback mechanism established for children, families and communities to report concerns regarding profiling, referrals, discrimination or breaches of confidentiality.
- Periodic monitoring and evaluation undertaken to assess effectiveness, equity, cultural appropriateness and human rights compliance of community identification and referral systems.

11.3 Child and Family Support

Recommendation 6	Strengthen family-centred support for children with disabilities
Lead	MWCSP, Frank Hilton Organisation
Supporting	Ministry of Health, Ministry of Education, OPDs, Parent networks, NGOs
Timeframe	Short to medium term
Human rights alignment	CRPD Articles 7, 19, 23 and 28; CRC Articles 3, 5, 6, 18 and 27; CEDAW Article 5.

Develop a national family support package for children with disabilities and their caregivers, including accessible information, communication support, parent training, peer support networks, respite services, referral guidance and psychosocial support. Support should prioritise families in rural, maritime and low-income communities and children with high support needs.

Outcomes/Monitoring Indicators

- National family support package for children with disabilities developed, funded and implemented, including accessible information, psychosocial support, parent education, referral guidance, respite support and peer support initiatives.
- Family support package designed in consultation with children with disabilities, caregivers, OPDs and community organisations, including representation from rural and maritime communities.
- Number of parents, caregivers and family members trained annually on disability rights, inclusive communication, child development, safeguarding, mental health, behaviour support and home-based care strategies.
- Training materials produced in accessible and culturally appropriate formats, including Easy Read, translated materials, visual resources and community-based delivery methods.
- Number of parent advocacy groups and peer support networks established or strengthened across divisions and districts.
- Respite care model piloted and evaluated, including options such as trained community caregivers, short-term relief support, community-based respite services or emergency caregiver assistance.
- Number of families accessing respite care or caregiver support services, disaggregated by location and level of support needs.
- Family satisfaction surveys conducted regularly to assess accessibility, cultural appropriateness, usefulness and responsiveness of services and supports. Mechanisms established for families and children with disabilities to provide ongoing feedback, raise complaints and participate in programme evaluation and design.
- Survey findings publicly reported and used to inform service improvements and future planning.
- Outreach targets established for rural, remote and maritime communities with coverage of family support services tracked to identify underserved areas and inequities in service access.
- Periodic independent evaluation conducted to assess effectiveness, equity, sustainability and rights-based compliance of family support and respite initiatives.

Recommendation 7	Review and strengthen social protection for children with disabilities and caregivers
Lead	MWCSP; Ministry of Finance
Supporting	NCPD, OPDs, Fiji Bureau of Statistics, Frank Hilton Organisation, NGOs.
Timeframe	Immediate to short term
Human rights alignment	CRPD Articles 23 and 28; CRC Articles 23 and 27.

Review the adequacy, accessibility and coverage of the disability allowance and introduce a caregiver allowance for children with high support needs. The review should assess the real costs of disability, including transport, diapers, assistive devices, communication tools, therapies, food, home modifications and lost caregiver income and take an intersectional approach to analysis.

Outcomes/Monitoring indicators

- National review of the Disability Allowance and disability-related social protection schemes completed and publicly released, including analysis of the additional costs associated with disability, inflation, transport, caregiving and rural or maritime access barriers.
- Review conducted in consultation with children with disabilities, caregivers, OPDs, women's organisations, social protection agencies and service providers, including representation from rural and maritime communities.
- Cost-of-disability assessment undertaken using disability-disaggregated household data and evidence from families on out-of-pocket costs for transport, therapies, assistive devices, communication supports, caregiving and education.
- Disability allowance adjusted in line with findings from the cost-of-disability review and linked to periodic inflation and cost-of-living reviews.
- Caregiver allowance introduced or piloted for families of children with high support needs, including children requiring intensive supervision, communication support or personal care.
- Pilot caregiver support scheme evaluated for accessibility, sustainability, adequacy and impact on family wellbeing, financial stress and child participation outcomes.
- Uptake of disability allowance and caregiver support disaggregated by sex, gender, age, ethnicity, disability type and geographic location, including rural, maritime and informal settlement communities.
- Monitoring conducted to identify gaps in access among underserved groups, including girls with disabilities, children without birth registration, children in rural and remote areas and children with psychosocial or intellectual disabilities.
- Annual public reporting provided to Cabinet, NCPD and Parliament on social protection coverage, expenditure, unmet need and equity of access for children with disabilities.
- Independent periodic evaluation undertaken to assess whether social protection measures are reducing poverty, improving access to services and supporting the rights and wellbeing of children with disabilities and their families.
- Clear public guidance developed on eligibility, application processes, and available supports in accessible and multilingual formats.

11.4 Education

Recommendation 8	Strengthen inclusive education as the priority pathway while maintaining specialised supports
Lead	Ministry of Education
Supporting	FNU, USP, University of Fiji, Teacher Training Institutions, Frank Hilton Organisation, Special Schools, Vocational Schools for people with disabilities, OPDs, Parents, Students with disabilities
Timeframe	Immediate to medium term
Human rights alignment	CRPD Articles 5, 7, and 24; CRC Articles 2, 3, 23, 28 and 29; CEDAW Article 10.

Prioritise inclusive education in mainstream schools in line with CRPD Article 24, while ensuring specialised supports, resource centres, itinerant teachers, teacher aides, assistive technology and referral pathways are available for children who require them. Expansion of special schools or special classes should not substitute for making mainstream education accessible, inclusive and accountable.

Outcomes/Monitoring Indicators

- Special and Inclusive Education implementation plan reviewed to assess alignment with the CRPD, CRC, CEDAW, inclusive education principles and Fiji's Disability Act 2018.
- Any revisions to include clear targets, timelines, agency responsibilities, budget allocations and accountability mechanisms for inclusive education delivery.
- Review conducted in consultation with children with disabilities, caregivers, Frank Hilton Organisation, OPDs, teachers, special and mainstream schools, and OPDs.
- Annual progress reporting tabled to the Ministry of Education, NCPD and Cabinet, including progress against inclusive education targets and barriers requiring further action.
- Investment into training, recruiting and retention of teacher aides. Student-to-teacher aide ratios monitored to assess adequacy of support for students requiring additional assistance.
- National procedures and guidance in accessible formats for reasonable accommodation adopted and implemented across all schools, including accommodations relating to communication, assessment, curriculum adaptation, assistive technology, behaviour support and transportation.
- Complaint and grievance mechanism established and accessible to students with disabilities and their families, including confidential and child-friendly reporting pathways. Complaints mechanism provides referral pathways for bullying, discrimination, exclusion or rights violations.
- Number and type of complaints received, resolved and referred monitored annually and used to inform policy and school-level improvements.
- Monitoring conducted on exclusion, school refusal, suspension, bullying and dropout rates for students with disabilities.
- Independent periodic review conducted on the implementation and effectiveness of the Special and Inclusive Education Policy, including perspectives of children with disabilities and families.

Recommendation 9	Make disability-inclusive education training compulsory
Lead	Ministry of Education; FNU; Teacher Training Providers
Supporting	OPDs, Special Schools, Frank Hilton, Teachers Associations
Timeframe	Immediate to short term
Human rights alignment	CRPD Articles 4(1)(i), 8 and 24; CRC Articles 23, 28 and 29; CEDAW Article 5 and 10.

Require compulsory disability-inclusive education units in all early childhood, primary and secondary teacher training programmes, and establish ongoing in-service training for current teachers, school leaders and education officers. Training should cover disability rights, inclusive pedagogy, reasonable accommodation, AAC, sign language basics, psychosocial disability, neurodiversity, child safeguarding, gender and disability, and anti-bullying.

Training for existing teachers can be supported through organisations like Frank Hilton and teachers trained through AQEP.

Outcomes /Monitoring Indicators

- Compulsory disability, special and inclusive education unit introduced into all pre-service early childhood, primary and secondary teacher education programmes at Fiji National University and other accredited teacher training providers.
- Pre-service teacher education curriculum reviewed and aligned with inclusive education principles and the social model of disability.
- Training modules include inclusive pedagogy, disability rights, differentiated learning, positive behaviour support, psychosocial disability, communication support, anti-bullying approaches, women's rights and culturally responsive inclusive education.
- Percentage of new and existing teachers, school leaders and teacher aides completing compulsory inclusive education training, in-service disability inclusion or inclusive education training monitored annually.
- Inclusive education competency integrated into teacher registration, certification or graduation requirements.
- Training delivered in partnership with Frank Hilton Organisation and informed by OPDs, disability advocates, children with disabilities, families and specialist organisations to ensure lived experience informs teacher learning.
- Ongoing mentoring and professional support mechanisms established for teachers working with students with disabilities, including peer learning and specialist advisory support.
- Inclusive education practices incorporated into school inspection and quality assurance systems to identify schools requiring additional support or intervention. School inspections assess accessibility, inclusive classroom practice, use of reasonable accommodations, anti-bullying measures, participation of students with disabilities and engagement with families.
- Independent periodic review undertaken to assess the effectiveness and impact of teacher training on educational participation, learning outcomes and inclusion of students with disabilities.

Recommendation 10	Ensure safe, accessible and inclusive school environments
Lead	Ministry of Education, Ministry of Public Works
Supporting	Schools, NCPD, OPDs, Parent committees
Timeframe	Short to medium term
Human rights alignment	CRPD Articles 9, 24 and 30; CRC Articles 2, 19, 28, 29 and 31.

Ensure all schools progressively meet accessibility and universal design standards, including accessible toilets, ramps, transport, classrooms, playgrounds, communication supports, menstrual hygiene facilities, sensory spaces and safe reporting mechanisms. Schools should also implement disability-inclusive anti-bullying policies.

Outcomes/Monitoring Indicators

- National minimum accessibility standards for schools formally adopted and integrated into Ministry of Education infrastructure guidelines, school registration requirements and school upgrade programmes.
- Accessibility standards include physical accessibility, accessible sanitation, communication accessibility, sensory considerations and safe evacuation procedures for students with diverse disabilities.
- Schools monitored for availability of accessible toilets, menstrual hygiene facilities, privacy measures and safe spaces for girls with disabilities.
- Annual school accessibility reports completed and submitted by all schools, including identification of barriers, progress made and outstanding infrastructure needs.
- Number and proportion of schools upgraded to meet accessibility standards monitored annually, including upgrades to ramps, railings, toilets, signage, classrooms and pathways.
- Dedicated funding allocation established and tracked for accessibility upgrades and inclusive infrastructure improvements.
- School-level anti-bullying and anti-discrimination policies implemented and aligned with disability-inclusive child protection principles.
- Policies include clear procedures for reporting, responding to and monitoring bullying, discrimination, harassment and exclusion affecting students with disabilities. Referral pathways established for unresolved or serious cases involving violence, abuse, discrimination or rights violations.
- Students, caregivers and teachers provided awareness training on disability inclusion, respectful behaviour and prevention of bullying and stigma.
- Funding, development and strengthening of mental health support and referral pathways for students at mainstream and special schools.

11.5 Health and Rehabilitation

Recommendation 11	Strengthen early identification, referral and intervention
Lead	Ministry of Health and Medical Services
Supporting	Ministry of Education, Ministry of Women, Frank Hilton Organisation, Village nurses, Community health workers, ECE providers, OPDs
Timeframe	Immediate to medium term
Human rights alignment	CRPD Articles 7, 25, and 26; CRC Articles 6, 23, and 24; CEDAW Article 12

Establish a national early identification and referral pathway for developmental delays, disability and support needs, linking maternal health, baby clinics, ECE, schools, social welfare and disability service providers. First-contact workers should be trained to identify concerns early and provide families with accessible information and referrals.

Outcomes/Monitoring Indicators

- National disability referral pathway for children formally developed, approved and disseminated across health, education, social welfare and community sectors. Pathway should complement and work with existing services providers and organisations, such as Frank Hilton Organisation and other OPDs.
- Referral pathway includes clear roles, timelines, escalation procedures and responsibilities for village nurses, community health workers, schools, hospitals and specialist providers.
- Standardised referral tools and protocols adopted across primary health care, early childhood education and school health systems.
- Number and proportion of frontline health workers, community nurses, early childhood educators and school welfare staff trained in early identification and referral procedures monitored annually.
- Disability and developmental screening integrated into routine maternal, newborn, baby clinic and school health programmes nationwide and monitored annually.
- Referral completion rates tracked to monitor how many children successfully access follow-up assessment or intervention after initial identification.
- Monitoring conducted on referral drop-off points to identify barriers relating to transport, costs, stigma, communication or service availability.
- Accessible parent and caregiver information materials developed and distributed nationally in multilingual and disability-accessible formats, including Easy Read, visual and audio formats.
- Caregiver awareness and understanding of referral pathways periodically assessed through surveys or community consultations.
- Children identified through pathway as having a disability reflected in databases, such as FEMIS and PATIS.
- Annual reporting produced on screening coverage, referral outcomes, service delays and unmet needs, disaggregated by age, gender, ethnicity, sex, disability type and geographic location.

Recommendation 12	Expand disability-inclusive health and rehabilitation services outside Suva
Lead	Ministry of Health and Medical Services
Supporting	Ministry of Finance, Frank Hilton, OPDs, Fiji National University, Development Partners
Timeframe	Medium term
Human rights alignment	CRPD Articles 5, 9, 25, and 26; CRC Articles 2, 6, 23, and 24; CEDAW Articles 2, 12 and 14.

Increase access to disability-inclusive health, rehabilitation and therapy services outside Suva through mobile outreach, telehealth, community-based rehabilitation, regional service hubs and workforce development. Priority should be given to rural, maritime and underserved communities.

Outcomes/Monitoring Indicators

- National regional outreach and decentralisation plan for disability and rehabilitation services developed, costed and funded.
- Outreach plan includes specific targets for rural, maritime and underserved communities and identifies responsible Ministries and partner organisations.
- Number of outreach visits conducted annually, including rehabilitation, therapy, mental health and assistive technology outreach services.
- Number of rehabilitation, therapy and specialist child disability posts created, funded and filled across divisions and sub-divisions.
- Workforce retention and vacancy rates monitored for specialist disability-related positions, particularly outside urban centres.

- Telehealth and remote consultation services established, operational and monitored for therapy, counselling, specialist assessment and caregiver support, including accessibility for rural and maritime communities and families with limited digital access.
- Percentage increase in rural and maritime communities receiving regular disability-related outreach or rehabilitation services monitored annually.
- Service uptake and utilisation monitored and disaggregated by age, gender, sex, ethnicity, disability type and geographic location.
- Monitoring conducted on continuity of service provision for children requiring ongoing therapy or rehabilitation support.
- Annual reporting produced on outreach coverage, staffing levels, decentralisation progress and regional inequities in access to services.

Recommendation 13	Make health services accessible and child disability-inclusive
Lead	Ministry of Health and Medical Services
Supporting	Hospitals, Health centres, OPDs, FAD, NCPD
Timeframe	Short to medium term
Human rights alignment	CRPD Articles 5, 9, and 25; CRC Articles 2, 23 and 24; CEDAW Articles 2 and 12.

Require health facilities to provide reasonable accommodations for children with disabilities, including accessible buildings, priority pathways where needed, sign language interpreters, Easy Read and vernacular information, sensory-sensitive waiting areas, accessible SRHR information and disability-inclusive complaints mechanisms.

Outcomes/Monitoring Indicators

- National accessibility standards for health facilities and services formally issued and integrated into Ministry of Health operational guidelines and infrastructure standards.
- Accessibility standards include physical accessibility, communication accessibility, sensory accommodations, privacy measures and child-friendly service environments.
- Regular accessibility audits completed for hospitals, health centres and clinics, including assessments of physical infrastructure, signage, communication supports and waiting areas.
- Percentage of health facilities meeting minimum accessibility standards monitored annually.
- Sign language interpreter services, referral arrangements or alternative communication supports available within major health facilities and referral hospitals.
- Monitoring conducted on availability and utilisation of communication accommodations, including AAC supports, Easy Read materials and accessible information formats.
- Health facilities required to establish reasonable accommodation procedures for children with diverse disabilities and support needs.
- Accessible complaints and feedback mechanisms established within health facilities, including child-friendly and disability-accessible reporting pathways.
- Patient and caregiver feedback regularly collected from children with disabilities and their families regarding accessibility, dignity, communication and quality of care.
- Findings from patient feedback incorporated into service improvement plans and staff training priorities.
- Ministry of Health annual reporting includes accessibility compliance, accommodation provision, complaint outcomes and patient experience indicators.

11.6 Community Attitudes and Inclusion

Recommendation 14	Fund community-based inclusive development initiatives
Lead	MWCSP; NCPD
Supporting	OPDs, DISCOMs, Ministry of iTaukei Affairs, Ministry for Youth and Sports, Faith leaders, Youth groups, Sports organisations, Schools, Local Government
Timeframe	Short to medium term
Human rights alignment	CRPD Articles 4(3), 7, 8, 19 and 30; CRC Articles 2, 12, 23, and 31; CEDAW Article 5.

Fund community-based inclusive development initiatives that support disability rights awareness, inclusive sport and recreation, family support, referral pathways, faith and community leader engagement, and participation of children with disabilities in community life. Programmes should be led or co-designed by OPDs, families and children with disabilities.

Outcome/Monitoring Indicators

- Community-Based Inclusive Development (CBID) grant mechanism established and funded to support locally led disability inclusion initiatives across Fiji.
- CBID funding guidelines developed in consultation with OPDs, children with disabilities, caregivers, community leaders and civil society organisations.
- Grant criteria include requirements relating to accessibility, child participation, gender inclusion and engagement with rural and maritime communities.
- Community-level accessibility and inclusion initiatives implemented through CBID programmes monitored, including inclusive recreation spaces, awareness activities and local support networks.
- Number and geographic distribution of communities receiving CBID grants monitored annually to ensure equitable allocation of resources.
- OPDs, community organisations and disability-led groups funded and supported to deliver awareness, inclusion, peer support, outreach and participation programmes.
- Proportion of CBID programmes led or co-delivered by OPDs and people with disabilities monitored annually.
- Number of children with disabilities participating in community, cultural, recreational, religious and sporting activities through CBID-supported initiatives monitored annually.
- Participation monitoring includes disaggregation by sex, gender, ethnicity, age, disability type and geographic location.
- Periodic attitude and awareness surveys conducted to assess changes in community perceptions, stigma and understanding of disability rights and inclusion.
- Community feedback and child participation mechanisms established to evaluate the effectiveness and cultural appropriateness of CBID initiatives.
- Monitoring includes assessment of changes in participation, belonging and inclusion experienced by children with disabilities and their families.
- Public reporting produced on CBID funding allocation, programme outcomes, participation levels and inclusion indicators across communities.

Recommendation 15	Promote rights-based media representation
Lead:	Ministry of Information; NCPD
Supporting:	Media organisations, OPDs, HRADC, Child rights organisations
Timeframe:	Short term
Human rights alignment:	CRPD Articles 8, 21, NS 30; CRC Articles 12, 17 and 23; CEDAW Article 5.

Develop media guidelines on rights-based and strengths-based reporting on children and persons with disabilities, avoiding pity and charity stereotypes. Children and persons with disabilities should be supported to tell their own stories safely and with informed consent.

Outcomes/Monitoring Indicators

- National disability-inclusive media guidelines developed and endorsed in partnership with OPDs, media organisations, child rights stakeholders and communications regulators.
- Media guidelines aligned with the CRPD, CRC and social model of disability and include guidance on respectful language, strengths-based representation, accessibility and protection of children's rights.
- Guidelines disseminated across television, radio, print, online and social media sectors, including community media outlets.
- Journalists, editors, media students and communications personnel trained on disability-inclusive and child-sensitive reporting.
- Training delivered in partnership with OPDs, disability advocates and persons with lived experience, including children and young people with disabilities where appropriate.
- OPD-led media and public awareness campaigns funded annually to promote positive portrayals, disability rights awareness and inclusion of children with disabilities.
- Funding allocation for disability-inclusive media initiatives publicly reported and monitored for equitable access across organisations and regions.
- Accessible communication formats used across publicly funded media campaigns and Government awareness materials, including captioning, sign language interpretation, Easy Read formats, audio formats and accessible digital content.
- Children's privacy, dignity and informed consent standards applied in all media content involving children with disabilities.
- Child safeguarding and ethical media protocols developed and monitored, including procedures for obtaining informed consent and assent from children and caregivers.
- Complaints and reporting mechanism established for harmful, discriminatory or exploitative portrayals of children with disabilities in media content.

Recommendation 16	Strengthen disability rights awareness and community education
Lead	FHRADC; NCPD
Supporting	MWCSP, Ministry of iTaukei Affairs, Ministry of Education, OPDs, Frank Hilton Organisation, Faith-based organisations and Community leaders
Timeframe	Short to medium term
Human rights alignment	CRPD Articles 4(1)(i), 4(3), and 8; CRC Articles 2, 23, and 31; CEDAW Article 5.

Develop and implement a national disability rights awareness and community education programme to reduce stigma and discrimination and increase understanding of the rights, capacities and contributions of children with disabilities led by the FHRADC in partnership with NCPD, OPDs, Government Ministries, faith-based organisations and community leaders. Awareness initiatives should promote disability as a human rights issue rather than a welfare issue and include information on accessibility, supported communication, inclusion, safeguarding and the rights of children with disabilities under the CRPD, CRC and CEDAW.

Outcomes/Monitoring Indicators

- National disability rights awareness strategy developed and publicly launched.
- Disability rights education materials produced in accessible formats (Easy Read, braille, audio, sign language, captions and local languages).
- Number of awareness sessions conducted annually, disaggregated by division and community type (urban, rural, maritime).
- Number of community leaders, faith leaders, teachers and frontline workers participating in awareness activities.
- OPDs and persons with disabilities involved in the design and delivery of awareness programmes.
- Percentage of awareness activities conducted in rural and maritime communities.
- Disability rights and inclusion modules incorporated into existing Government community outreach programmes.
- Community attitude surveys conducted periodically to measure changes in knowledge, stigma and acceptance of children with disabilities.
- Annual public reporting by FHRADC on awareness activities, geographic coverage, participation rates and outcomes.
- Feedback mechanisms established to allow children with disabilities, families and communities to assess the effectiveness and relevance of awareness programmes.

11.7 Services, Assistive Technology and Accessibility

Recommendation 17	Establish a national assistive technology and AAC w procurement system
Lead	Ministry of Health; Ministry of Finance; NCPD
Supporting	Ministry of Education, Frank Hilton Organisation, Fiji Mobility Alliance, Fiji Society for the Blind, FAD, OPDs, Development Partners
Timeframe	Short to medium term
Human rights alignment	CRPD Articles 4, 9, 20, 21 and 26; CRC Articles 2, 3, and 23

Develop a Government-funded assistive technology and AAC procurement, fitting, maintenance and repair system that meets quality and assurance standards for children with disabilities, including wheelchairs, hearing aids, braille equipment, communication boards, AAC devices, glasses, orthotics, sensory supports and adapted furniture.

Outcomes/Monitoring Indicators

- Dedicated Government budget line established for assistive technology and disability-related communication supports within relevant Ministries.
- Quality and assurance standards developed or adopted to ensure devices meet the necessary requirements. Standards are appropriate for a Fijian context.
- Annual public reporting on expenditure for assistive devices, maintenance, procurement and distribution.
- National assistive technology and communication support list developed and regularly updated in consultation with OPDs, therapists, service providers and families.
- National list includes mobility devices, AAC supports, hearing and vision supports, sensory aids and adaptive equipment for children with diverse disabilities.
- Standardised procurement, distribution, fitting, repair and maintenance pathway established for assistive devices across Fiji.
- Repair and maintenance referral systems operational in all divisions, including arrangements for rural and maritime communities.
- Number and proportion of children receiving assistive devices and communication supports monitored annually, disaggregated by age, ethnicity, gender, sex, disability type and geographic location.
- Monitoring conducted on unmet need and disparities in access to assistive technology, particularly in remote and low-income communities.

- Devices assessed and matched to the child's individual needs, communication requirements, daily environment and cultural context rather than through a one-size-fits-all approach.
- User and caregiver satisfaction surveys conducted to assess suitability, usability, comfort and impact of assistive devices on participation and wellbeing.

Recommendation 18	Enforce accessibility standards across public buildings, transport and services
Lead	Ministry of Public Works; NCPD; Local Government, Ministry of Transport
Supporting	Land Transport Authority, Fiji Roads Authority, OPDs, FHRADC
Timeframe	Immediate to long term
Human rights alignment	CRPD Articles 9 and 20; CRC Article 23.

Enforce universal design and accessibility standards across new and existing public buildings, schools, health centres, justice facilities, transport systems, evacuation centres, digital platforms and public information. Public agencies should conduct accessibility audits and publish upgrade plans.

Outcomes/Monitoring Indicators

- Accessibility audits completed for priority public buildings and service sites, including schools, health facilities, justice buildings, evacuation centres and Government offices.
- Priority audit schedule publicly released and includes rural and maritime infrastructure as well as urban centres.
- National accessibility compliance standards and enforcement guidelines enforced across public and private infrastructure developments.
- Accessibility standards aligned with universal design principles and include physical, communication and sensory accessibility requirements.
- Public agencies and building owners required to develop time-bound accessibility upgrade plans following audit findings and publicly available to support transparency and accountability.
- Enforcement mechanisms operational for non-compliance with accessibility standards, including compliance notices, penalties or conditions linked to licensing and approvals.
- Number and type of enforcement actions taken for accessibility non-compliance monitored.
- OPDs and persons with disabilities actively involved in accessibility audits, monitoring, certification and review processes.
- Audit teams include representation from people with diverse disabilities, including mobility, Deaf, blind and psychosocial disability communities.
- Independent review mechanism established to receive complaints and appeals relating to inaccessible infrastructure or failure to comply with standards.
- Findings from accessibility audits integrated into national infrastructure planning, budgeting and disaster resilience strategies.

11.8 Justice, Safety and Protection

Recommendation 19	Institutionalise disability-inclusive child justice and protection procedures
Lead	Ministry of Justice; Fiji Police Force; Judiciary; ODPP; Legal Aid Commission; MWCSP
Supporting	FHRADC, OPDs, FAD, Child health care workers, Social workers, Health services, Fiji Law Society, Fiji Women Lawyers Association
Timeframe	Immediate to short term
Human rights alignment	CRPD Articles 5, 12, 13 and 16; CRC Articles 12, 19, 37, and 40

Strengthen, develop and implement disability-inclusive procedures across police, prosecution, courts, Legal Aid, child protection and social welfare. Procedures should require early identification of disability and communication needs, reasonable and procedural accommodations, accessible complaints mechanisms, supported communication, trained intermediaries and referral pathways.

Outcomes/Monitoring Indicators

- Standardised disability screening and vulnerability identification tool adopted across police, prosecution, courts and legal aid services for all child-related cases.
- Police, prosecution and court intake forms updated to include disability status, communication requirements and accommodation needs for children engaging with the justice system.
- National procedural accommodations protocol issued for child- and disability-sensitive justice processes, including guidance on communication support, sensory accommodations, support persons and flexible procedures.
- Number and proportion of justice actors trained annually in child-friendly and disability-inclusive justice, including police, prosecutors, magistrates, judges, legal aid staff and court personnel.
- Training includes supported communication, trauma-informed practice, neurodiversity, psychosocial disability and rights-based approaches under the CRPD, CRC and CEDAW.
- National intermediary, interpreter and support person roster established and maintained to support children with communication, intellectual or psychosocial disabilities during justice processes.
- Disability status and accommodation measures systematically recorded in cases involving children across police, prosecution and court systems.
- Case management systems updated to monitor whether accommodations were identified, requested and provided throughout proceedings.
- Accessible complaints and review mechanisms established for children and families who experience discrimination, denial of accommodations or procedural barriers in the justice system.
- Periodic independent review conducted on implementation of disability-inclusive justice procedures and compliance with CRPD and CRC obligations.

Recommendation 20	Strengthen accessible abuse reporting and response systems
Lead	MWCSP; Fiji Police Force
Supporting	Online Safety Commission, ODPP, Legal Aid, Health services, FAD, OPDs, FWCC, NGOs, Community committees, Community leaders, Faith-based leaders
Timeframe	Immediate to medium term
Human rights alignment	CRPD Articles 6 and16; CRC Articles 12, 19, 34, and 35; CEDAW Articles 2 and 12.

Ensure all child abuse, GBV and online safety reporting systems are accessible to children with diverse disabilities, including children who are deaf, non-verbal, use AAC, have intellectual disabilities or psychosocial disabilities. Mandatory reporting must be accompanied by disability-inclusive training, referral pathways and capacity to respond safely.

Outcomes/Monitoring Indicators

- Child protection and abuse reporting forms updated to include information on disability, communication preferences, support needs and accessibility requirements.
- Accessible and child-friendly abuse reporting channels established, including text-based, digital, visual and supported communication options for children with diverse disabilities.
- Reporting mechanisms available in formats accessible to deaf, blind, neurodivergent and non-speaking children.
- Child protection officers, social workers and frontline safeguarding staff trained in AAC, supported communication and disability-inclusive interviewing techniques.

- Training includes recognising abuse indicators in children with disabilities, responding to disclosures without discrimination, and not making assumptions that allegations from children with disabilities are less credible.
- Disability-disaggregated data collected and analysed on abuse, neglect, exploitation and violence involving children with disabilities.
- Data monitoring includes type of abuse, referral pathways, outcomes, geographic location and barriers encountered in reporting or investigation.
- Multi-agency safeguarding review processes established to identify systemic gaps, repeated failures or barriers in responding to abuse involving children with disabilities.
- Annual safeguarding reporting includes trends, response gaps and outcomes relating to children with disabilities while protecting confidentiality and privacy.

Recommendation 21	Ensure accessible sexual and reproductive health rights and protection from gender-based violence for children with disabilities
Lead	MWCSP; Ministry of Health
Supporting	Fiji Police Force, ODPP, Health facilities, FWCC, FWRM, OPDs, UNFPA
Timeframe	Immediate to short term
Human rights alignment	CRPD Articles 6, 12, 16, and 17; CRC Articles 12, 19, 24, and 34; CEDAW Articles 2, 10, and 12.

Develop specific safeguards to protect children with disabilities from sexual violence, and girls with disabilities reproductive coercion, and non-consensual medical decision-making. Ensure accessible SRHR education, menstrual health support, contraception information, consent education, GBV referral pathways and survivor-centred services.

Outcomes/Monitoring Indicators

- National SRHR guidance for girls and young women, as well as boys and young men with disabilities developed and adopted across health, education and protection sectors.
- Guidance aligned with CRPD, CRC and CEDAW obligations relating to bodily autonomy, informed consent, non-discrimination and protection from violence.
- Health workers, counsellors and SRHR providers trained on disability rights, supported decision-making, informed consent and inclusive communication.
- Training includes safeguarding, reproductive coercion, disability-inclusive GBV response and the rights of girls and boys with intellectual, psychosocial and communication disabilities.
- Safeguards adopted to prevent forced sterilisation, coerced contraception and non-consensual medical procedures involving girls and women with disabilities as well as boys with disabilities.
- GBV, SRHR and counselling services audited for accessibility, privacy, communication supports, availability of interpreters, accessible information, referral pathways and staff competency in disability-inclusive practice.
- Accessible SRHR education and information materials produced in multiple formats, including Easy Read, braille, audio, visual and sign language-supported resources.
- SRHR materials adapted for different ages, literacy levels and communication needs of children and young people with disabilities.
- Cases involving GBV, reproductive coercion or rights violations against children with disabilities tracked and reviewed through safeguarding and oversight mechanisms.
- Multi-sector safeguarding reviews conducted for serious cases involving sexual abuse, pregnancy, or institutional failures affecting girls with disabilities, as well as sexual abuse or institutional failures affecting boys with disabilities.

Recommendation 22	Make online safety systems disability-inclusive
Lead	Online Safety Commission
Supporting	Ministry of Information, Ministry of Education, OPDs, Child protection actors
Timeframe	Short term
Human rights alignment	CRPD Articles 7, 9, 16 and 21; CRC Articles 17 and 19

Ensure online safety systems, complaints processes and awareness materials are accessible to children with disabilities. The Online Safety Commission should collect disability-disaggregated data, provide accessible reporting channels and develop targeted digital safety education for children with disabilities and families.

Outcomes/Monitoring Indicators

- Disability marker and accessibility needs information integrated into Online Safety Commission complaint and case management systems.
- Complaints data disaggregated by age, gender, sex, ethnicity, disability status, location and type of online harm where disclosure is safe and appropriate.
- Accessible complaint mechanisms available for children with diverse disabilities, including text-based, visual, Easy Read and supported communication formats.
- Online reporting platforms assessed for accessibility and compatibility with assistive technologies and low-bandwidth environments.
- Online safety awareness materials translated and adapted into accessible formats, including sign language, captions, Easy Read, audio and screen-reader compatible formats.
- Accessibility standards adopted for all publicly distributed online safety communications and campaigns.
- Children and young people with disabilities included in online safety outreach, consultations, digital literacy programmes and awareness campaigns.
- Outreach activities monitored to ensure inclusion of rural, maritime and underserved communities and children with diverse disabilities.
- Partnerships established with OPDs, schools and child-focused organisations to support disability-inclusive online safety education and reporting pathways.
- Annual Online Safety Commission reporting includes disability-disaggregated data, accessibility measures implemented, complaint trends and barriers identified by children with disabilities.
- Periodic review conducted on the effectiveness and accessibility of online safety systems for children with disabilities, including consultation with children, families and OPDs.

11.9 Disaster Risk Reduction

Recommendation 23	Ensure disability-inclusive disaster risk reduction and evacuation planning
Lead	National Disaster Management Office
Supporting	Ministry of Rural and Maritime Development, NCPD, OPDs, Schools, Local Government, Fiji Red Cross, Save the Children
Timeframe	Immediate to medium term
Human rights alignment	CRPD Articles 7, 9, and 11; CRC Articles 3 and 6

Ensure disaster risk reduction, preparedness, evacuation and response planning is disability-inclusive and child-sensitive. Evacuation centres must be physically accessible, safe for girls and children with high support needs, and equipped with accessible information, communication supports, sanitation, privacy and referral pathways.

Outcomes/Monitoring Indicators

- National accessibility audits completed for evacuation centres, including schools, community halls and temporary shelter facilities used during disasters, including assessment of physical accessibility, sanitation, privacy, communication access, lighting, safety and access for children with diverse disabilities.
- Priority evacuation centres identified and upgraded based on accessibility audit findings and geographic risk assessments.
- Percentage and geographic distribution of evacuation centres meeting minimum accessibility standards monitored annually.
- Dedicated budget allocations established and tracked for disability-inclusive evacuation centre upgrades and maintenance.
- Accessible early-warning and disaster communication formats developed and integrated into national and local disaster preparedness systems. Early-warning information disseminated through multiple accessible channels, including sign language interpretation, Easy Read formats, captions, visual alerts, radio and community-based communication systems.
- Children with disabilities and caregivers meaningfully included in disaster risk reduction (DRR) planning, preparedness activities and community resilience initiatives.
- Community and school-based DRR planning processes include consultation with children with diverse disabilities and families from rural and maritime communities.
- Schools conduct inclusive disaster preparedness drills and evacuation exercises that account for mobility, communication, sensory and psychosocial support needs.
- OPDs and disability representatives formally involved in national, divisional and community-level emergency planning, preparedness and response structures.
- OPDs supported and resourced to participate in emergency coordination, accessibility monitoring and dissemination of accessible disaster information.
- Post-disaster reviews and assessments include disability-disaggregated analysis of evacuation access, safety risks, service disruption and recovery outcomes for children with disabilities.
- Reporting produced on accessibility of evacuation centres, inclusive DRR implementation and progress on disability-inclusive disaster preparedness commitments.

11.10 Cross-cutting

Recommendation 24	Establish formal mechanisms for children with disabilities to participate in decision-making
Lead	MWCSD; Ministry of Education; NCPD
Supporting	FHRADC, OPDs, Schools, Youth organisations, Save the Children
Timeframe	Short term
Human rights alignment	CRPD Articles 4(3) and 7; CRC Articles 12, 13 and 23

Establish accessible and supported mechanisms for children with disabilities to participate in policy, programme and service decision-making at national, divisional, school and community levels. Mechanisms should include children with diverse disabilities, communication needs, ages, genders and locations.

Mechanisms could include:

- Child disability advisory group attached to NCPD or NCCC.
- Student disability councils in schools.
- Accessible consultation protocols.
- Child-friendly feedback and complaints systems.
- Participatory validation of policies affecting children.

Outcomes/Monitoring Indicators

- Formal child participation mechanisms established within relevant Ministries, schools, community structures and disability-related governance processes to ensure children with disabilities can contribute to decisions affecting them.
- Child participation mechanisms include accessible and age-appropriate consultation processes, advisory groups, peer forums or representative councils.
- National accessible participation guidelines developed and adopted to support safe, meaningful and inclusive engagement of children with disabilities. Guidelines include supported communication approaches, safeguarding standards, informed consent and assent procedures, reasonable accommodations and culturally appropriate participation methods.
- Children with diverse disabilities represented across participation processes, including children with intellectual, psychosocial, sensory, communication and physical disabilities.
- Participation monitoring includes representation by sex, age, gender, ethnicity, geographic location and school attendance status to identify inclusion gaps.
- Facilitators, Government staff and service providers trained in child-friendly and disability-inclusive participation methods.
- Children provided with accessible information prior to consultations to support informed participation and decision-making. Safeguarding and confidentiality procedures established to ensure participation is voluntary, safe and free from retaliation or tokenism.
- Recommend ations, priorities and lived experiences shared by children with disabilities formally documented and integrated into planning, policy review and programme development processes.
- Agencies required to provide feedback on how children's recommendations were considered, implemented or responded to.
- Reporting produced on child participation activities, representation, recommendations raised and actions taken in response.
- Periodic independent review conducted to assess the quality, accessibility and impact of participation mechanisms for children with disabilities.

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APPENDICES

Appendix 1 List of Stakeholders

List of Ministries, NGOs/CSOs, Special Schools contacted for consultation

Government Ministries			
Agency	**Response: Y/N**	**Interviewed**	**Unit/Staff**
1. Ministry of Women, Children and Social Protection	Yes	02/04/25 03/04/25 19/11/25 18/02/26	Department of Children Director of Social Welfare Disability Unit Labasa Office
2. Ministry of Employment, Productivity and Workplace Relations	No response. Letter requesting to meet was emailed and hand delivered to the Ministry's office.		Permanent Secretary Ministry of Employment, Productivity and Workplace Relations
3. Ministry of Public Works and Meteorological Services and Transport	No response. Letter requesting to meet was emailed and hand delivered to the Ministry's office.		Permanent Secretary for Ministry of Public Works, Meteorological Services and Transport
4. Ministry of iTaukei Affairs and Culture, Heritage and Arts	Yes	12/01/26 Consultation for Ministry assistance to connect to the respective office of the *Roko Tui*.	Acting Permanent Secretary and other representatives
5. Fiji Bureau of Statistics	Bureau never got back despite following up.Letter requesting to meet was emailed and hand delivered. FHRADC received an acknowledgement via email to meet.		Chief Executive Officer Fiji Bureau of Statistics
6. Ministry of Education	Yes	16/12/25	Special Education Officer
7. Ministry of Health and Medical Services	Yes	17/12/25 18/12/25 19/12/25 29/01/26	Medical Superintendent CWM Hospital St Giles Hospital National Diabetes Centre Australia Fiji Health Program
8. Fiji Police Force	Yes	10/04/25	Crime Investigation Division

Government Ministries			
Agency	**Response: Y/N**	**Interviewed**	**Unit/Staff**
9. Office of the Director of Public Prosecutions	Yes	17/03/25	Office of the Director of Public Prosecutions
10. Legal Aid Commission	Yes	26/03/25	Director and staff
11. Ministry of Justice	Yes	23/04/25	Department of Births, Deaths and Marriages
12. Ministry of Finance & National Planning	No response. Letter requesting to meet was emailed and hand delivered to the Ministry's office.		Permanent Secretary Ministry of Finance and National Planning
13. Ministry of Youth and Sports	No response. Letter requesting to meet was emailed and hand delivered to the Ministry's office.		Permanent Secretary Ministry of Youth and Sports
14. Online Safety Commission	Yes	25/03/25	Commissioner
15. Ministry of Environment and Climate Change	Never got back despite following up. Letter requesting to meet was emailed and hand delivered. FHRADC received an acknowledgement via email to meet.		Permanent Secretary Ministry of Environment and Climate Change
16. Judiciary	Never got back despite follow up. Letter was sent via email and hand delivered. Acknowledged receipt via email.		His Lordship Hon Justice Salesi Temo Chief Justice The Judiciary
Teachers Trade Unions			
Agency	**Response: Y/N**	**Interiewed**	**Unit/Staff**
Fijian Teachers Association	No response.		
Fiji Teachers Union	No response.		

NGOs/ CSOs			
Agency	**Response: Y/N**	**Meeting**	**Staff**
1. Fiji National Council for Persons with Disabilities	Yes	24/04/25 19/03/26	Acting Director Labasa Office
2. Fiji Council for Social Services		08/04/25	Executive Director and Programme Manager
3. Fiji Women's Crisis Centre	No response.		Coordinator (FWCC)
4. Empower Pacific	Yes	11/04/25	Clinical Supervisor
5. Fiji Women's Rights Movement	Yes	07/10/25	Team Leader and Programme Officer
6. Medical Services Pacific	Yes	11/04/25	Country Director Medical Services Pacific
7. Frank Hilton Organisation	Yes	22/04/26	Chief Executive Officer Frank Hilton Organisation
8. Foundation for the Education of Needy Children	Yes	04/04/25	CEO
9. Rainbow Pride Foundation	Yes	07/10/25	Interim CEO
10. New Vision of Fiji	Yes	16/04/25	Chief Executive Officer New Vision of Fiji
11. Save the Children (Fiji)	Yes	22/10/25	Chief Executive Officer Save the Children (Fiji)
12. Project HEAVEN Trust	Yes	05/11/25	General Manager and Administration and Finance Officer
13. Special Olympic Fiji	Yes	17/10/25	Chairperson, General Secretary and Sports Director
14. Mending Minds Foundation	Yes	04/12/25	Founder and Executive Director
15. Pacific Autism Centre	Yes	18/11/25	Co-Founder and Co-Director
16. Diabetes Fiji	Yes	19/12/25	Executive Director
17. Pioneer Education, Suva (Private early education provider)	Yes	05/11/25	Managing Director

Organisations for Persons with Disability			
OPD	**Response: Y/N**	**Meeting**	**Staff**
1. Psychiatric Survivors Association of Fiji	Yes	15/05/25	Board Member
2. United Blind Persons Association of Fiji	No response.		Office Manager United Blind Persons Association of Fiji
3. Fiji Disabled People's Federation	Yes	31/03/25 19/01/26	Office Manager Fiji Disabled People's Federation Lautoka Office
4. Fiji Association for the Deaf	Yes	22/04/25	Office Manager Fiji Association for the Deaf
5. Fiji Mobility Alliance	Yes	03/11/25	Database Support Officer

Special Schools - Public and Private			
Special Schools	**Response: Y/N**	**Meeting**	**Staff**
1. Fiji Society for the Blind (Special school for students with vision impairment)	Yes	20/11/25	Executive Director
2. Gospel School for the Deaf	Yes	22/04/25	Director
3. Fiji Vocational and Technical Training Centre	No response.		Head Teacher Fiji Vocational and Technical Training Centre
4. Suva Society for the Intellectually Handicapped	Yes	11/04/25	Head Teacher Suva Society for the Intellectually Handicapped
5. Nausori Special School	Yes	18/11/25	Head of School and Assistant Head Teacher
6. Sigatoka Special School	No response.		Head Teacher Sigatoka Special School
7. Nadi Centre for Special Education (Nadi)	Interview not undertaken due to flooding.		Head Teacher Nadi Centre for Special Education
8. Lautoka School for Special Education	Interview not undertaken due to flooding.		Head Teacher Lautoka School for Special Education
9. Sunshine Special School (Lautoka)	Interview not undertaken due to flooding.		Head Teacher Sunshine Special School
10. Ba School for Special Education	Interview not undertaken due to flooding.		Head Teacher Ba School for Special Education
11. Ra School for Special Education	Yes	09/02/26	Head teacher and teaching staff
12. Labasa School for Special Education (Labasa)	Yes. Written response submitted via email.		Head Teacher Labasa School for Special Education
13. Norah Fraser School for Special Education (Levuka)	Yes Written response submitted via email.		Head Teacher Norah Fraser School for Special Education
14. Veilomani Rehabilitation and Vocational College, Ba	No response.		Head Teacher Veilomani Rehabilitation and Vocational College, Ba
15. Nasavusavu School for Special Education	No response.		Head Teacher Nasavusavu School for Special Education

Faith-Based Organisations		
Faith-based organisations	**Response: Y/N**	**Staff**
1. National Council of Churches	No response.	General Secretary Fiji Council of Churches
2. Fiji Muslim League	No response.	National President Fiji Muslim League
3. Methodist Church of Fiji and Rotuma	Meeting was organised and postponed. Written response was not submitted.	President Methodist Church in Fiji
4. Arya Pratinidhi Sabha of Fiji	No response.	Arya Pratinidhi Sabha of Fiji
5. Shree Sanatan Dharm Pratinidhi Sabha of Fiji	No response.	National President
6. Pacific Conference of Churches	No response.	General Secretary Pacific Conferences of Churches Fiji
7. Anglican Church of Fiji	No response.	Registrar Anglican Church of Fiji
8. New Methodist Church	No response.	General Superintendent New Methodist Church Fiji

Regional and International Organisations		
Regional and International Organisations	**Response: Y/N**	**Staff**
1. Pacific Disability Forum	Advised that FHRADC consult with national affiliate body: NCPD and FDPF for information on Fiji's children.	Chief Executive Officer Pacific Disability Forum Fiji
2. UNICEF	No response.	Representative to the Pacific UNICEF Fiji
3. OHCHR	No response.	Regional Representative Regional Office for the Pacific Fiji
4. UNFPA	No response.	Director and Representative (ad interim) UNFPA Pacific Fiji
5. UN Women	No response.	UN Women Fiji Multi-Country Office Representative Fiji
6. Pacific Community (SPC), Pacific Women Lead	No response.	Principal Strategic Lead-Pacific Women and Girls SPC- Fiji
7.PIFS	No response.	Pacific Island Forum Secretariat Fiji

Appendix 2 Key Stakeholders and Service Providers

Below is a table of different stakeholders and the role they play in supporting children with disabilities either through service provision including programme delivery, policy development and implementation or advocacy and awareness raising. Very few of the organisations listed focus solely on children with disabilities[FD14.1].

GOVERNMENT

Legal Aid Commission

The Legal Aid Commission is an independent Statutory Body formed under the Legal Aid Act 1996 and the Legal Aid Amendment Act 2009 to provide legal services to those who cannot afford a private legal practitioner.

Focus	Support for children with disabilities
Service provision	Providing quality legal aid services to those who may be unable to afford such legal assistance, such as children and people with disabilities.
	Representing children with disabilities in court.

Ministry of Education

The Government body responsible for designing, managing, and delivering Fiji's national education system.

Focus	Support for children with disabilities
Policy; Service provision	Special and Inclusive Education Policy.
	Provide TVET courses.
	Collect data on children with disabilities through FEMIS.
	Operate special schools for children with disabilities.
	Provide grants for assistive devices, modifications and accessibility provisions.
	Train teachers in SIE policy and disability identification.
	Policy development.

Ministry of Health and Medical Services

The Ministry of Health and Medical Services promotes healthier lifestyles and wellness in Fiji. It delivers its services to this population through Divisional Hospitals, Sub-divisional Hospitals, Health Centres, and Nursing Stations.

Focus	Support for children with disabilities
Policy; Service provision	Inclusive Health and Rehabilitation Action Plan 2023 – 2027.
	Early detection and intervention.
	Referrals to and from Frank Hilton Organisation
	Policy development.
	Vaccination and tracking of development milestones
	Collection of health data through PATIS.

GOVERNMENT

Ministry of Women, Children and Social Protection

The Ministry's services cut across all the socio-economic sectors in Fiji, including supporting families without income, children at risk, empowering women, and improving services for both disabled and older persons.

Focus	Support for children with disabilities
Policy; Service provision	Disability Allowance Scheme.
	Transport Assistance Scheme.
	Provides technical advice on SIE policy.
	Member of District Committees.
	Provides support to special school hostels.

Ministry of Youth and Sports

The Ministry of Youth and Sports aims to enhance youth and sports development through strategic initiatives, the implementation of sports policies, and community-based, youth-led programmes.

Focus	Support for children with disabilities
Policy; Service provision	Collaborates with Special Olympics Fiji through programmes.
	Provides funding to Special Olympics Fiji.
	Gives grants through Fiji National Sports Commission.

ORGANISATIONS FOR PERSONS WITH DISABILITES (OPDs)

Fiji Disabled People's Federation

The Fiji Disabled People's Federation is a national cross-disability organisation that is led and managed by persons with disabilities.

Area of Focus	Support for children with disabilities
Services provision; Advocacy and awareness ; Policy	Community outreach.
	Identification.
	Referrals
	Advocate for the rights of persons with disabilities.

Fiji Association for the Deaf (FAD)

Fiji Association for the Deaf is a self-help group run by the Deaf for the Deaf. Formed in 2002, FAD is the only Deaf association in Fiji and advocates for, empowers and educates people who are Deaf.

Area of Focus	Support for children with disabilities
Advocacy and awareness, Service provision.	Sign language classes.
	Sign language interpreters in schools for children who are Deaf.
	Outreach and support for children who are Deaf.

ORGANISATIONS FOR PERSONS WITH DISABILITES (OPDs)

Fiji Mobility Alliance

Fiji Mobility Alliance is dedicated to improving the lives of persons living with physical impairments in Fiji through services, including the provision of mobility equipment and employment opportunities.

Area of Focus	Support for children with disabilities
Advocacy and awareness, Service provision.	Assistive devices for children with physical disabilities.

Fiji Society for the Blind

Fiji Society for the Blind is dedicated to improving the lives of blind and low vision individuals through advocacy, accessibility initiatives, and community engagement.

Area of Focus	Support for children with disabilities
Services provision; Advocacy and awareness	Community-based rehabilitation.
	Early identification and intervention.
	Referrals
	Operates Fiji School for the Blind and hostel.

The Psychiatric Survivors Association of Fiji (PSA)

The Psychiatric Survivors Association (PSA) is a peer-led organisation established through the collective action of people with psychosocial disability in Fiji. Its work encompasses peer support networks to community-based rehabilitation, advocacy, and education.

Area of Focus	Support for children with disabilities
Services provision; Advocacy and awareness	Raising awareness of psychosocial disabilities.
	Working in coalition with other OPDs.
	Advocating for inclusive education for children with disabilities.
	Referrals for children with psychosocial disabilities.
	Supporting awareness and support mechanisms in schools.

United Blind Persons Association of Fiji

The United Blind Persons Association of Fiji advocates on behalf of blind and vision-impaired persons. They raise awareness among the general public about issues affecting people with vision impairment.

Area of Focus	Support for children with disabilities
Advocacy and awareness, Service provision	Advocates for the needs of blind and low vision persons.
	Assistive devices.

NON-GOVERNMENT ORGANISATIONS

Diabetes Fiji

Diabetes Fiji is dedicated to encouraging policymakers to create conducive environments for controlling diabetes and to empower people with diabetes or at risk of diabetes with knowledge and other resources.

Focus	Support for children with disabilities
Service provision, Advocacy and awareness	Dedicated Child Diabetes Centre.
	Community outreach.

Empower Pacific

Empower Pacific is dedicated to enhancing the full potential of communities by working in partnership with Government and other community agencies to ensure a holistic model of professional health services.

Focus	Support for children with disabilities
Service provision	Working closely with schools such as the Hilton Special School.
	Accept referrals from schools for children who need psychological support
	Provide counselling to children.
	Specialised Counselling and Voluntary HIV testing program.

Fiji Women's Rights Movement (FWRM)

Fiji Women's Rights Movement is dedicated to addressing issues affecting women's human rights, advocating for improved policy and legislation, promoting equal access to services and equal opportunities for women, providing leadership opportunities for women, as well as networking and sharing experiences.

Focus	Support for children with disabilities
Policy; Advocacy and awareness	Grow, Inspire, Relate, Lead, Succeed (GIRLS) Programme, including a cohort of 12 Deaf girls aged 14 to 17 years old.

Frank Hilton Organisation (FHO)

The Frank Hilton Organisation is dedicated to addressing the needs of children with disability and their families through a holistic, multidisciplinary, family centred approach.

Focus	Support for children with disabilities
Advocacy and awareness, Service provision	Identification and intervention
	Telehealth and community outreach.
	Capacity building for parents.
	Education through Hilton Special School and the Early Intervention Centre.
	Residential care.
	Therapies.
	Raising awareness and advising Government and other agencies on the rights and needs of children with disabilities.

NON-GOVERNMENT ORGANISATIONS

Foundation for the Education of Needy Children Fiji (FENC Fiji)

FENC Fiji is an organisation specifically focusing on the children of the lowest income families in Fiji.

Focus	Support for children with disabilities
Service provision, Advocacy and awareness	Provide scholarships, covering school levies, textbooks, stationery, uniforms, and other education-related requirements.
	Coaching, mentoring and tutoring support.

Medical Services Pacific (MSP)

Medical Services Pacific is dedicated to strengthening and facilitating quality service provision to clients impacted by sexual assault and gender violence in the Pacific.

Focus	Support for children with disabilities
Service provision	Accessible sexual and reproductive health care for women, youths and children.

Mending Minds Foundation

Mending Minds Foundation provides inclusive mental health and psychosocial support services to individuals, couples, families, children, and marginalised communities from a holistic perspective.

Focus	Support for children with disabilities
Service provision, Advocacy and awareness	Trauma-informed and survivor-centred specialist mental health support.
	Therapeutic care, counselling and community-based support.
	Mental health support and psychoeducation.

New Vision

New Vision of Fiji is an organisation that aims to advocate for and empower people with disabilities, the elderly and disadvantaged communities.

Focus	Support for children with disabilities
Advocacy and awareness, Service provision.	Economic empowerment and vocational training.
	Support children with back-to-school needs.
	Assist children with disabilities through capacity building and other support measures.

Pacific Autism Centre

Pacific Autism Centre is dedicated to promoting and protecting the rights of children with disabilities, specifically children on the autism spectrum.

Focus	Support for children with disabilities
Service provision, Advocacy and awareness	Early identification and intervention.
	Educational support.
	Parent support.

NON-GOVERNMENT ORGANISATIONS

Project HEAVEN Trust

Project HEAVEN Trust is dedicated to ensuring that all schoolchildren and people in Fiji, particularly those in rural and remote communities, have access to and information about primary ear and eye health care.

Focus	Support for children with disabilities
Service provision	Early diagnosis of ear and eye impairment in school-age children.
	On-site screening services at primary and secondary schools across Fiji.
	Provide free hearing and vision screening and diagnosis for people of all ages.
	Improve referral pathways for vulnerable community members in rural and remote areas.

Save the Children Fiji

Save the Children, a Fiji child rights organisation dedicated to helping children in the most vulnerable and marginalised environments.

Focus	Support for children with disabilities
Advocacy and awareness; Policy, Service provision	Inclusive disaster risk reduction education.
	Child safeguarding.

Special Olympics Fiji

Special Olympics Fiji is part of global network seeking to foster inclusion and community through inclusive sports.

Focus	Support for children with disabilities
Advocacy and awareness; Service provision	Inclusive sports.
	Capacity building.
	Screening services.
	Family Health programmes.

OTHER ORGANISATIONS

Fiji Vocational Technical Training Centre for Persons with Disabilities

The Fiji Vocational Technical Training Centre for Persons with Disabilities empowers individuals by providing inclusive education and practical skills that foster independence and enhance employment opportunities.

Focus	Support for children with disabilities
Service provision	Vocational Training for children and young people with disabilities above the age of 14.

Gospel School for the Deaf

Gospel School for the Deaf is dedicated to providing language-based, integrated education and support for deaf and hard-of-hearing children across Fiji and the South Pacific.

Focus	Support for children with disabilities
Service provision	Early childhood & primary schooling.
	Early intervention.
	Residential accommodation.

National Council for Persons with Disabilities (NCPD)

The National Council for Persons with Disabilities (NCPD) is dedicated to empowering persons with disabilities in Fiji and ensuring they receive equal opportunities without barriers.

Focus	Support for children with disabilities
Advocacy, Policy input	Promoting the rights of women, children and older persons.
	Developing and implementing rights based disability policy.

Appendix 3 Annual budget analysis of recent investment targeted for children with disabilities

This data is based on budget estimates released by the Ministry of Finance[164] and may not reflect actual spending.

Ministry of Education				
Targeted Investment for Children with Disabilities	**Annual Ministerial Budget**			
	YR2022/ 2023 (FJD)	**YR2023/ 2024 (FJD)**	**YR2024/ 2025 (FJD)**	**YR2025/ 2026 (FJD)**
	$489.9 million	**$505.4 million**	**$627.6 million**	**$675.4million**
Special School Library Scheme	$2,000	$2,000 No increase	$50,000 Significant increase from previous year	$56,250
Special Education Training	NIL	NIL	$5000 New investment	$5,625
Verification for Students' with Disability	NIL	NIL	$25,000 New investment	$28,125
Programme 2, ACTIVITY 3: Special Education	$782,000	$1,094,405	$1,095,905	$1,080,406
Programme 2, ACTIVITY 3: Special Education - Training and Awareness	NIL	$30,000	Re-classified (training substituted with advocacy)	
Programme 2, ACTIVITY 3: Special Education - Advocacy and Awareness	NIL	NIL	$23,000	$25,875
Programme 4: Curriculum Development, ACTIVITY 1: General Administration - Special and Inclusive Education	NIL	NIL	$50,000 New investment	$56,250
Upgrade of FEMIS infrastructure	NIL	NIL	NIL	$95,625 New Investment
Total targeted investment	**$784,000 0.16% of total budget**	**$1,126,405 0.22% of total budget**	**$1,248,905 0.20% of total budget**	**$1,248,905 0.20% of total budget**

[164] Ministry of Finance, (2022), Budget Estimates 2022 – 2023, Republic of Fiji; Ministry of Finance, (2023), Budget Estimates 2023 – 2024, Republic of Fiji; Budget Estimates 2024 – 2025; Budget Estimates 2025 – 2026.

Ministry of Health

Targeted Investment for Children with Disabilities[165]	Annual Ministerial Budget			
	YR2022/ 2023 (FJD)	YR2023/ 2024 (FJD)	YR2024/ 2025 (FJD)	YR2025/ 2026 (FJD)
	$395.1 million	$453.7 million	$451.8 million Slight decrease	$465.6 million
Programme 2, ACTIVITY 1: Family Health Early Intervention Programme - Frank Hilton Organisation	$900,000	$900,000 No increase	$900,000 No increase	$1,167,391
Programme two, ACTIVITY 5: Disability Inclusive and Rehabilitation Medicine Programme	NIL	$50,000 New Investment	$50,000 No increase	$56,250 Slight increase
Total targeted investment	**$900,000 0.22% of total budget**	**$950,000 0.20% of total budget**	**$950,000 0.20% of total budget**	**$1,223,641 0.26% of total budget**

Ministry of Women, Children and Social Protection

Targeted Investment for Children with Disabilities[166]	Annual Ministerial Budget			
	YR2022/ 2023 (FJD)	YR2023/ 2024 (FJD)	YR2024/ 2025 (FJD)	YR2025/ 2026 (FJD)
	$147.7 million	$200.2 million	$199.5 million Slight decrease	$465.6 million
Economic Empowerment of Persons with Disability	$18,000	$10,000 Decrease	$10,000 No increase	$11,250
Implementation of Rights of Persons with Disability Act 2018	$10,000	$30,000 Increase	$30,000 No increase	$33,750
Allowance for Persons with Disability	$13,741,621	$16,360,032	$17,662,592	$18,545,722
Total targeted investment	**$13,769,621 9.3% of total budget**	**$16,400,032 8.1% of total budget**	**$17,702,592 8.9% of total budget**	**$18,590,722 8.9% of total budget**

Ministry of Youth and Sports

Targeted Investment for Children with Disabilities[167]	Annual Ministerial Budget			
	YR2022/ 2023 (FJD)	YR2023/ 2024 (FJD)	YR2024/ 2025 (FJD)	YR2025/ 2026 (FJD)
	$13.8 million	$19.5 million	$23.4 million	$23.4 million
Allowance for Persons with Disability	$60,000	$103,250 Increase	$200,000 Significant increase	$195,652 Decrease from previous year
Percentage of Total Budget	**0.43%**	**0.52%**	**0.85%**	**0.83%**

[165] Programmes such as the Child Health Development Programme and Early Childhood Development Programme and programmes targeting disability more generally likely suport children with disabilties, however there are no annual reports available with disaggregated data to show the investment. Therefore only investment specifically targeting children with disabilities has been included.

[166] Initiatives such as the Child Wellbeing Centre, the Child Help Line , the Family Assistance Scheme and the Child Protection Allowance likely suport children with disabilties, however there are no annual reports available with disaggregated data to show the investment. Therefore only investment specifically targeting children or persons with disabilities has been included. Even for the allocations included, there is no way to verify how much within these investments went towards children with disabilities.

[167] In the absence of age disaggregated data via Annual Reports, there is no way to verify how much of these allocations have been utilised for children with disabilities.

Appendix 4 Validation Workshop Attendees

Organisations invited and attended	Organisations invited but did not attend
Central Division	
Fiji Council of Social Services Online Safety Commission Office of Director of Public Prosecutions Ministry of Women, Children, Social Protection Ministry of Education St Giles Hospital Special Olympics Fiji Pioneer Education Project HEAVEN Trust Pacific Autism Centre New Vision of Fiji National Council for Persons with Disabilities Fiji Women's Rights Movement Frank Hilton Organisation FENC Fiji Nausori Special School Gospel School for the Deaf Fiji Society for the Blind Fiji Police Force Parents of children with disabilities	Ministry of Justice Legal Aid Commission Australian Fiji Health Program Empower Pacific FDPF Psychiatric Survivors Assocation Fiji Mobility Alliance Fiji Association for the Deaf
Western Division	
Ra *iTaukei* community Ba *iTaukei* community Ba Provincial Council Nadi Centre for Special Education Fiji Disabled Peoples Federation – Lautoka Branch Lautoka School for Special Education National Council for Persons with Disabilities – Lautoka branch Ra Special School Ba School for Special Education	Ra Indo Fijian Community
Northern Division	
Labasa Special School Labasa Women's Crisis Centre Parents Ministry of Health Provincial Council Office – *Roko Tui's* Office Medical Services Pacific Macuata *iTaukei* community MWCSP – Department of Children MWCSP – Social Welfare Department Nasavusavu Special School NCPD – Labasa Labasa School for Special Education FDPF – Labasa Branch	

Appendix 5 The Children's Toolkit

The children's toolkit[168] provides a number of different tools or approaches to aid the child in answering the research questions. Some children, particularly teenagers and children with a high level of understanding may not need additional tools and will be happy to just answer the questions. This is why the initial meeting and getting to know the child is so important.

Methods should never place pressure on a child. Especially for a younger child, engaging in a play based or curiosity activity will keep the child's interest. Creative approaches like drawing or story telling can be one way to engage children but be mindful that for some it may feel less fun if they feel like they are being tested on their skills. Children with disabilities may have already faced judgement and therefore we need to make sure we are not placing pressure or expectation on children's participation. At all times we should be sensitive to the child's responses and needs.

Not all tools will be appropriate for all children, because of their specific disability, and it will be up to researchers to decide what tool is best based on the child's disability, method of communication and needs.

The different tools are:

- Photo library
- Story in bag
- Sound library
- Drawing
- Community mapping
- Story Boards
- Sitting and talking
- Being with a child

1. Photo library

The photo library helps children with disabilities share their views through visual prompts. Children are shown photos of different aspects of life to support in answering the questions. This method is particularly effective for children with cognitive disabilities or limited life experiences, as it aids communication and encourages discussion about different aspects of their lives, including those that they have not yet experienced or may want to experience or may have difficulty expressing.

This method is not suitable for a child with vision impairment.

Photos are relevant to the local area, preferably taken in the place where the child lives, rather than stock photos from the internet. The photos represent a range of human rights areas such as health, housing, play, social life (friends), family life, food and drink, education, safety, transport, culture, spiritual life and religion, law and order, and future aspirations.

The process of looking at and selecting photos should be child-led, with researchers or other adults not influencing the child's choices. The child can choose as many photos as they like. Children can talk about each photo, what it means to them, and why they have chosen it.

2. Story in a bag

This activity is a tactile method to help children answer questions. Children explore a bag filled with everyday objects to express thoughts or ideas. This method is particularly effective for children who have low vision or are blind, as it involves touch and interaction.

[168] Much of this is taken from Jenkin et al., Inclusive Practice for Research with Children with Disability: A Guide

The objects cover similar areas to the photo library. Objects in the bag may be different in rural and urban areas and will vary according to the child's age. Usually these will be everyday objects like a piece of fruit, a drinking cup, a toy or ball, and objects that represent other things, for example, a pen and book, which might mean 'school' or education to the child.

The child may also want to play with the objects. Give them the space to do so while gently bringing them back to the question being asked. The child can explore the bag, pull out the objects and feel them, and talk about them. Allow the child to explore the bag and each object freely.

The child can also share if there are other objects they would like to include in the bag, like what is important to them or what they feel is missing.

3. Sound Library

The sound library uses audio recordings of familiar sounds to help children with disabilities share their answers. This method is particularly engaging for children with visual impairments and creates an inclusive research environment. This is a similar tool to the Photo Library however it uses audio prompts rather than visual prompts.

Short recordings of sounds that relate to the questions being asked such as health, play family life, food and drink, education, safety, holidays, communicating, culture, money, and animals etc are made that are relevant to the local context. Children can listen to the different sounds and use them to help them answer the different questions. They can stop at any time and talk about as many sounds as they like. For each sound the child talks about, ask them what it means to them, and why they have chosen it.

4. Drawing

This method involves children drawing pictures to communicate their answers. Researchers engage the child by asking questions about their drawings, connecting their drawings to the research topic. Allowing the child to draw pictures (and tell stories) is just a tool to help the child talk or communicate about the questions. The child can do single or multiple drawings based on their own interest.

Be mindful that some children do not enjoy drawing and that it can make some children anxious if they feel they don't know how to draw. This may also not be appropriate for children who have physical impairments that affect their fine motor skills.

5. Community mapping

In this exercise, visual 'maps' or representations of different places in a child's life can be used as prompts to talk about children's experiences in these different locations. Children can draw a picture of their home, their community or their school or alternatively could be provided these by the researcher. This supports children answering the research questions in relation to the different locations.

This can be a good activity for children who may be non-verbal or children who enjoy tactile activities. For some children, abstract concepts or images may be harder to understand, so photos of the different places being discussed can support the activity.

You can either provide basic maps of a child's community, school or home, with key places highlighted or the child can draw their own map. Children can then draw, write or place stickers on the picture highlighting what is important. Stickers with different emotions (happy, sad, angry, scared) can be placed at different places on the 'maps' to show where the child might feel these emotions. For example, they may place a sad face next to a school bathroom that is not accessible for their wheelchair. This can be used to facilitate further discussion as to why they selected these places and as a way to support answering questions.

6. Story Boards

Story Boards are a tool that use visual signs and symbols that aid in answering questions. This is a useful method for non-speaking children but is only appropriate for children who are already familiar with using Core Boards or signs or symbols to communicate.

A range of appropriate symbols can be identified as potential responses to the different research questions. Children can also use their existing Core Boards as these symbols may be more familiar to them. Participants are asked questions, invited to choose the symbol(s) that matches their ideas and/or emotions and each create their own symbols board. It can be helpful to use pictures that are relevant to the child's life including family photos.

7. Sitting and talking

Some children may not need additional tools to answer the research questions. They may be happy just to sit and *talanoa*. In this case, go through the different research questions and prompts or whatever the child would like to share. Still be mindful of when children may need to take a break or if they wish to stop.

8. 'Being with' a child

Observation as a research method can be used for gathering information about children's experiences. This takes the form of observing and paying attention to what is going on in a situation. Sometimes a child's behaviour and their surrounding environment, including the people in it, can tell us more than words.

While the main interview is taking place it can be helpful to have a member of the research team observe the environment and the dynamics of that space. Some questions you can ask are:

- What did you notice about the physical environment?
- What did you notice about how the child was feeling? Did this change at all, and what did you notice about that?
- What was the verbal and non-verbal communication between parent and child like?
- How did the parent respond to the child?

These observations can take the form of written notes and should be neutral descriptions free of judgement or bias.

Appendix 6 Easy Read participant Information Sheet for Children

Fiji Human Rights and Anti-Discrimination Commission
T +679 330 8577 | F +679 330 8661 | E info@fhrc.org.fj | W www.fhrc.org.fj
Level 2 Naibati House 9 Goodenough Street, Suva. Private Mail Bag, Suva, Fiji Islands

Information Sheet

What do we want to know?

We want to know:

- What life is like for children with disabilities.

- What is helping and what isn't helping children with disabilities in Fiji.

- How to help children with disabilities live happy and good lives.

Who will I talk to?

You will talk to a researcher.

A **researcher** is someone who:

- wants to learn more about something.
- talks to different people about their thoughts and ideas.

The researcher will audio record what you say.

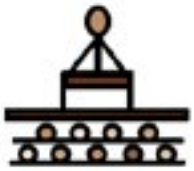
They may also write down what you tell them.

What will I do?

You can tell us about:

- your family

- your home



- your school

- your town.

You can tell us:

- Things that make you happy.

- Things that make you unhappy or angry.

- Things you find hard or difficult.

- Things that would help you and make your life better.

- You can tell us about your hopes and dreams for the future.

What will you do with what I tell you?

We are going to write a report.

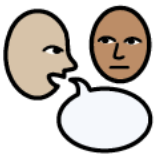
A **report** is like a small book that tells people important things.

It can give ideas of how to make things better.

This report will give ideas about how to make life better for children with disabilities in Fiji.

We will not use your name or what you have said unless you say we can.

Your rights



You do not have to talk to us.

It is you choice, not your mum or dads.

If you talk to us you can:

- Tell us you don't want to answer a question.

- Take a break

- Stop talking to us

You can:

- Ask for your story not to be in the report.

- Ask any questions whenever you want.

- Get information from us about what we are doing.

Appendix 7 Disability Glossary

Ableism
Ableism means prioritising the needs of people without disabilities over people with disabilities. In an ableist society, it's assumed that being "normal" is not having a disability and that people without disabilities are more valuable to society.

Accessibility
Accessibility describes the degree to which an environment, service, or product allows access by as many people as possible, in particular people with disabilities.

Accommodation / Reasonable Accommodation
Adjustments or modifications to programmes, workplaces, or environments that enable participation by individuals with disabilities

Assistive Technology
Devices or software that help individuals with disabilities perform tasks or access resources, such as wheelchairs, hearing aids, screen readers, or modified keyboards.

Attention Deficit Hyperactivity Disorder
Attention Deficit Hyperactivity Disorder (ADHD) is a neuro-diverse condition that mainly affects attention regulation.

Autism/Autistic Spectrum Disorder
Autism spectrum disorder (ASD) refers to a range of conditions characterised by some degree of impaired social behaviour, communication and language, and a narrow range of interests and activities that are both unique to the individual and carried out repetitively. ASDs begin in childhood and tend to persist into adolescence and adulthood. In most cases, the conditions are apparent during the first five years of life. Individuals with ASD often have other co-occurring conditions, including epilepsy, depression, anxiety and attention deficit ADHD. The level of intellectual functioning in individuals with ASDs is extremely variable, extending from profound impairment to superior levels. Asperger's is an outdated term for a type of autism. The term is now no longer used in new diagnoses.

Barriers
Factors in a person's environment that, through their absence or presence, limit functioning and participation, therefore contributing to the experience of disability – for example, inaccessible physical environments, a lack of appropriate assistive technology, and negative attitudes towards disability.

Braille
A system of writing for persons with visual impairments that uses letters, numbers, and punctuation marks made up of raised dot patterns.

Charity approach to disability
An approach to disability that sees persons with disabilities as victims who inspire compassion, who are to be pitied, who need our help, sympathy and charity, and who need to be looked after. Through emphasising helplessness, it risks to undermine their autonomy, independence and rights. Instead a rights-based approach and strengths-based approach to disability should be used. (See Rights-based approach and Strengths-based approach to disability).

Deaf or hearing impairment

'Deaf' with a capital D is used to refer to people who have severe hearing loss or no hearing since birth, or before they started to speak. On the other hand, 'deaf' with a small d is used to describe severe hearing impairment

Hearing impairments can range from mild to profound. People who are hard of hearing may use a range of strategies and equipment including speech, lip-reading, writing notes, hearing aids or sign language interpreters.

Deafblindness (also: dual sensory loss, multi-sensory impairment)

Deafblindness is a combination of sight and hearing loss that affects a person's ability to communicate, access information and get around. A deafblind person won't usually be totally deaf and totally blind, but both senses will be reduced enough to cause significant difficulties in everyday life. These problems can occur even if hearing loss and vision loss are mild, as the senses work together and one would usually help compensate for loss of the other. To help compensate for the combined vision and hearing impairment, relying especially on the tactile sense becomes important.

Developmental delay

Developmental delay is a term used to describe a delay in a child's development. When young children take longer than expected to develop physical, emotional, social, communication and thinking skills, it's called developmental delay. It means that a child finds it much harder and needs lots of extra help to do everyday things such as dress themselves, talk or walk, compared to other children of the same age.

Intellectual or learning disability

Intellectual disability is a term used when there are limits to a person's ability to learn at an expected level and function in daily life. An intellectual disability affects the way a person understands information and how they communicate. This means they can have difficulty understanding new or complex information, learning new skills, and coping independently. A learning disability can be mild, moderate or severe. Some people with a mild learning disability can talk easily and look after themselves but may need a bit longer than usual to learn new skills. Other people may not be able to communicate at all and have other disabilities as well.

Invisible disabilities

Invisible disabilities, or hidden disabilities, are physical, sensory, mental, or neurological conditions including chronic health conditions that interfere with day-to-day functioning, but are not immediately apparent to others.

Medical model of disability

An approach that considers disability as a strictly medical problem that needs to be addressed. It focuses on "cure" and "care". The issue of disability is limited to the individual: according to this approach, it is the person with a disability that has to be changed, not the society.

People with neurodevelopmental motor disorders

A group of conditions characterised by developmental challenges in learning, control, and execution of motor skills. These disorders can affect how individuals perform physical movements and coordinate their actions. Neurodevelopmental motor conditions may include yet not be limited to:

- Motor Neurone Disease (MND).
- Cerebral Palsy.
- Tourette's Disorder.
- Other Tic Disorders.

Neuro-diverse people/People with neurodiversity

Neurodiversity is a term coined by Australian sociologist Judy Singer in the late 1990s to describe 'the limitless variability of human cognition.' It includes people on the autism spectrum as well as those with other conditions, such as:

- Dyslexia (affects a person's ability to read and write and can also affect working memory and organisational skills).
- Dyspraxia (affects gross and/or fine movements and tasks that require dexterity, physical co-ordination or balance).
- Dysgraphia (affects communicating effectively using written language, including translating thoughts into written words.).
- Dyscalculia (causes a persistent difficulty in the understanding of numbers and maths concepts.
- Attention deficit hyperactivity disorder (ADHD).
- Autism.

Even though it's not a medical condition, some people have embraced the term to describe themselves, as 'a person with neurodiversity'. Other terms, such as neuro-atypical and neuro-divergent have since emerged.

People with acquired brain injury (ABI)

Acquired brain injury (ABI) refers to any type of brain damage that occurs after birth. The injury may occur because of infection, disease, lack of oxygen or a trauma to the head. The long term effects are different for each person and can range from mild to profound.

Person-First vs Identity-First Language

Person-first language emphasises the individual before the disability (e.g., "person with autism"), while identity-first language emphasises the disability as part of identity

Physical disability

A physical disability is an impact or limitation on a person's physical functioning, mobility, dexterity or stamina and does not rely on a specific medical diagnosis. It is a long-term condition that substantially limits a person's physical functioning, mobility, dexterity, or stamina, affecting daily life and participation in society. Physical disabilities can be congenital (present at birth due to genetic or developmental factors) or acquired (resulting from injury, illness, or progressive conditions).

Psychosocial disability

Psychosocial disability refers to an illness or a disorder of the mind that has significant psychological or behavioural manifestations, is associated with painful or distressing symptoms, and impairs an individual's level of functioning in certain areas of life. Psychosocial disability arises when someone with a mental health condition encounters social barriers that prevent them from participating equally in society. Psychosocial disability may restrict a person's ability to concentrate, to cope with multiple tasks, to interact with others, to accept constructive feedback, and/or to manage stress.

Rights-based approach to disability

An approach that sees persons with disabilities as right-holders, and disability as the social consequence of impairment. It focuses on identifying and removing barriers that block or limit inclusion. It advocates equal opportunities and non-discrimination on the basis of disability.

Sensory impairment

A sensory impairment is an impairment that affects one of the senses: sight, hearing, touch, smell, taste or spatial awareness. Common sensory impairments include sight and hearing loss.

Speech and language disorders

A speech disorder affects the articulation of speech sounds, fluency or voice. People with speech disorders have difficulty with forming specific words or sounds correctly, with making words or sentences flow smoothly. They can also experience problems with pitch, volume, tone, and other qualities of the voice that affect communication. A language disorder is a communication disorder in which a person has difficulties in understanding, learning and using language. Language and speech disorders can exist together or by themselves.

Children may be born with conditions or disabilities that impact on their speech, language and communication skills, such as Autism Spectrum Disorder, Intellectual Disability, Downs Syndrome, Hearing Impairment and Acquired Brain Injury or Speech Language Disorders may occur in isolation, that is without any underlying medical conditions or developmental issues. These difficulties may present for a short or extended period of time and can range from mild to severe.

Strengths-based approach to disability

A strengths-based approach to disability focuses on identifying and building upon an individual skills, capacity, abilities, resources, and potential rather than emphasizing deficits or limitations.

Visual impairment (also: vision impairment, vision loss)

Vision impairment refers to people who are blind or who have partial vision. It is a decrease in the ability to see to a degree that causes problems not fixable by usual means, such as glasses.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