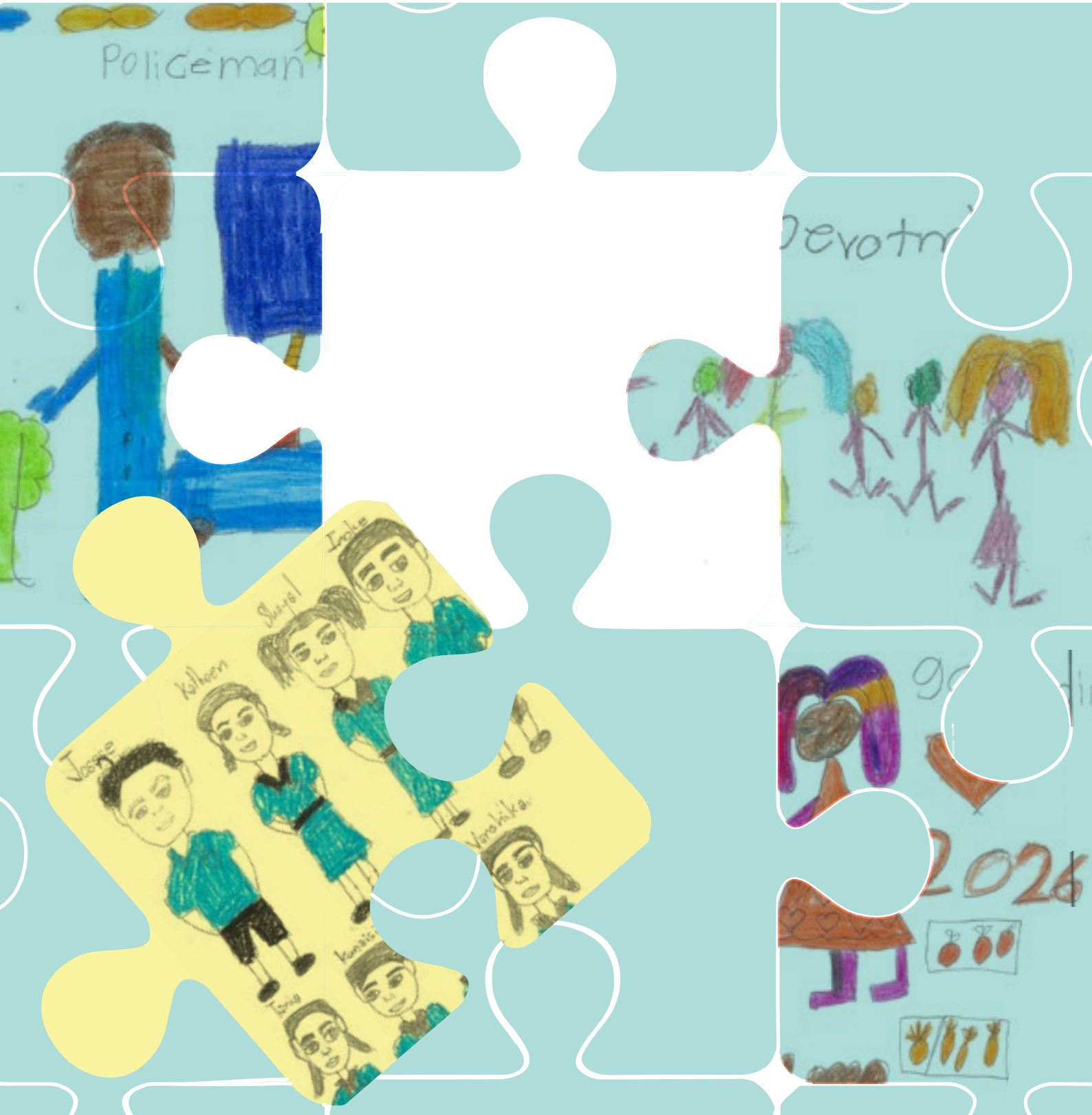
BASELINE STUDY

Rights of Children with Disabilities in Fiji

SUMMARY REPORT



Human Rights and Anti-Discrimination Commission
Australian Aid
UNITED NATIONS FIJI, SOLOMON ISLANDS, TONGA, TUVALU AND VANUATU

Introduction

Children and young people are among the most at-risk groups facing human rights violations, because they cannot fully exercise their rights and are therefore dependent on adults for their safety, wellbeing, livelihood, advocacy and overall protection.[1] Children with disabilities face even higher risks due to systemic, structural, environmental, economic, cultural and social barriers.[2]

Children with disabilities in Fiji face barriers in accessing education, healthcare, and other essential services because of factors such as physical inaccessibility, stigma and discrimination, enforcement gaps, underinvestment, and the limited availability of disability-inclusive programs and services. Children with disabilities can also experience multiple and overlapping forms of discrimination, due to their gender, the nature of their disability, sexual identity, family income, ethnicity, or where they live.

Fiji has taken significant steps to strengthen the rights of children with disabilities through national legislation and policy. Fiji is also a State Party to international human rights frameworks, including 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).[3] Improved data collection and research into the rights of persons with disabilities has also added to the overall knowledge around disability in Fiji.[4]

Despite this, research into the lived experiences of children with disabilities in Fiji is limited and a full assessment of the protection of the rights of these children is lacking. To address these gaps and build on existing efforts, in February of 2025, the Fiji Human Rights and Anti-Discrimination Commission (the FHRADC) launched its Baseline Study into 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 protect and promote the rights of children with disabilities. The three 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 disability in Fiji?

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 these children.

The Fiji Human Rights and Anti-Discrimination Commission

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

---

[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: understadning the human rights priorities of children with disability in Vanuatu and Papua New Guinea, Disability and Society, 32(3), 358-380, pp.359-360.

[3] See p17 of this summary report for a list of Fiji's existing frameworks, legislation and policies.

[4] Fiji Bureau of Statistics, (2022), Multiple Indicator Cluster Survey 2021 – Survey Finding Report; 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.

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

The Study: Approach, Participants and Limitations

This Study used a mixed-methods approach, drawing on both qualitative and quantitative data. The Study was guided by the ethical principles of respect for human beings, beneficence, research merit and integrity, and justice and informed by a decolonial lens that recognised and centred the voices, experiences and local knowledge of participants and communities.

In total the Study engaged with over three hundred people as well as reviewing national legislation, policies, programs, and prior research and undertook quantitative analysis of available datasets and disaggregated indicators.

Interviews took place with 8 Government agencies (14 separate interviews), 16 non-government organisations (NGOs), 5 Organisations of Persons with Disabilities (OPDs) and 5 special schools. The FHRADC received a total of 90 submissions from across Fiji, mostly from parents of children with disabilities.

The Study team also conducted 16 community consultations across 8 different communities with 265 participants through talanoa group discussions. The FHRADC 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.

The Fiji Disabled People's Federation and Frank Hilton Organisation the children selected for the Study. The Study met with 30 children and their families across a range of disabilities. Eight of the children were girls and 22 were boys. Not all children the FHRADC met with communicated verbally. Some used gestures or symbol boards, other used single words or phrases but were still able to participate via inclusive tools and methods.

This Study acknowledges several limitations that influence the findings, including:

- **Limitations in sample size:** The FHRADC acknowledges that the number of children covered in this Study is smaller than originally intended. Their views and experiences should therefore not be seen as representative of all the children with disabilities in Fiji. However, they still offer valuable insights into the diverse realities of children with disabilities. The quotes, experiences and stories shared in the full report centre their voice in a way that other reports may not. Another limitation of this Study is the disproportionate representation of boys with disabilities compared with girls with disabilities. Since girls with disabilities often experience barriers and forms of discrimination specific to their gender, their perspectives may therefore be underrepresented in the findings.

- **Lack of engagement from key stakeholders:** The FHRADC initially reached out to fourteen Government Ministries or institutions. Four of them did not respond to our invitation to participate in the study. Two agreed to the consultation but then never offered a time to meet with the FHRADC. The FHRADC also reached out to five faith-based organisations across different faiths and denominations but received no response.

  The lack of engagement by key stakeholders could be seen to represent or reflect wider systemic, structural, social, and attitudinal barriers that influence awareness, recognition and implementation of the rights of children. Such barriers can prevent, limit or constrain efforts to creating inclusive rights based systems that are responsive to the needs and experiences of children with disabilities.

- **Timing and resourcing:** Delays in establishing the Study team, as well as identifying children and families, resulted in the Study's timeline being extended. Funding constraints meant that the team responsible for undertaking the Study was small and therefore could not carry out extensive and wide-ranging data collection. The condensed timeline meant that the FHRADC was not able to speak to as many families as was originally intended.

Recommendations

Recommendation 1:

Establish a national implementation and accountability mechanism for the rights of children with disabilities.	Establish a national, multi-sector body 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 monitoring body should include children with disabilities, families, OPDs and child-focused disability organisations, with child disability representation within the governance structures.

Recommendation 2:

Review laws and policies for disability-inclusive and child-rights compliance	Review legislation and policy to identify aspects 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 accessibility, supported communication, and child participation. The review should actively engage and consult with OPDs, people with disabilities, children with disabilities and their families.

Recommendation 3:

Institutionalise disability rights awareness, mainstreaming and sensitisation across government	Develop and implement a mandatory, government-wide disability rights awareness programme that prioritises disability related issues and strengthens understanding of disability as a human rights issue to ensure that all government agencies are equipped to identify, include and respond to the rights and needs of children with disabilities.

Recommendation 4:

Fully operationalise the Centralised Disability Data Hub	Fully operationalise the Centralised Disability Data Hub and ensure it has a clear purpose, structure, budget, staffing, privacy safeguards, and data-sharing protocols. Data should be separated by age, 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.

Recommendation 5:

Improve community-level identification and referral of children with disabilities	Develop community-level disability identification and referral pathways, including through village profiling, DISCOMs, community health workers, schools and social welfare officers. Any identification must follow cultural protocols, and not expose to children with disabilities to harm. Information should only be shared with necessary organisations and agencies and children should have a say in how they participate.

Recommendation 6:

Strengthen family-centred support for children with disabilities	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, such as counselling. Support should prioritise families in rural, maritime and low-income communities and children with high support needs.

Recommendation 7:

Review and strengthen social protection for children with disabilities and caregivers	Review the adequacy, accessibility and reach 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 (like wheelchairs or hearing aids), therapies, food, home modifications, such as ramps, and lost caregiver income.

Recommendation 8:

Strengthen inclusive education as the priority pathway while maintaining specialised supports	Prioritise inclusive education in mainstream schools, while providing specialised support, resource centres, itinerant teachers, teacher aides, assistive technology (like digital tools for non-verbal children), and ensuring referral pathways are available for children who require them. Expanding of special schools or special classes should not come at the cost of making mainstream education accessible, inclusive and accountable.

Recommendation 9:

Make disability-inclusive education training compulsory	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 teaching methods and practices, reasonable accommodation (such as printing of materials, extra time for assessments, or modifying the curriculum), sign language basics, child safeguarding, gender and disability, and anti-bullying. Training for existing teachers can be supported through organisations like Frank Hilton.

Recommendation 10:

Ensure safe, accessible and inclusive school environments	Ensure all schools progressively meet accessibility and universal design standards, including accessible toilets, ramps, transport, classrooms, playgrounds, communication supports, menstrual hygiene facilities, and safe reporting mechanisms. Schools should also implement disability-inclusive anti-bullying policies.

Recommendation 11:

Strengthen early identification, referral and intervention	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.

Recommendation 12:

Expand disability-inclusive health and rehabilitation services outside Suva	Increase access to services such as physiotherapy, speech therapy, medication, and eye and ear care 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.

Recommendation 13:

Make health services accessible and child disability-inclusive	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, waiting areas that are quiet and low light for children with sensory-sensitivity, accessible sexual and reproductive health rights information and disability-inclusive complaints mechanisms, such as text based options for people who are Deaf.

Recommendation 14:

Fund community-based inclusive development initiatives	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.

Recommendation 15:

Promote rights-based media representation	Develop media guidelines on rights-based and strengths-based reporting on children and persons with disabilities, avoiding pity, charity and inspiration stereotypes. Children and persons with disabilities should be supported to tell their own stories safely in a way that they agree to.

Recommendation 16:

Strengthen disability rights awareness and community education	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 Fiji Human Rights and Anti-Discrimination Commission 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.

Recommendation 17:

Establish a national assistive technology and AAC procurement system	Develop a government-funded assistive technology and augmented and alternative communication device procurement, fitting, maintenance and repair system that meets quality and assurance standards for children with disabilities, including wheelchairs, hearing aids, braille equipment, communication boards, text to speech technology, glasses, orthotics, sensory supports, such as noise cancelling headphones, and adapted furniture.

Recommendation 18:

Enforce accessibility standards across public buildings, transport and services	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.

Recommendation 19:

Institutionalise disability-inclusive child justice and protection procedures	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.

Recommendation 20:

Strengthen accessible abuse reporting and response systems	Ensure all child abuse, gender based violence and online safety reporting systems are accessible to children with diverse disabilities, including children who are Deaf, non-verbal, who use alternative communication devices such as talking boards, have intellectual disabilities or psychosocial disabilities. Mandatory reporting must be accompanied by disability-inclusive training, referral pathways and the capacity to respond safely.

Recommendation 21:

Ensure accessible sexual and reproductive health rights and protection from gender-based violence for children with disabilities	Develop specific safeguards to protect children with disabilities from sexual violence and girls with disabilities from non-consensual medical decision-making. Ensure accessible sexual and reproductive health education, menstrual health support, contraception information, consent education, gender based violence referral pathways and survivor-centred services.

Recommendation 22:

Make online safety systems disability-inclusive	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.

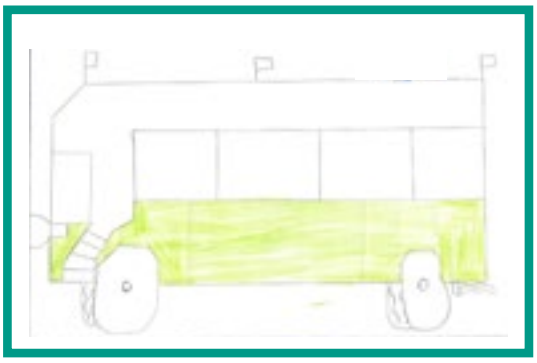
Recommendation 23:

Ensure disability-inclusive disaster risk reduction and evacuation planning	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.

Recommendation 24:

Establish formal mechanisms for children with disabilities to participate in decision-making	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.

A drawing of two adults and four children representing family time. Drawn by a child with disability at Ra School in response to the question, "What do you really like or care about?"



A drawing of a bus in motion, drawn by a child with disability at Ra School in response to the question, "What are your hopes and dreams?" The child said they wanted to be a bus driver when they grow up.

Key findings: Law, Policy and Participation

Even with promising developments in legislation and policy, a gap exists between the kind of frameworks that are developed and the lived experience of children with disabilities and their families. Implementation is inconsistent, underfunded, not coordinated, or poorly enforced. Responses can be reactive, rather than intentionally designed to support rights and inclusion. Without proper resourcing, monitoring and accountability, Fiji will not meet its obligations under national and international human rights frameworks to children with disabilities and their families, who continue to face barriers to their inclusion and meaningful participation in society.

What's working well?

Positive examples of participation and inclusion include organisations giving leadership opportunities to children with disabilities and special schools encouraging students to be ambassadors for disability and help raise awareness. Fiji Women's Rights Movement's GIRLS programme facilitates leadership opportunities for Deaf girls and offers them the opportunity to articulate their views on issues that are important to them.

Steps are also being taken to develop better disability data collection, establish a central disability data hub and support data sharing for better service coordination.

Ongoing challenges

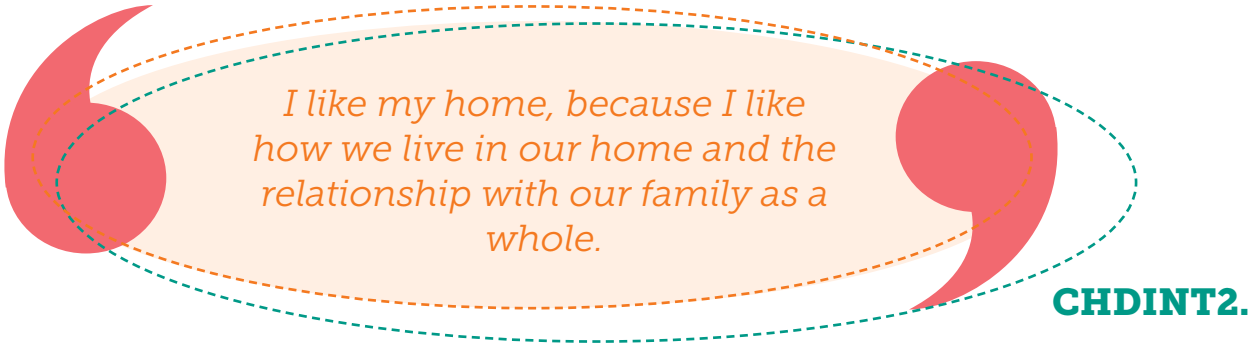
While laws and policies often fail to address the rights and needs of children with disabilities, where policies and legislation that do include a focus on such children, the government has not invested enough money towards ensuring the intended outcomes of such measures can be achieved. It is not always clear who is responsible for carrying out the work or how the government will track the progress of different policies and legislation.

There is a general lack of disability awareness and sensitisation across Government Departments and Ministries and within some NGOs. Many Government Departments, NGOs and OPDs do not specifically focus on or advocate for children with disabilities.

Many government organisations and NGOs collect data, but this data often does not account for disability. Data collection, in many cases, is not coordinated, is inconsistent, and not held in one central location. Limited coordination between different stakeholders leads to a lack of understanding of where gaps might exist in services and support may be.

Parents and children with disabilities are often not consulted on decisions that may affect them or asked to provide feedback on policies related to children with disabilities. Communication barriers and a failure to provide reasonable accommodations can also prevent children with disabilities from having their say.

Key findings: Child and Family Experience



Children with disabilities have the same hopes, interests, dreams and desire for belonging as all children, yet many continue to face stigma, inaccessible environments, financial hardship, limited services, and uncertainty about their future. Families, particularly mothers and female caregivers, can carry emotional, physical and financial responsibilities without adequate support. At the same time, acceptance, family support, and community inclusion have a positive impact on the lives of children with disabilities. Meaningful investment and the removal of existing barriers is critical to helping children with disabilities to grow, participate, and thrive.

What's working well?

Children who participated in the Study are close to their families and love to help at home. Like other children, they love listening to music, singing or dancing, playing on their phones and watching TV. They enjoy going to school, playing with their friends or siblings, playing sports, participating in religious activities, drawing, or being in nature. Children we spoke to want to be a variety of things when they grow up: nurses, teachers, soldiers, models, superheroes, dieticians or police officers. Many parents act as advocates for their child and include their child in all activities.

Ongoing challenges

Some children with disabilities are more independent, while others have high support needs for dressing, toileting, feeding and mobility. Parents of children with high support needs, often follow structured daily routines. On the other hand, communication barriers mean parents sometimes have trouble understanding what their non-verbal child needs. Children with disabilities have also been bullied, punched or teased by other children.

For most families, the main caregiver is the mother, grandmother or other female relative and some women have left their jobs to care for their child full-time. Parents face many responsibilities in caring for their child and balance caregiving with household duties, caring for elderly parents and work. Parents experience different worries, such as financial stress, housing insecurity, challenges accessing services or emotional strain. Many parents fear for their child's future and long-term care. Parents of children with high care needs, worry about what will happen to their child after the parent passes away.

Families face many costs in supporting their children with disabilities including, transportation costs, medication, toiletries, food, diapers and assistive devices. The disability allowance is not enough for many families to cover these necessary expenses, especially as the cost-of-living rises. Some families receive financial support from their wider family.

Children outside of urban areas need to travel longer distances to access services and therefore face higher transportation costs. Buses are inaccessible to most children in wheelchairs, who must use taxis instead. Homes may also be difficult to access or in need of renovations, but families cannot afford the cost.

Stakeholders shared that some parents feel ashamed or carry stigma against their child due to lack of awareness about disability. They may not understand their child has a disability, or they may be in denial. Stakeholders spoke of parental neglect, children with disabilities coming to school without lunch or clean clothes, parents prioritising the needs of children without disabilities or giving preferential treatment to boys over girls, as well as the struggles of low-income families to provide adequate care, support and other necessities for their children with disabilities.

Families can be spaces of love and support but, for some children with disabilities, parents, caregivers or other family members can further isolate, control or harm these children. At the same time, neglect needs to be considered within the wider context. Many families who have a child with a disability face with competing priorities, a lack of access to support and resources, and financial challenges. These factors place considerable pressure on the families and affect their ability to meet the special needs of their child with a disability.

A group of children in school uniform, standing together and smiling. Drawn by a child with disability at Ra School in response to the question, "What do you really like or care about?", showing the importance of school and friendship.

Key findings: Community attitudes and inclusion

> *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.**

Many children described meaningful friendships, participation in sport, church and community life, and families spoke of communities that love and support their children. At the same time, stigma, discrimination and exclusion remain a significant part of many of these 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.

Children with disabilities must be 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.

What's working well?

Existing Government and NGO initiatives, radio programmes, workshops, programs, church including discussions within other faith-based settings discussion or community meetings have helped raise awareness. Positive examples of inclusive sport and recreation activities, such as The Council for Special and Inclusive Educators (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. Special Olympics Fiji also promotes inclusive sports for people with disabilities through unified sports. Unified sports supports people with and without disabilities to play together, sometimes with modified rules and regulations to ensure inclusion, accessibility, and meaningful participation for all players and athletes.

The Study heard of children with disabilities playing with their friends without disabilities and these friends making accommodations so they could be included, particularly in smaller village communities. Children told the Study they had good friends whom they trusted.

Ongoing challenges

More than half of all interviewees mentioned some form of stigma, bullying, teasing or discrimination against children with disabilities. Children with disabilities face discrimination from extended family, parents' workplaces, the wider community, other children, teachers and health professionals. Stigma and discrimination often stems from a lack of understanding or awareness and can act as a barrier to children with disabilities accessing health care, education or social life.

Some families told us their child is included in community life and social events. Children with disabilities attend village gatherings, parties, funerals, awareness raising events, fundraisers, and sports activities. However, we also heard of times they were excluded from social life due to having a child with high support needs, constant questioning about their child's disability, teasing or bullying from other children, or neglect.

Many communities have never had any awareness on disability. Community understandings of disability sometimes overlook "invisible" disabilities such as intellectual disability, learning disabilities, or autism. There is a strong desire for more community awareness on children with disabilities and their rights.

Key findings: Services and support systems

> *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.**

Services, support systems and community coordination play an important part in helping children with disabilities to participate fully in family and community life. Across Fiji there are dedicated organisations, community outreach initiatives, referral networks and collaborative partnerships working to fill important gaps in support services. Access to such support, however, remains significantly unequal. Geography, financial costs, transport barriers, workforce shortages, and limited Government investment continue to affect the extent to which children and families can receive timely and appropriate support.

What's working well?

Children are referred to services through the Ministry of Education, Social Welfare, the Ministry of Health, Fiji Disabled People's Federation, word of mouth, social media, and the community. Frank Hilton is the main service provider for children and offers early identification and intervention services for children with disabilities and their families.[5] It provides allied health and related support through physiotherapy, audiology, and speech therapy. The organisation also runs programs to support parents, caregivers, and families and runs two special schools and a residential care facility. Frank Hilton conducts community outreach with its clients, which requires capacity and resources. Government funding of Frank Hilton is not consistent or adequate so they must rely on fundraising and donor support.

[5] 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.

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

There has been some successful collaboration between agencies and organisations. District Committees are positive examples of this. District Committees (DISCOMs) come under the National Council of Persons with Disabilities and advise on the needs, issues and activities for people with disabilities in their districts.[6] There are eighteen 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.

Ongoing challenges

The main form of Government support is the monthly disability allowance of $135. Barriers to accessing the allowance include, a lack of a formal diagnosis, delays in processing applications, or lack of support for families wanting to apply. Families, community members and stakeholders agree the allowance is not enough, especially with the rising cost of living. The allowance covers basic necessities rather than disability specific support. The transport allowance is not enough for children in wheelchairs who must rely on taxis because of inaccessible public transportation. The re-introduction of the caregiver allowance and allowing families to receive multiple forms of social protection measures would improve support and lessen the financial burden for children with disabilities and their families.

Families access a variety of services including healthcare, education, therapies, counselling, dieticians, babysitters/nannies, community services, and home visits. Many families told us there is a lack of services, or they struggle to access specialised services for their child. Some families have regular check-ups, home visits, or use a variety of services while others do not receive any support at all, highlighting inconsistencies in access and availability of services between families.

Most services are available in Suva or other urban centres. Hospitals like St. Giles Psychiatric Hospital and Colonial War Memorial hospital (CWM) conduct community outreach but only within the Central Division or near other urban centres. Families living in the Eastern or Maritime islands, remote communities or areas with poor transportation are at a disadvantage. Lower income families also face challenges accessing services. Some families move to Suva to be able to access services unavailable elsewhere. More boys than girls appear to be accessing services. This imbalance not only reflects service access gaps but deeper norms and systems that affect identification, referral, family decision-making, transport, safety, schooling and entitlement access.

Evidence from an outreach project conducted by Project HEAVEN Trust found that 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 were parents' lack of understanding of ear and eye conditions, or the process of trying to book appointments with health facilities.[7] Low referral uptake should be understood within the context of economic circumstances, transport barriers, competing caregiving demands, limited awareness, and fragmented service systems.

Organisations providing vital services often run on minimal staff and rely on volunteers. It can be hard to find appropriate staff and volunteers who need passion, motivation and empathy. Sustainability relies on stable and continuous funding. There are often not enough specialist staff to meet the demand which also makes it harder to decentralise services.

The main assistive devices children use are wheelchairs. Frank Hilton works with Fiji Mobility Alliance to provide wheelchairs to children. Demand is high and some children have wheelchairs that are not appropriate for their size or environment. The cost of obtaining and maintaining devices is expensive. Procurement of assistive devices is mainly through donor support and with OPDs. There is no direct Government budget for assistive devices and most come from overseas. Many are second-hand rather than specific to the needs of the child. Digital technology, such as text-to-speech devices and tablet-based applications are expensive and not used by any of the children spoken to.

[7] Review of School Health Screening: Final Review Report, p.6.

The physical environment and infrastructure of many villages, towns, cities and service providers are inaccessible for children with disabilities. There is a lack of ramps, lifts, braille signage for blind people, clear signs or information in public areas, disabled parking and accessible crosswalks. Many Government Departments, including those directly providing services to people with disabilities, are upstairs. Children may also lack accessible bathrooms at school, home or in the community.

Most transportation is not accessible with children with mobility issues, wheelchairs or those who are blind. The FHRADC heard of taxi drivers refusing to transport children in wheelchairs or wheelchairs not fitting inside taxis.

Key findings: Health and rehabilitation

> *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.**

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. Delayed diagnosis and intervention, particularly for children living outside of urban areas or children with less visible disabilities, can affect development and support. Parents and caregivers are often left to cope on their own, relying on personal initiatives and advocacy, online information, community networks, and NGOs to fill service gaps.

What's working well?

The centralisation of services in Suva has led to some organisations engaging in community outreach programmes. In 2022 Project HEAVEN Trust undertook the Child Ear and Eye Care Project which screened over 20,000 children at 108 schools across all four divisions. Fiji Society for the Blind also conducts screenings, refers children to ophthalmologists or eye departments, provides awareness on eye care and provides children with referrals for the appropriate surgeries if needed. Frank Hilton Organisation is the primary provider of services for children with disabilities in Fiji and they also conduct community visits and telehealth sessions.

Ongoing challenges

Barriers to accessing health care can include a lack of inclusion efforts such as providing sign language interpreters, braille or an understanding of sensory needs. Certain traditional religious or spiritual beliefs, the distance to health care services for people living in remote locations, past traumatic experiences or the child's fear of hospitals, financial hardship or time constraints preventing a continuum of care, physically inaccessible health facilities, long wait times that cause agitation or distress are also barriers to accessing health services. Access to sexual and reproductive health was not discussed by families but remains a barrier for girls with disabilities.

Families generally have health services in their area, but some need to travel by taxi, car, bus or boat, which is an added cost. Specialist services are largely located in Suva or urban areas

Fiji lacks specialist staff. While physiotherapists are available through most hospitals, there are almost no occupational therapists, speech therapists, child psychologists or psychiatrists, or doctors with specialist

training to diagnose different conditions. Most are based in Suva. Fiji also faces the issue of specialist staff moving overseas.

Some parents do not have a formal diagnosis of disability for their child which can impact access to supports and services or affect child development. Parents who have a child with 'invisible' disabilities struggle to find diagnosis, recognition, support, and awareness. For those whose children do have a diagnosis, the experience of receiving one is mixed. Some parents needed to rely on the internet or international organisations to learn more.

Some parents told us that hospital staff can be impatient with their child, who may struggle to communicate what they need. Others said staff were rude, aggressive or rushed in their interactions. Many staff do not receive training in engaging with and caring for children with disabilities. On the other hand, children and parents reported positive experiences of health care where staff treated children with kindness and respect.

Key findings: Education

> *She loves going to school. Right now, we have hidden her uniform because she always brings it out in the morning[...] 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[...]the following year she was told not to go to school.*
>
> **FAMINT31.**

There have been important advances in inclusive education, such as the Special and Inclusive Education Policy, growing numbers of children with disabilities in mainstream schools, grants for accommodations and assistive devices, and ongoing teacher training initiatives. Parents told us their child enjoys attending school, has a desire to learn and that they have a right to education, just like any other child. Children also gain valuable social skills at school. Despite this, some children with disabilities still face barriers to accessing equitable and meaningful learning opportunities.

What's working well?

There are 326 mainstream primary schools and 139 mainstream secondary schools that have students with disabilities. More students with disabilities are enrolled in mainstream settings (1,867) than in special chools (1,285) which suggests that efforts to mainstream inclusion have had an impact.

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. Some schools have made efforts to make schooling more accessible by building railings and ramps, providing transportation for their students, or using inclusive classroom technology.

Ongoing challenges

Barriers to accessing education include issues with transportation, a lack of special schools outside of urban areas, inaccessible environments, negative experiences at school, high support needs, parents wary of sending their children to schools away from home, or unstable home environments. Children with

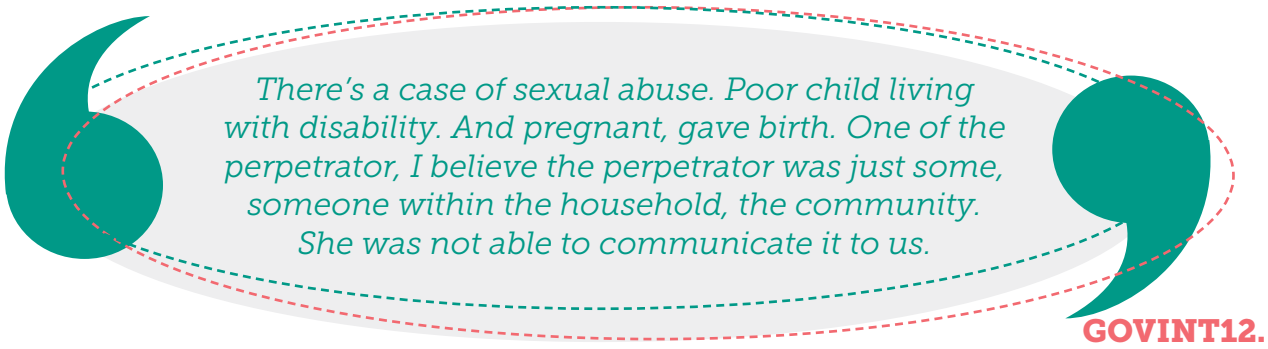
high support needs face more barriers to accessing education. Some children with disabilities have never attended school, have delayed starts to their education, have left school early or lack vocational opportunities.

There are almost twice as many boys than girls with disabilities across both mainstream and special schools. This is in stark comparison to the general student population where the numbers are almost fifty/fifty. The FHRADC heard of teachers who are very supportive of children with disabilities while others have been discriminatory or focused on high achieving students without disabilities. While around 115 teachers have specialist qualifications in special education, many have not received training for supporting children with disabilities.

Inclusive schools are not always supporting true inclusion or providing reasonable accommodations for students with disabilities. The FHRADC heard of mainstream schools encouraging parents to enrol their children in special schools because they believe they are unable to support children with disabilities.

Some community members and stakeholders have the belief that children with disabilities are better served in special schools, rather than in mainstream environments. While special schools remain an important part of the education sector in Fiji, children with disabilities should be supported and provided with the necessary accommodations to attend mainstream schools if they wish.

Key findings: Justice, safety and protection



Fiji's efforts to uphold the rights, safety and protection of children with disabilities shows both important progress and, on the other hand, large gaps. There are also examples of committed professionals and organisations working to create more inclusive approaches. However, children with disabilities face a higher 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 the rights and safety of children with disabilities. Girls with disabilities, children with communication impairments, and children living in rural or underserved communities often face compounded vulnerabilities.

What's working well?

One positive initiative is the justice sector providing reasonable accommodations for children with disabilities. This includes providing access to sign language interpreters and the use of dolls as a communication tool for children with disabilities who have been sexually abused. Judges have also removed wigs and robes to create a more child friendly environment and allowed a support person to be with the child. Other accommodations such as screens for privacy and protection and pre-recording of evidence have also been used.

A positive example of inclusive disaster risk reduction planning is a project by Save the Children with Fiji School for the Blind. The child-centred disaster risk reduction project worked with students from the school to develop resources and training for children to be more resilient and to prepare, respond, and recover from disasters. All the materials 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 experience of natural disasters.

Ongoing challenges

There is a need for more frontline responders, such as the Police, to be able to recognise and report when a child has a disability. Failure to identify disability means that children with disabilities may not be given the necessary supports. Other barriers to justice include communication barriers, inaccessible environments, and disability data not being collected.

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 of such a system for children with disabilities.

The most common safeguarding issue for children with disabilities the Study heard of is neglect. Stakeholders shared examples of children left home alone all day, sometimes locked in a room, children not being provided health care, food, shelter or clothing, and children raised by grandparents because their parents no longer cared for them.

Having a disability can increase the risk of abuse, particularly for children who are non-verbal or unable to move independently. Girls with disabilities are also more vulnerable to harassment, abuse and unfair treatment. Girls with disabilities have been sexually abused and become pregnant as a result. One child was given a tubal litigation after her third pregnancy rather than the abuse being reported. Another child's mother tried to sterilise her daughter without her consent.

There can be a delay to reporting abuse or the abuse is not reported at all. Barriers can include relying on traditional methods of reconciliation, the belief that nothing will happen even if the abuse is reported, distance to reporting mechanisms or justice services, abusers being family members, and children with disabilities unable to share what has happened to them. When children with disabilities do try to report abuse, they may not be believed.

Some parents only register their child's birth when it becomes administratively necessary. The non-registration of children with disabilities contributes to their under-representation in national data and undermines evidence-based planning for inclusive services.

Children with disabilities can be particularly vulnerable during times of disaster. Different families and communities shared that some evacuation centres were not fully accessible to people with disabilities. Access to clean water, electricity and sanitation are important for everyone during times of disaster but can pose additional challenges for children with disabilities who may have less flexibility in their daily routine.

A child standing beside garden beds with vegetables and decorative hearts. Drawn by a child with disability at Ra School in response to the question, "What would make your life better or happier?"

Existing frameworks, legislation and policies

Convention on the Rights of the Child	Ratified 1993. Guarantees children with disabilities equal opportunities alongside other children and has the best interests of the child as a primary consideration. Core principles of the CRC, other than the bests interests of the child, are non-discrimination; the right to life, survival, and development; and the right to be heard.
Convention on the Rights of Persons with Disabilities	Ratified 2017. 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 directly relating to the rights of children with disabilities.
Convention on the Elimination of All Forms of Discrimination Against Women	Ratified 1995. Does not specifically address children with disabilities, but provides a framework for ensuring gender equality, which is important for girls with disabilities General Recommendation No. 18 acknowledges the double discrimination faced by women and girls with disabilities.
National Development Plan	Recognises the protection of children and people with disabilities as being critical to Fiji's sustainable future development. Calls for persons with disabilities to be given equal opportunity to participate in the full range of education, social, political, employment and cultural activities.
Rights of Persons with Disabilities Act 2018	Explicitly protects children with disabilities, through the 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. The Act does not outline requirements for children's participation or detailed mechanisms for child-led or child-inclusive policy consultation.
National Policy on the Rights of Persons with Disabilities 2025 – 2035	Recognises persons with disabilities as rights-holders capable of making informed decisions and participating fully in society. Children are explicitly mentioned in just four of the priority areas. The policy could benefit from having a more specific focus on the distinct rights, support needs, protection risks, and participation barriers experienced by children with disabilities.
Special and Inclusive Education Policy 2024 – 2027	Lays out a commitment to rights-bas ed, inclusive education. The policy supports mainstreaming disability planning through grant allocation and annual monitoring requirements, with gender-responsive elements in infrastructure planning and child protection measures. A limitation of the policy, is the absence of meaningful participation by children with disabilities in development and implementation.
National Early Childhood Development Policy 2024 – 2028	Supporting every Fijian child aged 0-8 years and their parents and caregivers, to have access to support that maximises their potential and contributes to the country's long-term development and resilience. The Policy emphasises holistic development, and key focus areas include health and nutrition, early learning, disability identification, safety, and nurturing care.
National Disability Inclusive Health and Rehabilitation Action Plan 2023 – 2027	Provides actionable steps to ensure health services are accessible to children and adults with disabilities and that rehabilitation and assistive services are available for everyone. Children with disabilities are represented within the policy, however there are no objectives focused on children. The Plan prioritises the needs of people with physical disabilities and those with hearing or vision impairments.
Child Justice Act 2024	The Act is a major child-rights reform policy and strongly aligned with CRC principles on child-friendly justice, diversion, rehabilitation, privacy and detention as a last resort. However, the Act does not mention disability at all. The Police, courts, child justice officers and service providers are not expressly required to provide disability-related accommodations, which hinders the access of children with disabilities to full justice.
Child Care and Protection Act 2024	The best interests of the child are primary. Disability explicitly referenced throughout, including in relation to neglect, parental responsibilities, decision-making principles and care obligations for children in State care. The Act only partially operationalises disability-inclusive and gender-responsive child protection. It lacks clear enforceable obligations for accessibility, reasonable accommodation, supported communication, and inclusive participation mechanisms.

Child Safeguarding Policy 2025	The policy acknowledges that children with disabilities can be more vulnerable to abuse. The Child Welfare Act reporting form includes 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.
Bench Book on Children	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. It also places strong emphasis on the attitudes and conduct of judicial officers toward children and children with disabilities. There are limitations in its coverage of accessibility.

Conclusion

This Study provides critical insights into the experiences, challenges and aspirations of children with disabilities and their families. The findings show that while progress has been made in certain areas, substantial and significant barriers remain and continue to prevent or limit the full inclusion, meaningful participation and the realisation of the rights of children with disabilities. It is hoped that this Study will inform current and future actions to ensure a more inclusive Fiji where children with disabilities can live with dignity and participate fully in society.

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 disorders may include yet not 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 in '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 long time and can range from mild to severe.

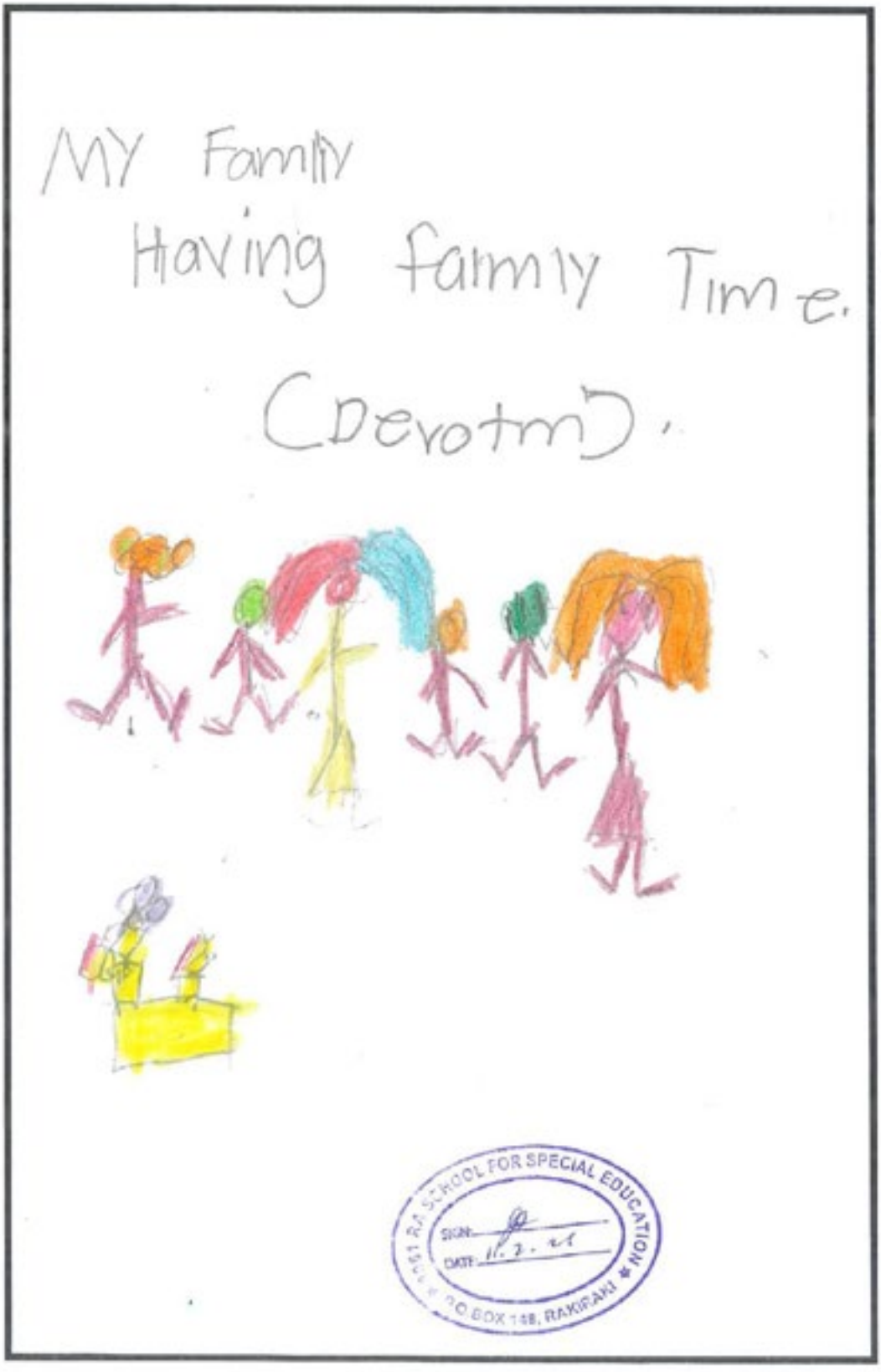
Strengths based approach to disability

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.

1. What do you really like or care about?



Human Rights and Anti-Discrimination Commission

Australian Aid

UNITED NATIONS
FIJI, SOLOMON ISLANDS, TONGA, TUVALU AND VANUATU