

A framework for understanding disability support systems in the Pacific

Lessons from Fiji and Tuvalu

Version: Final 19th December 2025



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Acknowledgements

The team at the Nossal Institute and CBM Australia are grateful to our OPD partners - Pacific Disability Forum, Fusi Alofa Association Tuvalu, and Fiji Disabled Persons Federation - for their guidance, expertise and support throughout the development of this framework.

We thank all participants for generously sharing their experiences and perspectives as part of the qualitative study that contributed to this framework. We also remember and pay tribute to Molomolo Touaisi and Taupaka Uatea, office managers of Fusi Alofa Association Tuvalu, who sadly passed away during the course of this project.

Disclaimer

This publication was prepared under the DFAT – CBM Inclusion Advisory Group Disability Inclusion Technical Partnership, an Australian aid initiative implemented by CBM Inclusion Advisory Group and the Nossal Institute for Global Health at the University of Melbourne.

This publication has been funded by the Australian Government through the Department of Foreign Affairs and Trade. The views expressed are the authors' alone and are not necessarily the views of the Australian Government.

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1. Introduction

Why a framework for disability support services?

Disability support services and systems are essential for promoting the independence, dignity, wellbeing, and equal participation of people with disability. Recognised as a key precondition to inclusion under the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and the Pacific Disability Forum's Preconditions for Inclusion Framework, disability support services are a priority to ensure equity for people with disability, and crucial for achieving the Sustainable Development Goals (SDGs).^{1,2,3}

In the Pacific, family members are the key providers of support for people with disability but greater understanding is needed of the broader systems of support for both people with disability and their families to ensure equity and wellbeing. Frameworks and definitions of disability support services and systems for low- and middle-income countries are lacking, making it challenging to set priorities, advocate effectively, and drive change.⁴

This framework has been developed to address this gap by providing a tool for understanding disability support systems and the factors that influence their availability and access in the Pacific, helping to guide context-specific priorities and actions.

How was the framework developed?

This Framework was developed as a collaboration between the Nossal Institute, CBM Australia, the Pacific Disability Forum, Fiji Disabled Persons Federation, and Fusi Alofa Association Tuvalu, and was funded by the Australian Department of Foreign Affairs and Trade (DFAT).

Scoping workshops with key stakeholders and key informant interviews with people with disabilities, support persons and select stakeholders were conducted in Fiji and Tuvalu, selected as examples of diverse Pacific Island contexts. The information obtained through these methods provided an understanding of the need, current situation, enablers and challenges for disability support services in Pacific Island countries. The framework was drafted through an iterative process of seeking feedback and validation from OPD partners.

It was not possible to consult with all Pacific Island countries in developing this Framework. This limitation is acknowledged, and those using this Framework should consider the relevant local contextual factors that may impact the need, availability and actions needed for disability support services in their setting.

Who is this framework for?

The Framework may be used by any individual or organisation with an interest in understanding or progressing disability support services for people in Pacific Island countries. It is anticipated that OPDs, governments, donors, implementing agencies, and others will use the Framework to support planning, implementation and advocacy of disability support services.

¹ United Nations, *Convention on the Rights of Persons with Disabilities*, United Nations (New York, 2006), <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-articles>.

² United Nations, *Transformation of services for persons with disabilities. Report of the Special Rapporteur on the rights of persons with disabilities*, United Nations (New York, 2023), <https://www.ohchr.org/en/documents/thematic-reports/ahrc5232-transformation-services-persons-disabilities>

³ Pacific Disability Forum, *Pacific Disability Forum Preconditions Issues Papers: Complete Series* (2024), <https://pacificdisability.org/wp-content/uploads/2024/12/Introduction-to-Precondition-Framework-Issues-Paper.pdf>.

⁴ Xanthe Hunt et al., "Community Support for Persons with Disabilities in Low- and Middle-Income Countries: A Scoping Review," *International Journal of Environmental Research and Public Health* 19, no. 14 (2022–07–06 2022), <https://doi.org/10.3390/ijerph19148269>.

2. Vision, principles and definitions

2.1. A vision for disability support services in the Pacific

For people with disability in the Pacific, their families and peers to have access to the support they need, when it is needed, to facilitate independence and inclusion, and enable them to live their best lives on an equal basis with others. Disability supports should be provided in a way that is safe, effective and acceptable, and promote dignity, autonomy and respect, building on existing systems of mutual support within Pacific cultures.

2.2. Definition of support services

Definitions of disability support services vary and will continue to evolve over time. The following definition has been developed under the guidance of the Pacific Disability Forum to reflect the Pacific context, while ensuring consistency with UNCRPD article 19, and is used as the guiding definition for this framework.⁵

Disability support services

A range of in-home, residential and community-based supports that provide assistance for movement, self care, communication, cognition and decision making to enable people with disability to undertake daily activities and engage in all aspects of life on an equal basis with others.

Disability support services allow people with disability to live with choice and dignity, to be included in the community, and prevent isolation or segregation. Disability support services include those provided to people with disabilities as well as support for families and support persons*.

In Pacific countries, disability support services encompass those provided by family and communities, as well as those provided by services and organisations.

Family and community supports

In Pacific countries, disability support services are primarily provided by family and community. These are typically provided without any obligation for reciprocity, although small tokens of appreciation are often provided.

Disability support services can also be delivered through community-based peer-led modalities such as peer support groups, circles of support and carer groups.

Supports from services and organisations

Are those support services provided to a person with disability or their family by staff or volunteers who are accountable to an organisation for the service provided. The support may incur a cost or be free to service users. These supports are distinct from supports provided by family and community members and are complementary to supports provided by family and community.

**Throughout this document the term 'support person' is used to refer to family members and others undertaking the primary caregiving and support role for people with disability.*

⁵ United Nations, *Convention on the Rights of Persons with Disabilities*.

2.3. Guiding principles

The following principles should underpin disability support services and systems in the Pacific.

Table 1: Guiding principles

Holistic	Supports consider all aspects of a person's life and context
Rights-based	Supports promote equity, inclusion and participation of people with disability and align with UN conventions, including the UNCRPD
Person-centred	Supports are tailored to meet the specific needs and choices of individuals and their families
Community-based	Supports are available in the communities where people live
Culturally sensitive and contextually relevant	Supports reflect local culture, traditions, and environment
Do-no-harm	Supports are implemented without causing harm, damage or negative consequences for people with disability, their family or community, including by unintentionally reinforcing discrimination, dependence or inequity
Non-discriminatory	Disability support systems benefit all people with disability equally regardless of gender, age, impairment, cultural background, ethnicity, socioeconomic status, or where they live
Age-appropriate	Supports provide for the diverse needs of people across the lifespan



Photo credit: CBM Australia

3. Understanding support needs and types of support

People with disabilities have the right to equal opportunity and participation in all domains of life and society, including domains of family, community, social, education, health, livelihoods, politics, religion, and justice.

Disability support in personal and family life might include assistance for self-care activities such as bathing, toileting, eating and dressing, as well as domestic or household tasks like preparing food, washing clothes, cleaning or growing vegetables. Support in community life may include things like shopping for food, attending religious or cultural events, using public transport, and accessing essential services such as healthcare and banking. Support may also be needed to engage in productive activities such as employment, income generation or education, and for participating in recreation such as sport or socialising with friends. During emergencies, people with disabilities may need support with evacuation, finding shelter or accessing essentials such as water and food rations

The type and amount of support needed to engage in these domains of daily life will vary from person to person depending on the type and severity of their impairments and the environment they live in. For example, some people have 'high support needs', meaning they require a high level and frequent support from others in many aspects of daily life, while some people may only require support in some specific areas of daily life, or only need a small amount of support, or for a short time.

The support a person might need in any of these areas of daily life could be:

- physical (e.g. assistance with moving from bed to a wheelchair, using a shower chair or commode, pushing a wheelchair),
- cognitive (e.g. assistance with putting together the steps needed to get dressed or cook a meal, make a shopping list, putting pills in an organiser, or providing support to understand information and make decisions),
- social-emotional (e.g. having someone to talk to when feeling anxious or sad)
- communication (e.g. sign language interpretation, using a screen reader or communication board, simplifying complex information).

Disability support and the preconditions for inclusion

The Pacific Disability Forum's Preconditions for Inclusion Framework identifies 6 key preconditions: accessibility, assistive technology, community-based inclusive development, non-discrimination, social protection and support services. These preconditions must intersect and complement each other to achieve equity for people with disabilities

For example, the need for support from other people, and amount of support required, may be increased by inaccessible environments, lack of access to appropriate AT, and lack of reasonable accommodations. For example, a person with a mobility impairment who has access to a walking frame or other suitable mobility device may be able to move freely around their own home. Without access to the device, they may be dependent on others to assist them to stand up and walk from one room to another. A person who is deaf who has voice to text software on their phone may be able to communicate with their doctor at a medical appointment independently. Without access to this software, or without the doctor being willing to use this method of communication, the person might need another person to attend their appointment with them which they may prefer not to do.

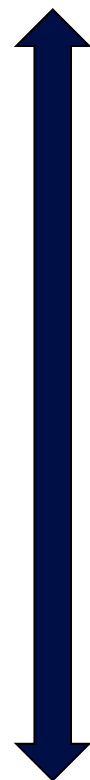
The preconditions form a continuum of support, programs and actions to enable equity for people with disabilities, their families and support persons, as illustrated in the next section.

4. Continuum of needs to ensure rights of people with disability

For people with disability to fully participate in everyday life, a comprehensive set of supports and interventions are needed across a continuum. This includes 1) Support Services; 2) Empowerment and Capacity Building Programs; and 3) Creating Accessible and Enabling Environments. Each of these are described in Table 2 below.

The different layers of the continuum interact, with the supports, programs or actions provided at one layer having the potential to impact the support needed or provided at other levels. For example, Layer 2 Empowerment and Capacity Building Programs can enhance the effectiveness and sustainability of Layer 1 Support Services. The more support provided for Layer 3 Creating Accessible and Enabling Environments, the less support that may be needed at Layers 1 and 2.

Table 2: Continuum of supports, programs and actions to ensure equity for people with disability



	Description	Examples	Impact
Layer 1: Support Services	- Supports needed on a regular, individual basis to address immediate barriers and perform daily activities safely, with dignity and in a way that promotes autonomy and independence. - These disability supports are provided primarily through family and community but may be provided by services and organisations. - Layer 1 supports may be needed to access Layer 2 supports.	- Personal support (e.g. for mobility, self-care, cognition) - Using and maintaining AT - Communication supports, including sign language interpretation - Social-emotional support - Decision making support - Peer support (group or individual) for people with disabilities or carers - Respite/caregiving support	- People with disability access individual supports that enable them to complete daily activities, participate in the community and undertake roles that are important to them. - For example, supports that enable activities such as getting showered and dressed, eating meals, going to school or work, attending church, playing sport, visiting the health centre, communicating with friends or colleagues in a meeting, and choosing daily activities. - People with disability and their families feel supported, respected, dignified and safe.



Layer 2: Empowerment and capacity building programs*	• Supports that help to empower or build the knowledge and capability of people with disabilities and their family or support persons. • These can be considered the ‘scaffolding’ around the layer 1 supports that can enhance their quality, effectiveness and sustainability. • Includes both disability specific services and programs within mainstream services that address support needs of people with disability and support persons. • Organizations of Persons with Disabilities (OPDs) • Therapy interventions that help assess for what supports might be needed and also reduce the need for supports e.g. early intervention, occupational therapy, physiotherapy, psychosocial services. • Assessment, training in use of, monitoring and maintenance of AT • Peer-to-peer support groups • Caregiver support groups • Support to plan and arrange supports (e.g. case management) • Community-based inclusive development (CBID) *NB In the Pacific the availability of many of these supports is currently limited or do not exist at all. The majority of these programs are provided by OPDs. • People with disability have the knowledge, skills, freedom of choice and autonomy to organise and sustain supports they want and need. • Support givers have the knowledge, skills and attitudes to provide good quality and sustained supports, in ways that are safe for themselves and the person they are supporting. • Both people with disabilities and support givers have the knowledge and tools to manage daily life tasks in ways that are safe and optimise function and independence. • For example, family members of a person with a physical impairment might receive training from a physiotherapist in how to safely lift a person from their bed to their wheelchair. A person with psychosocial disability attends a peer support group that facilitates mutual growth, encouragement, and learning.
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Layer 3: Accessible and enabling environments	• Removal of physical, attitudinal, financial, communication and institutional barriers in public buildings, services and environments. • Includes strategies to achieve universal access and/or provide reasonable accommodations to enable equal access and participation. • These will further reduce the need for Layer 1 and Layer 2 supports.	• Social protection schemes • Accessible public buildings and infrastructure • Accessible transport • Public information provided in accessible formats • Addressing attitudinal barriers in the community • Community-based inclusive development (CBID)	• People with disability have equal access and opportunity to participate in mainstream services and programs/access to goods and services. • People with disability can access the places, goods and services they want and need with greater independence and less need for support from others. E.g. inclusive Income generation support.
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5. The Disability Support Ecosystem

The need, availability and access to support for people with disability can be understood, using an ecological model, as a 'disability support ecosystem'. The diagram below (

Figure 1) shows a disability support ecosystem consisting of interconnected layers of individual, familial, societal and cultural factors. These factors interact to influence the experience of people with disability, and in turn their need and access to disability supports. Changes at one layer of the ecosystem can have an impact at another.

This ecological model can be used as a tool to analyse and understand the factors influencing access to disability supports and identify priority areas for action. The different layers of the model and the factors to consider are further described below.

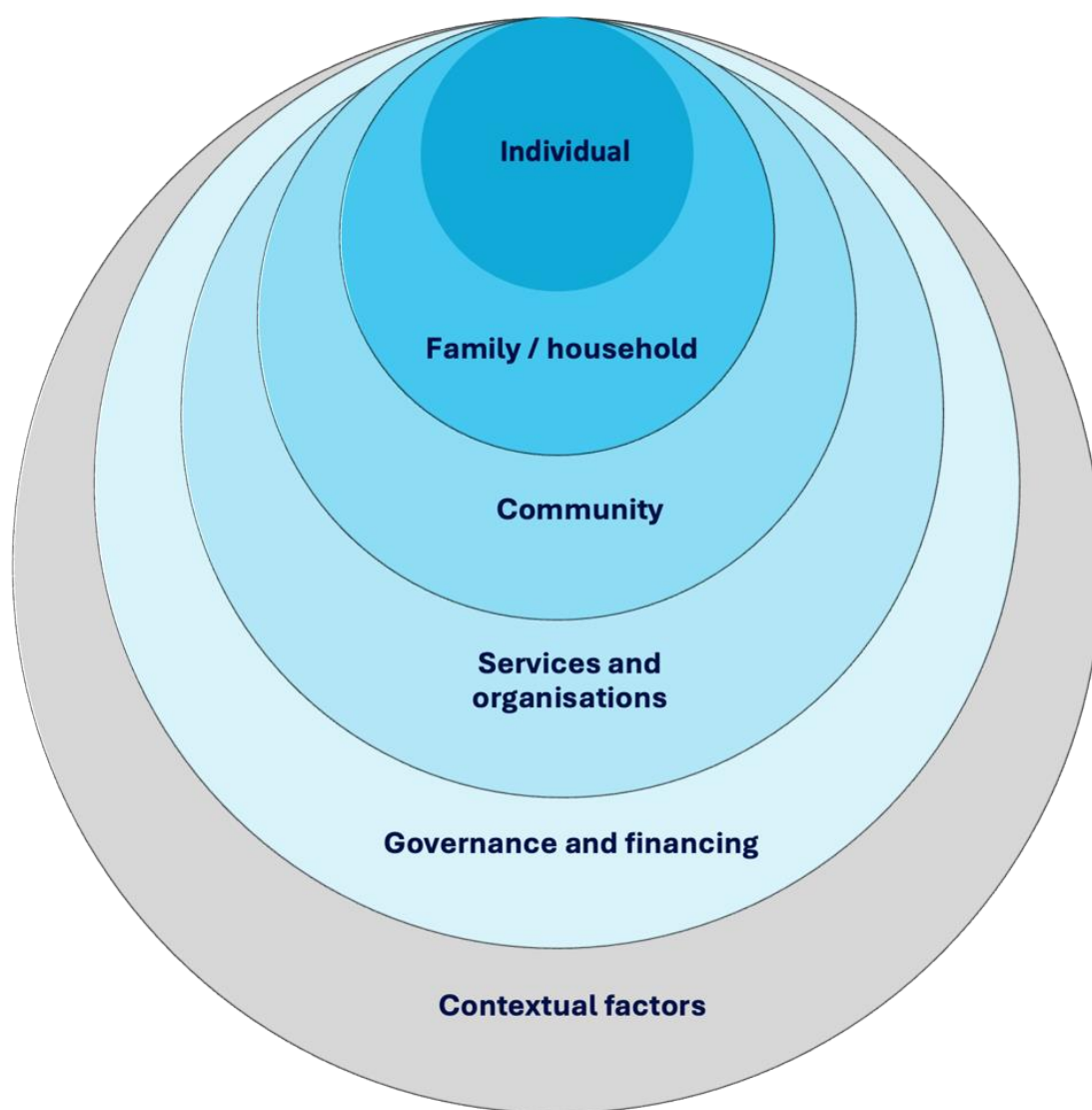


Figure 1. Disability Support Ecosystem

5.1. The six levels of the disability support ecosystem

The six levels of the disability support ecosystem are: 1. Individual; 2. Family, 3. Community; 4. Services and Organisations; 5. Governance and Financing; and 6. Local contextual factors, as shown in

Figure 1. Factors at each level may impact a person’s need for support and their opportunity or ability to access needed supports. Each level and the factors at each which may influence need and access to support are described in Table 3 below.

Table 3. The six levels of the disability support ecosystem

Level	Description
Individual	At the center of the ecosystem are people with disability, their individual characteristics, needs and wants. Individuals may be recipients of support but may also provide support to others. Factors at the individual level: gender, age, impairment type and severity, ethnicity, where they live (urban/rural/island; formal/informal settlements), health status, education status, employment / income status, social identity, roles and responsibilities in household / family / community, history of trauma, previous experience of supports
Family or Household	The level of the ecosystem closest to the individual is the family or household. The household includes the people living with the individual, and may include people from multiple generations, and those who may or may not be biologically related but share aspects of daily life such as meals and caregiving. This level also includes family members living elsewhere, including overseas. Factors at the family/household level: Family / household members (including age, gender, health and disability status), member roles and responsibilities, relationships between members, attitudes and awareness, household income / finances, household resources (e.g. transport, digital technologies, land)
Community	This level includes other individuals such as neighbours, friends, peer networks, or other community members who are outside the family or household. Support for people with disability and/or their families may be provided by community members on an individual basis or as part of broader community or village activities. Factors at the community level: Location (village versus urban), local geography, local governance structures, role of village leaders and village councils, cultural norms and practices, ethnic groups, local community groups or faith-based organisations.
Services and organisations	This level of the ecosystem includes services and organisations that an individual may come into contact with. These may be disability specific services or mainstream services. In this level supports or services are provided by staff or volunteers who are accountable to an organisation for the service provided, for example an OPD, NGO, community service organisation, government service, or private service. The support may be paid for or free to service users. This level also includes arrangements whereby a service user contracts or employs an individual to provide a support service in exchange for some form of remuneration. Factors at the services and organisations level: Availability of services, Location of services – center based or outreach based, costs to users, workforce availability, training of workers, community awareness of services
Governance and financing	This level refers to factors in the broader national and sub-national environment that influences the governance and financing of the disability support ecosystem. This level includes local governance and financing mechanisms, for example at the village, traditional and church level Factors at the governance, financing and policy level: government policies; regulatory frameworks and accountability mechanisms for service providers; government financing for disability supports including social protection; national economy, external/donor funding, village, traditional and church governance and funding mechanisms.
Contextual factors	The outer-most level represents societal, cultural, and environmental factors that may influence an individual's experience of disability and access to supports. These will vary between countries and may even vary between different regions within countries. Contextual factors: Climate and environmental changes, geography, migration (in-country and overseas), local culture and customs, accessibility of the built environment

5.2. Using the disability support ecosystem model

The above model can be used as an analysis tool for understanding and planning disability support systems and services in specific contexts. It may also be used for awareness raising or training activities to facilitate understanding of the factors that impact access to supports and therefore realisation of the rights to independence and participation for people with disabilities.

Suggested activities for applying the model:

Activity 1. Context analysis: Analysing the disability support ecosystem

Use the template in Appendix A to consider the factors that influence need, availability and access to supports for people with disabilities and their families in your context.

Activity 2. Raising awareness: Understanding factors influencing disability support

Use the personas and stories in the associated document 'Stories of People with Disability and Support Persons', and the template of the ecosystem provided in Appendix A. Consider the factors at each level of the ecosystem that may influence the person in the case study's need and access to supports. Consider actions that may be used to enhance access to supports.



Photo credit: CBM Australia

6. Current situation of disability supports in Fiji and Tuvalu

Interviews and consultations explored the current landscape of disability support services in Fiji and Tuvalu as examples of two diverse Pacific Island countries. While there are differences between the two countries in terms of population size, stage of development and availability of services and infrastructure, many of the themes that arose in terms of support needs and access were similar. These highlighted the critical role of family as key providers of support for people with disabilities, and the importance of understanding the broader systemic, cultural and contextual factors unique to Pacific Island countries. While strong family and community ties remain a key strength, cultural and economic shifts are changing traditional caregiving roles, placing new pressures on support services provided by family and community. Many people with disabilities live in rural or outer island areas to stay close to family support, however this also means more limited access to support from services and organisations, given the centralisation of most services in urban areas and the dispersed island geography of Pacific Island countries. As support systems continue to evolve, these factors need to be considered while recognising individual preferences and offering a range of options to meet diverse needs.

Key findings from the study are presented below and highlighted in the accompanying document ‘Stories of people with disability and support persons’.

Individual

People with disabilities reported needing supports of varying type, level and frequency across all areas of daily life. These include personal care tasks such as bathing, toileting, dressing and eating; domestic activities like cooking, cleaning, washing clothes, growing food; and support to participate in community life such as attending religious or social events, accessing healthcare, transport, and banking. Support is also needed for education, employment, and sport and recreation, supported decision making, as well as during emergencies for evacuation and accessing basic needs. The main supports used were personal support from family members or others, the use of AT, and making changes to their environment or how activities are performed. Both people with disabilities and their families have a strong preference for daily support to be provided by trusted family members, and the role of family members to look after and support each other is socially reinforced by cultural norms around kinship roles and responsibilities. Concerns were raised about support being provided from those outside the family. A sense of trust and safety with family members and the perception that close family know best how to provide support were the main rationales, as well as concerns about safety, stigma, and a lack of disability awareness among the wider community.



Photo
credit:
CBM
Australia

Family

Support for people with disabilities is primarily provided within the family or household, particularly by women, who often face limited opportunities for work or community participation due to caregiving responsibilities. Supports provided by family or household members include personal support for daily activities, transport, making home modifications, decision making and financial support for disability specific and everyday needs. Financial constraints, gendered expectations and the competing roles and responsibilities of family members can impact their availability to provide support. The support needs of family members undertaking care and support roles was also raised, to ensure the ongoing wellbeing of the whole family. Caregiving support, or respite, was seen as important to provide family members with opportunities for rest or manage household or community duties, and earn income. While most respite came from other family members, some households use paid workers to provide support. Other mechanisms of respite, such as community groups and recreation programs found in other Pacific countries, were not available in Fiji and Tuvalu.

Community

Strong traditions exist in Pacific Island countries of community members looking after each other. Similarly, there is evidence of community members providing some support for people with disabilities, especially when family support is unavailable, although competing priorities including community responsibilities can limit the extent to which community members can consistently provide this support. Existing examples of support for people with disabilities provided by community members include labour for making modifications to the home or village environment to improve physical accessibility, or providing for necessities such as food. 'Circles of Support', a structured network of friends and family who work collaboratively to provide support, are being used by the psychosocial disability community in Fiji, implemented by the Psychiatric Survivors Association. Community or village mechanisms of mutual support are common, for example growing and sharing food/produce, distributing firewood, helping to clean each other's yards. These traditional practices of mutual assistance offer a valuable foundation that can be built upon to better support people with disabilities and their families.

Services and organisations

Access to disability support services and disability specific programs is limited, especially outside urban areas. Some NGOs and OPDs provide personal supports, assistive technology, therapy support and early intervention, accessible transport and livelihood skills training, however lack resourcing to provide them effectively. In some cases, people with disabilities or their families are hiring workers to assist with care and support needs. These workers are typically untrained. Mainstream services, such as transport, healthcare, rehabilitation and AT services, were identified as essential for supporting daily activities and community participation, however these are often limited to urban areas and inaccessible, unaffordable, or people were unaware of them. People in rural and remote island areas are facing the greatest barriers in accessing services – both mainstream and disability specific.

Governance and financing

Governments have demonstrated a commitment to disability rights by ratifying the UNCRPD and introducing social protection schemes of people with disabilities. However, gaps remain in translating these commitments into coordinated policies, accessible services, and adequate financing. Social protection schemes, while in place, do not fully meet support needs, with significant financial burden continuing to be borne by families. Mechanisms for safeguarding against abuse and neglect of people with disabilities, and regulation of new and existing services and workforces are currently lacking.

Contextual factors

Key contextual factors impacting the need and access to disability supports include widespread inaccessibility of homes, transport and public infrastructure, which limits the independence of people with disabilities. With increasingly frequent climate-related events in the Pacific, including droughts, cyclones and flooding, the need for disability inclusive disaster preparedness and response, including accessible

evacuation centres, is highlighted. Coordination between OPDs and emergency services remains limited, although some positive examples exist, for example the Tuvalu Red Cross maintaining a database of people with disabilities to implement targeted responses. Migration patterns of family members for work, from rural to urban areas or overseas, while providing additional finance for families can also reduce the availability of trusted support persons. Overseas migration is also contributing to Pacific Island countries losing skilled and experienced caregivers.

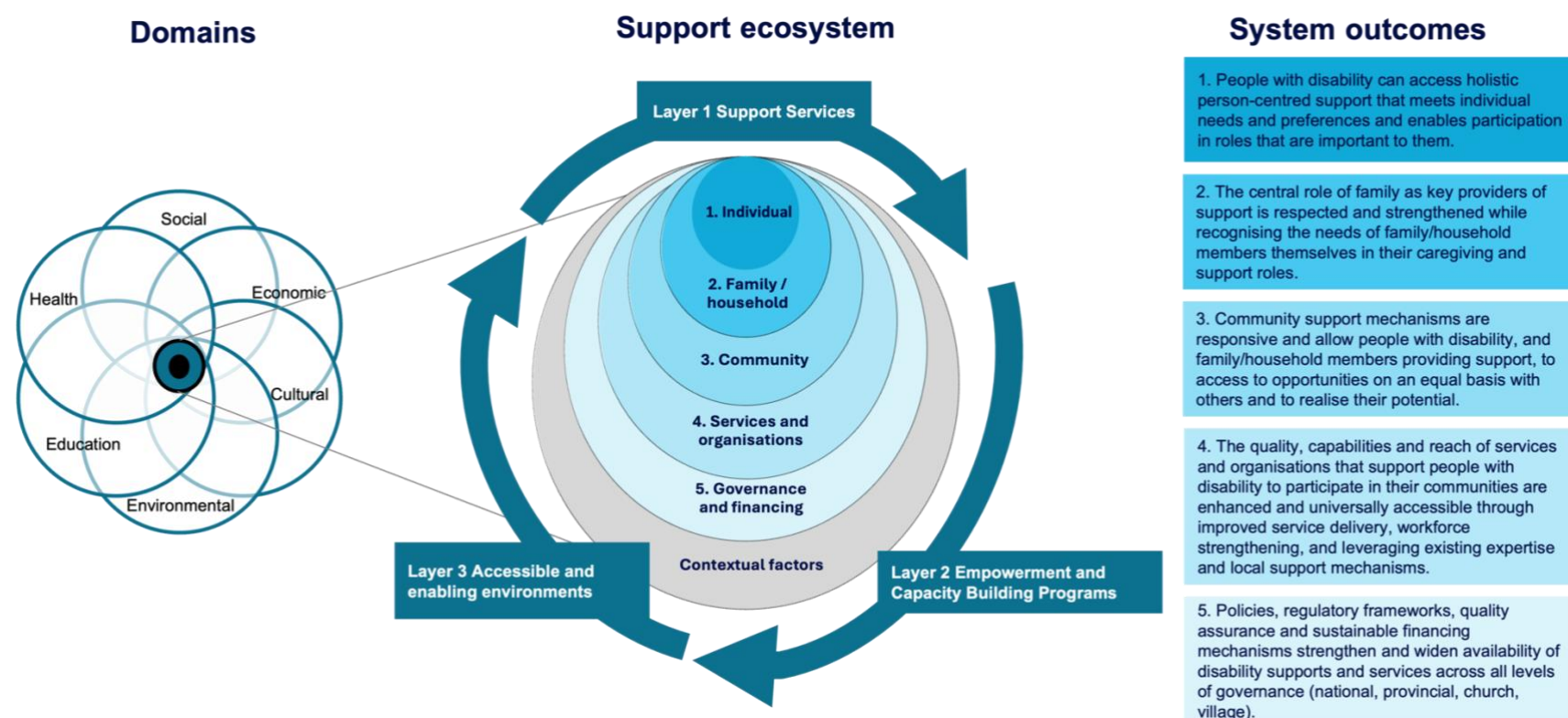
7. A disability support systems framework

People with disability have the right to equal opportunity and participation across all domains of life. For many people with disability, this requires access to supports and support services as a 'precondition' for inclusion.

The domains of life remind us that strengthening support for people with disability is a shared responsibility that cuts across sectors, departments and ministries. The support ecosystem places the person with disability and their family at the centre and can guide us in identifying entry points for directing policy and practice. Programs and investments to strengthen support for people with disability influence and impact this ecosystem.

A holistic systems approach works across a continuum of individual supports and supports that promote empowerment and build capacity for people with disability and their families, alongside ensuring accessible and enabling environments (see Section 4). Systems outcomes can be mapped across the levels of the disability support ecosystem (see Section 5). Suggested actions to achieve these outcomes can be found in the following section (see Section 8).

Figure 2: Disability support systems framework model



8. Priorities for action across the disability support ecosystem

Implementing disability support services in Pacific Island countries requires a strategic approach that is context-sensitive, inclusive and sustainable. Using the ecosystem model to analyse factors at each level influencing need for and access to supports, provides an opportunity to take the next step of identifying entry points and priorities for progressing action on disability supports. People with disability, their families and representative organisations must have a central role in the analysis and planning process.

With a focus on Layer 1 (Support Services) of the continuum (Section 4), but also considering Layer 2 (Empowerment and Capacity Building Programs) and Layer 3 (Accessible and enabling environments), examples of key strategic actions have been provided below grouped under the different levels of the Disability Support Ecosystem.

The actions listed are not prescriptive and intended only as examples to guide Pacific countries. A template is provided in Appendix B that can be used for identifying key actions applicable to specific contexts.

Ecosystem Level	Outcomes	Strategic actions
Individual	People with disability have access to support that meets their individual support needs and enables their active participation in roles that are important to them. The support available includes flexible option to provide choice and to adapt to changing circumstances or give respite to regular support persons.	• Identify/map supports available and identify support gaps, paying attention to whether any specific impairment groups are missing out on supports. • Develop a directory of available supports and ensure it is available and relevant to all people with disabilities in all areas. • Implement awareness activities for people with disability and their families of their rights to support and the supports available, including strengthening understandings of different types and level of support to meet individual support needs. • Socialise models of support such as ‘circles of support’, drawing on the experience of these used for people with psychosocial disability and adapting for other impairment groups. Identify and mobilise local networks including family, neighbours, friends and other community members to form sustainable and culturally appropriate circles of support. • Work with people with disability and their families to identify and co-design strategies for addressing support gaps – consider both informal (peer, family, community) and formal (services, organisations, government) mechanisms. • Establish and/or strengthen peer-to-peer support networks for provision of support and sharing of information.

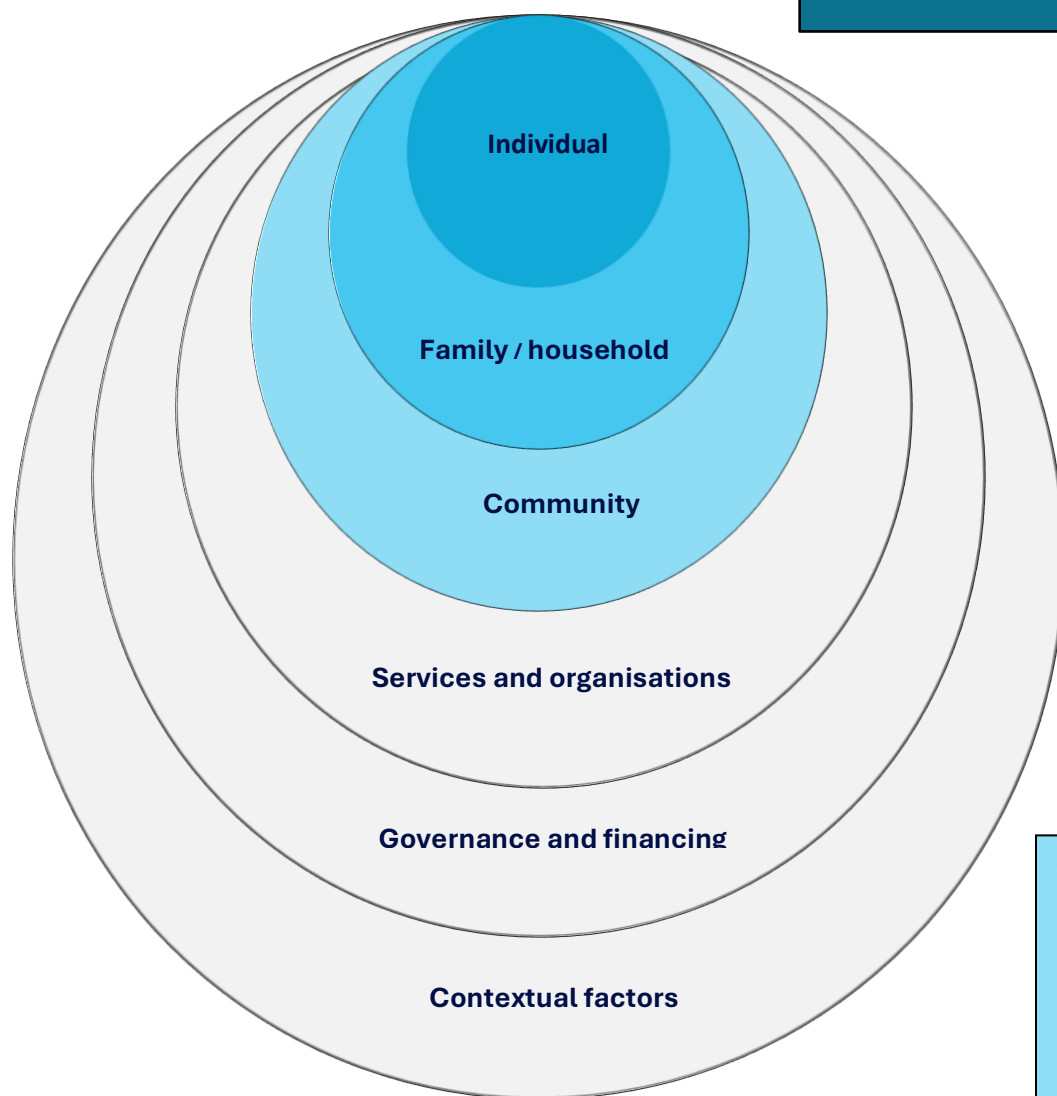
Family and household	The central role of family as key providers of supports is respected while recognising the support needs of family/household members themselves in their caregiving and support roles. • Implement awareness activities for family and household members of people with disability to promote understanding of supports needed and available for people with disability and themselves as support providers. • Provide targeted training and support for family and household members to strengthen their capacity to provide quality support that upholds the rights of people with disability (see services and organisations). • Recognise and address the additional financial and opportunity costs incurred by family or household member who provide support to people with disability. Consider introducing or expanding social protection measures, including allowances or subsidies to support family or household members providing regular support. • Implement alternative caregiving options to provide respite for family or household caregivers when needed. This may include arrangements whereby support is provided in the home (e.g. by community members or formal service providers) or care is provided in another setting on a short-term basis (e.g. day programs, short term residential care).
Community	Community mechanisms of support are harnessed to include support for people with disability and their families through community awareness-raising and capacity building. • Implement targeted social and behaviour change strategies, led by people with disability in all their diversity, to challenge stigma and negative attitudes toward disability, particularly in rural and village settings. • Raise community awareness of the diverse support needs of persons with disability and their families and promote community involvement in meeting those needs. • Engage with communities, including traditional leaders and village groups, to consider existing local mechanisms of mutual support and how these can be adapted or strengthened to support people with disability and their family or household. • Build capacity of community members to provide appropriate supports by providing training on basic support strategies (see services and organisations). • Establish 'circles of support' for supported decision making and crisis support, drawing on the experience of these used for people with psychosocial disability and adapting for other impairment groups or specific support needs. Identify and

		mobilise local networks including neighbours, friends and other community members to form sustainable and culturally appropriate circles of support.
Services and Organisations	The quality, capacity and reach of services and organisations that support people with disability is enhanced through community-based service delivery models, workforce strengthening, and leveraging existing expertise to support and build capacity of families and communities as the key support providers. This applies to both both disability-inclusive mainstream services, and disability specific services.	• Work with existing services (e.g. rehabilitation and early intervention, OPDs) to develop and implement training packages that focus on of basic support strategies across key functioning domains – movement/mobility, communication, cognition, seeing, hearing, and self-care – to equip family and community members and formal carers with practical skills in meeting individual daily support needs. • Strengthen the disability support workforce by expanding local training programs and offering incentives to encourage trained support workers to remain and work within Pacific Island countries. • Establish regulatory frameworks to define, professionalise and protect the roles and responsibilities of disability support workers, ensuring service quality and safeguarding for both workers and service users. • OPDs are supported to lead learning exchanges between Pacific Island countries that promote sharing of good practices, effective support models and service delivery innovations across the region. • Training and awareness programs are implemented for mainstream service providers (e.g. transport workers/taxi drivers, education and health workers) to address negative attitudes and foster inclusive, respectful service provision. • Introduce care coordination and case management systems to support people with disability and their families in identifying, accessing and managing appropriate supports and services. • Foster processes for communication of information between service providers across sectors (e.g. from specialist health providers to education) to ensure effective continuity of care and support for people with disability. • Promote inclusive service delivery models, such as community outreach and decentralised services, to ensure supports – both mainstream and disability specific - are accessible in both urban and rural settings. • Establish reliable systems for the provision of transport for people with disability to access the community and mainstream services. This could involve partnerships

		between organisations and community members to establish rosters of volunteers or similar.
Governance & Financing	Policies, regulatory frameworks and sustainable financing mechanisms are in place to promote and enhance the availability of disability supports and create accessible and enabling environments. All relevant levels of governance (national, provincial, village, church) are engaged in actions.	• Ensure country-level objectives for strengthening disability supports are highlighted in national policy and strategic plans. • Ensure responsibility for implementing laws and policies are assigned to relevant government bodies across all levels, with mechanisms for monitoring and reviewing progress • Strengthen government financing mechanisms by considering options to introduce or expand targeted subsidies such as concessions, discounts, fee waivers, and social protection to reduce the cost burden on people with disability and their families. • Continue to invest in accessible infrastructure and public services, for example accessible public transport, to reduce environmental barriers and promote the independence and mobility of persons with disability. • Develop and enforce national service quality standards and minimum requirements for disability support services to ensure consistency, safety and rights-based approaches across providers. • Establish accreditation or credentialling systems to enable oversight of formal providers. • Establish clear, accessible and safe reporting mechanisms for people with disability and their families to raise concerns about the quality or safety of support services, while ensuring that such mechanisms do not create unnecessary burdens that could limit service availability. • Introduce or strengthen employment regulations mandating reasonable accommodations in the workplace, including access to a support person where needed. • Expand financial assistance schemes to cover the costs of disability-related specialist assessments and treatments overseas where these are not available domestically, building on existing models such as the Tuvalu Overseas Medical Referral Scheme (TOMRS).

Appendix A: Disability support ecosystem template

Use this template to identify factors at each layer of the ecosystem that impact the need and access to disability supports for people with disability in your context.



Individual

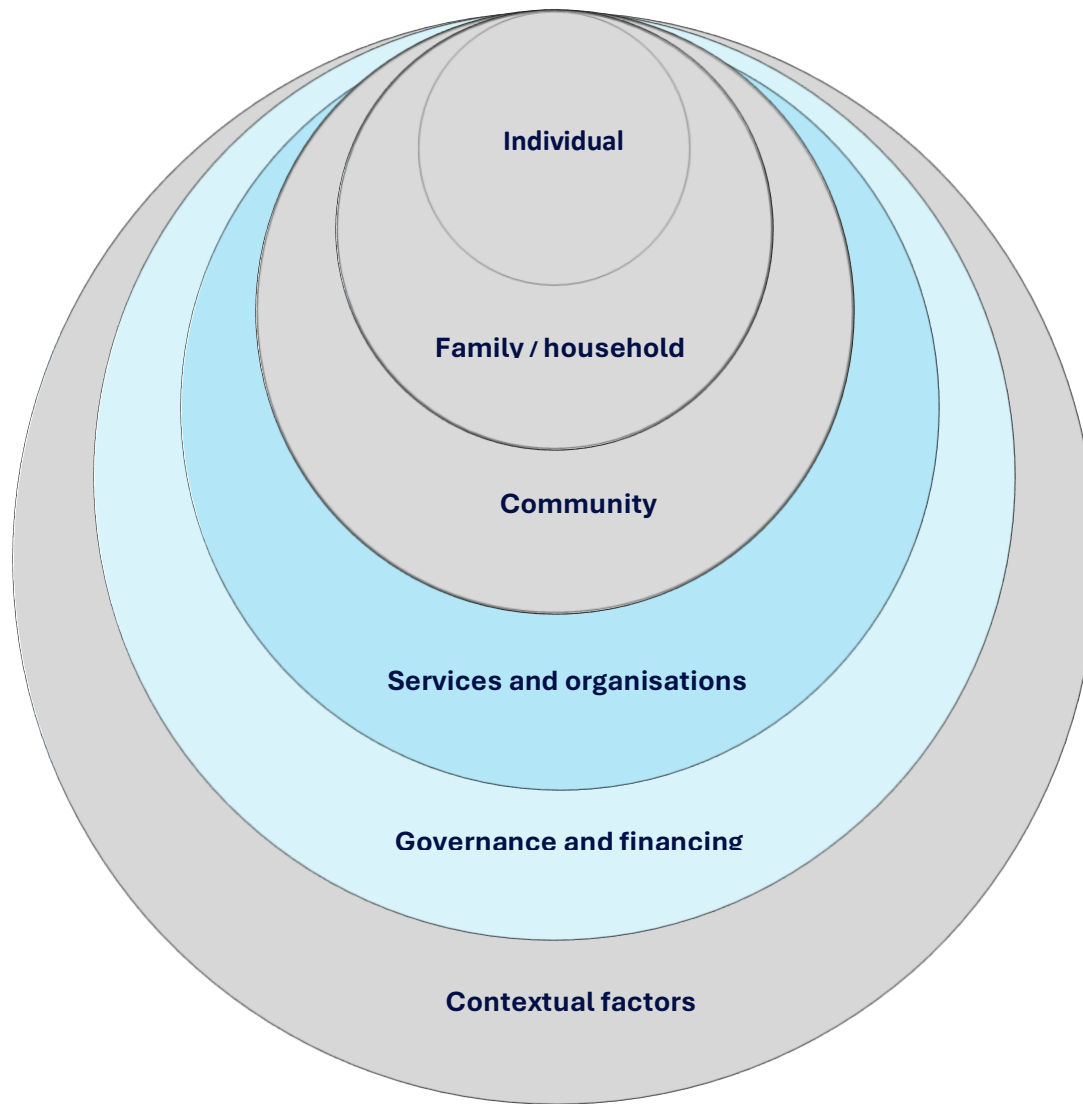
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Family / household

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Community

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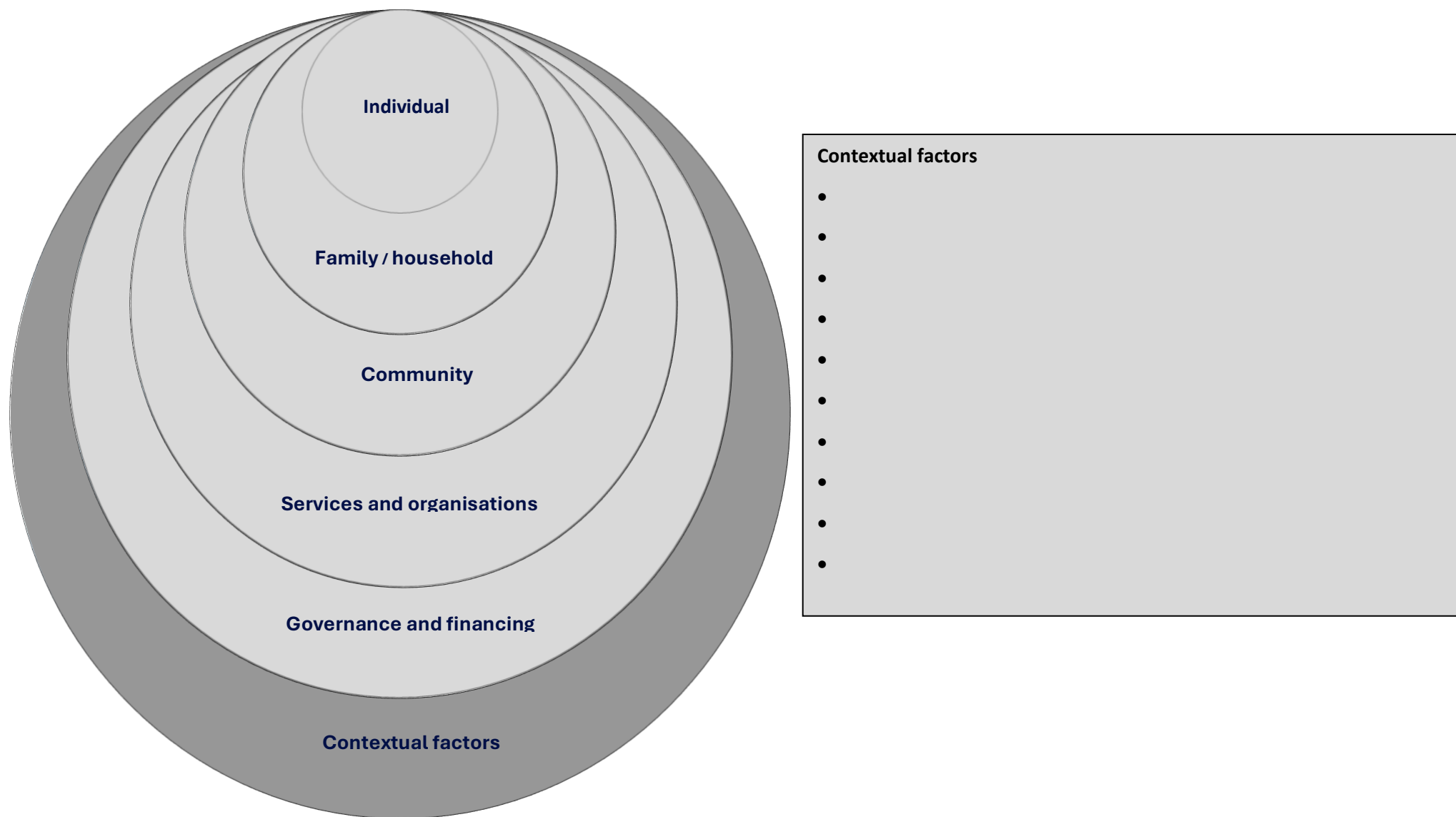


Services and organisations

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Governance and financing

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Appendix B: Action plan template

Ecosystem Level	Objective	Strategic actions	Responsible actors	Lead agency or organisation
Individual	People with disabilities have access to support that meets their individual support needs and enables their active participation in roles that are important to them. The support available includes flexible options to provide choice, adapt to changing circumstances and give respite to regular support persons.			
Family and household	The central role of family as key providers of supports is respected while recognising the support needs of family/household members themselves in their caregiving and support roles.			
Community	Community mechanisms of support are harnessed to include support for people with disabilities and their families through community awareness-raising and capacity building.			
Services and Organisations	The quality, capacity and reach of services and organisations that support people with disability is enhanced through community-based service delivery models, workforce strengthening, and leveraging existing expertise to support and build capacity of families and communities as the key support providers.			
Governance & Financing	Policies, regulatory frameworks and sustainable financing mechanisms are in place to promote and enhance the availability of disability supports.			

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