**Inclusive Care and Support Models around the World**

**Case Study Information Package**

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| This case study information package is a tool for Inclusion International members who want to ensure that the voices of people with intellectual disabilities and their families in their country are represented in the global care and support agenda.Members interested in sharing a care and support model in their country can use the information and key questions in this guide to prepare a case study which will inform resources being developed on care and support.Case studies can be submitted on a rolling basis until October 15, 2025.Completed case studies based on the template included in this document can be submitted by email to Olivia Schalkwyk at oliva@inclusion-international.org, copying:* Manel Mhiri - manel@inclusion-international.org
* Kimber Bialik - kimber@inclusion-international.org
* Anna MacQuarrie - anna.macquarrie@gmail.com

For additional questions about how to engage in the global care and support agenda, contact Manel Mhiri at manel@inclusion-international.org.  |

 **Introduction**

Around the world, there is an ongoing discussion about building strong care and support systems that are based on human rights and that represent the issues faced by women, persons with disabilities, and older persons.

This international push for governments to make reforms to their care and social protection systems to make them more inclusive and rooted in human rights is called the "care and support agenda."

The Care and Support Agenda is very big and includes lots of ideas, but for Inclusion International’s purposes, we will focus on what care and support means for people with intellectual disabilities and their families.

The global agenda initially focused on “care”. Inclusion International supported expanding the care agenda to include “support”, to ensure the agenda is more inclusive of and reflective of the lives of persons with intellectual disabilities and their families.

Inclusion International has been engaged in securing recognition of the role of families, in particular mothers, in the global Care and Support Agenda. In every country around the world, it is families who are responsible for providing the bulk of support to persons with disabilities, often with little or no financial compensation, and while managing the discrimination that both themselves and their child with a disability faces.

Our network’s approach to the care and support agenda is based on two key ideas:

* Families need support to address the unique challenges they experience.
* Individuals with intellectual disabilities need support to live meaningful inclusive lives in their communities.

Strong family-based public policies and a valued recognition of the role of families will enable people with intellectual disabilities to get the support they need at all stages of their life, and for families of persons with intellectual disabilities to have ‘typical’ lives like other families.

To learn more about the Care and Support Agenda, review our [Primer on the Care and Support Agenda](https://docs.google.com/document/d/1DjdbbcVXsVTctsf-4ak5m8zDafE0tcRgxFVtPEusXzE/edit?usp=sharing).

**Inclusion International Project on Care and Support**

Inclusion International has a new project, funded by the SAGE Fund, focused on ensuring the global Care and Support Agenda is inclusive.

The purpose of the project is to:

* Help make the voices of families and self-advocates part of the global Care and Support Agenda discussions.
* Ensure the Care and Support Agenda includes the issues and experiences of families and self-advocates.
* Document the support and solutions needed in order to get and give fully inclusive care and support that respects dignity and choice.

The activities that Inclusion International will do as part of this project include:

* Hosting focus groups with self-advocates and families
* Partnering with members to develop case studies of good practice models of care and support.
* Creating a report about care and support to help our network’s advocacy work.

This resource supports members to engage in the second activity - partnering with members to develop case studies on different models for care and support.

**Case Study Information**

You have been invited to complete a case study on examples of a good practice of care and support.

Some case studies will look at formal support systems, for example support mechanisms delivered by service providers. Others will look at informal support systems, like forms of care and support delivered by families.

Inclusion International might ask you to document a specific model in your country, or you can identify a care and support model from your country yourself that you think could inform future resources on effective care and support models.

The case studies will gather detailed information about good models and practices of care and support. A “good practice” should support people with intellectual disabilities to live full lives in their communities.

**Good practices do not include support or services that are connected to institutions or residential supports.** For example, segregated day care centers, group homes or sheltered workshops are not good practices.

While we are aiming to hear about effective models for care and support that could be replicated in other countries, don’t let the term “good practice” discourage you from documenting a model that you think is important for learning. For example, if an innovative care and support model was tested in your country and it didn’t work well, but there are things that could be learned from what was tested, we want to hear about that experience too!

Similarly, if there is a care and support model in your country that isn’t perfect or has room to be improved, we still want to hear about it if you think there is potential for it to be replicated (along with your notes on what could be better).

**Overview of Case Studies**

There are three (3) sections to the case study.

**Section 1: Describe the Model**

Describe the model by giving as much detail as you can.

Please include an overview of the model and details, including:

* Is it formal or informal?
* How does it work? What specifically is the support that is provided?
* How is it organized? Who runs it?
* Is it delivered by the government (local/national), by civil society, or by someone else?
* What’s the (local or national) government role in managing/coordinating/duplicating it?
* How does an individual or family access this kind of support? (Application process, eligibility criteria etc)
* Are the people giving support paid/not paid?
* Where do the resources to support the model come from?
* Does it target a particular group (children, older people, women, etc)
* Were families or self-advocates involved in the development or delivery of the model?

**Section 2: What Makes the Model a Good Practice?**

Why do you think this model for inclusive care and support works particularly well in your context? For example, are there particular cultural factors, norms, economic factors, relevant institutions unique to your context that make this model successful?

Are there any parts of this model that you think wouldn’t translate well to other communities, countries, or contexts? Why?

How is the model perceived by families? Self-advocates? Other disability groups?

Are self-advocates and families involved in monitoring how this model works?

**Section Three: The Model in Action**

Where possible, please share some photos and videos of the model in action.

For example:

* A self-advocate talking about the support they received and how it helped them be included.
* A family member talking about the support and how it helps their family and/or their family member.
* A re-enactment of a circle of support or other supported decision making model that shows HOW the support works.

The [template](#_x7m4z7xskshn) including all of these questions is included in the package below.

A [photo and video release form](#_87r04cvju1my) is attached as the final page of this package - please ensure that the people in the video and photos have signed the photo release form and that these are returned to Inclusion International.

**Submitting Case Study**

Case study information can be submitted using the Case Study Template document on the following page. Alternatively, it can be submitted as a word document or pdf.

Case studies can be submitted on a rolling basis through October 15, 2025.

Completed case studies based on the template included in this document can be submitted by email to Olivia Schalkwyk at olivia@inclusion-international.org, copying:

* Manel Mhiri - manel@inclusion-international.org
* Kimber Bialik - kimber@inclusion-international.org
* Anna MacQuarrie - anna.macquarrie@gmail.com

## **Case Study Template**

Please complete the below template to submit your case study. If you would prefer, you can also prepare your case study as a narrative instead of using the template, but please make sure you respond to all of the questions.

Your Contact Information:

|  |  |
| --- | --- |
| Name of Organisation |  |
| Country |  |
| Contact Person |  |
| Contact’s Email Address |  |

About the Care and Support Model:

|  |  |
| --- | --- |
| Name of Model |  |
| Is it formal or informal?  |  |
| How does it work? *What specifically is the support that is provided?* |  |
| How is it organized? Who runs it? *e.g. Is it delivered by the government (local/national), by civil society, or by someone else?* |  |
| What is the (local or national) government role in managing, coordinating, duplicating this model? |  |
| Are the people giving support paid/not paid? |  |
| Where do the resources to support the model come from? |  |
| Does it target a particular group (children, older people, women, etc)? |  |
| How does an individual or family access this kind of support? (Application process, eligibility criteria etc) |  |
| Were families or self-advocates involved in the development or delivery of the model? |  |

What makes the model a good practice?

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| --- | --- |
| How are the people who access care and support through this model impacted positively by how this model works? |  |
| How is this model different / better than other care and support models that exist in your country? |  |
| Why do you think this model for inclusive care and support works particularly well in your context? *For example, are there particular cultural factors, norms, economic factors, relevant institutions unique to your context that make this model successful?* |  |
| How is the model perceived by families? Self-advocates? Other disability groups? |  |
| Are self-advocates and families involved in monitoring how this model works? |  |

Challenges

|  |  |
| --- | --- |
| Are there any implementation challenges for this care and support model that countries or organisations that may want to replicate it should consider? |  |
| Are there any parts of this model that you think wouldn’t translate well to other communities, countries, or contexts? Why?*For example, any elements that are unique to your context?* |  |
| Are there any key stakeholders that are unsupportive of this model? Why? |  |
| If your organisation had the opportunity to make changes to how this model worked, is there anything you would change? |  |

In addition to these questions, please share some photos and videos of the model in action.

For example:

* A video of someone who delivers care and support through this model talking about how it works and what makes this model different.
* A video of a self-advocate talking about the support they received and how it helped them be included.
* A video of a family member talking about the support and how it helps their family and/or their family member.
* A re-enactment of a circle of support or other supported decision making model that shows HOW the support works.

Completed case studies and the linked videos can be submitted by email to Olivia Schalkwyk at olivia@inclusion-international.org, copying:

* Manel Mhiri - manel@inclusion-international.org
* Kimber Bialik - kimber@inclusion-international.org
* Anna MacQuarrie - anna.macquarrie@gmail.com

## **Photo and Video Release Form**

**Photo and Video Release**

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This is a **consent form**.

“Consent” means saying you agree that it is okay to do something.

This consent form is about having photos and videos taken of you.

It is something you need to read before you take part in the video or photos.

There is information about why we are asking for your consent below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inclusion International is collecting photos and videos of people using care and support systems around the world.

You get to choose how we use photos and videos of you.

You can tell us what the rules are for using your care and support stories by filling out the form below.

**Please check the yes or no box based on what you want.**

|  |
| --- |
| **To take part, you need to agree to the following 5 things:** |
|   | Yes | No |
| I agree to have photos taken of me. |   |   |
| I agree to have videos taken of me. |  |  |
| I agree that Inclusion International and the SAGE Fund can use what I say in the video for their work on care and support. For example, using my quotes to help make reports and tools. |  |  |
| I agree that Inclusion International and the SAGE Fund can use what I say in the video on social media, their websites, or other places. |  |  |

|  |
| --- |
| **The next section is “optional”. This means that you do not need to say yes, and you can still take part in the video or photos if you want.** |
|  | Yes | No |
| I would like my name to be shared along with any quotes from what I said in the video. |   |   |

**After you have checked the yes and no boxes, sign this page.**

Name of the person taking part:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where you signed this form (city and country):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

…………………………………………………………………………

**If the person taking part is under 18, a parent or guardian must sign here.**

Name of the parent or guardian:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the person taking parent (for example, parent):

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Parent or Guardian’s signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_