



Amendments of the European Network on Independent Living

To the Draft Council Conclusions on the transition of care system throughout life towards holistic, person-centred and community-based models (11993/23, SOC 549, EMPL 387, GENDER 167)

When the European Union became state party to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in December 2010 this was a historic moment. Due to this commitment, all EU policies and initiatives on disability must be aligned with the UNCRPD, including Conclusions of the Council of the EU. In order to bring the draft Conclusions in line with the UNCRPD, the standards developed by the Committee on the Rights of Persons with Disabilities (CRPD Committee) need to be fully incorporated. These standards involve the General Comments, especially General Comment no 5 and the Guidelines on Deinstitutionalisation, including in emergencies. Through the amendments suggested in this document, the European Network on Independent Living makes concrete proposals on how to incorporate the mentioned standards and achieve UNCRPD alignment.

Amendment 1	
Title	
<i>Text proposed by the Council</i>	<i>Amendments</i>
<p>Draft Council Conclusions on the transition of care system throughout life towards holistic, person-centred and community-based models</p>	<p>Draft Council Conclusions on the transition of care system throughout life towards holistic, person-centred and community-based disability support models</p>
Amendment 2	
1)	
<i>Text proposed by the Council</i>	<i>Amendments</i>
<p>1) Steady gains in social rights and greater awareness of the right of all persons to enjoy a full and dignified life have led to the questioning of institutional care models, which in many cases entail segregation and limit fundamental freedoms. This paradigm shift has been accompanied by advances in professional care models and changing ideas of what care should look like. It has also been supported by scientific evidence confirming the limitations of institutional care, by heightened social awareness of the importance of</p>	<p>1) Steady gains in social rights and greater awareness of the right of all persons to enjoy a full and dignified life have led to the questioning of institutional care models, which in many cases entail segregation and limit fundamental freedoms. The European Union is state party to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The UNCRPD established the human rights model of disability, obliging state parties to</p>



<p>building egalitarian societies and of mainstreaming the gender perspective, and by increasing social sensitivity and a widespread preference for person-centred and community-based models.</p>	<p>engage in deinstitutionalization, defined as ending all forms of institutional care of disabled people. Care for disabled people is to be replaced by community-based disability support services. This paradigm shift has been accompanied by advances in professional care models and changing ideas of what care and support should look like. It has also been supported by scientific evidence confirming the limitations inadequacy of institutional care, by heightened social awareness of the importance of building egalitarian societies and of mainstreaming the gender perspective, and by increasing social sensitivity and a widespread preference for person-centred and community-based models.</p>
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Amendment 3

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<i>Text proposed by the Council</i>	<i>Amendment</i>
<p>2) Care throughout life has a significant gender dimension. Nearly 90% of those gainfully employed in the sector are women, estimated at 9.1 million in Europe, in jobs that are generally precarious, poorly paid, lacking in career development prospects and undervalued, which partly explains the worrying shortage of skilled personnel in this sector in Europe and in particular in the most depopulated areas or in less developed regions. In the EU, 92% of women carry out unpaid care work regularly and 81% do so daily. A total of 7.7 million women in Europe are excluded from paid employment due to care responsibilities.¹ Women devote more time to care than men, meaning that their access to and continued presence in the labour market depends on their care responsibilities and how such responsibilities are shared.² The potential earnings foregone by women due to this unbalanced distribution of unpaid care work has been found to total at least 242 billion euros per year.³⁴ In addition, women receive lower old-age pensions and are</p>	<p>2) Care and disability support throughout life have a significant gender dimension. Nearly 90% of those gainfully employed in the sector are women, estimated at 9.1 million in Europe. Also personal assistance services have been feminized and transnationalized. Jobs are generally precarious, poorly paid, lacking in career development prospects and undervalued, which partly explains the worrying shortage of skilled personnel in this sector in Europe and in particular in the most depopulated areas or in less developed regions. In the EU, 92% of women carry out unpaid care and disability support work regularly and 81% do so daily. A total of 7.7 million women in Europe are excluded from paid employment due to care and disability support responsibilities.⁵ Women devote more time to care and disability support than men, meaning that their access to and continued presence in the labour market depends on their care responsibilities and how such responsibilities are</p>

1CoR, Opinion on the European care strategy.

2EU Gender Equality Strategy.

3European Parliamentary Research Service 2022.

4 1 Ageing Report.

5CoR, Opinion on the European care strategy.



<p>therefore less likely to be able to afford the care they need, and are more likely to experience poverty.⁴ The long-term care and social services sector have a large potential to generate employment, with the number of jobs that could be created over the coming 10 years estimated at eight million.</p>	<p>shared.⁶ The potential earnings foregone by women due to this unbalanced distribution of unpaid care work has been found to total at least 242 billion euros per year.⁷⁸ In addition, women receive lower old-age pensions and are therefore less likely to be able to afford the care they need, and are more likely to experience poverty.⁴ The long-term care, and disability support am social services sector have a large potential to generate employment, with the number of jobs that could be created over the coming 10 years estimated at eight million.</p> <p>1)</p>
Amendment 4	
3)	
<i>Text proposed by the Council</i>	<i>Amendment</i>
<p>3) Significant progress has been made towards achieving the Barcelona Targets established in 2002 on early childhood education and care (ECEC) However, this progress has been unequal among the Member States, in particular as regards the youngest group of children and children from disadvantaged backgrounds. For this reason, the revised Barcelona Targets focus on early childhood (under-3s), and on closing the participation gap in ECEC between children at risk of poverty or social exclusion, and the overall population of children.</p>	<p>3) Significant progress has been made towards achieving the Barcelona Targets established in 2002 on early childhood education and care (ECEC) However, this progress has been unequal among the Member States, in particular as regards the youngest group of children and children from disadvantaged backgrounds. For this reason, the revised Barcelona Targets focus on early childhood (under-3s), and on closing the participation gap in ECEC between children at risk of poverty or social exclusion, and the overall population of children. <i>The UN CRPD requires state parties to include all disabled children into mainstream education. This involves the creation of barrier free education settings, adequate teaching method and qualified personnel.</i></p>
<p>Explanation: The ESRPD is the European Union’s main framework on all matters concerning disability policy. To avoid legal confusion it must be clearly stated that all materials, guidance, definitions and rules developed under der ESRPD take precedence. Otherwise the Union risks having conflicting policies in place.</p>	
Amendment 5	
4)	

⁶EU Gender Equality Strategy.

⁷European Parliamentary Research Service 2022.

⁸ 1 Ageing Report.



<p style="text-align: center;">Text proposed by the Council</p> <p>4) The shortage of skilled care workers is a Europe-wide problem with far-reaching social repercussions,⁹ However, care and care work continue to be undervalued and poorly paid, offering poor career prospects and no training opportunities, and—in some cases—little in the way of job security. Therefore, the current situation calls for a strategic approach to care, that must mainstream the gender perspective, and be based on the premise that the responsibility for providing care does not lie exclusively with the care recipient’s family, but, must instead be shared. In this area, numerous actors at different levels all have a role to play, including local and regional entities, EU Member States and EU institutions with decision-making powers in the areas of health, social care and education, and social partners, civil society and the social economy, as stated in the European Care Strategy.</p>	<p style="text-align: center;">Amendment</p> <p>4) The shortage of skilled care workers and personal assistants is a Europe-wide problem with far-reaching social repercussions,¹⁰ However, care, and care work and disability support continue to be undervalued and poorly paid, offering poor career prospects and no training opportunities, and—in some cases—little in the way of job security. Therefore, the current situation calls for a strategic approach to care and disability support, that must mainstream the gender perspective, combat the exploitation of migrant workers and ensure the right of disabled people to self-determination and Independent Living, and be based on the premise that the responsibility for providing care and disability support does not lie exclusively with the care recipient’s family, but, must instead be shared. In this area, numerous actors at different levels all have a role to play, including local and regional entities, EU Member States and EU institutions with decision-making powers in the areas of health, social care and education, and social partners, civil society and the social economy, as stated in the European Care Strategy.</p>
Amendment 6	
5)	
<p style="text-align: center;">Text proposed by the Council</p> <p>5) Gender equality and human rights are at the core of European values, and equality between women and men is a fundamental principle of the European Union, enshrined in the Treaties and in the Charter of Fundamental Rights of the European Union. Article 8 of the Treaty on the Functioning of the European Union (TFEU) requires the Union, in all its activities, to aim to eliminate inequalities between women and men and to promote equality.</p>	<p style="text-align: center;">Amendment</p> <p>5) Gender equality, disability rights and human rights in general are at the core of European values, and equality between women and men is a fundamental principle of the European Union, enshrined in the Treaties and in the Charter of Fundamental Rights of the European Union. Article 8 of the Treaty on the Functioning of the European Union (TFEU) requires the Union, in all its activities, to aim to eliminate inequalities between women and men and to promote equality. Article 19 TFEU enables the Council to take, in consent with the European Parliament, appropriate action to combat discrimination based on</p>

⁹CoR, Opinion on the European care strategy.

¹⁰CoR, Opinion on the European care strategy.



	<p>sex, racial or ethnic origin, religion or belief, age or sexual orientation.</p>
<p>See explanation to amendment 1.</p>	
<p>Amendment 7</p>	
<p>6)</p>	
<p style="text-align: center;">Text proposed by the Council</p> <p>6) The European Care Strategy establishes an agenda for improving the situation and the rights of carers (mostly women) and care recipients alike. It calls on Member States to guarantee high-quality, affordable and accessible public long-term care services and ECEC services and to ensure better, gender-equal working conditions and work-life balance for both professional and informal carers. Implementing this agenda will further support the application and implementation of the European Pillar of Social Rights and help to achieve EU targets in the areas of employment, skills, and poverty reduction for 2030. as well as promoting gender equality. The Strategy also recommends that the Member States and EU level and national social partners foster effective social dialogue and conclude collective agreements for the care sector, with the objective of providing care workers with fair working conditions and adequate wages, as well as to take action to facilitate the upskilling and reskilling of care workers. It further calls on Member States to combat gender stereotypes and promote a more equal sharing of care responsibilities between women and men.</p>	<p style="text-align: center;">Amendment</p> <p>6) The European Care Strategy establishes an agenda for improving the situation and the rights of carers (mostly women) and care recipients alike. It calls on Member States to guarantee high-quality, affordable and accessible public long-term care services and ECEC services and to ensure better, gender-equal working conditions and work-life balance for both professional and informal carers. <i>In addition, Member States need to guarantee access to disability support services, including personal assistance and peer support.</i> Implementing this agenda will further support the application and implementation of the European Pillar of Social Rights and help to achieve EU targets in the areas of employment, skills, and poverty reduction for 2030. as well as promoting gender equality. The Strategy also recommends that the Member States and EU level and national social partners foster effective social dialogue and conclude collective agreements for the care sector, with the objective of providing care workers with fair working conditions and adequate wages, as well as to take action to facilitate the upskilling and reskilling of care workers. It further calls on Member States to combat gender stereotypes and promote a more equal sharing of care responsibilities between women and men.</p>
<p>Amendment 8</p>	
<p>7)</p>	
<p style="text-align: center;">Text proposed by the Commission</p> <p>7) The Commission's Gender Equality Strategy 2020-2025 states that 'Insufficient access to quality and affordable formal care services is one of the key drivers of gender inequality in the labour market. Investing in care services is therefore important to support women's participation in paid work and their professional development. It also has potential for job creation for both women and men.'</p>	<p style="text-align: center;">Amendment</p> <p>7) The Commission's Gender Equality Strategy 2020-2025 states that 'Insufficient access to quality and affordable formal care services is one of the key drivers of gender inequality in the labour market. Investing in care services is therefore important to support women's participation in paid work and their professional development. It also has potential for job creation for both women and men.' Job creating must</p>



	<p>only take place in community-based services and personal assistance. <i>The European Strategy on the Rights of Persons with Disabilities states that “many persons with disabilities, adults and children, are segregated from community life and do not have control over their daily lives, in particular those living in institutions⁴⁰. This is mainly due to the insufficient provision of appropriate communitybased services, housing and technical aids, as well as to the limited availability of support for families and of personal assistance, including in the area of mental health⁴¹</i></p>
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Amendment 9

Recital 8)

Text proposed by the Commission	Amendment
<p>8) The 2006 UN Convention on the Rights of Persons with Disabilities (CRPD) recognises, in Article 19, the right to live independently and to be included in the community, ensuring that persons with disabilities have the opportunity to choose where they live and how and with whom they live, on an equal basis with others, which requires structural changes to replace any institutionalised environment with independent living support services. In this vein, the European Disability Strategy 2021-2030 reiterates the EU’s commitment to achieving the transition from institutional to community-based care and that the Commission will support national, regional and local authorities in their efforts towards de-institutionalisation and independent living. It also urges Member States to implement good de-institutionalisation practices and to promote and secure funding for disability-inclusive and accessible social housing, especially for older people with disabilities, and to address the challenges posed by homeless people with disabilities.</p>	<p>8) The 2006 UN Convention on the Rights of Persons with Disabilities (CRPD) recognises, in Article 19, the right to live independently and to be included in the community, ensuring that persons with disabilities have the opportunity to choose where they live and how and with whom they live, on an equal basis with others, which requires structural changes to replace any institutionalised environment with independent living support services. Article 19b recognizes that Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community; Community support services are to be designed according to the definitions provided in General Comment No 5 and the Guidelines on Deinstitutionalisation, including in emergencies. In this vein, the European Disability Strategy 2021-2030 reiterates the EU’s commitment to achieving the transition from institutional to community-based care services and that the Commission will support national, regional and local authorities in their efforts towards de-institutionalisation and independent living. It also urges Member States to implement good de-institutionalisation practices and to promote and secure funding for disability-inclusive and accessible social housing, especially for older people</p>



	<p>with disabilities, and to address the challenges posed by homeless people with disabilities. The UN CRPD obliges state parties to end all funding into institutions and re-allocate the resources to the financing of community-based services, such as peer support based personal assistance. The EU and its Member States need to urgently implement this obligation.</p>
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Amendment 10	
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9)	
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Text proposed by the Commission	Amendment
<p>9) The Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care recommends that the Member States continuously align the offer of longterm care services to long-term care needs, while providing a balanced mix of long-term care options and care settings to cater for different long-term care needs and supporting the freedom of choice, and participation in decision-making, of people in need of care, including by: developing and/or improving home care and community-based care, ensuring that longterm care services are well-coordinated with prevention, healthy and active aging and health services and that they support autonomy and independent living, as well as inclusion in the community in all long-term care settings. The Council Recommendation also calls on Member States to support quality employment and fair working conditions in the sector, in order to improve the professionalisation of care and address skills needs and worker shortages. At the same time, Member States are invited to identify informal carers and support them in their care-giving activities.</p>	<p>9) The Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care recommends that the Member States continuously align the offer of longterm care services to long-term care needs, while providing a balanced mix of long-term care options and care settings to cater for different long-term care needs and supporting the freedom of choice, and participation in decision-making, of people in need of care, including by: developing and/or improving home care and community-based care, ensuring that longterm care services are well-coordinated with prevention, healthy and active aging and health services and that they support autonomy and independent living, as well as inclusion in the community in all long-term care settings. The Council Recommendation also calls on Member States to support quality employment and fair working conditions in the sector, in order to improve the professionalisation of care and address skills needs and worker shortages. At the same time, Member States are invited to identify informal carers and support them in their care-giving activities. EU policies and care and disability support need to conform with the UN CRPD. To avoid supporting Institutions, Member States must not finance or in any way support long-term care settings which match the defining criteria of an institution as provided in the Guidelines on Deinstitutionalisation, including in emergencies, chapter III, a.</p>

Amendment 11	
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14 new	
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<i>Text proposed by the Council</i>	<i>Amendment</i>
	<p><i>14) The European Parliament resolution of 13 December 2022 towards equal rights for persons with disabilities (2022/2026/INI) highlights that after a decade after the EU became a party to the UN CRPD, the level of institutionalization remains unchanged at 1.4 million people and that access to personal assistance remains inadequate. It “calls on the Commission and the Member States to phase out institutional care settings for person with disabilities as soon as possible, as set out in General Comment No. 5 by the CRPD Committee and bring about a shift from institutional and other segregated settings to a system enabling social participation.</i></p>

Explanation: From the information outlined earlier it follows that care and disability support workers are not the same thing. There a separate mentioning is required.

Amendment 12

15) new

<i>Text proposed by the Council</i>	<i>Amendment</i>
(<p><i>15) The Decision on the own initiative inquiry by the European Ombudsman into how the European Commission monitors EU Structural and Investment Funds to ensure they are used to promote the right of persons with disabilities to independent living and inclusion in the community (OI/2/2021/MHZ) which concluded “that the Commission could provide clearer guidance about the need to promote deinstitutionalisation in the context of the use of ESI funds. She also considered that the Commission could take steps to improve the monitoring of ESI-funded activities, and that it should take a more proactive approach to enforcement, particularly where concerns are raised that ESI-funded activities are at odds with the obligation to promote deinstitutionalisation.”</i></p>

Amendment 13

15-16

<i>Text proposed by the Council</i>	<i>Amendment</i>



<p>16) Define and recognise the right to care and to be cared for, under equal conditions, as a universal subjective right, promoting reforms, including legal regulations when necessary, that holistically define and ensure the legal right to sufficient, freely chosen, and high-quality, person-centred and community-based care; and the right to care, with the capacity to make decisions about how much, and whom to care for, while guaranteeing the right to stop caring when that may conflict with the enjoyment of other rights. This right should be independent of personal and legal status.</p>	<p>16) Define and recognise the right to care, to be cared for, and the right disability support services, especially peer support based personal assistance and other community-based services. under equal conditions, as a universal subjective right, promoting reforms, including legal regulations when necessary, that holistically define and ensure the legal right to sufficient, freely chosen, and high-quality, person-centred and community-based support care; and the right to care, with the capacity to make decisions about how much, and whom to care for, while guaranteeing the right to stop caring when that may conflict with the enjoyment of other rights. This right should be independent of personal and legal status.</p>
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Amendment 14

16 17

<i>Text proposed by the Council</i>	<i>Amendments</i>
<p>16) Take measures to guide the evolution of long-term care towards a community-based, person-centred approach that mainstreams the gender perspective, respecting the timelines proposed in the Commission Recommendation, in order to:</p> <p>a) Guarantee accessible, affordable, high-quality long-term care and support that enable those who require it to prevent their institutionalisation and also live dignified lives, to conserve their autonomy, to live independently in the community and to be able to freely exercise control over where, with whom and how they want to live.</p> <p>b) Develop and implement community living alternatives and local support systems that respect people's wishes and preferences.</p> <p>c) Undertake a profound transformation in the centres and services offered by care institutions so that they provide person-centred, community-based care and support.</p> <p>d) Ensure the financial sustainability of long-term care, increasing its reach and responding to the need to increase the coverage of long-term care.</p>	<p>16) Take measures to guide the evolution of long-term care and disability support services towards a community-based, person-centred approach that mainstreams the gender perspective, the human rights model of disability, peer support, co-production and intersectional anti-discrimination, respecting the timelines proposed in the Commission Recommendation, in order to:</p> <p>a) Guarantee accessible, affordable, high-quality long-term care and disability support that enable those who require it to prevent their institutionalisation and also live dignified lives, to life in self-determination, to conserve their autonomy, to live independently in the community and to be able to freely exercise control over where, with whom and how they want to live.</p> <p>b) Develop and implement community living alternatives and local support systems that respect people's wishes and preferences.</p> <p>c) Ensure access to disability support services as defined in General Comment No 5 and the Guidelines on Deinstitutionalisation, including in emergencies, which most importantly involve peer support based personal assistance. Community-</p>



e) Foster the comprehensiveness of the different long-term care services and also the effective coordination between them, in particular between social services and health services, providing fully flexible and personalised portfolios of service. In addition, the possibilities of digitalisation should be maximised by designing personalised itineraries and comprehensive care models through case management. Other important aspects include the provision of training to professionals in personcentred, comprehensive care; the adoption of innovative, community-based local solutions that make ethical use of technology and utilise essential tools such as public funds and innovative social clauses in public procurement procedures; and continually improving long-term care systems in which the gender approach is always mainstreamed.

f) Increase the supply of professional, person-centred support and services for home care and community support. Such supply should be fully adjusted to demand, so as to properly meet the particular needs and territorial challenges of rural and sparsely populated areas, by promoting innovative public initiatives and reducing other inequalities of access resulting from, for example, economic capacity or gender inequality.

g) Promote effective mechanisms to guarantee the quality of services and resources, and develop national long-term care quality frameworks that are based on the evaluation of the impact of long-term care and support on the quality of life of persons.

based services for disabled people need to function according to the principles of co-production, peer support and intersectional justice. Disability assessments need to be fair and transparent. Services must be available and affordable in practice. Services need to be underpinned by the human rights model of disability.

c) Undertake a profound transformation in the centres and services offered by care institutions so that they provide person-centred, community-based care and support.

d) Ensure the financial sustainability of long-term care and **disability support**, increasing its reach and responding to the need to increase the coverage of long-term care.

e) Foster the comprehensiveness of the different long-term care and **disability support** services and also the effective coordination between them, in particular between social services and health services, providing fully flexible and personalised portfolios of service. In addition, the possibilities of digitalisation should be maximised by designing personalised itineraries and comprehensive care **support** models through case management. Other important aspects include the provision of training to professionals in personcentred, comprehensive care; **There must be no binding training standards for personal assistants. To ensure self-determination of the disabled person, it is imperative that the assistance user trains the assistants her- or himself. Assistance with the training can be provided by personal assistance user cooperatives and Centres for Independent Living (CILs). Trainings to the assistants can be provided depending on the users wishes.** the adoption of innovative, community-based local solutions that make ethical use of technology and utilise essential tools such as public funds and innovative social clauses in public procurement procedures; and continually improving long-term care systems in which the gender approach is always mainstreamed.

(g) Promote effective mechanisms to guarantee the quality of services and resources, and develop national long-term care quality frameworks that are based on the evaluation of the impact of long-term care and support on the quality of life of persons. **Evaluations must be based on the lived experiences of service users and surveys conducted among users of services.**



Amendment 15

17)

Text proposed by the Council

17) Promote a cultural change targeting the revaluation and recognition of care work, both professional and non-professional, eliminating gender biases and stereotypes and bringing about a cultural paradigm shift towards co-responsibility for care, through:

a) Awareness raising campaigns and fostering social debate around the issue, by championing the co-responsibility of men in formal and informal care, by eradicating the gender stereotypes and gender roles traditionally associated with care work, and by recognizing the value of care and the right of persons to a life project of their choice and dignity.

b) Improving the living conditions of informal carers by promoting the implementation of support measures and quality, flexible training programmes in informal care that include psychological support and training in digital skills.

c) Fostering mechanisms that favour work-life balance, including through means such as more flexible timetables, hybrid working models, teleworking, and ensuring that carers' have access to leave under equal conditions.

d) Offering adequate paid leave options that do not have a negative impact on women's employability while providing work-life balance services that facilitate the implementation of support services for informal carers.

Amendments

17) Promote a cultural change targeting the revaluation and recognition of care **and support** work, both professional and non-professional, eliminating gender biases and stereotypes, **combating ableism and stigmatization of disabled people** and bringing about a cultural paradigm shift towards co-responsibility for care, through:

a) Awareness raising campaigns and fostering social debate around the issue, by championing the co-responsibility of men in formal and informal care, by eradicating the gender stereotypes and gender roles traditionally associated with care work, **also eradicating ableism and the stigmatization of disabled people** and by recognizing the value of care and the right of persons to a life project of their choice and dignity.

b) Improving the living conditions of informal carers by promoting the implementation of support measures and quality, flexible training programmes in informal care that include psychological support and training in digital skills. **For family members working as personal assistants there must be no compulsory training requirements. The training is to be conducted by the personal assistance user.**

c) Fostering mechanisms that favour work-life balance, including through means such as more flexible timetables, hybrid working models, teleworking, and ensuring that carers' have access to leave under equal conditions. **There must be no compulsory time tables for the working hours of personal assistants. Working times need to be arranged in agreement between the personal assistance user and the assistants. Working times need to be such that personal assistants have work life balance and are protected from exploitation. At the same time the assistance needs of disabled people need to be met. Personal assistance user cooperatives or Centres of Independent Living can act as mediators.**

Amendment 16

18)



<i>Text proposed by the Council</i>	Amendment
<p>18) Adopt, whenever they have not yet done so, levels and standards of quality of care based on the principles included in the two Council recommendations, always considering the needs of caregivers and those who receive support, as well as the existing gender differences, as well as aiming, as an inherent objective of care models, to eliminate these gender gaps.</p>	<p>18) Adopt, whenever they have not yet done so, levels and standards of quality of care and disability support based on the principles included in the two Council recommendations, the UNCRPD, the General Comments, the Guidance on Deinstitutionalisation, including in emergencies, the European Strategy on the Rights of Personas with Disabilities, always considering the needs of caregivers and those who receive support, as well as the existing gender differences, as well as aiming, as an inherent objective of care models, to eliminate these gender gaps.</p>
Amendment 17	
19)	
<i>Text proposed by the Council</i>	Amendment
<p>19) Guarantee proper and decent working conditions and wages and ensure that there are enough professionals, and that they are duly trained. In particular, the Member States should:</p> <p>a) Ensure the improvement of working conditions and wages by regulating working conditions and promoting social dialogue and sectoral collective bargaining with regard to care throughout life. Collective bargaining agreements must also include measures to close the gender pay gap in the care sector, in line with the principle of equal pay for work of equal value.</p> <p>b) Guarantee proper and decent working conditions for domestic workers and combat undeclared work and bogus self-employment in care services with the purpose of regularizing them, paying particular attention to domestic work often carried out by female migrant workers.</p> <p>c) Improve the social protection of female care workers and take steps to protect them against the risk of harassment and sexual harassment in the workplace.</p> <p>d) Guarantee the initial and ongoing training of care workers, in order to provide them with the necessary</p>	<p>19) Guarantee proper and decent working conditions and wages and ensure that there are enough professionals, and that they are duly trained. In particular, the Member States should:</p> <p>a) Ensure the improvement of working conditions and wages by regulating working conditions and promoting social dialogue and sectoral collective bargaining with regard to care and support throughout life. Collective bargaining agreements must also include measures to close the gender pay and the disability employment gap in the care and support sector, in line with the principle of equal pay for work of equal value.</p> <p>c) Improve the social protection of female, migrant and disabled care and support workers and take steps to protect them against the risk of harassment and sexual harassment in the workplace.</p> <p>d) Guarantee the initial and ongoing training of care workers, in order to provide them with the necessary professional skills to enable them to provide personalized and quality services, including training and support in the use of innovative systems and new tech-</p>



<p>professional skills to enable them to provide personalized and quality services, including training and support in the use of innovative systems and new technologies.</p> <p>e) Guarantee the professional development of care workers through further training, thus helping them to advance in their professional careers.</p> <p>f) Ensure that public procurement procedures guarantee a minimum level of income that reflects the value of care giving as well as decent working conditions for workers hired by companies awarded public contracts.</p>	<p>nologies. <i>There must be no binding training standards for personal assistants. To ensure self-determination of the disabled person, it is imperative that the assistance user trains the assistants her or himself. Assistance with the training can be provided by personal assistance-user cooperatives and Centres for Independent Living (CILs). Trainings to the assistants can be provided depending on the users wishes</i></p> <p>f) Ensure that public procurement procedures guarantee a minimum level of income that reflects the value of care <i>and support</i> giving as well as decent working conditions for workers hired by companies awarded public contracts.</p>
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Amendment 18

20)

<i>Text proposed by the Council</i>	<i>Amendment</i>
<p>20) Adopt measures, in line with the European Care Strategy and the Commission Recommendation, to:</p> <p>a) Address the participation gap of children at risk of poverty and of social exclusion, and of children with special educational needs, including especially cases where the national administrations for social affairs, health and education are separately responsible for different forms of ECEC.</p> <p>b) Guarantee that the cost of ECEC is proportional to household income and is not an obstacle to access by providing affordable, accessible and high-quality child care services, that are also easily accessible in rural and disadvantaged areas, thus guaranteeing the right to ECEC of all boys and girls, irrespective of their parents' employment, socio-economic or family status.</p> <p>c) Eliminate the time gap between the end of paid family leave and the legal entitlement to a place in ECEC.</p> <p>d) Promote the take-up by men of paternity and parental leave and of flexible working hours, where ap-</p>	<p>20) Adopt measures, in line with the European Care Strategy and the Commission Recommendation, to:</p> <p>a) Address the participation gap of children at risk of poverty and of social exclusion, and of children with special educational needs, <i>including children with disabilities</i>, including especially cases where the national administrations for social affairs, health and education are separately responsible for different forms of ECEC.</p> <p>b) Guarantee that the access to cost of ECEC is free proportional to household income and is not an obstacle to access by providing affordable, accessible and high-quality child care services, that are also easily accessible in rural and disadvantaged areas, thus guaranteeing the right to ECEC of all boys and girls, <i>including disabled children</i>, irrespective of their parents' employment, socio-economic or family status.</p> <p>d) Promote the take-up by men of paternity and parental leave and of flexible working hours, where applicable, in order to facilitate a more equitable distribution of caring <i>and support</i> responsibilities between</p>



<p>plicable, in order to facilitate a more equitable distribution of caring responsibilities between parents regarding paid and unpaid work pursuant to Directive (EU) 2019/1158, reinforce the rights of workers with caring responsibilities to qualify for paternity and parental leave and to request flexible working hours, and raise awareness of these new rights and their implementation.</p>	<p>parents regarding paid and unpaid work pursuant to Directive (EU) 2019/1158, reinforce the rights of workers with caring responsibilities to qualify for paternity and parental leave and to request flexible working hours, and raise awareness of these new rights and their implementation.</p>
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Amendment 19

21)

<p align="center"><i>Text proposed by the Commission</i></p>	<p align="center"><i>Amendment</i></p>
<p>21) Pay due attention to territorial challenges related to the access to care services through measures that:</p> <p>a) Guarantee the access to personalised, quality and affordable care services in complex territorial areas, such as rural, sparsely populated or remote areas, through innovative initiatives, in collaboration with regional and local authorities as well as with the social economy, civil society, women’s organisations and other relevant stakeholders, taking advantage of the opportunities of the care economy, also making use of technology and digitalisation, thereby contributing to fixing population in those areas, increasing economic activity and job creation.</p> <p>b) Identify and address economic disparities and income levels within urban areas, ensuring equal access to personalised and quality care services by promoting local/neighbourhood partnerships that identify needs, and agree on strategies, including community and volunteer programs, neighbourhood groups, or intergenerational solidarity programs.</p>	<p>21) Pay due attention to territorial challenges related to the access to care services through measures that:</p> <p>a) Guarantee the access to personalised, quality and affordable care and support services, including personal assistance provided through user cooperatives or Centres of Independent Living in complex territorial areas, such as rural, sparsely populated or remote areas, through innovative initiatives, in collaboration with regional and local authorities as well as with the social economy, civil society, women’s organisations and other relevant stakeholders, taking advantage of the opportunities of the care economy, also making use of technology and digitalisation, thereby contributing to fixing population in those areas, increasing economic activity and job creation.</p>

Amendment 20

22)

<p align="center"><i>Text proposed by the Commission</i></p>	<p align="center"><i>Amendment</i></p>
<p>22) Use the social Open Method of Coordination, particularly through the Social Protection Committee, to promote monitoring, data collection and coordination</p>	<p>22) Use the social Open Method of Coordination, particularly through the Social Protection Committee, to promote monitoring, data collection and coordination</p>



<p>and the exchange of good practice with the aim of fostering the transition of long-term care systems towards holistic and community-based models.</p>	<p>and the exchange of good practice with the aim of fostering the transition of long-term care systems towards holistic and community-based models. Provide regularly updated data on the number of disabled people in institutions and the number of personal assistance users.</p>
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Amendment 22

23)

<i>Text proposed by the Commission</i>	<i>Amendment</i>
<p>23) Encourage the mobilization and effective use of EU resources and funds to support the transition of care systems towards holistic, person-centred and community-based models in order to improve the recognition of the value of care and to eradicate prejudice and gender stereotypes.</p>	<p>23) Encourage the mobilization and effective use of EU resources and funds to support the transition of care systems towards holistic, person-centred and community-based models in order to improve the recognition of the value of care and to eradicate prejudice and gender stereotypes. End the provision of EU Funds to Institutions. Reallocate all funding still dedicated to this to finance community-based services, especially personal assistance provided through user cooperatives or Centres of Independent Living.</p>

Amendment 23

24)

<i>Text proposed by the Commission</i>	<i>Amendment</i>
<p>24) Implement innovative solutions to promote social innovation that facilitate mutual learning and advancement towards better public policies. In addition, support should be provided for the development and take up of innovative and accessible digital and technological solutions that, involve social partners and the social economy, the third sector, civil society and women's groups, and while utilizing essential tools such as public funds and social clauses in public procurement procedures. In addition, support the development and take up of innovative and accessible digital and technological solutions that facilitate autonomy and independent living, involving social partners and the social economy, the third sector, civil society and women's groups, and utilising essential tools such as public funds and innovative social clauses in</p>	<p>24) Implement innovative solutions to promote social innovation that facilitate mutual learning and advancement towards better public policies. In addition, support should be provided for the development and take up of innovative and accessible digital and technological solutions that, involve, disabled people and their representative organisations, social partners and the social economy, the third sector, civil society and women's groups, and while utilizing essential tools such as public funds and social clauses in public procurement procedures. In addition, support the development and take up of innovative and accessible digital and technological solutions that facilitate autonomy and independent living, involving disabled people and their representative organisations, social partners and the social economy, the third sector,</p>



<p>public procurement procedures.</p>	<p>civil society and women’s groups, and utilising essential tools such as public funds and innovative social clauses in public procurement procedures. Increase funding to disabled people’s organisations, especially grass-roots level associations.</p>
<p>Amendment 24</p>	
<p>25)</p>	
<p style="text-align: center;"><i>Text proposed by the Council</i></p> <p>25) Carry out data collection and develop tools, standardized indicators and comparable data disaggregated by sex about persons cared or in need of long-term care and about the carers, either professional or informal carers for the systematic monitoring of the progress made by the Member States in developing accessible, affordable and high-quality care including the Barcelona targets.</p>	<p style="text-align: center;"><i>Amendment</i></p> <p>25) Carry out data collection and develop tools, standardized indicators and comparable data disaggregated by sex about persons cared or in need of long-term care and about the carers, either professional or informal carers for the systematic monitoring of the progress made by the Member States in developing accessible, affordable and high-quality care including the Barcelona targets. <i>Provide regularly updated data on the number of disabled people in institutions and the number of personal assistance users.</i></p>