

EEG Statement on the European Care Strategy

On September 7th, the European Commission released the European Care Strategy. The Strategy focuses on the importance of providing accessible, affordable, high-quality, and available care services to all. With this purpose, the Strategy aims to set an agenda to improve the current situation for both carers and service users.

The EEG welcomes the inclusion of elements such as gender-related issues among caregivers – both formal and informal – the call for affordable care and services, the push for support to family carers as well as the proposal for more EU action to promote national policy reforms. Moreover, the EEG acknowledges the focus of the Care Strategy on ensuring sustainable financing of social services and the Commission’s call to Member States on promoting both private and public investment within this area. The EEG welcomes the draft Council recommendation on the revision of the Barcelona Targets on early childhood education and care (ECEC). The recommendation states that “children with disabilities have the right to participate in mainstream ECEC on an equal basis with others”. It emphasizes accessibility including adequate infrastructure, including adaptation to special needs of parents and “the professionalization of staff and specialists to adequately support children with disabilities” as key aspects of inclusive ECEC. These features make the recommendation an example of good policy practice for the inclusion of disabled children into mainstream education and against any form of segregation.

Nevertheless, the EEG remarks several points which should be addressed for the general improvement of the current EU Care Strategy:

1. Deinstitutionalisation Process and Development of Community Care: the EU Care Strategy should clearly highlight the need of deinstitutionalisation processes towards the development of community-based care and support services. It should also make explicit commitments and a matter of priority to end institutionalisation of disabled people, homeless people, people with mental health problems, elderly, and children. In these regards, it is relevant to remind the inalienable right of children with disabilities to have a family and the increasing number of institutions that are still being built across the European Union, including with community funds. The EEG also points out the complete absence of reference to the number of people still living in institutions or to the human rights violations committed by the continued segregation of these groups.

In addition, the transition to family and community-based care and services for children should be promoted on a wider level. On this subject, it is important that actions following the Strategy aim to prevent any further investments into maintaining existing institutions or in the construction of new ones.

2. Support Services: according to the UN Committee on the Rights of Persons with Disabilities (CRPD), States have the duty to ensure that “persons with disabilities have the right to access a range of in-home, residential and other community support services, including personal assistance supporting living and inclusion in the community, and to prevent isolation or segregation from the community.” The EEG regrets that within the text of the EU Care Strategy, it is not clarified that all support services are bound to the personal choice of the service users. People with disabilities are entitled to access support services and personal assistance where, when, how and with whom they find a best fit for their needs. In the pursuit of this, it is fundamental to implement a paradigm shift in policy, law and attitudes – something that is not

well reflected in the new Care Strategy. In addition, there is also the need of funding models that are user-centered and based on partnership approaches. The EEG regrets that this is not contemplated within the text of the Strategy which instead further promotes public procurement.

3. *Legal Procedures*: the document does not introduce legally binding measures or specific targets to be achieved within a specified timeframe. This could result in a potential lack of commitment from individual Member States in implementing the revision of the Barcelona targets - namely on early childhood and care, as well as on access to affordable, high-quality long-term care and services. To ensure the effective implementation of the strategy, EU members States should adopt the proposals and swiftly implement the nomination of national coordinators and work on national action plans covering the full spectrum of long-term care and support services, while ensuring they are sufficiently funded.
4. *Involvement of people with disabilities and their representatives*: The European Care Strategy refers, among other, to disabled people. Nevertheless, the EEG regrets the lack of references to the need to involve disabled people and their representative organisations in the development of policies and laws that concern them. The European Care Strategy should commit to full involvement of disabled people and their representative organisations, as well as other rights holders, and call on the Member States to do the same. Any resulting actions must respect the principle of choice and control, as means of ensuring full respect of the UNCRPD, the EU Fundamental Rights Charter and the Pillar of Social Rights.
5. *Avoiding discrepancies and duplications*: The European Strategy on the Rights of Persons with Disability (ESRPD) is the European Union's main framework on all matters concerning disability policy. The European Care Strategy addresses disability but is developed outside the ESRPD. The Union already has or is in the process of adopting policy initiatives and other documents that might contradict contents of the European Care Strategy. To avoid legal confusion, the New Strategy should clearly state that all materials, guidance, definitions and rules developed under the ESRPD take precedence.

Ultimately, the EEG calls on the Council to add the additions suggested in this document and to adopt the Council Recommendations on the revision of Barcelona targets on early childhood education and care, as well as on access to affordable, high quality long-term care and support services. Personal assistance, home care services, peer support or access to health care, affordable and accessible housing, education and employment are examples of key community-based and mainstream services that require investment. These Recommendations should acknowledge the harm of institutions and contain a commitment to deinstitutionalisation, in line with the Common European Guidelines on Deinstitutionalisation.