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Promotion and protection of all human rights, civil
political, economic, social and cultural rights,
including the right to development

Good practices of support systems enabling community inclusion of persons with disabilities

Report of the Office of the United Nations High Commissioner for Human Rights

Summary

The present report, submitted pursuant to Human Rights Council resolution 49/12, examines good practices of support systems enabling community inclusion of persons with disabilities.

The report, which expands on the previous report mandated by the Council in resolution 49/12, provides examples of good practices for gender-responsive and disability-inclusive support and care systems and identifies key policy areas enabling persons with disabilities to live independently in their communities.



I. Mandate and scope

1. In its resolution 49/12, the Human Rights Council requested the Office of the United Nations High Commissioner for Human Rights (OHCHR) to prepare a thematic study on good practices of support systems that enable community inclusion of persons with disabilities.¹ The present report builds on a previous report on support and care systems for persons with disabilities.²

2. The report is informed by contributions from Member States and other relevant stakeholders, including regional organizations, civil society organizations, organizations of persons with disabilities and national human rights institutions, all of which are posted online.³ In addition, OHCHR conducted online consultations from 28 September to 6 October 2023, involving civil society representatives from 27 countries from different regions and diverse demographic groups.

3. In the report, OHCHR reiterates the importance of adopting a disability rights-based approach to support and care. Relevant aspects of the previous report, addressing emerging conversations and new developments, are presented in chapter II; a diverse array of good practices of support and care systems are presented in chapters III and IV; and recommendations to assist States in developing comprehensive support and care systems to enable persons with disabilities to live independently and to ensure their inclusion in the community are presented in chapter V.

II. Support systems to ensure community inclusion of persons with disabilities

A. Disability rights-based approach to community support

4. Human rights-based support and care systems are necessary preconditions for persons with disabilities to live independently in their communities with autonomy, choice and control. These systems include a network of services, people and products that enable persons with disabilities to carry out activities of daily living and to actively participate in their communities.⁴ When such systems are both gender and age-responsive, they also help reduce gender inequalities and ageism.

5. The human rights-based approach to support and care represents a transformative departure from traditional care models. Aligned with the human rights-based model of disability, it emphasizes the importance of the agency and autonomy of persons with disabilities. In contrast, traditional care models portray care recipients as dependent and passive, stripping them of the agency to control and direct the care and support they receive, leading to economic disempowerment, segregation, isolation and loss of autonomy.

6. The human rights-based approach to support and care actively challenges and combats stereotypes related to care roles and gender assumptions. It endeavours to distribute responsibilities equitably among different actors, men, women, families, communities and the State.⁵ Further, the human rights-based approach contributes to advancing the rights and opportunities of women and girls, including those with disabilities who receive support, to preventing violence and to promoting gender equality. Support and care systems based on human rights promote more inclusive societies that are better prepared to ensure resilience and sustainability for current and future generations.

7. Access to appropriate support and care systems is embedded in international human rights instruments, including for persons with disabilities.⁶ Within the disability context, the

¹ Resolution 49/12, para. 18.

² [A/HRC/52/52](#).

³ Inputs from the above stakeholders are available at www.ohchr.org/en/disabilities/reports.

⁴ [A/HRC/52/52](#), para. 4.

⁵ *Ibid.*, paras. 6–10.

⁶ *Ibid.*, paras. 17–21.

term “support” is a cross-cutting obligation under the Convention on the Rights of Persons with Disabilities.⁷ It can be provided in various forms, including but not limited to human support.⁸ This can encompass informal support, such as unpaid care and support work, primarily from families and personal networks of persons with disabilities;⁹ formal support, provided through support services and support workers (for example, professional personal assistants, sign language interpreters and domestic care workers);¹⁰ or through products (for example, assistive products and new technologies).

8. Children’s evolving capacities, which are acknowledged in international human rights law, transition from care dependency in early childhood to gained control over the support they receive in youth and adulthood.¹¹ Working-age adults and older persons with disabilities possess full agency and require support, not “care-dependency” approaches.¹² Thus, the Convention on the Rights of Persons with Disabilities refers to “care” solely in relation to children or as a part of the terms “health care” and “respite care”, where “care” does not mean support for adults with disabilities.¹³ States must ensure that support and care systems fully observe their obligations under international human rights law, including the Convention on the Rights of Persons with Disabilities and its principles of dignity and autonomy. Their compliance entails understanding the nuances of agency across the life cycle of persons with disabilities.

9. The Human Rights Council has adopted a number of resolutions related to support and care.¹⁴ In addition, the Special Rapporteur on the rights of persons with disabilities has addressed the importance of support systems¹⁵ and outlined recommendations to advance the transformation of care and support services for persons with disabilities.¹⁶ Support and care systems are pivotal for achieving a number of the Sustainable Development Goals for the estimated 1.3 billion people with disabilities, who comprise 16 per cent of the world’s population.¹⁷ Those systems also have the potential to reduce poverty and to implement target 5.4, in compliance with the Convention on the Rights of Persons with Disabilities, by contributing to the reduction of unpaid care work.¹⁸ Further, human rights-based support and care systems are critical to strengthen resilience, including in the context of climate change and conflicts.

10. Current calls for the transformation of care systems need to embrace age, disability and gender-responsive and rights-based models.¹⁹ Conceptual frameworks focused on the so-called “right to care” and its three dimensions – the right to provide care, the right to receive care and the right to self-care – provide a good platform for disability inclusion. The 5R framework proposed by the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), which calls for “recognizing”, “reducing”, “redistributing”, “rewarding” and “representing”, can safeguard and promote care and support workers’ rights and contribute to disability inclusion. Policies addressing “time-for-care”, “cash-for-care” and the substitution of care and support through services, if rooted in

⁷ Convention on the Rights of Persons with Disabilities, arts. 4, 12, 13, 16, 20, 21, 23, 24, 26, 27, 28, and 30.

⁸ Committee on the Rights of Persons in Disabilities, general comment No. 5 (2017), paras. 38, 60, 62, 76 and 84.

⁹ [A/HRC/34/58](#), para. 14.

¹⁰ *Ibid.*, paras. 14, 18 and 21; see also [A/HRC/52/32](#).

¹¹ Convention on the Rights of Persons with Disabilities, art. 3 (h).

¹² Committee on the Rights of Persons in Disabilities, general comment No. 5 (2017), paras. 2, 8, 9, 16 (a), (b) and (d), 24, 27, 28, 31, 36, 38 (c) and (e), 48 and 80.

¹³ Convention on the Rights of Persons with Disabilities, arts. 7, 18 (2), 23 (5), 25, 28 (2) (c), respectively.

¹⁴ See resolutions 28/4, 40/14, 43/13, 47/15 and 54/6.

¹⁵ [A/HRC/52/32](#).

¹⁶ See [A/70/297](#), [A/HRC/31/62](#), [A/71/314](#), [A/HRC/34/58](#), [A/HRC/37/56](#), [A/HRC/40/54](#), [A/74/186](#) and [A/HRC/52/32](#).

¹⁷ World Health Organization (WHO), *Global report on health equity for persons with disabilities* (Geneva, 2022).

¹⁸ [A/HRC/52/52](#), para. 21.

¹⁹ See [A/HRC/52/52](#).

the human rights-based model of disability, can contribute to ensuring agency, choice and control.²⁰

11. It is imperative that the following key measures be put in place for comprehensive human-rights based support and care systems that are age, disability and gender-responsive:²¹ (a) good governance, which is fundamental, entails establishing adequate legal, policy and institutional and administrative frameworks, including disability assessments, for support and care, as well as ensuring the meaningful involvement of persons with disabilities, through their representative organizations, in the design, implementation, monitoring and evaluation of support and care systems; (b) an accurate assessment of support and care needs through the enhancement of information and knowledge management and data-collection efforts; (c) the development of comprehensive social protection systems that address disability-related extra costs, including direct expenses, for example, the purchase of assistive technology, paying for accessible transport and housing, and indirect costs arising from reduced earning capacity owing to limited access to education and employment opportunities; (d) cultivating a skilled and diverse support and care workforce for quality support services, including for those providing unpaid care and support; (e) increasing human rights-based investment in support and care through diverse funding mechanisms, such as taxation, public and private insurance schemes, and direct subsidies to service providers and users, as well as and international cooperation.

B. New developments towards rights-based support and care models

12. Since the presentation of the previous report mandated by the Human Rights Council in its resolution 49/12, there have been a number of developments in relation to support and care systems. In 2022, the Committee on the Rights of Persons with Disabilities adopted its Guidelines on deinstitutionalization, including in emergencies, to guide and support States in their efforts to realize the right of persons with disabilities to live independently and be included in the community.²² In the Guidelines, the Committee addressed the issue of the institutionalization of persons with disabilities and outlined the elements of rights-based support and care systems.²³

13. In 2023, the annual debate of the Human Rights Council on the rights of persons with disabilities focused on the theme “Support systems to ensure community inclusion of persons with disabilities, including as a means of building forward better after the coronavirus disease (COVID-19) pandemic”.²⁴ On 24 July 2023, the General Assembly adopted resolution 77/317, designating 29 October as the International Day of Care and Support. On 29 September 2023, the Assembly adopted resolution 78/1, containing the Political Declaration of the High-Level Political Forum on Sustainable Development, taking note with appreciation of the Global Accelerator on Jobs and Social Protection for Just Transitions, which includes the care economy as a thematic pillar and commits to ensuring that persons with disabilities actively participate in and equally benefit from sustainable development efforts.²⁵ On 11 October 2023, the Human Rights Council adopted resolution 54/6, entitled “Centrality of care and support from a human rights perspective”, which recognizes the rights of persons with disabilities in the context of support and care systems.

14. Recent developments have triggered discussions and raised some concerns among organizations of persons with disabilities, expressed publicly and in consultations held for the present report, about the care economy.²⁶ First, the use of term “care” remains problematic in the view of persons with disabilities as it is perceived as being aligned with

²⁰ Ibid., paras. 28 and 31.

²¹ Ibid., paras. 48–57.

²² CRPD/C/5.

²³ Ibid., paras. 22–28 and 69–85.

²⁴ See <https://www.ohchr.org/en/hr-bodies/hrc/regular-sessions/session52/regular-session>.

²⁵ General Assembly resolution 78/1, annex, para. 14.

²⁶ See, for example, <https://enil.eu/enils-position-on-the-new-un-resolution-for-the-international-day-for-care-and-support>.

traditional care models.²⁷ Second, there is concern that the care economy agenda is driven by caregivers, with minimal involvement of persons with disabilities, and that recognizing caregivers' rights could sideline the voices of rights-holders with disabilities.²⁸ Third, there is concern that mobilizing resources for care systems without a disability perspective risks sustaining segregation and exclusion.

III. Good practices of support and care systems

15. Identifying support and care systems best practices remains a challenge owing to a lack of information and data. Community support practices, often informal, are underrepresented in peer-reviewed literature.²⁹ In addition, available data stem predominantly from the Global North. Further investment and progress in identifying, researching and sharing good practices is crucial, in particular in low- and middle-income countries, including through support through international cooperation and South-South cooperation.

16. The examples presented herein showcase positive developments. At the same time, they illustrate that such developments frequently exist in isolation, as ad hoc solutions, since cohesive systems to address the diverse needs of persons with disabilities are not in place. Consultations held by OHCHR revealed that many countries lack comprehensive solutions across all pillars of support systems, particularly in rural areas. Participants in the consultations raised concerns about linking traditional care programmes and practices with the Convention on the Rights of Persons with Disabilities, which could potentially legitimize them.

A. Social protection

Cash transfers

17. Cash transfers can play a critical role in ensuring that persons with disabilities have access to the support and care they require throughout their life cycle. Depending on their design, cash transfers can help offset the disability-related extra costs incurred by persons with disabilities and their families. However, globally, access to cash transfers remains limited. The International Labour Organization (ILO) estimates that only 33.5 per cent of persons with disabilities worldwide receive some form of disability benefit, with higher coverage in high-income countries (85.6 per cent) compared to low- and middle-income countries (11.3 per cent).³⁰

18. Countries have introduced different types of cash benefits to support persons with disabilities. Contributory schemes, such as disability pensions and “invalidity” pensions, predominantly serve as a form of income replacement for persons with disabilities. However, in many low- and middle-income countries, a significant share of persons with disabilities, especially women, are either unemployed or engaged in informal work, preventing them from making formal contributions to such schemes. To address this shortfall, several countries have established non-contributory schemes, such as disability allowances, child disability benefits, third person support benefits and conditional cash transfers.³¹

²⁷ A/HRC/52/34, para. 28.

²⁸ Andrea García-Santesmases Fernández, *El cuerpo deseado, La conversación pendiente entre feminismo y anticapacitismo* (Madrid, Kaótica Libros, 2023), p. 63.

²⁹ 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*, vol. 19, No.14 (July 2022).

³⁰ International Labour Organization (ILO), *World Social Protection Report 2020–2022*, (Geneva, 2021), p.145.

³¹ *Ibid.*, pp. 43 and 141–149.

19. According to ILO estimates, 22.9 per cent of persons with disabilities worldwide are legally covered by non-contributory disability schemes.³² In many countries, means-testing is common and benefits rarely cover disability-related extra costs, let alone ensure basic income security.³³ In addition, when determining eligibility, the scheme does not count disability allowances as part of income in its means-testing procedure.³⁴ In Brazil, the inclusion benefit takes the form of cash assistance provided to persons with disabilities who join the workforce, helping to offset additional expenses. In North Macedonia, the means-tested guaranteed minimum assistance scheme offers a higher equivalence scale for households with members with disabilities.

20. Both contributory and non-contributory schemes often require that persons with disabilities be declared “incapable of working” as a condition for eligibility. However, some countries, including Georgia, Mauritius, Namibia, Nepal, Thailand and Uruguay, have introduced cash-benefit programmes that do not require such a declaration,³⁵ and thus does not force working-age individuals with disabilities to make a choice between receiving disability benefits and working, thus promoting their agency.³⁶ Meanwhile, some countries and civil society organizations have employed cash-plus programming, which combines cash benefits with additional services or components, such as psychosocial support, information and in-kind transfers.³⁷

Assistive technology

21. Access to assistive technology, products and services is essential for the full inclusion and effective participation of persons with disabilities. Assistive technologies, such as wheelchairs, prostheses, hearing aids and screen readers, play a crucial role in the design of support systems because they help reduce the need for human support, including unpaid care work. One in three people (more than 2.5 billion people) worldwide need at least one assistive product, yet access remains limited, especially in low- and middle-income countries.³⁸ Generally, women access assistive products less frequently than men because of financial and cultural factors, although this varies by country.³⁹ In addition, in several countries there is evidence of limited system preparedness, for example, poor service provision coverage, insufficiently trained human resources for the provision of assistive technology provision and a lack of awareness among the public, policymakers and professionals regarding the extensive array of assistive products and their benefits.⁴⁰ While access to assistive technology remains a major challenge, a study found that the cost of assistive technology is increasingly being covered through health insurance in a number of low- and middle-income countries, for example in the Philippines and the Sudan.⁴¹

22. In recognition of the significance of assistive technology, several global initiatives have been launched. In 2014, the World Health Organization (WHO) launched the Global Cooperation on Assistive Technology, an ongoing initiative to assist countries to improve access to assistive technology through universal health coverage. In addition, WHO has developed several tools to guide countries in formulating national policies and programmes

³² ILO, *World Social Protection Data Dashboards*, available at <https://www.social-protection.org/gimi/WSPDB.action?id=19>.

³³ ILO, *Towards Inclusive Social Protection Systems Enabling Participation and Inclusion of Persons with Disabilities* (Geneva, June 2023), p. 43.

³⁴ *A/70/297*, para. 58.

³⁵ United Nations Partnership on the Rights of Persons with Disabilities and Leonard Cheshire, “Inclusive social protection for empowerment of persons with disabilities: considering the disability-related extra costs in social protection” (2020), p. 21.

³⁶ *A/70/297*, para. 52.

³⁷ Keetie Roelen et al., “How to make ‘cash plus’ work: linking cash transfers to services and sectors”, (Florence, UNICEF Office of Research, 2017); and Christian Blind Mission, “Locked down, not locked out” (2021).

³⁸ WHO and the United Nations Children’s Fund (UNICEF), *Global Report on Assistive Technology* (Geneva, 2022), pp. 23–36.

³⁹ *Ibid.*, pp. 49–50.

⁴⁰ *Ibid.*, pp. 37–39.

⁴¹ Alexandre Cote, “Social protection and access to assistive technology in low- and middle-income countries”, *Assistive Technology*, vol. 33, No. 1 (2021).

on assistive technology, including a system-level capacity assessment tool, a list of priority assistive devices and a global guide on specifications for assistive technology. Since the Global Disability Summit in 2018, assistive technologies have received increased attention. For example, UNICEF is making strides to ensure assistive technologies and disability-inclusive supplies are available and accessible worldwide, introducing new assistive products to programmes and leading global advocacy efforts.⁴² While other initiatives, such as the ATscale global partnership for assistive technology and AT2030, are forging global partnerships to cultivate and influence markets, while also supporting the scaling of new products and service delivery models,⁴³ addressing market segmentation in the assistive products industry remains a challenge.⁴⁴

Concessions

23. Concessions, including tax exemptions, fee waivers, discounts and subsidies, can help alleviate the added financial strain experienced by persons with disabilities.⁴⁵ Concessions have been provided in various fields, including transportation (for example, free transportation, reduction in fees and concessions on car imports), health care (for example, tax credits on medical costs and assistive devices), education (for example, scholarships and tuition fee waivers), arts and leisure (for example, free admission to museums, parks and sports events) and utilities (for example, subsidies on electricity and mobile phones).⁴⁶ Such concessions provide a cost-effective way to enhance societal participation and improve access to services and essential goods, especially in countries where cash transfers do not adequately address basic household and disability-specific needs or where persons with disabilities are ineligible for other benefit schemes. However, concessions should complement cash transfers, not replace them, as they may not address all support needs and often favour those with greater resources, which could lead to discriminatory treatment.⁴⁷

B. Human support

Unpaid support

24. Much of the human support provided to persons with disabilities, such as personal assistance, sign language interpretation and guide interpretation, is unpaid and predominantly performed by family members and relatives, mainly women and girls.⁴⁸ This type of support work is frequently referred to as unpaid care, informal care or family care. For example, a recent analysis in Latin American countries indicated that between 76.1 per cent and 94.4 per cent of persons with disabilities who received support did so mainly from a family member.⁴⁹ Additionally, between 89.7 per cent and 95.6 per cent of adults with disabilities reported receiving unpaid support.⁵⁰

⁴² UNICEF, “Assistive products and inclusive supplies”, see <https://www.unicef.org/innovation/assistive-products-and-inclusive-supplies>.

⁴³ AT2030, see <https://at2030.org/>; ATscale, see <https://atscalepartnership.org/>.

⁴⁴ See WHO, “Assistive technology”, available at <https://www.who.int/news-room/fact-sheets/detail/assistive-technology>; see also WHO and the United Nations Children’s Fund (UNICEF), *Global Report on Assistive Technology* (Geneva, WHO, 2022), p. 48.

⁴⁵ ILO, *Towards Inclusive Social Protection Systems Enabling Participation and Inclusion of Persons with Disabilities* (Geneva, ILO, June 2023), p. 50.

⁴⁶ Alberto Vásquez Encalada and María Antonella Pereira, *Autonomía: Un Desafío Regional* (Caracas, Development Bank of Latin America and the Caribbean, Center for Inclusive Policy, 2023), pp. 24–29.

⁴⁷ ILO, *Towards Inclusive Social Protection Systems Enabling Participation and Inclusion of Persons with Disabilities* (Geneva, ILO, June 2023), p. 51.

⁴⁸ European Institute for Gender Equality, *Gender Equality Index 2022: the COVID-19 pandemic and care* (Luxembourg, Publications Office of the European Union, 2022), pp. 78–87.

⁴⁹ María Antonella Pereira et al., “Apoyos para la vida en comunidad: el presente y futuro de la inclusión de personas con discapacidad en América Latina” (Panama, UNICEF, 2023), pp. 10–13.

⁵⁰ *Ibid.*

25. In certain contexts, the widespread reliance on family support is deeply rooted in cultural norms and values.⁵¹ Families are expected to be the primary providers of support and care and seeking external assistance may not be culturally acceptable. This reinforces the pressure placed on family members, in particular women and girls, but also curtails the choices of those receiving support.

26. Although data is limited, available information from the United States of America suggests that the prevalence of disability among caregivers, who are predominantly women, is higher than among the general population.⁵² Caregivers with disabilities are reportedly more likely to experience physical, emotional and financial difficulties associated with caregiving, as well as negative employment-related impacts, compared to those without disabilities.⁵³ In addition, younger caregivers with disabilities experience heightened health and economic disparities compared to both older caregivers with disabilities and younger caregivers without disabilities.⁵⁴ These challenges are exacerbated by societal gender norms, as women caregivers with disabilities often grapple with ableist stereotypes, forcing them to adopt strategies to avoid discrimination, adding significant emotional and physical stress to their lives.⁵⁵

27. Several countries have introduced cash benefits to support those providing informal support and care. Those benefits are designed to contribute to household budgets, offset the cost of support and care and compensate for any potential loss of income.⁵⁶ Such benefits can take the form of cash-for-care benefits, carer allowances or vouchers that allow parents to purchase support and care services.⁵⁷ While most countries offering such benefits to informal carers are high-income nations, similar schemes have also been adopted in Member States, including Egypt, Mauritius, Mongolia and South Africa, as well as in the Cook Islands.⁵⁸

28. In addition, a few countries have rolled out programmes and initiatives to provide advice, information and training to families on supporting persons with disabilities. For example, in 90 municipalities in Chile as well as in Bogotá, newly established local care networks provide services, support and training to caregivers.⁵⁹ In Lithuania, specific assistance is provided to families of young children with disabilities.⁶⁰ Many countries, including Angola, Portugal and Trinidad and Tobago, have also enacted legislation promoting family-friendly working arrangements, such as extended parental leaves and flexible work arrangements, in order to better provide for family members and carers assisting persons with disabilities.⁶¹

29. Community-based support networks are crucial for fostering community inclusion of persons with disabilities, especially in places where formal support might be lacking. Peer support, rooted in shared lived experiences, has proven instrumental in this regard. In a number of countries, including Brazil, Costa Rica, Germany, Indonesia, Japan, Malawi and Viet Nam, organizations of persons with disabilities have spearheaded initiatives such as

⁵¹ Isaac Adedeji et al., “Experiences and practices of caregiving for older persons living with dementia in African countries: a qualitative scoping review”, *Dementia*, vol. 21, No. 3 (January 2022), pp. 995–1011.

⁵² Centers for Disease Control and Prevention, “Caregiving for family and friends — a public health issue” (2023), p. 6, available at <https://www.cdc.gov/aging/caregiving/caregiver-brief.html>.

⁵³ National Rehabilitation Research & Training Center on Family Support, “NCFS caregiver profile: a closer look at spousal caregivers”, University of Pittsburgh, 2022, p. 7.

⁵⁴ Ibid.

⁵⁵ Florencia Herrera, “‘La mamá soy yo’: Experiencias parentales de madres y padres con discapacidad en Chile”, *Psicología Em Estudio*, vol. 27 (2022), available at <https://doi.org/10.4025/psicolestud.v27i0.58850>.

⁵⁶ Anam Parvez Butt et al., *Care Policy Scorecard. A tool for assessing country progress towards an enabling policy environment on care* (OXFAM, 2021), p. 51.

⁵⁷ ILO, *Care work and care jobs for the future of decent work* (Geneva, 2018), p. 148.

⁵⁸ ILO, *World Social Protection Report 2020–2022*, (Geneva, 2021), pp. 148–150.

⁵⁹ Chile Atiende, “Programa red local de apoyos y cuidados”, available at <https://www.chileatiende.gob.cl/fichas/60238-programa-red-local-apoyos-y-cuidados>; and “Manzana del cuidado: barrios unidos”, available at <https://manzanasdelcuidado.gov.co/>.

⁶⁰ Children with special needs/Human Rights Guide, available at zmogausteisiugidas.lt.

⁶¹ ILO, *Care work and care jobs for the future of decent work* (Geneva, 2018), p. 150.

independent living programmes and centres, which facilitate support and services for community living.⁶² Similarly, civil society organizations worldwide have rolled out peer-support groups, circles of support, self-advocacy programmes and other support networks where people can exchange knowledge, experiences and strategies and give each other support on a reciprocal basis, including in crises.⁶³

30. In many low- and middle-income countries, community-based rehabilitation and community-based inclusive development programmes play an important role in facilitating community support for persons with disabilities and their families.⁶⁴ Often led by civil society organizations, such programmes not only assist persons with disabilities across various domains, including human support, but also take on a coordinating role, helping individuals to liaise with organizations of persons with disabilities, service providers and government agencies. For example, in Nicaragua, community-based inclusive development is a national policy that is implemented in collaboration with civil society organizations, including organizations of persons with disabilities.⁶⁵ Community-based inclusive development programmes have helped to increase awareness about the rights of persons with disabilities and to strengthen the capacity of families to provide better support, in particular for girls and boys with disabilities.⁶⁶

Paid support

31. Support and care workers often face challenging conditions, including strenuous work, lengthy working hours, high workload and low wages.⁶⁷ A significant gender disparity in care and support work exists, with women comprising 85 per cent of long-term care workers.⁶⁸ Migrant workers account for 26 per cent of long-term workers.⁶⁹ Undocumented migrants, in particular, endure precarious conditions working in the field of long-term care.⁷⁰ Various countries are taking measures to enhance working conditions in order to ensure decent work and to make support and care roles more attractive.⁷¹ These measures include higher minimum wages and salaries, improved occupational safety, higher staff-to-client ratios and additional leave benefits. Some countries are also formalizing long-term care roles and expanding training programmes.⁷²

⁶² Japan International Cooperation Agency, “Changing Latin American lives through JICA’s training: the independent living movement of persons with disabilities”, see

https://www.jica.go.jp/Resource/english/news/field/2022/20230105_11.html; and J. Vidal Garcia Alonso, “El movimiento de vida independiente: experiencias internacionales”, 2003, available at <https://www.independentliving.org/docs6/alonso2003.pdf>.

⁶³ See European Network on Independent Living and European Disability Forum; Inclusion International, Empower Us, see <https://inclusion-international.org/programme/empower-us/>; Wildflower Alliance, see <https://wildfloweralliance.org/about-us/>; Bapu Trust for Research on Mind & Discourse, “Seher, Urban Community Mental Health and Inclusion Program”, see <https://bapustrust.com/seher/>; and Kenya Association of the Intellectually Handicapped, “Self-advocacy”, see <https://www.kaihid.org/self-advocacy>.

⁶⁴ See Christian Blind Mission, “Community-based Inclusive Development Report 2023”.

⁶⁵ Christian Blind Mission, “Community-based inclusive development in Nicaragua: a strong example of participation in inclusive development”, see <https://www.cbm.org.au/wp-content/uploads/2020/11/CBID-in-Nicaragua.pdf>.

⁶⁶ UNICEF, “Challenging disability with love and family and community solidarity”, available at <https://www.unicef.org/nicaragua/historias/challenging-disability-love-and-family-and-community-solidarity>.

⁶⁷ Organisation for Economic Co-operation and Development (OECD), *Beyond Applause? Improving Working Conditions in Long-Term Care* (2023), p. 16, available at <https://www.oecd.org/publications/beyond-applause-improving-working-conditions-in-long-term-care-27d33ab3-en.htm>.

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ ILO, *Care work and care jobs for the future of decent work* (Geneva, 2018), p. 201.

⁷¹ OECD, *Beyond Applause? Improving Working Conditions in Long-Term Care* (2023), pp. 163–164, available at <https://www.oecd.org/publications/beyond-applause-improving-working-conditions-in-long-term-care-27d33ab3-en.htm>.

⁷² Ibid.

32. Although paid human support is crucial for delivering quality support to persons with disabilities and reducing unpaid care and support work, most countries neither fund nor offer those services. It is predominantly the high-income countries that make such investments. Oftentimes, persons with disabilities in rural and remote areas face greater challenges in accessing paid support services owing to limited infrastructure, shortage of services and lack of culturally appropriate responses.⁷³

33. To enhance choice and control for persons with disabilities, some countries have introduced direct payments and personal budgets to pay for the support of their choice, including personal assistance. However, some continue to offer personal assistance services through local agencies or non-governmental organizations, without co-management of services with the person with disability, limiting the options available to them and their control over them. The eligibility criteria, assessment methods and conditions differ across jurisdictions.⁷⁴ Few schemes incorporate support for managing funding and benefits, which can require significant effort both from individuals and their families. Albania, Armenia, Costa Rica, the Republic of Moldova, Serbia and Thailand are among the few middle-income countries that have implemented personal assistance schemes that empower persons with disabilities.⁷⁵

34. Access to individualized communication support services remains limited worldwide, forcing persons with disabilities to rely on family members. In some countries, personal budgets allow for the hiring of sign language interpreters and deafblind interpreters. In others, such services are provided up to a set number of hours, based on individual assessments. A significant barrier to expanding those services is the scarcity of accredited interpreters, often as a result of limited training and certification opportunities. To bridge the gap, some countries have implemented remote interpreting services.⁷⁶ While this measure can improve services to people in distant regions, it should not be a substitute for in-person services, given comprehension and connectivity issues.⁷⁷ In Finland, for example, the social insurance institution facilitates both on-site and remote interpretation services for various activities, allowing individuals to select their interpreter of choice.⁷⁸

C. Infrastructure

Transportation

35. In certain contexts, for example in rural areas, transport substitutes or complements assistive technologies. Point-to-point transport is the minimum service needed by most persons with disabilities. As the volume of commuters increases, both paratransit and accessible mass transport are needed. The absence of accessible and affordable public transportation can hinder the ability of persons with disabilities to take part in community

⁷³ ILO, *Towards inclusive social protection systems enabling participation and inclusion of persons with disabilities*, paras. 53–54.

⁷⁴ Deirdre Nally et al., “How governments manage personal assistance schemes in response to the United Nations Convention on the Rights of Persons with Disabilities: A Scoping Review”, *Disability & Society*, vol. 37, No.10 (2022), pp. 1728–1751; European Network on Independent Living, *Independent Living Survey: Summary report* (2022), available at <https://enil.eu/il-map/>.

⁷⁵ Costa Rica, *Catálogo de servicios dirigidos a personas con dependencia 2021–2031*, available at <https://www.imas.go.cr/sites/default/files/custom/Cat%C3%A1logo%20de%20servicios.pdf>; European Network on Independent Living, *Independent Living Map*, see <https://enil.eu/il-map/>; socialprotection.org, Chankit Suksanguan, “Addressing social workers shortages for leveraging the impact of personal assistance services for persons with disabilities in Thailand”, available at <https://socialprotection.org/fr/discover/blog/addressing-social-workers-shortages-leveraging-impact-personal-assistance-services>.

⁷⁶ Alberto Vásquez Encalada and María Antonella Pereira, *Autonomía: Un Desafío Regional*, pp. 23–24.

⁷⁷ World Federation of the Deaf, “Position Paper on Accessibility: Sign Language Interpreting and translation and technological developments” (2019), available at <https://wfdeaf.org/news/resources/wfd-position-paper-accessibility-sign-language-interpreting-translation-technological-developments/>.

⁷⁸ Kela [Social Insurance Institution of Finland], available at <https://www.kela.fi/interpreter-service-for-the-disabled-learn-more>.

activities, oftentimes forcing them to resort to expensive alternatives and further constraining their access to health care, education, employment and leisure activities.

36. Several cities have implemented complementary paratransit solutions, offering individualized door-to-door transportation, including Cape Town, South Africa, which offers point-to-point transportation to persons with disabilities who cannot use mainstream public transport.⁷⁹ However, paratransit should be seen as a complement to rather than a substitute for accessible public transit services. It is an important option for persons with disabilities who cannot or can only make limited use of public transportation. For example, the “KOLLA-project: transport for everybody”, in Göteborg, Sweden, shows how paratransit can contribute to reduce high-cost services, such as accessible taxis, by facilitating access to public mass transport.⁸⁰ In countries with underdeveloped public transport and inaccessible environments, door-to-door solutions are the most feasible mobility choice. Innovations in cities like Phnom Penh, Cambodia, and Karachi, Pakistan, have led to the development of low-cost, wheelchair-accessible *tuks* and auto-rickshaws, catering to individuals with physical impairments.⁸¹

37. To enhance access to transportation for persons with disabilities, many countries offer concessions and subsidies, making travel more affordable. For instance, various countries provide transportation subsidies, fee waivers or reduced fees for persons with disabilities on public transport. In some countries, such as Argentina, Canada, Cyprus, Ecuador, Portugal, Saudi Arabia, Senegal and the United Kingdom of Great Britain and Northern Ireland, concessions and subsidies also apply to long-distance transportation methods, including airlines, buses and intercity rail, depending on the jurisdiction.⁸² Further, certain countries extend such financial advantages to individuals who assist persons with disabilities, thus further addressing the support requirements of the disability community.

Housing

38. Housing is critical in the design of support systems for community inclusion, as lack of housing can perpetuate institutionalization. Persons with disabilities experience numerous barriers to accessing adequate housing, including discrimination, poverty, dependence on family and homelessness.⁸³ Further, women and girls with disabilities often struggle to find accessible housing or shelters when fleeing gender-based violence.⁸⁴ Several countries have taken steps to address this issue, including housing development programmes for the purchase of land or homes, subsidies and benefits for home ownership or leasing, financial support for home modifications to enhance accessibility and policies mandating a percentage of accessible housing for persons with disabilities. For example, in the Kingdom of the Netherlands, the Social Support Act 2015 requires municipalities to provide home modifications and home support.⁸⁵

39. Civil society organizations in countries like Mexico and Spain have supported housing programmes enabling persons with disabilities to live independently within the community.⁸⁶ These programmes also assist people with disabilities in a number of ways, such as securing an apartment, budgeting, administration and acquiring skills essential for living independently, as well as access to additional support services.

⁷⁹ City of Cape Town, Dial a ride, see <https://www.myciti.org.za/en/routes-stops/dial-a-ride/>.

⁸⁰ Access City Award 2014 - Publications Office of the European Union (europa.eu), pp. 4–7.

⁸¹ Transformative Urban Mobility Initiative, “Disability inclusive public transport: practical steps to making public transport disability inclusive” (2019).

⁸² Alberto Vásquez Encalada and María Antonella Pereira, *Autonomía: Un Desafío Regional*, p. 29; and ILO, *Towards Inclusive Social Protection Systems Enabling Participation and Inclusion of Persons with Disabilities* (Geneva, June 2023), p. 51.

⁸³ See A/72/128.

⁸⁴ A/72/133, paras. 34–37.

⁸⁵ Alberto Vásquez Encalada and María Antonella Pereira, *Autonomía: Un Desafío Regional*, pp. 30–32; Lilian Chenwi, “Housing for persons with disabilities in South Africa”, *International Journal of Housing Policy*, vol. 21, No. 3 (2021), pp. 321–345; and see A/72/128.

⁸⁶ Fundación Inclúyeme, see <https://www.incluyeme.org/nuestros-programas/vida-adulta/>; and Años Plena Inclusión, see <https://www.plenainclusion.org/familias/vivienda/>.

40. In many countries, the drive towards deinstitutionalization has led to a rise in the number of group homes. As highlighted by the Committee on Rights of Persons with Disabilities, this development undermines community inclusion efforts and raises concerns about its compatibility with the Convention of the Rights of Persons with Disabilities. In group home settings power imbalances between staff and residents persist, choices and control are limited and residents are at a higher risk of experiencing violence, abuse and neglect.⁸⁷

Digital technology

41. Digital technology plays an important role in supporting persons with disabilities to fully enjoy their human rights. Various Governments and civil society organizations are exploring technology solutions to support persons with disabilities, including online platforms and algorithmic and data-driven technologies. For example, Park4Dis is a web application that supports persons with disabilities to locate accessible parking spaces in more than 300 cities in Europe.⁸⁸ The platform also allows users to report illegally parked vehicles, inaccessible parking spaces and signs in bad condition. As part of the care agenda, some countries are also developing interactive online platforms that map support services for persons with disabilities and their families, although with limited critical assessment of their compliance with disability rights obligations.⁸⁹

42. It is important to recognize the role of the private sector in providing services and products, especially in the area of technology (including artificial intelligence, smart devices, machine learning, voice recognition and screen readers). Digital technologies offer cost-effective solutions for persons with disabilities, but they also come with potential risks and challenges. Private corporations should meet their human rights responsibilities in line with the Guiding Principles on Business and Human Rights: Implementing the United Nations “Protect, Respect and Remedy” Framework. States should consider regulating issues relating to digital access, data protection, safety and transparency to prevent discrimination and privacy violations.⁹⁰

D. Other relevant practices

Legal capacity

43. According to the Convention of the Rights of Persons with Disabilities, persons with disabilities shall enjoy legal capacity on an equal basis with others in all aspect of life. Living independently and being included in the community require the full recognition of the legal capacity of persons with disabilities, including access to supported decision-making.⁹¹

44. Countries are at various stages of legal capacity reform, with differing levels of alignment with the Convention on the Rights of Persons with Disabilities. Some countries, like Colombia and Peru, have eliminated guardianship of persons with disabilities, replacing them with supported decision-making, while others have introduced supported decision-making regimes but have retained various forms of substituted decision-making, falling short to their international obligations.⁹²

45. Although legal recognition of supported decision-making has progressed, societal attitudes and State-sponsored services have not kept pace. Typically, civil society

⁸⁷ See, for example, [CRPD/C/DEU/CO/2-3](#), para. 44; [CRPD/C/ISR/CO/1](#), para. 43; [CRPD/C/PRY/CO/2-3](#), para. 35 (in Spanish); [CRPD/C/ARG/CO/2-3](#), para. 37 (in Spanish); and [CRPD/C/PER/CO/2-3](#), para. 38 (in Spanish).

⁸⁸ Park4Dis, see www.park4dis.org.

⁸⁹ Economic Commission for Latin America and the Caribbean, Ministry of Women, Genders and Diversity of Argentina, *Mapa Federal del Cuidado en la Argentina* (Santiago, ECLAC publication, 2022), available at <https://repositorio.cepal.org/server/api/core/bitstreams/31555a6e-45e9-4e38-8728-3fcb6e426131/content>.

⁹⁰ [A/HRC/49/52](#), paras. 76 (b), 82 and 83 (c).

⁹¹ Committee on the Rights of Persons with Disabilities, General comment No. 5 (2017), paras. 20, 27, 38 (a) and 80.

⁹² [A/HRC/37/56](#), paras. 38–52.

organizations, especially organizations of persons with disabilities, lead pilot initiatives. Examples of positive State-funded initiatives include: the Supported Decision-Making New York programme, which helps individuals to enter into supported decision-making agreements; Support-Girona in Catalonia, Spain, which provides decision-making support to individuals dealing with complex situations.⁹³

Deinstitutionalization

46. The Committee on the Rights of Persons with Disabilities has recommended that States parties to the Convention on the Rights of Persons with Disabilities adopt and implement deinstitutionalization strategies to ensure the right to live in the community.⁹⁴ Several countries have acted to implement deinstitutionalization strategies and plans. Norway and Sweden have made progress in moving away from institutional care and promoting community-based services, including by closing large social care residences and long-stay psychiatric hospitals. More recently, countries like Croatia, Czechia, Ireland and the Republic of Moldova have taken steps towards deinstitutionalization, especially of children with disabilities.⁹⁵

47. The good practices identified in the present report also indicate that States should take further steps to ensure comprehensive support systems in the community, in full compliance with international human rights law and standards. This should include options outside health-care systems for psychosocial support, decision-making support, individualized support and other forms of community-based support.⁹⁶

IV. Cross-sectoral good practices

A. Governance

48. Robust community support and care systems require effective governance structures. This includes adequate legal, policy and institutional frameworks, cross-sectoral coordination and built-in accountability mechanisms grounded in person-centred and participatory approaches.⁹⁷ Australia and Uruguay have pioneered comprehensive legal and policy frameworks to enhance support and care systems for persons with disabilities, although not without challenges. In Australia, the National Disability Inclusion Scheme, launched in 2013, provides individualized funding for support and services, emphasizing individual autonomy and choice. Given the diversity of support covered, cross-sectoral coordination is critical for its success.⁹⁸ The National Integrated Care System of Uruguay, launched in 2015, positions care as both a right and a societal responsibility, considering persons with disabilities as a population group that should be provided with targeted support.⁹⁹

49. Support and care systems and their impact must be continually assessed and revisited, with the active participation of persons with disabilities, in order to ensure that they fully guarantee the right of persons with disabilities to live in the community and to enjoy the same equal choices as others. For example, OHCHR Human Rights Indicators can be used to

⁹³ Supported Decision-Making New York, see <https://sdmny.org/>; and Support-Girona, see <https://supportgirona.cat/>.

⁹⁴ See [CRPD/C/AUT/CO/2-3](#) and [CRPD/C/AUT/CO/2-3/Corr.1](#), para. 48 (b).

⁹⁵ Jan Šiška, J. and Julie Beadle-Brown, *Report on Transition from Institutional Care to Community-Based Services in 27 EU Member States*, European Expert Group on Transition from Institutional to Community-based Care (2020).

⁹⁶ Committee on the Rights of Persons in Disabilities, general comment No. 5 (2017), paras. 25, 28, 48 and 76.

⁹⁷ [A/HRC/52/52](#), paras. 48–49.

⁹⁸ National Disability Insurance Scheme, “What we have heard report”, *NDIS Review* (2023), see <https://www.ndisreview.gov.au/resources/reports/what-we-have-heard-report>.

⁹⁹ Uruguay, Plan Nacional de Cuidados 2021–2025 (2021), available at www.gub.uy/ministerio-desarrollo-social/sites/ministerio-desarrollo-social/files/documentos/publicaciones/JUNIO_PLAN%20DE%20CUIDADOS%202021-2025.pdf.

support States in identifying impact indicators and also to increase their accountability capacity.¹⁰⁰

50. Generally, disability assessments focus on impairments and functional limitations and overlook the actual support requirements and additional costs faced by persons with disabilities, thus restricting their potential contribution to the design and implementation of support and care systems, which would increase their effectiveness. For example, the Philippines recently piloted an assessment tool that asks people with disabilities about their support needs for carrying out daily activities at the personal, household and community levels, covering human support and assistive technology.¹⁰¹ Countries such as Fiji, Nepal and Viet Nam are innovating by adopting non-medical disability assessments that not only capture support requirements but also simplify the assessment procedure. Initial assessments are conducted at the local level by community workers or by committees, with medical assessments required only for unclear or invisible impairments.¹⁰²

B. Measuring support and care needs

51. Applying a human rights-based approach to data contributes to effective information and knowledge management systems that are key for planning and organizing support and care policies.¹⁰³ For example, Rwanda has recently piloted a disability management information system that connects survey data to administrative data, which can be used for policy planning and case management. Some data are open source, enabling civil society to track support needs in their localities.¹⁰⁴ Similarly, to provide evidence on both the met and unmet support needs of persons with disabilities and their families, Kenya has conducted a national survey to collect data on support needs, a model that could be easily replicated in other countries.¹⁰⁵

52. Time-use and care surveys should include questions related to the disability status of people providing and receiving care and support and people involved in self-care to enable a comprehensive understanding of the specific support needs and challenges that persons with disabilities face, including as caregivers themselves. For example, the Colombian National Time-Use Survey 2020–2021 included disability-related questions that allowed for the identification of whether either party has an impairment, providing insights into the type and degree of support provided.¹⁰⁶ Similarly, in Canada, the 2015 General Social Survey on Time Use examined time spent on various activities, including self-care, by persons with and without disabilities aged 15 and over.¹⁰⁷

C. Financing

53. States should use financial tools such as tax incentives, subsidies and government-sponsored procurement policies and should consider grants, sustainable finance

¹⁰⁰ OHCHR, Human Rights indicators on the Convention on the Rights of Persons with Disabilities, 2020, see www.ohchr.org/en/disabilities/sdg-crpd-resource-package.

¹⁰¹ Center for Inclusive Policy, “Bridging the information gap towards inclusive governance”, see <https://inclusive-policy.org/uncategorized/bridging-the-information-gap-towards-inclusive-governance>.

¹⁰² Alexandre Cote, “Social protection and access to assistive technology in low- and middle-income countries”, *Assistive Technology*, vol. 33, No. 1 (2021).

¹⁰³ A/HRC/52/52, paras. 51–52; see also A/HRC/49/60.

¹⁰⁴ Christian Blind Mission, “Rwanda Pioneers First Registry for Persons with disabilities in Sub-Saharan Africa”, see <https://www.cbm.org/news/news/news-2022/rwanda-pioneers-first-registry-for-persons-with-disabilities-in-sub-saharan-africa>.

¹⁰⁵ Kenya, Ministry of Labour and Social Protection, “Government launches support need assessment report for persons with disabilities and caregivers” (2023), see www.socialprotection.go.ke/node/270.

¹⁰⁶ Colombia, National Administrative Department of Statistics, National Time Use Survey, see <https://www.dane.gov.co/index.php/estadisticas-por-tema/pobreza-y-condiciones-de-vida/encuesta-nacional-del-uso-del-tiempo-enut>.

¹⁰⁷ Statistics Canada, “Time use among persons with disabilities in Canada” (2022), see <http://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2022001-eng.htm>.

and regulatory incentives to drive positive behavioural shifts towards human rights-based care and support systems. For long-term care, most countries members of the Organisation for Economic Co-operation and Development (OECD) operate under a tax-based system, with those countries that have social insurance schemes in place often supplementing those schemes through taxation.¹⁰⁸ A substantial portion of long-term care is funded privately.¹⁰⁹ As the demand for support and care grows worldwide as a result of demographic and societal shifts, the sustainability of financing mechanisms becomes increasingly important.

54. International cooperation, including South-South cooperation, is an important asset to mobilize resources, support innovation and create bridges between age, gender and disability-responsive policies, facilitating cross-movement collaborations and systems that address the human rights of all persons involved. The multi-partner trust fund of the United Nations Partnership on the Rights of Persons with Disabilities has prioritized gender-responsive support systems and is currently funding projects to provide support for persons with disabilities while aiming to reduce unpaid care work. The Latin American Development Bank has developed a funding line to support community inclusion in municipalities in Argentina through “inclusion towers”. Emerging paradigm shifts towards economies focused on human rights and well-being, in which expenditures on support and care are seen as quality-of-life investments rather than mere costs, provide robust frameworks for constructing support and care systems grounded in human rights. In this regard, efforts to develop methodologies for measuring progress that extend beyond gross domestic product and value what counts for persons with disabilities are welcome.

D. Awareness and education

55. Improving awareness at all levels is fundamental to changing attitudes regarding support and care, appreciating rights-based approaches, better-identifying support needs and ultimately mobilizing political will and action. Adequate education and training are also needed to strengthen the capacity of support and care workers and service providers. For example, the Mainstream Association, a Japanese independent living centre, has been involved for over a decade in the knowledge co-creation programme of the Japan International Cooperation Agency, providing training and technical assistance to persons with disabilities from various countries to advance the independent living agenda. Today, independent living centres, run by those who were once trainees, are actively raising awareness among persons with disabilities and the general public about the importance of independent living while also offering personal assistance training.¹¹⁰ In India, the Sahayogi Scheme, a government-funded programme, aims to cultivate a skilled workforce by training caregivers to provide adequate and nurturing care and support to persons with disabilities and their families.¹¹¹

V. Conclusions and recommendations

56. **The present report and the previous report mandated by the Human Rights Council¹¹² have provided an opportunity to explore a way forward to address the challenges States face in developing support systems enabling the community inclusion of persons with disabilities. The COVID-19 pandemic, along with demographic, economic and societal changes, raised the profile of the care economy, and developments described in the present report at national, regional and international levels provide an opportunity to address long-standing claims of persons with**

¹⁰⁸ Seok-Hwan Lee et al., “Comparative analysis of long-term care in OECD countries: focusing on long-term care financing type”, *Healthcare*, vol. 11, No. 2 (2023). p. 1.

¹⁰⁹ Pietrangelo de Biase and Sean Dougherty, “From local to national: delivering and financing effective long-term care”, OECD Working Papers on Fiscal Federalism, No. 45 (July 2023).

¹¹⁰ Japan International Cooperation Agency, “Changing Latin American lives through JICA’s training: the independent living movement of persons with disabilities”, p. 64.

¹¹¹ India, the National Trust, SAHYOGI Scheme, available at <https://thenationaltrust.gov.in/content/scheme/sahyogi.php>.

¹¹² A/HRC/52/52.

disabilities regarding their right to live independently in the community within broader conversations on gender equality, social protection, infrastructure and resource mobilization, including through the Global Accelerator on Jobs and Social Protection for Just Transitions.

57. Including persons with disabilities and their human rights in care economy policies is fundamental for building robust, resilient and sustainable age, disability and gender-responsive care and support systems based on a sound human rights framework. Support and care systems reflective of the needs and experiences of persons with disabilities of all ages can support demands to recognize, reduce and redistribute unpaid care work to achieve gender equality and realize women's rights.

58. Some policy developments under disability rights frameworks mentioned herein offer concrete solutions to address the 5Rs framework and policy demands on "time-for-care," "cash-for-care" and the substitution of unpaid care work through service provision. It is important to clarify the rights of paid and unpaid caregivers and to distinguish them from the responsibilities of service providers. If anchored in human rights, efforts to secure resources for the care and support economy and to develop policies to ensure its sustainability can benefit persons with disabilities. Separating resource mobilization from the goal of embedding disability rights in care and support may lead to undesirable consequences such as violence, exclusion, segregation and institutionalization. In consultations for the present report, persons with disabilities expressed their concerns in this regard.

59. The General Assembly and the Human Rights Council have called for conversations on disability-inclusive care economies.¹¹³ Addressing knowledge deficits in disability rights-based policy and context-specific solutions is crucial to address the current gap at the national, regional and global levels between the proposed gender and disability-specific solutions to transition to an integrated vision of support and care systems.

60. OHCHR reiterates the conclusions presented in its previous report¹¹⁴ and, based on good practices, recommends that States:

(a) Establish governance structures for cross-sector coordination through appropriate legal, policy and institutional and administrative frameworks, including disability assessments, for support and care systems and involve persons with disabilities and their representative organizations, as well as their supporting communities, in the design, implementation, monitoring and evaluation;

(b) Enhance data collection and information management to accurately measure support and care needs and improve data-collection accuracy and efficacy, including through non-medicalized disability assessments;

(c) Combine financial tools like tax incentives, subsidies, government procurement policies and international cooperation to mobilize resources and support innovative, gender, age and disability-responsive policies, advancing human rights-based care and support systems within the evolving paradigm of human rights economies: resource mobilization should not contribute to denial of agency and institutionalization;

(d) Develop comprehensive social protection systems that address disability-related extra costs and increase efforts to expand access to non-contributory cash-transfers schemes, particularly in low- and middle-income countries, without requiring "incapacity to work" as an eligibility criterion and explore combining them with cash-plus programmes;

(e) Ensure access to assistive technologies and products, combine cash transfers with concessions, such as tax exemptions, fee waivers, discounts and subsidies,

¹¹³ General Assembly resolution 77/317 and resolution 78/1, para. 14, and Human Rights Council resolution 54/6.

¹¹⁴ [A/HRC/52/52](#).

to ease financial burdens on persons with disabilities, and pay due attention to the specific barriers that women and girls with disabilities face when accessing these services, benefits and products, taking concrete measures to eliminate such barriers;

(f) Regarding unpaid support and care of persons with disabilities, implement policies to reduce its impact, prioritizing culturally responsive approaches that respect the choice and dignity of persons with disabilities while engaging family and community members in discussions about support and care structures;

(g) Implement cash benefits, especially in low- and middle-income countries, including cash-for-care benefits, carer allowances and vouchers, provide families with advice, information and training on supporting persons with disabilities and promote family-friendly work arrangements;

(h) Enhance investments in paid human support services, including through peer support, particularly in rural and remote areas, to reduce access disparities, and introduce direct payments and personal budgets to empower persons with disabilities in choosing their support services, including personal assistance;

(i) Improve working conditions for support and care workers, predominantly women and girls, address gender disparities, expand individualized support services and strengthen community-based support networks and community resilience and sustainability to better distribute care and support work in community structures and to reduce costs;

(j) Ensure affordable, accessible and point-to-point transportation for persons with disabilities to enhance their community participation, implement paratransit options as a complement to public transit services and promote innovations and offer concessions, subsidies and reduced fees for persons with disabilities and their support persons in various transportation modes;

(k) Provide support for home acquisition, property leasing and home modifications for persons with disabilities, taking care to avoid gender bias;

(l) Ensure that community inclusion is at the centre of deliberations and the implementation of housing policies and programmes for persons with disabilities, in full compliance with international human rights law and standards, including the Convention on the Rights of Persons with Disabilities and the International Covenant on Economic, Social and Cultural Rights;

(m) Harness digital technology to strengthen support systems for persons with disabilities, while mitigating its risks related to lack of access, discrimination, privacy, data protection, safety and transparency, ensure the application of the Guiding Principles on Business and Human Rights: Implementing the United Nations “Protect, Respect and Remedy” Framework in this regard and take duly into account observations and recommendations made by United Nations human rights mechanisms in designing strategic plans and enabling policy frameworks aiming at age, gender and disability-responsive support and care systems and ensuring the right of persons with disabilities to live independently in their communities;

(n) Ensure that “support” is included in discussions and documents related to the care economy, reflecting disability frameworks and perspectives;

(o) Consider creating a worldwide knowledge hub with the goal of: (i) expediting knowledge generation; (ii) addressing deficiencies in the integration of disability inclusion into support and care-related policy development and implementation; (iii) advancing a well-rounded support and care economy agenda; (iv) facilitating international collaboration (including South-South and triangular cooperation) to effectively serve individuals with disabilities; and (v) converting research into tangible assistance for Governments.