

to register in other EU States if its sales volumes in those countries exceed a certain amount. Further, VAT registration may be conducted online in certain countries, but not in others.

- *Moral and ethical standards* This is a complex characteristic because of how different cultures might define moral and ethical standards. Nevertheless, there are standards that a growing number of individuals worldwide would consider moral and ethical, such as treating all people with respect, avoiding conflicts of interest and corruption, accounting fairly for financial transactions, abiding by the rules of the organization, using authority in a fair and just manner, and having goals that would be considered beneficial to mankind's welfare.

6.2 Transforming disability benefits into employment instrument and differences between member states

The significant rise in the number of disability beneficiaries in recent decades has required countries to rethink their approach to addressing working-age disability. A key reason why people with health problems but meaningful work capacity became, in effect, pensioned off by disability benefit schemes is that entitlement was *not* determined according to a reliable and valid assessment of a person's labor market competitiveness.

Instead, there was and still is too much focus on a medical diagnosis of loss of physical and/or mental functioning, as assessed by a medical practitioner with no or limited expertise in rehabilitation. This medically-driven judgment can either lead directly to the granting of a disability benefit, or in any case will be a major factor in the award procedure. The second problem, related to this, is that disability benefits are awarded with a number of implicit preconditions that presuppose a claimant's health is unlikely to improve and will permanently preclude them from undertaking any work.

Assessing for capacity

Several countries have recently made efforts to move away from assessing a person's disability to exploiting better the person's remaining work capacity. Such a change in orientation also shifts the focus of supports and resources to rehabilitating people back to part or full-time work rather than supporting them to stay out of work. Denmark has perhaps gone furthest in this shift to a broader approach to capturing the applicant's remaining work capacity:

Following comprehensive reform in 2003, disability assessment in Denmark now focuses on the person's *remaining functions* and the *possible jobs* the person can still perform. A comprehensive individual resource profile is put together covering a range of health, social (network) and labor-market experience and proximity criteria. Health is only one of many elements involved though it is a key factor in 95% of all new disability benefit grants.

Similarly, in the Netherlands disability assessment is based on the person's functional abilities which are matched to job requirements in order to determine the residual earnings capacity (with 35% capacity loss required for a partial disability benefit). The job-matching process is based on hypothetical jobs in the economy, not actual jobs available.

Several other countries have changed their assessment procedures in different ways, moving away from a medical focus to a more interdisciplinary one taking social aspects and labour market contexts into account (*e.g.* Hungary, Slovak Republic). In many cases this shift is complemented with a shift in responsibilities, with decisions increasingly taken by case-managers of benefit authorities taking into account not only the medical file but also clients' abilities and work aspirations (*e.g.* New Zealand). This is important in countries which used to rely heavily on the assessment of general practitioners, such as Norway and Switzerland, for example.

Some countries in Europe, *e.g.* Austria, Germany, Hungary and Switzerland, have long had formal requirements for disability benefit applicants by applying a vocational rehabilitation-*before*-benefit principle. Also in Denmark regulations say that possibilities for rehabilitation must have been exhausted before a disability benefit can be granted. These requirements have recently been strengthened in some cases:

Switzerland, for example, is moving to a more binding rehabilitation-*instead-of*-benefit principle. It is in the process of introducing new responsibilities for persons with health conditions that could lead them to taking up disability benefits. Under a reform adopted in 2008, these persons are now obliged (as the legislation states) "to participate actively in reasonable measures aimed at maintaining the workplace or their reintegration into professional life (or activities comparable to working life)"; obligations are listed explicitly, together with sanctions for non-compliance.

Similarly, in Luxembourg, people with partial work capacity are now obliged to enroll in training and reintegration measures. Both countries have seen falling disability benefit inflow rates recently, though this change was only one of several changes and the impact of the strengthened obligations themselves is not known. Countries which hitherto have not had any such requirements in their systems may instead opt for a milder version initially, to test the acceptability and impact of such approach, like the United Kingdom did a few years ago. The United Kingdom's Pathways-to-work process trialed as from 2003 is one such example. The key feature of this policy is a series of six, ordinarily monthly, mandatory work-focused interviews, usually starting eight weeks after the benefit claim. These interviews are led by an incapacity benefit adviser whose aim is to develop a personal action plan. A range of programs can be accessed afterwards to support return to work but so far any such action taken in response remains non-compulsory. Pathways-to-work is targeting new benefit applicants, but people already receiving a disability benefit can volunteer to go through the same process. Evidence on the impact of the new process, based on the initial trials, suggested that the chances of being in employment 18 months after starting the benefit claim were increased by 7 percentage points and

benefit outflow accordingly (Blyth, 2006). However, newer results – still referring to a pre-recession year – after the full rollout are inconclusive (Bewley *et al.*, 2009).

Partial benefits function, however, differ in different ways. Most countries with such systems, especially Nordic and eastern European countries but also the Netherlands and Switzerland, offer a full benefit for those more or less fully unable to work and various degrees of partial benefits in line with reduced work capacity. Most countries offer 1-3 steps of such partial benefit, while some use a finer grid (*e.g.* at 5% steps in Norway). Partial work capacity is defined in different ways, *e.g.* in terms of the number of hours a person is still able to work (Germany, Sweden) or in relation to the remaining percentage of work capacity, or earnings capacity.

Other countries, including France, Poland and Spain, have a quasi-partial benefit for people who are unable to work in their *usual* occupation and a full benefit only for those unable to work in *any* occupation. Hence, the capacity threshold is the same for both benefits but the reference is different. The partial benefit is *de facto* a full benefit paid at a reduced rate, and the benefit can be topped up to some extent by earnings from a job in another occupation (even without income limit in the case of Spain).

Table 24: Examples from the member states: Partial disability benefit regulations

<i>Austria</i>	No partial benefit. Full benefit for at least 50% work-capacity reduction (earnings-capacity reduction for unskilled workers).
<i>Belgium</i>	No partial benefit. Full benefit with 66% earnings-capacity reduction in the usual occupation.
<i>Czech Republic</i>	Three levels of disability benefit: 1st level – work capacity decline 35-49%; 2nd level – work capacity decline 50-69%; 3rd level (full benefit)– work capacity decline at least 70%.
<i>Denmark</i>	No partial benefit (partial benefit abolished in 2003). Full benefit only if, after activation attempts have failed, permanently disabled and unable to perform a part-time job or a job with a permanent wage subsidy.
<i>Finland</i>	Full benefit if work capacity is reduced by at least 60%; half benefit if it is reduced by 40-59% (only for the earnings-related pension).
<i>France</i>	Reduced quasi-partial benefit (worth 60% of a full benefit) with 66.6% earnings-capacity reduction and unable to carry out the usual occupation; can be combined with income from another job to some extent. Full benefit only for those unable to carry out any occupation.

Germany	Full benefit: person only able to work less than three hours per day, partial benefit: person able to work 3 to 6 hours per day (partial benefit in full if no matching part-time work can be found).
Greece	Three levels of disability benefit. 1st level – 50-66% earnings-capacity reduction with respect to own occupation (strength, skills and education) with a strong medical focus; 2nd level – 67-79% earnings-capacity reduction; 3rd level (full benefit) – earnings-capacity reduction of 80% or more.
Hungary	Full benefit with more than 79% of damage on health. Partial benefit with 50-79% damage and person cannot be employed without rehabilitation.
Ireland	No partial benefit. Full benefit only for those unable to work (Invalidity Pension) or if, because of a disability, person is at a disadvantage in undertaking suitable work (non-contributory Disability Allowance).
Italy	No partial benefit. Full benefit with 100% total and permanent incapacity to perform any work (disability pension) or 66.6% work-capacity loss (means-tested disability allowance).
Luxembourg	Full benefit only for those unable to carry out their former occupation or another occupation commensurate with their abilities. Quasi-partial benefit in respect to the last workplace if redeployed either in the own or another company (with special allowance paid at the level of a full disability benefit for as long as the person otherwise would be entitled to an unemployment benefit).
Netherlands	Full benefit for permanent earnings capacity reduction of at least 80%. Reduced benefit for those with a full but temporary capacity reduction or a partial capacity reduction of 35-79%. Higher benefit payment for those who utilize at least half of their partial capacity.
Norway	Partial benefit granted in 5% intervals for work-capacity reduction of 50-94%; full benefit for at least 95% reduced work capacity (but the benefit level is determined by the level of <i>earnings</i> -capacity reduction).
Poland	Reduced quasi-partial benefit (worth 75% of a full benefit) if unable to carry out the usual occupation; can be combined with income from another job to some extent. Full benefit if unable to carry out any work.

Portugal	Partial benefit if 66.6% earnings-capacity reduction in the usual occupation; full benefit for 100% permanent incapacity to carry out any working activity (with the same benefit calculation rules for both situations).
Slovak Republic	No partial benefit. Full benefit for more than 40% earnings-capacity reduction which is expected to last for more than one year, taking into account possibilities for vocational rehabilitation.
Spain	Reduced quasi-partial benefit (worth 55% of a full benefit) if unable to carry out the usual occupation; can be combined with income from another occupation. Full benefit if unable to carry out any work.
Sweden	Full benefit if unable to work at least 2 hours a day. Partial benefits (25/50/75% of a full benefit) determined in relation to the daily number of hours a person can work.
Switzerland	Full benefit if earnings-capacity reduced by at least 70%; three-quarter benefit for reduction of 60-69%; half benefit for 50-59%; and quarter benefit for 40-49%. (Three-quarter benefit introduced in 2004.)
Turkey	No partial benefit. Full benefit for 40 % work-capacity reduction.
United Kingdom	No partial benefit. Full benefit only for people with severe functional limitations at such a level that they cannot be expected to seek work in the open labor market.

During the last years, partial-benefit system has turned into a more active tool, and transform it from an out-of-work payment to an in-work benefit, thereby as much as possible promoting work of those with reduced capacity while avoiding to draw too many people into benefit.

There are various ways in which countries are tackling this issue. Denmark and the Netherlands provide two variants of largely the same idea, *i.e.* to make it more attractive for people with partial capacity to work while receiving income support. Denmark is the only country which, in 2003, has abolished a previously existing partial disability benefit in recognition of its inactivity-enhancing features. The partial benefit was replaced by a generous wage subsidy scheme (for so-called “flex-jobs”) that has a very similar function but is related to whether or not a person is working, *i.e.* it is an in work subsidy. Subsidies are available at two different levels (one-half or two-thirds of the previous wage); cover the full difference between the previous and the new wage; and require that the person has a permanent work incapacity, is unable to work under normal conditions and has exhausted all rehabilitation possibilities. The revised disability benefit system that came into operation in the Netherlands in 2006 has similar features. Workers with assessed earnings incapacity of

35-79% receive a wage supplement depending on the amount of remaining work capacity actually used (at least half of the actual remaining capacity needs to be used). If not working, or not enough, a flat-rate benefit is paid instead which is considerably lower than the disability benefit used to be.

One of the biggest challenges facing governments is how best to reform tax and benefit systems for persons with disabilities with a view to providing them with appropriate financial incentives to take up jobs, to remain in work and to increase work effort. As a complement to changes in the way partial work capacity is assessed, reassessed and dealt with by the benefit and employment systems, work must pay.

6.3 Consequences of policies for design

Differences in national requirements often lead to additional costs for the software ecosystem and influence the objectives of transparency needed to a sustainable development of the ecosystem. The software and business ecosystem have to face problems in their contact with the public authorities or private organization in charge of offering services to disable individuals.

- *Barriers to consider when offering designing the software ecosystem is how to support signatures, invoices, reporting and registration procedures.* These issues are of special significance because the systems adopted by the public authorities in one country do not recognize technical solutions in place in other member states This has a consequence an increase of the transactions costs for the supplier or trader that offer a service at the EU-level.
- Another important barrier *is the accessibility to data from public authorities.* An electronic interchange of information or data concern rules on handling, storage and transfer data as well as on data protection rules and laws. What is included on the concept of “personal data” is different between different countries. For instance, IP- addresses are handled different in different member states. In Ireland IP-addresses do not constitute personal data; the opposite view can be found in Sweden. In France and Germany, IP- addresses constitute personal data in some casesbut not in others.
- The same differences can be identified in the case of *protection to private persons* which implies also differences of consent to the use of personal data. In Germany, is it necessary to have the *consent given in written form*, Ireland, for instance, does not specify the form in which consent must be given. Sweden has a series of laws and regulations related to patient data and the transfer or interchange of it between different organizations.
- *Ireland has the obligation to acquire a local license for online provision of travel services to local consumers.* For such license in existed (in 2011) an obligation to have a minimum capital of € 25,000 and to deposit funds into an Irish bank account.

- *Obligation to register a top-level domain or “country code top-level domains” i.e., “se” of “dk” to ensure the visibility of websites.* Search machines rank websites with top-level domain normally first on a search result that other ones. Given the importance of the visibility of the producers or suppliers a country code top-level domain constitutes a comparative advantage and an opportunity to increase trust on the providers independent if it is a national or foreign trader.
- *Data storage requirements:* Within the EU, the Data Protection Directive prohibits restrictions on the free flow of data. The Directive however restricts the transfer of personal data from the EU to third countries that do not have an equivalent level of data protection. There are, however, some local rules at the country level in areas such as healthcare that prohibit the interchange of i.e. exchange of electronic patient information between different organizations.
- Another important issue is *cross-border parcel delivery and the lack of information, transparency on available services and prices and price structure*, high costs for cross-border deliveries, and lack of mechanisms and return procedures not adapted to cross-border deliveries.
- The absence of concrete regulation for cross-border trade and the special the consumer protection rules will demand innovative solutions for the software and business ecosystem.
- An inclusive ecosystem should need to develop “*licentiate protectors or broker*” in order to guarantee risk of abuse by suppliers, protection of individual data that are in charge of to review information as well as knowledge about territorial demands documentation and guidelines, copyrights etc. and not less comparison of prices and alternative business models that allow alternatives.
- It will be also need to have a system that allows comparison between services offered at the ecosystem and services offered by domestic organizations, i.e. social insurance, municipalities, etc.
- Even more important is the case of peer-to-peer services providers. P4All is based on the principles that people will be able to swap, barter, trade, rent or share services with each other. Even when the provision of ridesharing services is common in many countries today, there is some inefficiency that is difficult to solve.
- One example is the absence of quality control of the providers, the absence of adequate insurance for the customers, and the absence of license for the peers that offer the service. Further it is not possible to identify the work conditions, social security and risk of tax evasion of the providers making the situation not enough safe for the consumers. A number of obligations are therefore needed to be implemented such as registration or license, pricing, authorization of being active in the market, fiscal supervision etc.
- *Even in the case of sharing services* can these inefficiencies to be important. To avoid these, it can be possible that the software ecosystem will need to clearly inform about the sustainability of the services, the length of the offering, authorization for delivering services etc.

- It is not possible to more exactly know which legal issues should appear in the future. However, it is rational to argue that liability, conformity and safety issues as well as transparency, guarantee of quality, standards of minimum requirements as well as payment forms should be of relevance for the sustainability of the market.
- Despite the fact that the costs of transactions are lower when using m-payments, there are national rules for identification systems (proof of identification, demand for an ID number for foreign citizens as in the case of Sweden, use of key in personal identification number etc.).
- The use of virtual currencies seems not being optimal in this case either due to the fact that they are only representation of a value and as such are not issued by a bank or authority and not either regulated at the EU-level. In some countries outside EU this is, further prohibited.

In sum, the design of the software ecosystem will need to support:

- Signatures, invoices, reporting and registration procedures based in multimodal solutions for both customers and suppliers
- Registration of top level domain and country code
- IP addresses protection, due to the fact that IP addresses are considered in some countries being personal data
- Databases with consent given written forms in several languages due to the fact that some countries, e.g. Sweden, have a series of laws and regulations related to personal and patient data and the transfer or interchange of it between different organizations.
- Information of services, prices and price structure as well as the mechanism and regulation at each country.
- Databases with licentiate protectors or brokers (connected to the watch dog networks) to guarantee risk of abuse by suppliers, protection of individual data
- Databases and intelligent agents that allow comparison between services offered by the ecosystem and services offered by domestic organizations i.e. social insurance, municipalities, etc.
- Rules and policies that control the quality of the services in the case of swap, barter, trade, rent or share services with each other.

Finally, the development of sustainable ecosystems business models will demand a shift in consumer behavior.

Classical economic theory argues for consumers being “homo economicus”, purely motivated by rational monetary considerations. However, different areas of technological and service advancements have shown that reasonable innovations take longer than expected to reach wide-spread acceptance, despite their proven usefulness. This paradox is generally explained by consumer resistance to change learned purchasing behavior. Habits and attitudes toward existing services can increase the resistance to change and may prevent consumers from being open to innovations i.e., to demand the services offered by P4All if they believe that

they have right to get them for free from the government. It will be therefore necessary to even influence moral norms to shift a whole society towards new scenarios and to the idea of co-operation and/or self-management.

At a more general level, one of the most common issues is, however, the related to difficulties to know which rules are actual in effect for cross-border transactions. The fact that the providers or traders needs to identify which rules will be applied in respect of a variety of issues including consumer rights, marketing and presentation of an offer, licensing, requirements, VAT payments, data protection and so on is without any doubt a constrain for a sustainable development of the electronic market and e-commerce. Another important issue in this regard is the absence of generic laws in the EU. This is because in some circumstances the law of the e-trader may apply for some aspects for a given transaction whereas the law of the consumer will apply for others and in some other cases the law of data protection for single individuals, which is different for different EU-countries, have to be applied regardless when and where data is transferred and processes.

6.4 Social services, principles, differences and identification of a preliminary portfolio of services

Terms such as social services, social welfare, social protection, social assistance, social care and social work are used interchangeably and refer to '**personal social services**' designed to meet an individual user's needs. While personal social services are provided by governmental organizations; non-governmental agencies – sometimes referred to as NGOs or not-for-profits; and by commercial for-profit organizations. *Social care* is in some countries provided informally and unpaid by family, friends, neighbors, colleagues and unpaid volunteers.

In most countries, personal social services include: elderly people; children and families; people with disabilities, both physical and mental; and people with mental health problems. They may also include: drug users; young offenders; refugees and asylum seekers. Personal social services can thus cover single risks and provide answers to specific situations or risks, sometimes in a targeted but short-term orientation. Or they are of cumulative and multifaceted nature, implying that the answers to provide assistance and help are integrated in a chain of activities and support mechanisms involving many providers in order to encompass the complexity of the problems.

To understand differences and similarities in the delivery of personal social services demand it is necessary to perform an analysis of the social welfare system, the political and socio-cultural context as well as the model used to construct and mix economy and social development. A descriptive comparison of the countries is neither interesting nor helpful because the absence of generic model and the different characteristics of the

EU-countries. However, it is possible to identify some common characteristics that groups of countries apply. For instance,

1. **The Scandinavian model of public services** (Sweden, Denmark, Norway and Finland) this model has been based on the principle of universalism, with services for groups such as children at risk, people with disabilities, and elderly people readily available and paid for from general taxation. Local government plays a key role in the production and planning of public social services, with limited contributions by NGOs and a minimal role for for-profit organisations. This model has been admired as having strong advantages for service users: a good range and quantity of services; sensitivity to gender issues; and with a closer attention to users' rights than other models (e.g. open access to clients' records, clear definition of rights to specific services). However, this Scandinavian or more correctly 'Nordic' model has been modified in recent years because of economic and political factors. Universalism is not so readily accepted and there is a growing NGO services sector as part of a policy of increasing 'welfare pluralism'.
2. **The family care model** this is found in the Mediterranean countries of Greece, Spain, Portugal, Italy, Cyprus and Malta. Here there is limited state provision of services with more emphasis on the Catholic tradition of families' responsibility for care, together with that of often well-established NGOs such as the Red Cross. Wealthier people tend to use commercial services. In Italy there has been a greater supply of state services and less for-profit services than in other countries in this model. There is a strong feminist critique of this model because of its reliance on women as carers, and the limited availability of child care services for mothers wishing to enter the labour market. The rights of service users are not so well established. Elsewhere this model has been referred to as a 'rudimentary' model of social services (see Lorenz 1994). The term 'privatization' has also been used (see Daly and Lewis 2000) in a particular sense because of the reliance on family care.
3. **The means-tested-model** this model is associated mainly with the United Kingdom and to some extent Ireland. Here the state increasingly withdraws from a traditional role of direct service provision, contracts with providers from other sectors, and targets services on 'problem cases', the most dependent service users, and people with limited income. For-profit service providers play an increasingly role in the system, as do NGOs. Privatization is applied to this model because of the use of for-profit organisations e.g. in residential care for elderly people.
4. **The northern European subsidiarity model** (Germany, Austria, Netherlands and – less so – France and Belgium). The subsidiary principle is especially strong in Germany and the Netherlands where services are provided mainly by NGOs, in the former by a relatively small number of very large and long-established NGOs and in the latter by many often church-based NGOs. The state plays a major role in financing the NGOs. The family also has a strong primary responsibility. There are important variations

between countries e.g. in France services for children is predominantly a state responsibility, less so with services for elderly people.

Independent the model used the main principles with regard to the entitlement to social services are “equality of treatment” (given needs, resources, etc.) and “affirmative action” or “positive discrimination”.

Governments have the principal obligation to ensure that these needs are met; at least to the extent that society is able to do so. They are consequently, in many cases based on defined rights and have the following consequences:

- All individuals fulfilling the eligibility criteria are entitled to the services and the public authorities are responsible for (co-)financing and either organizing those services or guaranteeing for their delivery.
- This de-couples social expenditures from revenue and makes social spending structurally and functionally rather independent from state household income
- Given the fact that demand can and normally does exceed budget constraints, public authorities have often chosen to implement rationing procedures in order to allocate resources and contain costs, also on the basis of planning and monitoring procedures for needs and costs.
- The reality and actualization of social rights is depending on the amount of resources allocated to the services.

A crucial factor determining access conditions to social services is the eligibility criteria applied in specific social protection schemes (e.g. “Is there a means or income-test”) as well as the concrete entitlement conditions to a single benefit/service. They also play an important role in view of the adaptation to new needs and demands.

Further, it is possible to distinguish a number of financing modes at the level of providers of social services, among them for instance:

- Direct financing through the state budget
- The use of specific financial dedicated funds
- The granting of special or exclusive rights implying cross-subsidization with the provider organization
- Tariff averaging/generalized equalization of charges
- Solidarity-based financing, particularly in the case of non-market social services
- Market prices or contributions made by market participants
- Cost-sharing by users, etc.

In addition to this, it is possible to distinguish different modalities of organization to provide the social services, there the relative role and mix of provider types depends very much on the historical, cultural, and socio-economic context of the country and may differ according to the services provided. They are:

- A public provider with legally defined tasks;

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- A co-operative or partnership relationship, with a specific contractual allocation to the partners of the respective missions, tasks and associated financial risks.
- Public-private partnerships (PPPs) in a narrow sense, however, are currently hardly found as providers of personal social services;
- The public regulation of private not-for-profit and for-profit organizations/enterprises, e.g. those operating on so-called quasi markets.

Social services are furthermore, in general, characterized by being developed to cover the main risks of life and linked to health, ageing, occupational accidents, unemployment, retirement and disability. Another essential characteristic is that they are provided directly to the person. They play a preventive and social cohesion role consisting of customized assistance to facilitate social inclusion and safeguard fundamental rights. They comprise, first of all, assistance for persons faced by personal challenges or crises (such as, unemployment, and drug addiction or family breakdown). Further, they include activities to ensure that the persons concerned are able to completely reintegrated into society (rehabilitation, language training for immigrants) and, in particular, the labor market (occupational training and reintegration).

In addition to this, these services complement and support the role of families in caring for the youngest and oldest members of society in particular and include activities to integrate persons with long-term health or disability problems.

Even when it is not possible to have a generic approach in all member states, some specific characteristics of social services across the EU are:

- They operate on the basis of the solidarity principle, which is required in particular by the non-selection of risks or the absence, on an individual basis, of equivalence between contributions and benefits
- They are comprehensive and personalized integrating the response to differing needs in order to guarantee fundamental human rights and protect the most vulnerable
- They are not for profit and in particular to address the most difficult situations and are often part of a historical legacy
- They include the participation of voluntary workers, as an expression of citizenship capacity
- They are strongly rooted in (local) cultural traditions. This often finds its expression in the proximity between the provider of the service and the beneficiary, enabling the consideration of the specific needs of the latter
- An asymmetric relationship between providers and beneficiaries that cannot be assimilated with a 'normal' supplier/consumer relationship and requires the participation of a financing third party

Social services are, however, of responsibility of different stakeholders in the different member states. Some examples follow.

In the **Czech Republic** there are a (limited) number of community home care service centers that are operated by community offices, municipality established social service institutes, public benefit organizations or are usually church-run nongovernmental non-profit organizations.

In **France**, services are managed by associations or community centers or, in some cases also by companies. This kind of assistance will be particularly adapted if a member of the family can give complementary help, but services are often restricted to a very limited number of hours per week. Depending on where the individual lives.

In **Italy**. The latter are generally more developed in Northern and Central Regions compared to Southern Regions. Moreover, even within those regions where services are more developed, their availability varies greatly between municipalities.

In **Sweden**, where service availability is more advanced, the services provided clearly differ depending on where the individual lives. But in general she/he would be entitled to sufficient care so that the family members can continue working.

In **Poland**, day care centers provide some services in the community but their availability is limited and there are barriers of access in areas where corresponding transport is not provided, which is an issue for areas outside of big cities. Care that is provided in the home is usually limited to 2 to 4 hours a day, because of cost.

In the **UK** (England). Most Local Authorities offer services to those falling into the critical or substantial needs. However, a self- assessment is needed before any decision. The individuals can get some form of written information on sources of help, both voluntary and private, for shopping/gardening/homemaking.

Furthermore, differences between the member states depend greatly on the policies and rules. Some of the factors that determine the expenditure on social services for long term care are:

- Cost-containment versus more generous public funding of long-term care
- Public pressure to put public long-term care programs in place, where these are currently rudimentary, with some convergence in options available and living standards of older people to be expected in Europe
- The cost of increasing quality of care, both for better trained and paid staff, more attention to quality strategies, and improved infrastructure (including more amenities in nursing homes and substantially better life-style of people living in institutions)
- Trends in disability that are currently uncertain (e.g. will the increasing number of people with obesity become more dependent in old age – or will they die before they become frail older persons?)

- Trends in living conditions of older people, such as income levels, the increasing share of older people living as couples, where partners are able to support each other in case of care needs
- The availability of informal care by family, friends, and the voluntary sector

Private households in many member states are requested to make contributions to the financing of long-term care, either in the form of co-payments to publicly provided care, or as out-of-pocket spending for care for which no or only very little public funding is provided. This can also be the case for systems, where access is universal, but where funding is restricted to only part of the total care needs.

Some differences in available solutions even in the case an individual have the same needs i.e. the needs of home-care are:

- In **France** services are available under a number of public programs, but co-payment can be important
- In **Germany** individuals entitled for low-level home-care services in combination with care for more severe limitations.
- In **Italy** to have no access to publicly funded home care services, depending on where she/he lives.
- In the **Netherlands** home care services are subject to income-related co-payments, but can be funded from a personalized budget, if the care assessment grants such a benefit in cash.
- In the **Czech Republic** there is no general public program to receive community home care service. Availability of services depends on the region in which one lives.
- In **Poland** eligibility for services depends on the family situation (are informal carers available or not?) but the exact way in which case assessment is done depends on the local authority in charge as each local authority refers to their own set of criteria in order to decide whether he/she will or will not have access to home help. In many cases the actual access of the service will be rationed by service availability that is based on annual budgets.

It is interesting to note that in several countries, the provision mode of social services *uses public procurement*, as in the case of Sweden that applies this model in all municipalities. They are, however,

- Regulated by special laws
- Aimed for everybody who is resident in the country
- Financed by taxes and subsidies, independent of public or private provision
- Governed by joint quality rules and guidelines for public as well as for private providers, and

- Governed by joint supervision of public and private services

Every individual resident of a Swedish municipality, including intermittent long term visitors, has the right to obtain certain social services on behalf of the general interest. This right is not only a Constitutional right but also a practical, concrete right, e.g. for home services for an elderly person. All services provided under the Social Services Act are based on free choice and autonomy. These services must be adapted to individual circumstances and the person’s desire to change his/her social situation. The assistance provided by the Social Services must be of high quality and carried out by staff with the appropriate training and experience.

6.4.1 Labor market services for disadvantaged persons

It is not surprising to see that the disability rate is higher for the inactive and the unemployed as compared to the employed. Although there appears to be little difference between males and females for the employed population, the disability rate is considerably higher for males in the inactive population in almost all Member States. Moreover, the disability rate is generally higher among those with lower education, and among the widowed and divorced. The incidence of disability also increases with age (about two-third of people with disabilities are over age 45 and this implies that the majority of people with disabilities are not born with a disability but acquire it during their working life.

Overview on service provision and expenditures at different EU-member states

Labor market policies are essentially the responsibility of individual Member States, and all EU countries have programmes in place to make the labor market inclusive by targeting labor market measures at groups of persons with difficulties in the labor market. The level of expenditure in labor market policies is thus different. For Denmark spends close to (4.4%) of the GDP. Netherlands (3.7%), Belgium (3.6%), Germany (3.5%), Finland (3.01%) Estonia (0.2%), Lithuania (0.3%), the Slovak Republic (0.5%), Latvia (0.5%) and the Czech Republic (0.5%). The Netherlands, Sweden and Denmark stand out as the countries that spent a relatively higher share of their spending on active measures that aim to promote the integration of people with disabilities into the labor market.

Table 25: Examples of labor market services to promote employment in different member states

Belgium	Several active measures are in place, including job coaching; a new service to promote diversity plans; and the introduction of ‘diversity consultants’.
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Denmark	Since 2004, the Ministry of Employment has a new employment strategy "Disability and Jobs", which aimed at increasing the number of people with disabilities on the regular labor market. The strategy's twelve specific initiatives (including employment and accessibility) is a part of a wider disability policy of the Danish Government adopted during 2003.
Germany	In 2004, a nation-wide joint initiative "JOB – Jobs Ohne Barrieren" (jobs without barriers) was launched, through a cooperation between the German government, regional and local authorities, employers, trade unions, disability associations and rehabilitation institutions as well as other types of social partners who promote the training and employment of people with disabilities. In 2004, the German government launched another reform that allows people with disabilities to receive a personal budget, which replaces the relevant benefits and gives the persons greater responsibility and control.
Germany:	Offers so-called general benefits and special benefits. Part of the general benefits is notably the support of professional training of young and adult people with disabilities. Part of the special benefits of the promotion of employment is, amongst others, the provision of a training benefit (Ausbildungsgeld), a transition benefit (Übergangsgeld) or the refund of the costs of special training courses for people with disabilities. The training benefit is based upon age, family status and living situation of the disabled person and is dependent on their income or the income of their parents or partner. After the apprenticeship or advanced vocational training
Estonia	A case management approach was developed for people with disabilities under the framework of an EU-PHARE Twinning Project between Estonia and the United Kingdom (during 2003-2004). Within the project, officials of institutions providing labor market services at the local level were trained to better target the promotion of people with disabilities in employment.
Greece	The Greek Manpower Employment Organisation is implementing special employment measures, such as the Subsidy Programmes for New Jobs and for New Entrepreneurs and the "STAGE" Work Experience Programme in order to integrate persons with disabilities (and other such vulnerable persons) into the labor market.

Spain	Since 2004, the government launched the 'Aid for Job Creation' initiative, increasing the 2% target employment quota in the public sector to 3-5%. Income tax credits are also granted to disabled workers. The National Disability Council was established with activities aimed at integrating people with disabilities into the labor market. It is however, possible to see regional differences. In some regions exists the Jobs coaches (Madrid), in other labor trainers (Aragon),
France	A number of services are on offered according to the National Action Plan on employment with the aim to improve professional integration and vocational training for people with disabilities. Public and private employers committed to comply with their obligation to employ disable workers.
Ireland	Offer job coaches who provide a range of services tailored to individual needs of jobseekers with a disability. This is an open labor market initiative, which provides support to persons with disabilities. The program is carried out by sponsor organizations on behalf of the Irish public employment agency. The sponsor organizations employ Job Coaches who provide a range of services tailored to individual needs of jobseekers with a disability. A special grant is available for employers in the private sector, aimed at retaining workers who acquire a disability in the course of their working lives so that they can continue to work in the same company.
Italy	Close cooperation with private and semiprivate employment agencies to integrate people with disabilities into the labor market. At the centre of all labor market services, there is the reform package that has increased flexibility in the labor market, promoting “welfare to work” policies.
Latvia	Through the European Social Fund has developed programs that support the integration of people with disabilities into the labor market, through (i) training for groups at risk of labor market exclusion, including ICT support for people with disabilities; (ii) subsidized employment and the development of entrepreneurship and self-employment; (iii) widening the scope of social rehabilitation programmes; (iv) development of pedagogical correction programmes; (v) integration of young persons with special needs into the general education system.
Hungary	The employment of people with disabilities in public administration is promoted by the Equal Opportunity Plans, which assist the integration of people with disabilities into the regular labor market with several ministries having appointed equal opportunities officers for this purpose.

Malta	Through the Employment and Training Corporation and the European Structure Funds, a scheme has been introduced whereby persons with a disability are given specialized and personalized long-term support in order to enter and be retained in the labor market.
Netherlands	The Ministry of Health, Welfare and Sport has also developed a Disability Mainstreaming Checklist ('Handreiking') that has been distributed to all Ministries. The objective is to assist other Ministries and other levels of government to take into account disability.
Austria	Focuses on the period between the school end and the first job and establishes detailed personal development plans to increase employability.
Poland	A National Social Inclusion Strategy was adopted in June 2004, setting out clear objectives and quantifiable targets of the social inclusion policy until 2010. Several projects aimed at the integration of people with disabilities into the regular labor market have been launched within the framework of the Polish Sectoral Operational Programme for Human Resources Development.
Slovenia	The Act on Vocational Rehabilitation and Employment of Persons with Disabilities adopted in 2004 will help create suitable work places and conditions for work, and relocate the resources from passive to active measures in the area of employment. The Act brings in place a range of financial incentives for the employment of people with disabilities such as: (i) subsidizing wages of persons with disabilities, (ii) payment of the costs for the workplace adjustment and means of work, payment of the costs for the services in supported employment, (iii) dispensation of the costs for the pension and disability insurance of persons with disabilities, (iv) rewards to the employers for exceeding the quota and yearly rewards for good practice in the field.
Finland	A disabled person and a long-term unemployed person are included in the percentage of placed employees for as long as subsidies are paid towards their wage costs.
Sweden	Government adopted a three-step model in order to enhance the effectiveness of the measures for the occupational disabled. Initial vocational guidance will be followed by rehabilitation located in the workplace if considered necessary by the Public Employment Service. Sheltered work at state owned Samhall AB or another employer would also be possible.

United Kingdom

Since 2005, has extended rights concerning employment and education, reinforcing the antidiscrimination law. It is, however, possible to identify some differences between different county councils; The Essex County Council has established an Independent Advocacy Service staffed largely by people with disabilities.

6.4.2 A preliminary portfolio of basic social services that sustain inclusion in the society

The European Commission's European Disability Strategy 2010-2020, adopted in 2010, aims to remove all barriers to form a **barrier-free Europe** for persons with disabilities by 2020. The main goal of EU-disability strategy is to ensure the participation and equal access to major innovations in e-learning and e-health, on-line public services, covering e-government, and also to create an accessible e-business environment. The Strategy focuses on removing barriers mainly in 8 areas reflecting the rights enshrined in the Convention on the Rights of Persons with Disabilities (CRPD). They are:

Accessibility to public services, leisure activities, and participation in politics and political activities are not always accessible for people with disabilities on equal basis as given to other individuals.

Examples of services needed:

- Public and virtual places that comply fully with web accessibility standards for shops, cinemas, schools, courts of law
- Transport infrastructure to be able to participate in social activities
- Services for rented accommodation, banking and insurance
- Politics campaign material
- Election facilities
- Postal services i.e. for blind people

Education: People with disabilities have fewer opportunities to participate fully in educational activities which are significantly a disadvantage for personal development, social integration and employment opportunities. According to some facts, the rate of non-participation in education is 37% for considerably restricted people and 25% for those restricted to some extent, while for those not restricted it is 17%.

Examples of services needed:

- E-learning
- Virtual educational material
- Moocs adapted to different life situations
- Increase the market of assistive devices

Inclusion and employment: People are more at risk of poverty and social exclusion if there persists problems to find work. The poverty rate for people with disabilities is 70% higher than average. The less employment rate is also a cause of poverty and people with disabilities have an average employment rate of around 50%. Employment rates for people with very severe degrees of disability are 19.5% and 44.1% for severe degrees of disability.

Examples of services needed:

- Work announcements in different formats
- Information about work that can be performed at distance and from home
- Disability parking cards embedded in other services
- E-health services in accessible format in areas of chronic diseases such as diabetes, asthma and some diseases that can be controlled and followed up at distance and with complementary services

Facilitating people with disabilities to enjoy all the benefits of EU citizenship through eliminating administrative and attitudinal barriers and providing major community based services, including access to personal assistance.

Examples of services needed:

- From preparing your trip to safe return home
- Directory inquiry services and phone number for emergency services, and services such as restaurants, hotels
- Customized services, short stays, assistance and insurance offers, health risk indicators for each country, tables and badges for locating mislaid luggage
- cancellation and multi-risk insurance.

6.5 A tentative intelligent based service systems that captures differences between the member states

Due to the many differences and requisites from member states, the software ecosystem should match the following requirements:

- Support different terminologies. Language recognition
- Interactive database to select actual laws, regulations, and policies
- Charts and figures that illustrate the organization of the social services at each country
- Multilanguage system to allow automatic translation
- Automatized budget simulations
- Competition rules
- Public Procurement rules
- Public authorities in charge of different social services

- Territorial maps of services
- An infrastructure supported by different types of networks to fulfill country specific policies, rules and principles