

Mirosław Grewiński, Karolina Geletta*

Accessibility and usability of commercial services for disabled people in Poland and in the EU and EFTA countries

ABSTRACT

The purpose of this report is to identify the best solutions to Europe's accessibility and usability of commercial services for people with disabilities in the European Union and EFTA. In conjunction with the previous report – "The impact of the community of people with disabilities on the socio-economic position in selected countries of the EU and EEA accessibility and usability of public services in the areas of education, employment and counseling, various forms of health care and rehabilitation" - provides a comprehensive look at solutions for the delivery of services to disabled people in the EU / EFTA countries. In the writing section on commercial services, much less widespread in the EU in relation to public services, the authors tried to choose the solutions belong to the domain. "Best practices" that are worth considering the possible implementation in Poland. Commercial services have significantly less widespread in the EU in relation to public services in the writing section, so the authors tried to choose the solutions belong to the domain: "Best practices" that are worth considering for the possible implementation in Poland. Commercial service market is the most developed in countries of Weber's "Protestant ethic"; commercial services are still only residually in many EU countries, this is often due to historical reasons, and attachment to this, but not to other model of the welfare state.

The first part of the report presents the solutions for the commercial housing services and related supporting services such as health and respite care. As the most interesting commercial solutions on the EU market the authors found the Dutch housing clusters which are a model example of the use of architecture to the needs of people with disabilities. An important fact is their wide dissemination. More than 1300 houses covers practically all of the Netherlands. As a second example of commercial housing services is shown in the UK, along with a model "supported living" where service innovation is separated from the residential care services, in order to promote the ideal independent life for the disabled people.

* Correspondence address: Karolina Geletta, Office of International Affairs & Research Pedagogical University in Warsaw Pandy 13 Street, 02-202 Warsaw, Poland, e-mail: k.geletta@wspwtp.eu

In the second part of the report the authors present situation regarding the care and rehabilitation services, and other support services. The most interesting current trend in Western Europe seems to be the idea of “direct deposit” and “personal budgets”. The authors present three completely different models of personal budgets used in the UK, Germany and the Netherlands. It shows the breakthrough of the solution for the development of a commercial market for disabled people, where, for example, in the UK, it can not spend its budget for the purchase of services other than commercial. In the case of Germany and the Netherlands there is also the professionalization and pulled out of the “gray zone” of care of family members, neighbors and friends. This is also impacts on the overcoming discrimination against women in the labor market caring, and their work in the care of family members can be rewarded.

In the third part of the report the authors present a solution for the mobility of persons with disabilities and commercial services in the field of transport. The best practice is an example of the UK, which occupies a prominent place in the EU for the provision of commercial services for disabled people in the mobility and transport. These are initiatives such as transport cards and vouchers for disabled people, and 100 % adjustment of the commercial fleet for transporting disabled people. The second example is indicated in the statement of Ireland, where the challenge is in the continuous adaptation and availability of commercial services in the field of mobility, however, there are good practices, such as Vantastic network operated by a local NGO and providing effective and affordable transportation for the residents of Dublin.

In the fourth part, the authors briefly present the current state of legislation across the board in terms of electronic availability of television, Internet and other ICT-based services in all EU member states. It also identifies weaknesses in fastest-growing high-tech and mobile phone industry.

In conclusion, the authors provided the recommendations arising from the report, together with recommendations for the implementation of commercial services market in Poland. Particular attention was devoted to the innovative tool like personal budgets and direction of change in the approach to services, in which commercial services can be more efficient and more competitive than those provided by public entities.

Key words: persons with disabilities, EU countries, rehabilitation, commercial services

1. Selected commercial services offered in the EU - Independent Living of Persons with Disabilities

1.1. Netherlands - Commercial Solutions Cluster of Housing and Respite Centres

The Netherlands is a country that introduces personal budgets, as well as the long history of the private sector in social sectors such as education, health care, or the job market for people with disabilities, and is a model example of the most interesting in Europe solutions and support to people living with disabilities in residence. In the following section the authors present innovative concepts such as residential clustery Focus, a network of homes Stichting Houses and Respite Centres.

Residential Cluster Focus – Rocus residents are administered by a non-governmental organization Stichting Fokus, which adopted the 1300 houses in 90 locations in the Netherlands for the needs of disabled people.¹ Each cluster consists of 12 - 20 houses, in which there is an additional Doctor on call, on-site, 24 hours a day, and each cluster has its own manager who manages a group of 20 assistants of disabled people who are on call around the clock for the disabled people.² Costs of accommodation services are covered by health insurance of a disabled person.

Thomas Residential Houses - another model of residential services for people with disabilities provided by ARGO affiliated to the University of Groningen. These are houses for 6-8 people with intellectual disabilities who are awarded two care providers per one disabled person, who live in the house or near it, currently there are more than 80 such homes in the Netherlands and there is a growing demand for such services.³ People with disabilities pay for services out of their individual budgets for care they receive from the government.

Table 1. Cost of services in Thomas Residential Houses (current price list from January 1, 2011)

Room rent	€375 m-c
Personal care	€150 m-c
Alimentation	€225 m-c
Altogether	€750 m-c
Room rent (without care and food)	€375 m-c

Source: http://thomashuizen.nl/wat_is_een_thomashuis/de_kosten.aspx, December 22, 2012

Respite care - different kind of services that are widely developed in the Netherlands and are supplied by the 200 centers to support those caring for people with disabilities in the Netherlands under the umbrella organization Xzorg.⁴ Respite care is provided by volunteers, family and other people with disabilities by professional care providers for a disabled person, and its length can be from a few hours to several weeks.⁵

¹ "Health and Personal Social Services for People with Disabilities in the Netherlands", National Disability Authority of Ireland, January 2011, p. 10

² Ibidem

³ Ibidem

⁴ Ibidem, p. 21

⁵ Ibidem

⁵ Respite care system has also periodical hotels and hostels for disabled people, vacation packages for those caring for people with disabilities and catering for the disabled in the absence of their care providers.

Care providers for people with disabilities have many different options for compensation of lost wages in the Dutch system including: paid career break (vacation care), insurance cover respite care, paying for their personal budget to work with people with disabilities, emergency leave and the ability to reduction of working hours by 50% to 10 months, in the case of a critical state of a disabled person in the family.⁶

1.2. United Kingdom - Supporting independent living in local communities on a commercial basis

In the UK, the accommodations for persons with disabilities were provided from 80's of the twentieth so that they could live independently in local communities. The new system of social services for people with disabilities in the UK is based on three principles:

- promote and facilitate independent living of people with disabilities;
- private funding: direct payments, personal budgets, as well as pilot projects in the field of so-called individual budgets;
- integration of services and health care.

People with disabilities are encouraged to choose the most practical and appropriate to their preferences accommodations in the frame of budget and future of so-called personal individual budgets. Disabled person often chooses pay for a care provider of the family and the neighborhood with direct payments, thereby offsetting the de facto loss of earnings if they need to give up paid work to care for a disabled person. According to the National Development Team for Inclusion in England (NDTI) persons with disabilities should be able to model the following accommodation options:⁷

- shared supported housing;
- shared lives model;
- special residential care packages for elderly people;
- network and housing systems for disabled people (e.g. Keyring Model)
- cheap housing for people with disabilities;

⁶ Ibidem

⁷ "Health and Personal Social Services for People with Disabilities in the England", National Disability Authority of Ireland, January, 2011, p. 45

- purchase of housing on the open market (plus support services and counseling);
- renting of housing on the market;
- based care in the residential system(former model).

Supported living has no single definition in the English system, however, it is best defined by so-called standards in supported accommodation. Reach Standards in Supported Living:⁸

- I choose with whom I live;
- I choose where I live;
- I have my own house;
- I choose the type of support;
- I choose who supports me;
- I receive adequate support;
- I choose friends and acquaintances;
- I choose how to be healthy and safe;
- I choose how to participate in society;
- I have the same rights and obligations as other citizens;
- I get support for changing my life;

Generally speaking, therefore, supported living is an independent living of a disabled person in their own or a rented house / apartment while connected to receive support in the place where the service provider not associated with residential service. In this case, people may live alone or share an apartment with other people (usually up to 4 people in one unit residential). Type of care may also be varied from time of care in place for occasional support on the phone.

NDTI report indicates the main advantages of the new model assisted and independent living in the community in relation to the previous arrangements individualized residential care:⁹

⁸ "Supported Living – Making the Move report", NDTi Discussion Paper One, Alicia Wood, Rob Greg, p. 7, Source: http://www.housingoptions.org.uk/general_information/gi_resources_docs/Supported_Living.pdf

⁹ Ibidem, p.9

Table 2. Summary of benefits of supported accommodation model under residential care model.

The new paradigm - Supported Living	The old paradigm - Residential care
Own home or rental. Safety of long rent.	Agreement without the guarantee length.
As an owner or tenant, a disabled person has the right to choose the provider of care, and home, where he/she would like to live and may also replace both the care provider and place of residence (independently).	Support and residence are provided together and you can not change one part without affecting the other.
A disabled person has the right to choose with who he/she wants to live (if he/she is willing).	Effective practice requires selection of people living in a care facility, but in practice, many people have to live with people they do not want to live.
A disabled person is entitled to all social benefits.	A disabled person has access only to a limited package of social welfare benefits (usually only access to so called <i>residential care allowance</i> of £ 20 a week for buying clothes and other personal things).
Access to Direct Payments, Personnel Budget and other additional sources of funding.	Lack of access to additional sources of funding.

Source: “Supported Living – Making the Move report”, NDTI Discussion Paper One, Alicia Wood, Rob Greg, p. 9

The NDTI report shows that one of the main problems, that are associated with the promotion of supported accommodation model based on a system of commercial financed from the budget of personnel or direct payments, are historical events, where the system was sold under the same name, but in the past, people with disabilities were not able to use the main advantages of this model, i.e. flexibility. A disabled person has a full freedom of health service providers and residential services, and both services are not related in any way, so he/she can change the care provider staying in the same apartment, or change the apartment, leaving care provider. In the past, we could find only offered flat under the name of “supported housing” where selecting data was obtained in the package maintainer (as in residential care). Therefore, efforts have been taken to carry out a wide-ranging promotion of social action, abolish myths of historical events, promoting this method as the most beneficial for people with disabilities. A disabled person is also financially

independent, and is able to use the full range of social welfare benefits. There is a more competitive service than previously existing resident-institutional model monopolized by the public sector due to the existing choice of services on the commercial market.

Here is an extensive description of three interesting solutions in the field of commercial services concerning accommodation and care for people with disabilities in the UK:

- **Key Ring Model** - is a system of housing people with disabilities in the UK, according to which nine people with disabilities, together with one care provider - volunteer combined in the so-called ring of support. All people live in the same geographical area in different types of housing (rent, property, etc.) and care provider-volunteer does not pay the rent, in exchange for offering their support services for people with disabilities.¹⁰ Some communities of Key Ring also pay for social and environment workers, which support people in a ring. According to NDTI data cost of such a network is about 40 000 pounds a year per one ring of 9 people with disabilities.
- **Good Neighbour Schemes** - low-cost systems for the institutionalization of the value of relationships and values in local communities. In this model, a person with a disability uses direct payments or personal budgets in return for a neighbor or someone who lives nearby and is recruited for small sums of money committed to the provision of such services to the person shopping, small repairs or assistance in certain official functions. This model is the most effective for people who need support, but it is not require constant supervision.¹¹
- **Smart Home Technology** - modern home for the disabled and for cluster housing technology, uses diagnostic potential problems such as a fall or stumble of a disabled person. The event triggers a signal to the supervision center and activates immediate assistance by duty support team. The use of modern technology in supervision/ oversight of persons with disabilities can reduce the costs associated with the need for constant monitoring of people with disabilities, in particular the costs of staffing, so fewer technology professionals can react to potential problems with a larger number of residents.

¹⁰ CSED Case Study, Key Ring Living Support Networks , November 2009, p.2

¹¹ "Supported Living – Making the Move report", NDTI Discussion Paper One, Alicia Wood, Rob Greg, p . 25, Source: http://www.housingoptions.org.uk/general_information/gi_resources_docs/Supported_Living.pdf

2. Commercialization of care and rehabilitation in selected Western European countries

Personal finance is a trend that can be observed in Western Europe and the USA, Australia and Canada, under which is a shift from the paradigm of public services from the beginning of the twenty-first century, contracted for people with disabilities without the choice of supplier, or forms of service for different models of individual financing in which the budget follows a disabled person who chooses care provider, type of service and the manner of its delivery. As the report of the NDA Ireland shows, the most important reasons for the success of this type of solution are:¹²

- do not require beneficiaries to adjust existing programs;
- an opportunity to observe successful stories of people who were frustrated with traditional solutions offered by public health;
- a real change happened in life of beneficiaries;
- the ability to employ care providers by choice, which takes less rotation of care provider staff;
- greater variety of service providers;
- increased cooperation between stakeholders;

Below are various possibilities for the implementation of the idea of the personal budget for the disabled people in the UK, Ireland, the Netherlands and Germany. The new method is more efficient than the traditional model of public health care services, as it allows people with disabilities select the service provider, and method of delivery. This method supports a proactive approach to life for the disabled people, and allows more competition in the market for commercial services, and the option of paying for performance (especially in the case of Germany, where the share of the budget is paid on the basis of an objective between social care and the person with disabilities).

A characteristic feature of personal budgets is that in most countries they can not be used to purchase public services, but only for commercial services provided by commercial companies or NGOs. There is a possibility of institutionalization of formal and informal family care, through the payment of a family member or neighbor with personal budget in some countries. Other countries, such as the

¹² Developing Services for People with Disabilities: A Synthesis Paper summarizing the key of learning experiences in selected jurisdiction as at October 2010, NDA Ireland Report, October 2010, p.50
Source: [http://www.nda.ie/cntmgmtnew.nsf/0/FF7105D82D4C7E6D80257877005A8745/\\$File/SynthesisReport.pdf](http://www.nda.ie/cntmgmtnew.nsf/0/FF7105D82D4C7E6D80257877005A8745/$File/SynthesisReport.pdf)

United Kingdom, which go towards the professionalization of care for the disabled people, do not allow the use of the budget for the payment of personal care by family members or neighbors.

In all the countries which have gone into the care of people with disabilities in the direction of commercialization, the main, common problems include the inability to deal with the management of people with disabilities / administration budget (in this case, a good practice is an example of Germany, which spend the extra money on the cost of managing the budget for persons with disabilities), as well as problems related to the signing of contracts on the principle of an employer-employee (e.g. absenteeism, higher turnover of care providers, etc.). However, there is a trend in which more and more people are opting for an option to purchase care services in the commercial market with personal budget compared to those using the traditional model of public services. The most indicated superiority commercial model is its flexibility and adaptation to the specific needs of a disabled person, and the lack of dependence on a particular service provider, in this case a disabled person decides when the supply of services is broken.

In the case of public services, it is often not possible to change something, due to the limited number of service providers and a lack of competitiveness, despite dissatisfaction with the provided service. It can be predictable, that personal budgets of disabled people will be introduced in more and more countries all over the world, so now they are also available in many U.S. states, and are at the stage of implementation in Austria and Switzerland. Some countries such as the United Kingdom are also experimenting with more advanced methods of financial services for people with disabilities, e.g. individual budget.

Individual Budget - is a pilot, experimental design, in which some individuals with disabilities may receive a budget at its disposal, not only for medical care and rehabilitation, but also for many other social services including labor market and education, and this would create a system of integrated social services.¹³

In conclusion, the review of the various methods of effective practice for using personal budget in selected European Union countries for the purchase of commercial services indicates that this is an interesting solution that can significantly affect the competitiveness and efficiency of care services for disabled people in Poland.

¹³ Ibidem

2.1. *Direct Payments in the United Kingdom*

Direct Payments - were introduced as a mainstream tool of social policy in the UK in 1996 by the so-called Community Care (Direct Payments Act) which came into force in 1997 for people with disabilities aged between 18 and 65 years. Then, the amendments were introduced and allowed to choose direct payments by the elderly people, over 65 years, and in the case of persons under 18 years, direct payments affect parents' account of a disabled person (with the exception of 16 and 17 year old persons who can select to receive money for their own account) since 2000.

Direct payments are a very important step towards the provision of commercial services for the disabled people, because the funds obtained in this way can not be used to purchase services provided by government and the public.¹⁴ Direct payments can be used only for the purchase of commercial services provided by:

- a) commercial suppliers;
- b) non-governmental organizations;
- c) a person with disabilities who may choose to employ the employee-supervisor immediately on a contractual basis.

Due to the fact that the money received in the form of direct payments are chosen by people with disabilities instead of the traditional services provided by public suppliers, the money received in this form are considered quasi-public money, so beneficiaries are required to keep accounting records and invoices for purchased services, so as to enable the audit inspection institutions.

Although the institution of direct payments is present in the UK for over 16 years, the report of the Irish NDA indicates that a small percentage of people with disabilities eligible for this method has chosen it as the only source of social welfare.¹⁵

A popular method is, however, cafeteria - mixed, in which case the beneficiary can benefit from direct payments and commercial suppliers in the options mixed with the traditional method of providing services for people with disabilities by public institutions. According to the biggest portal involved in social work in the UK – “The Community Care Portal” in 2008, only 55 900 people have chosen the method of direct payments, compared with 40 600 people in 2007 and 32 000 in 2006 and 22 100 in 2005. Since 2003, direct payments must necessarily be offered as an option for people with disabilities, but implementation can be made only with

¹⁴ Ibidem, p. 51

¹⁵ Ibidem, p. 51

the consent of a person with disabilities - but can not be imposed as a choice. Visible is therefore an increasing trend among the beneficiaries of the new service, but still many disabled people are afraid of the quality of the services provided by commercial suppliers.

Another reason that stops people with disabilities from using this method in the case of direct employment supervisor, is the necessity to care for the correct documentation, as well as all risks associated with using hired labor, such as the possibility of sick leave and care provider. Many people are on the traditional method of public services, being potentially safer.

2.2. Personal budget in the Netherlands

Another country that has introduced a personal budget is the Netherlands. To get the opportunity to dispose of its own budget, the disabled person must be referred (Hol. *indicatiestelling*) from a local social services, and the size of the budget will depend on the type of disability. Currently, there are 52 grades of personal budgets.¹⁶ Personal budget option is available in the Netherlands since 1995 and in 2008 was chosen by the 109 000 beneficiaries, compared with the 335 000 people who have chosen home care provided by public institutions and 235 000 people who have opted for institutional care.¹⁷ There is a fundamental difference between commercial services bought by the Dutch budget, and acquired in the UK. It is not possible to buy services directly from family or friends in the UK, while in the Netherlands, such a solution is possible and supported by the government - as the institutionalization and professionalization of home care. Ministry of Welfare in the Netherlands estimates that more than 1.6 million family members take care of disabled family member, friend or neighbor. In support of this type of home care, care providers may have a disability receiving special training that will provide them with a government allowance of 250 EUR for more than three months of care over a person with a disability.

Personal budget is also a cheaper option from the budget of public finances, as a disabled person receives 75% of the amount for their own account which shall be appropriated to country in the event of institutional care. Over 10% of people, who

¹⁶ ANED country report on the implementation of policies supporting independent living for disabled people - Netherlands, Jacqueline Schoonheim, ANED, p. 8

¹⁷ Developing Services for People with Disabilities: A Synthesis Paper summarizing the key of learning experiences in selected jurisdiction as at October 2010, NDA Ireland Report, October 2010, p.50
Source: [http://www.nda.ie/cntmgmtnew.nsf/0/FF7105D82D4C7E6D80257877005A8745/\\$File/SynthesisReport.pdf](http://www.nda.ie/cntmgmtnew.nsf/0/FF7105D82D4C7E6D80257877005A8745/$File/SynthesisReport.pdf), p. 52

have a necessity for long-term care have chosen personal budget, for a total in 2005 it was 80 000 beneficiaries, and the average budget of 14 000 EUR per year.

Contracting personnel budget was met with a great interest of people with disabilities; more and more people opting for this type of service, due to better fit for the needs of a disabled person, and also because of the increased control over their own lives, as well as creativity and possibilities to decide on the care providers who actually assist a disabled person. The Dutch version of the personal budget is praised above all for increasing the competitiveness of the providers of care services for the disabled people, because you choose to enable the budget for commercial services and family care, as opposed to the traditional institutional care.

Despite the flexibility of this solution, people with disabilities are as a negative point to the need for self-accounting, as well as dealing with the paperwork associated with hiring care provider or buying of care services. Because of these difficulties, a new kind of commercial services are related to disabled people, namely, consulting and accounting support, related to the service documentation and related to the personal budget of a disabled person. Such the largest organization is the PER SALDO (<http://www.pgb.nl>) - non-profit association aimed at supporting people with disabilities in the use of documentation for personal budgets and is currently involved in the organization of documents more than 23 000 people with disabilities.¹⁸ Personal budget in the Netherlands is not without limit. The maximum possible annual budget applies to people with disabilities with sensory disabilities, which is 117,340 EUR, while in the case of people with disabilities it is between 22,005 and 83,415 EUR.¹⁹

2.3. Commercialization of care for the disabled people in the frame of personnel budget (in German: *Persönliche Budget*) in Germany

The next country to introduce commercialization of care for the disabled people is Germany, which from 1 January 2008, in accordance with the law and Rehabilitation, gave the people with disabilities the choice and opportunity to take advantage of the personal budget (German *Persönliche Budget*). German model allows, like the Dutch, to allocate money for buying services from people with the family and the neighborhood, as well as other informal care facilities. However, the sums of money received for care at home are lower than those obtained in the frame of professional commercial services ANED; there are three stages of the amounts of

¹⁸ ANED country report on the implementation of policies supporting independent living for disabled people - Germany, Anne Waldschmidt, ANED, p. 10

¹⁹ Ibidem, p. 11

payments, classified by type of disability and the type of services received, amounts received by the beneficiaries amount to 384 EUR, 921 EUR and 1432 EUR.

The care offered in Germany, which can be managed within the budget of personnel by persons with disabilities include:

- Personal care;
- Support the maintenance of the home and housework;
- Support for mobility and movement;
- Assisting in the workplace, practices or university;
- Support for the recreation and rehabilitation (e.g. sports, going to the cinema, etc);

As a result of a shift from a passive model in which the beneficiary was merely a passive recipient of services offered by public providers (usually with no choice of service provider) to a personal budget, where a disabled person has to take a pro-active, in fact, selecting and managing commercial services, necessary education has become the competence of persons with disabilities that would make effective use of the services offered to people with disabilities. According to the report ANED such services include:

- Disabled people control and manage the employment of a disabled person (“Personalkompetenz”) - they sign the contract and determine the conditions of employment, such as salary. They employ assistants personally or through other organizations;
- People with disabilities are free to decide how the service is delivered, and they can decide which services are delivered, and which are not (“Anleitungskompetenz”);
- People with disabilities themselves control their personal budget and the way to administer it (“Finanzkompetenz”);
- People with disabilities are free to decide and organize a set of services purchased in the personal budget (“Organisationskompetenz”);
- People with disabilities should decide in which room and place the service will be provided (“Raumkompetenz”), this can be a house, a public place, hospital, sanatorium or a place to visit friends.

Within the budget, a disabled person who is unable to manage the budget and documentation itself may get extra money from social assistance to cover the cost of management and administration. Part of the budget is so called personal or targeted budget (German: *Zielvereinbarung*), in which a person with a disability and social care

sign an agreement under which the disabled person is obliged to achieve certain objectives (e.g. in terms of efficiency, education, training, employment, etc.).²⁰ Further preparation of the targeted budget is related to the implementation of the objectives of development by a disabled person. The budgets of the disabled are available to all persons with disabilities in Germany, but in practice it is a tool used more often by people with physical disabilities due to difficulties with the documentation and management of the budget for people with intellectual disabilities, who often opt for institutional support from the public instead of the traditional version commercial services purchased for personal budget. However, noteworthy there is the fact that the number of people with intellectual disabilities who select commercial services and personal budget continues to grow, it is associated with the ability to obtain additional money to support and financial management by the advisor.

One of the major German organizations involved in supporting the settlement of personal budgets for people with intellectual disabilities is “Bundesvereinigung Lebenshilfe geistiger Behinderung mit Menschen”, which trains counselors.²¹ There are also two associations - cooperatives of disabled people in Bremen and Hamburg, which deal with the management and administration of personal budgets disabled.²²

3. Commercial services in the field of mobility and transport for the disabled people

3.1. Commercial transport for people with disabilities in Ireland

Ireland, besides wide range of public transport for people with disabilities, is also developing a network of commercial services in the field of transport.

According to a report NDA only 1528 of 11 630 taxis had facilities for people with disabilities to enable such transport truck and offered more space for lying, at the beginning of 2002.²³ The Irish government, in order to work with stakeholders on the availability of transport services, established the Commission on the Regulation of the taxi market in November 2002, due to the lack of standardization offers for passengers in Irish transport system, including relatively low availability of commercial services for the disabled people. In response to the emergence of

²⁰ Ibidem, p. 13

²¹ Ibidem, p. 13

²² Towards Best Practice in Provision of Transport Services for People with Disabilities in Ireland, Angela Kerins, NDA Ireland, p. 55,

Source: [http://www.nda.ie/cntmgmtnew.nsf/0/05F69E6DCA8CBFE580256E6300311E57/\\$File/transport.pdf](http://www.nda.ie/cntmgmtnew.nsf/0/05F69E6DCA8CBFE580256E6300311E57/$File/transport.pdf)

²³ Ibidem

institutions Irish National Disability Agency (NDA) has developed recommendations for transportation services for the disabled people, designed to raise standards and the number of operators of transport for the disabled people (in several cities the number of taxis available for people with disabilities was 0 or 1 at virtually impossible for the free movement of persons with disabilities). The recommendations of the NDA suggested the following changes to commercial services for people with disabilities in Ireland:²⁴

- all new taxis registered in cities should meet international standards of accessibility for people with disabilities (including in particular the ability to transport wheelchairs) for current licensees will be required to adjust the purchase of a new car or for the renewal of the license;
- cars should be marked in an easily recognizable way for people with disabilities (including large badges for the visually impaired and voice signals if possible);
- legal arrangements should be made to prohibit the imposition of additional fees for technical help transport for people with disabilities, such as, wheelchairs, crutches, etc. The driver is required to assist a disabled person to get into the taxi free of charge and with elevation and filing of technical assistance.

Despite the long time dedicated to a person with a disability, it can not be charged an additional fee for the time spent by a taxi driver in connection with disability;

- due to the need for more frequent use of commercial services in transport system there should be introduced voucher discount for persons with disabilities;
- it is suggested to rework existing taxi stops, so as to be adapted to the waiting people with disabilities, as well as facilitate the ingress and egress;

The analytical report Think-Tank Goodbody in 2010, prepared for the Commission on the Regulation of Market Taksówkego, presented results of research on the availability of commercial freight transportation services in Ireland. The report found that nearly 27 % of people with disabilities have received ever refusing to provide a transport service from the taxi company, in the proportion increases significantly in the case of a person using a wheelchair, where nearly 45 % of people have ever met the situation of denial of service.²⁵ In comparison to the entire fleet of the taxi company 63,4 % of the cases relate to denial of service, which turned out to be the most

²⁴ Ibidem, p. 56

²⁵ <http://www.nationaltransport.ie/downloads/taxi-reg/economic-review-spsv-industry.pdf>, p. 52

common reason for lack of available taxis at the time adapted for disabled wheelchair, and 22 % of the cases showed no taxis adapted for the carriage of disabled persons wheelchair. In terms of quality of service to persons with disabilities, 68,7 % of the taxi operators companies were willing to provide commercial services for the disabled people (in total), while in the case of disabled wheelchair as much as 20 % of the operators were reluctant to provide such services (only 6,5 percent of the operators were willing to provide the service for people with disabilities).

In addition to transportation taxi, the alternative for the commercial transportation services can also be car fleets operated by local NGOs or associations. However, this segment of the commercial market is underdeveloped in Ireland, only a few associations and NGOs have cars for the transport of its members. There is nevertheless an example of good practice in the provision of commercial transport service in Dublin. It applies to organizations VANTASTIC Dial a Ride Limited, which provides services in the capital of Ireland - Dublin.

VANTASTIC Dial a Ride Limited, Dublin - charitable non-profit organization that provides transportation services for disabled people in Dublin. The organization was established on account of the early 90's of the twentieth century, the demand raised by the Centre for Independent Living in Dublin, which indicated that a large barrier in the lives of people with disabilities in the city is due to the very limited offer transport services for passengers with disabilities (this was mostly very expensive taxi rides). As a non-profit organization, managed by a Board of Volunteers, Vantastic has a fleet of over 30 vans fully adapted to persons with disabilities and provides transportation services for the disabled people at low prices that are suitable for the disabled (can reduce the cost of the various sources of funding, including contributions from States and government grants for services for people with disabilities, as well as fundraising). In its offer Vantastic has the following services:

Individual and group personal transport - in this case a disabled person procures transport van to a selected destination. The price is from 5 pounds for the first 5 km and 1 pound for each additional kilometer journey. A disabled person may also carry free of charge one accompanying person;

Health Route - regular route traffic to the five largest hospitals in Dublin for the disabled people, the lines are operated five days a week in the hospital work. Transportation cost is 10 pounds for passage in both directions;

Shopping Route - free offer is available in North Dublin, in which people with disabilities are transported to the local shopping center, where they can do shopping. The line is operated in cooperation with its shopping centers.

VANTASTIC is a unique system of transportation of people with disabilities operated by a charitable organization that enables the availability of commercial service seven days a week from 7 a.m. till 10 p.m. at affordable rates for people with disabilities with the full fleet adaptation to the needs of riders in wheelchairs. Unfortunately, in the case of Ireland, there are no such services in any other cities outside the capital Dublin.

As the NDA report shows²⁶, another interesting case of commercial services for people with disabilities is the largest Irish private air carrier **Ryan Air** (Dublin), which provides full assistance for the disabled people after reaching the airport for land. Disability support service is provided free of charge (within the standard fee for the ticket), the only requirements that you need are to tell the time of booking the ticket, having your own wheelchair and limit associated with maximum 4 persons with disabilities in wheelchairs aboard.²⁷

3.2. Effective delivery model of commercial transport services in the UK

The UK has one of the most effective and efficient service delivery systems for non-disabled people. By introducing the so-called standard “Black cab” - a characteristic black London taxi, which, in accordance with the Regulation, must be adapted to the transport of disabled persons.²⁸ By applying appropriate subsidies to commercial transport services for the disabled people, at this point, people in wheelchairs can use subsidized services available on a similar scale as in the case of persons with disabilities (this is related to the need to adjust to the taxi for disabled people if the taxi driver wants to obtain a license). Below there are examples of effective practice in the field of commercial transport services in the UK:

- **TAXICARD London System** - under this system, people with disabilities in London can travel at a maximum of 1.50 pounds per ride within the city borders. Cards are received free of charge, but a person with a disability shall, however, pass assessment to qualify for the program. The card is granted for two years and is eligible for all commercial taxis in the city (due to the fact that all trips are tailored to people with disabilities). Each applicant receives annually 60 rides in the Taxicard (if the holder of the Freedom Pass is entitled to free travel by city public transport) or 120 trips per year (if not the holder of Freedom Pass). A person can not increase the number of trips per year, or

²⁶ Towards Best Practice in Provision of Transport Services for People with Disabilities in Ireland, Angela Kerins, NDA Ireland, p. 55, Source: [http://www.nda.ie/cntmgmtnew.nsf/0/05F69E6DCA8CBFE580256E6300311E57/\\$File/transport.pdf](http://www.nda.ie/cntmgmtnew.nsf/0/05F69E6DCA8CBFE580256E6300311E57/$File/transport.pdf), p. 67

²⁷ Ibidem

²⁸ Ibidem, p. 116

transfer the card to another person, but in the passage, a disabled person can carry up to four additional passengers free of charge. Similar systems operate in other cities, and, interestingly, in rural areas, as in the case of the TANDRIGE TAXI VOUCHERS, which is available in Surrey, specifically in poorly accessible rural areas away from the city.

Persons with disabilities who live in the area receive annual vouchers in the amount of 154 pounds, with a value of 2 pounds for each voucher. They are intended to subsidize travel by commercial taxis or buses, the fact that a disabled person decides whether it will use to fund a number of short trips or for some longer. It is the first such system introduced in the UK in rural areas in 1996 and it achieved a great success, allowing people with disabilities from disadvantaged areas to reach the destination according to their requirement. Cost of taxi driver voucher will be refunded by the City Council on the basis of the submitted documents.

Great Britain is considered the finest example of widely accessible to disabled transport services in the EU. It consists of a highly transparent and competitive system of subsidizing trips (such as Taxicard in London), and the widespread adaptation of freight cars to the needs of people with disabilities. In many cities, this applies to 100 % of the car just like in London or Edinburgh - a very high rate compared to Dublin, persistent figure of less than 15 %. Subsidization and openness to commercial services make the service level high, and increase the competitiveness and standards of service to persons with disabilities thus becoming an example of effective practice for other EU countries in the field of transport services.

3.3. An effective practice in the field of commercial transport services in Sosnowiec – Poland

An example of effective practice in the field of commercial services for the disabled in Poland is an example of the city - Sosnowiec. In this city, which is home to about 30,000 people with disabilities, there was no system of transport than traditional public transport and taxi transport. In the case of the former main obstacle there was the inappropriateness of much of the rolling stock to the needs of users with disabilities, and for taxis obstacle was the high cost of services, often unavailable to people living only survivor.

In view of the apparent lack of transport service for disabled people in the market for local MOPS Sosnowiec survey conducted among people with disabilities, in which it was examined whether there is a need in transport for commercial service. Survey results indicated that there is an interest and need to run such a facility.²⁹

²⁹ <http://www.dobrepraktyki.pl>, Viewed: 10.01.2012

This was followed by a contest in which non-governmental organization was selected and was interested in the introduction of such a service - Centre for Education and Youth Education KANA.³⁰ The service is provided from 9 a.m. till 9 p.m. (initially 7 p.m., but the hours were extended because of the increased demand on weekdays, but also the hours of 9 a.m. till 3 p.m.).³¹ It is important that the service provided by the NGO is run as a “door-to-door”, and so the driver provides free help for disabled person coming to the door of the institutions, and also helps with the transmission of different things (e.g. packages, documents, etc.). This is a very important distinction, as in the case of a taxi, the output driver and passenger help have always extra cost. As in the case of Ireland, a disabled person can bring one extra person as a supervisor / assistant free of charge. During the 3 years of the project benefited from the 3500 people, with the support of the city amounted to 66 000 PLN per year, and interest in the service meant that NGOs have already purchased a second car adapted to persons with disabilities.

Commercial transport project implemented by MOPS Sosnowiec and KANA is an example of effective practice commissioning of services for people with disabilities for NGOs that can implement them more efficiently than public agencies and show greater social sensitivity than typical commercial companies. The result of this collaboration is a commercial service available at a low price, as well as making life easier for people with disabilities on transport services in Sosnowiec.

4. Electronic availability of commercial services in the EU

The European Union has hitherto only limited legislative action and coordination in the field of E - services in the member states. In the case of access to public websites, the top-down EU legislation has come before, but there are limited activities of the Open Method of Coordination (OMC). There has been no action taken in the accessibility of commercial (business) websites for people with disabilities. In the case of telephone service, there are only legislation on fixed-line and part of the telephone equipment. In the case of television services legislation only applies to public television, but there is no legislation requiring private television services adapted to people with disabilities.

³⁰ Ibidem

³¹ Ibidem

Table 3. Current range of E - accessibility in the legislation and open method of coordination in the legislation of the European Union

Sector		Legislative Solutions	Open Method of Coordination (OMC)
Internet	Public websites		✓
	Private websites		
Telephone	Fixed line telephony		
	Mobile telephony		
	Telephone equipments	(✓)	
TV	Television services	✓	
	TV Equipment		
Other ICTs	Software and Hardware		
	Self-service terminals		
	Digital content	(✓)	
	Other ICTs / consumer electronics		
Assistive technology	Public services		
	Commercial services (production)		

Source: Towards a framework for further development of EU legislation or other coordination measures on eAccessibility, November 2008, p. 14

The table below shows the situation regarding the availability of E - services in various national legislations. In the case of TV, there is virtually all countries legislation on services for disabled people. Mostly this applies to subtitle the programs (in 80 % of countries), only the third countries have any facilities for television for people with visual disabilities, only few countries have the amount of software that requires a certain percentage of hours in the program or the program for the disabled.³² In the case of web accessibility for people with disabilities, despite the development of legislative standards for the majority of EU countries, most countries have not achieved much success in the implementation of the law and does not have any tools outside of benchmarking and best practices to verify service availability.³³ In the case of commercial web accessibility for disabled people only

³² Towards a framework for further development of EU legislation or other coordination measures on eAccessibility, November 2008, p. 19

³³ Ibidem

four countries have taken legislative action in this area; these are Italy, Malta, Germany and the United Kingdom.³⁴

Table 4. E - accessibility in national and other internal documents' legislations

	Internet		Telecommunication			Television	
	Public websites	Commercial websites	Fixed line telephony	Mobile telephony	Equipment	Broad casters	Equipment
AT	✓	(✓)	✓	✓		✓	
BE	✓		✓			✓	
CY	?		✓			✓	
CZ	✓		✓			✓	
DE	✓	(✓)	✓			✓	
DK	✓		✓			✓	
EE	✓		?			✓	
EL	?		✓			✓	
ES	✓		✓	✓	?	✓	
FI	✓		✓			✓	
FR	✓		✓			✓	
HU	✓		✓			✓	
IE	✓	?	✓			✓	
IT	✓		✓			✓	
LT	✓		✓			✓	
LU	?		✓			?	
LV	?		✓			✓	
MT	✓	(✓)	✓			?	
NL	✓		?			✓	
PL	?		✓			✓	
PT	✓		✓			✓	
SE	✓	?	✓			✓	
SI	✓		✓			✓	
SK	✓		✓			✓	
UK	✓	(✓)	✓	✓	?	✓	?

Source: Towards a framework for further development of EU legislation or other coordination measures on eAccessibility, November 2008, p. 14

³⁴ Ibidem

Current EU action to adapt the latest technologies for use by persons with disabilities are inadequate. Especially in the mobile absence of legislative measures or negotiations within the framework of the OMC, which, with the growing popularity of E - services will form a growing barrier to access for people with disabilities.

Recommendations

Here the authors present the main recommendations for Polish related solutions for selected commercial services for people with disabilities in the EU and EFTA countries:

1. The Netherlands (housing services) - a very interesting and worthy implementation is a Dutch model cluster housing. People with disabilities have the unique opportunity to live independently (independent living), while having a range of support services for the job through commercial services such as Thomas Houses and Stichting Fokus. Impressive is also an extensive network of such services, only if the network focuses on more than 1,300 homes in 90 locations covering all administrative regions of the Netherlands. Support initiatives for creating cluster housing will affect the feasibility of independent living by Polish disabled people. However, the subsidies would be needed to support such an initiative and commercial by national authorities;
2. United Kingdom (housing services) - British model is interesting due to the introduction of the so-called paradigm "Supported living", i.e. independent live of people with disabilities with the support and supervision of granted care provider, which, however, does not live with a disability. It is also important separation between residential service and caring, allowing for greater freedom and independence to disabled people. Key Ring Project is particularly interesting for Polish disabled people, as it can serve as an effective practice of low cost support groups of disabled people living near each other;
3. United Kingdom (direct payments) - the introduction of such a solution in Poland have a positive influence on the efficiency of the provision of commercial services for people with disabilities because of the introduction of competition for providers of public services, while increasing emphasis on the quality and standards of the service provided. Payment for the result / outcome would allow commercial providers (including foundations and NGOs) to develop a strong range of commercial services for disabled people, and it is

often more effective and better adapted (called tailor-made) to the needs of beneficiaries;

4. The Netherlands (personal budget) - Dutch is an innovative solution for the British, because it allows the use of public money for the purchase of commercial services also provided by family, neighbors and friends. Along with a special model of training for care providers, it allows the professionalization of home care. At the same time, this solution is an example of the positive role of the state in the fight against discrimination against women in the labor market, because the vast majority of unpaid family care work for disabled people is done by women. Introducing the possibility of even partial payment for disabled people -care services performed by family in Poland would be a milestone in the recognition of the unpaid workers “gray zone”.
5. Germany (personal budget) - interesting is the introduction of a special allowance for the administrative and documentation related to the personnel budget in German, which is often difficult for people with disabilities. From the viewpoint of efficiency, it is essential that the so-called deliberate the budget, in which disabled people are committed to meet specific targets.
6. Ireland (mobility and transport services for disabled people) - from the Irish-Polish model should reap the benefit in terms of recommendations for modernization and adaptation of transportation - mobility made for people with disabilities. Good practice commercial service run by NGOs is Vantastic, low-cost public transport system for people with disabilities in the Irish capital;
7. United Kingdom (mobility and transport services for disabled people) - Britain has some of the most effective solutions for the mobility of people with disabilities in the EU and all over the world. Many of Britain`s towns completely adapted taxis for people with disabilities such as London, where the famous “black cabs” are now 100 % tailored to people with disabilities. Another interesting development from the point of view of Polish cities and municipalities are cards or vouchers entitling disabled people for a certain number of subsidized trips in the commercial services. The service contributes to even greater freedom in the mobility of people with disabilities.
8. In terms of E - services, Poland remains one of the few countries in the EU that did not settle in web accessibility for the disabled people. There are also gaps in the legislation regarding television programs for the disabled people (especially the private media), as well as a complete lack of legislation in the field of mobile telephony for disabled people.

REFERENCES

1. "Health and Personal Social Services for People with Disabilities in the England", National Disability Authority of Ireland, Styczeń 2011
2. "Supported Living – Making the Move report", NDTi Discussion Paper One, Alicia Wood, Rob Greg,
3. Developing Services for People with Disabilities: A Synthesis Paper summarizing the key of learning experiences in selected jurisdiction as at October 2010, NDA Ireland Report, October 2010
4. Catharine Barral, Dominique Velche "ANED country report on equality of educational and training opportunities for young disabled people: Final Report", May 2010, ANED
5. Joanna Plak, "Osoby Niepełnosprawne: Szanse i zagrożenia godnego funkcjonowania w nowoczesnym społeczeństwie", WSP TWP w Warszawie, Warszawa 2011
6. CSED Case Study, Key Ring Living Support Networks , Listopad 2009
7. "Health and Personal Social Services for People with Disabilities in the Netherlands", National Disability Authority of Ireland, Styczeń 2011
8. "Advice Paper to the Value for Money and Policy Review of Disability Services Programme: A Contemporary Developments in Disability Services Paper", National Disability Authority Ireland, Lipiec 2010
9. ANED country report on the implementation of policies supporting independent living for disabled people - Germany, Anne Waldschmidt, ANED
10. Towards Best Practice in Provision of Transport Services for People with Disabilities in Ireland, Angela Kerins, NDA Ireland
11. ANED country report on the implementation of policies supporting independent living for disabled people - Netherlands, Jacqueline Schoonheim , ANED
12. Towards a framework for further development of EU legislation or other coordination measures on eAccessibility, November 2008

INTERNET RESOURCES:

1. <http://www.pgb.nl>
2. www.nda.ie
3. <http://www.kana.sosnowiec.pl>
4. www.nationaltransport.ie