



Convention on the Rights of Persons with Disabilities

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Consideration of reports submitted by
parties to the Convention under article 35

List of issues in relation to the initial report of Slovenia

Addendum

Replies of Slovenia to the list of issues*, **

[Date received: 15 November 2017]

* The present document is being issued without formal editing.

** The annexes and the end notes to the present report may be consulted in the secretariat file. They may also be found on the Committee's website.

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Paragraph 1

1. Slovenian legislation applies the rule that disability is recognised by means of a decision issued by an authority specified by law and based on the opinion of an expert body. An individual may exercise the rights defined in a regulation pursuant to a final or final legal decision.¹

2. All definitions have a series of common elements: the requirement for the individual's health impairment to be defined in terms of degree or duration, or merely expressed as a physical or mental disability; the requirement for the disability to be established by means of a procedure defined by law; the requirement for the health impairment to be placed in relation to an external event (e.g. disability may be the result of military or other duties undertaken for the defence and security of Slovenia or the result of circumstances associated with involvement in education or the labour market).

3. Slovenian legislation has two further definitions of disability. The ZInvO² determines who take up membership of a disability organisation, while the second definition is found in the ZIMI.³

4. Slovenian legislation therefore contains several differing definitions of disability produced at different times. The first five definitions remain more or less at the "medical model" level or at the level of the interim model, which is oriented towards resolving the issue of an individual's employment opportunities or socio-economic position. It has only been in the latest legislative material (2002, 2010) that the state has introduced definitions derived from the human rights model. This came about as a result of several factors, two of which we highlight here: the activities of disabled persons themselves and their organisations, and the active role of the state in the creation and adoption of the Convention on the Rights of Persons with Disabilities (CRPD), which led to its early ratification in 2008.

Paragraph 2

5. The Slovenian government has adopted two action programmes for persons with disabilities: the first for 2007-2013⁴ and the second for 2014-2021.⁵ The annual reports on implementation of the programmes show that a large number of acts, decrees, rules and programmes have been adopted or updated. During implementation of the first action programme (2007-2013), some 20 acts, four rules, three decrees, five measures, decisions and guidelines, and five resolutions were adopted or amended.⁶

6. On 23 April 2014 the Ministry of Labour, Family, Social Affairs and Equal Opportunities (MDDSZ) adopted a resolution on the appointment and tasks of the committee charged with monitoring the second action programme.⁷ The committee is tasked with presenting a report on the previous year's implementation of the action programme to the Slovenian government by 30 June every year. In Slovenian legislation, disability policy is dispersed across sectors; it is for this reason that different ministries and expert organisations, which draw up annual plans to ensure that the CRPD is implemented, are responsible for implementing the CRPD.

Paragraph 3

7. In Slovenia, disability organisations are regulated by the ZInvO. A disability organisation is a society or association of societies operating in the public interest in the field of disabled care. Membership of a disability organisation is open to disabled persons and their legal representatives. Disability organisations are organisations of disabled persons and not organisations that work on behalf of the disabled. They operate at the national or local level, with local organisations mainly working with local communities but integrated within national associations. Disability organisations that work at the national level may obtain the status of representative body charged with representing disabled persons with the same type of disability, or those with different degrees of disability but with the same legal or social status.⁸

8. The ZInvO also provides that central government bodies and other public institutions are obliged to provide disability organisations that do not have representative

status with the opportunity to represent the interests and opinions of persons with disabilities: for example, whenever disability care topics are being discussed, representatives of disability organisations are invited to the Slovenian National Assembly and National Council to give their opinions and comments on the legal acts being proposed. Representatives of disabled persons take part in working and expert groups when legislation is being drafted that relates to disability care, thus helping to create the draft regulations.⁹

9. Consultation with disability organisations in relation to decision-making and policy formulation is also ensured via the Council for Persons with Disabilities (the Council's tasks are defined in detail in the answer to question 44).

Paragraph 4

10. Reasonable accommodation¹⁰ and universal design are defined in Slovenia, *inter alia*, by the ZIMI. The provision of equal opportunities for disabled persons is ensured by means of planned activities that enable different parts of society and the environment, such as public services, the built environment, goods and services intended for the public, information, communication, etc. to be accessible to all, and especially to persons with disabilities.

11. With regard to the accessibility of goods and services for public use, the ZIMI provides that discrimination in the sense of the accessibility of goods and services available to the public is, above all, the failure to offer disabled persons goods and services that are available to the public, or offering them to disabled persons under different and less favourable conditions than to others.¹¹

12. The ZIMI goes on to define specific measures in this field.¹² All defined measures, with the exception of the financing of guide dogs, are being implemented, although that particular measure will be introduced at the beginning of 2018. Slovenia has also adopted the Use of Slovenian Sign Language Act, which provides that central and local government bodies and other public institutions must make provision for the use of sign language¹³ in all procedures conducted before them that involve a deaf person. The state also guarantees every deaf person who uses Slovenian sign language as their language with 30 hours of interpretation.¹⁴

13. The Construction Act, which redefines the concept of the universal construction and use of buildings, is in the process of being adopted at the National Assembly. It provides that all publicly accessible parts of all public buildings must be designed and constructed in a way that guarantees the possibility of use to all, i.e. including all disabled persons regardless of their type and degree of disability. The act goes on to provide that all other buildings¹⁵ must be designed in a way that makes them accessible to all, with minor adaptations, so that these buildings are able to be used, without hindrance, by disabled persons after the adaptations have been made.¹⁶

14. The Electronic Communications Act (ZeKOM-1)¹⁷ provides that the provision of measures for disabled end-users that enable them to access and use services on an equal footing with other end-users is part of the minimum set of services under universal service. These measures also include the obligation of a universal service provider to make available to disabled end-users, at a reasonable price, the purchase or leasing of such terminal equipment that allows them to enjoy equivalent use of and access to services.

15. Legislation in the area of the safety of technical products follows the principle of universal product design. Sectoral legislation on product safety also includes requirements to design products in a way that makes them easier to use for persons with disabilities.¹⁸

Paragraph 5

16. The ZIMI is an anti-discrimination law that regulates discrimination on grounds of disability. It provides that discrimination on grounds of disability can be direct or indirect and refer to all instances of discrimination, exclusion or restriction on grounds of disability whose aim or consequence is to reduce the equal recognition, enjoyment or exercise of all rights and obligations in all key areas of life.

17. In principle, the ZIMI regulates discrimination on grounds of disability in operations of central government bodies, central and local government authorities, holders of public authorisations and services; equality of participation in procedures before these bodies and authorities; access to goods and services available to the public; the use of public facilities; and access to inclusive education, health, means of life, information, cultural assets and public transport.

Paragraph 6

18. The incorporation of the principle of gender equality is a strategy to which all ministries and government services in Slovenia are committed. This means that due regard is paid, in the preparation, planning, decision-making on, implementation and evaluation of policies and measures in specific areas, to the specific position of women and men. Therefore, sectoral strategic documents are those documents that are key to progress being made to achieve gender equality in a specific area.

19. The Resolution on the National Programme for Equal Opportunities for Women and Men 2015-2020 (ReNPEMŽM15–20)¹⁹ is a strategic document setting out objectives and measures and defining those responsible for policies that enforce gender equality in specific areas of life in the 2015-2020 period.²⁰

Paragraph 7

20. In 2000 Društvo Vizija, a society for physically disabled persons, conducted a study of the needs of physically disabled women. The study led to the formulation of a social prevention programme on the subject of violence against physically disabled women. Within the programme, the society continued to collect data on violence in order to draw the attention of expert, political and other groups to the discrimination suffered by physically disabled women with experience of domestic violence. They were keen to prove that violence against physically disabled women was actually taking place and to point out the urgency of acquiring a safe space for the temporary accommodation of such women.²¹

21. In 2016 the Social Protection Institute of the Republic of Slovenia (IRSSV) carried out a study for the MDDSZ on violence against people with disabilities.²² It was established, on the basis of the data obtained,²³ that men as well as women had had experience of violence. While the data from the online survey found that slightly more disabled men than disabled women (just over 52%) had been victims of violence, the data supplied by Social Security Centres (CSD) and providers of public social security programmes showed the opposite: 68% of the victims of violence against disabled persons dealt with by the centres were women, with this figure rising to 95% among providers of public social security programmes.²⁴ Persons with disabilities experience several forms of violence at the same time, most often physical (just over 56% of those surveyed) and psychological violence (50%). CSD and providers of public social security programmes alike found that there were many more disabled victims of violence than they had identified, as such violence was generally not reported and recorded. As a result, there is a need for assistance programmes to be designed that respond to the needs of disabled victims of violence.²⁵

22. Slovenia took an important step in identifying the problem of violence in 2016 with the appointment of an inter-departmental working group responsible for collecting and compiling statistical data for the monitoring and implementation of the CRPD, and tasked with establishing appropriate records.

Paragraph 8

23. Within Slovenian family legislation, the same conditions of protection apply to all children regardless of any special needs they may have. Children with special needs are not addressed separately in regulations.

24. In the last decade, society's sensitivity towards violence against children has increased. It was only with the adoption of the Act Amending the Prevention of Domestic Violence Act (ZPND-A)²⁶ in 2016 that corporal punishment and violence within the family were finally outlawed.

25. Important changes have also been made in the criminal law field, with the protection of child victims of violence having been improved in the criminal legislation. Slovenia has incorporated key EU recommendations into its own legislation, particularly as regards criminal offences of sexual violence against children.

26. Non-governmental organisations continue to play an important role in assisting abused children; this supplements the work of central government bodies. They have a significant impact on changing the way these bodies work and on the formulation of draft legislation. NGOs have taken part in the preparation of the ZPND, in the drafting of amendments to that act, in joint public awareness-raising campaigns and in professional training programmes.

Paragraph 9

27. Within Slovenian family legislation, the same conditions of protection apply to all children regardless of any special needs they may have. That said, they do require greater protection because of their specific characteristics, and they do have a number of additional rights within the parental care and family benefits system.

28. The Parental Care and Family Benefits Act (ZSPD-1)²⁷ lays down the following rights for children with special needs:

- The right to work part-time,²⁸
- The childcare supplement,²⁹
- The right to partial payment for lost income,³⁰
- The Integrated Early Treatment of Preschool Children with Special Needs Act (ZOPOPP, Uradni list RS, No 41/17).³¹

29. The act will come into force in January 2019, when implementing regulations for its implementation will also be drafted.

Paragraph 10

30. Pursuant to the ZPND, CSD have acquired a primary role in dealing comprehensively with children who are victims of domestic violence. While this has improved cooperation between the institutions responsible for addressing violence against children, coordination and communication between all competent institutions and authorities does need to be further improved and improvements made to procedures for dealing with domestic violence. Continuous education and further training of professional staff to deal with issues of violence must also be provided.

Paragraph 11

Table 1

The institutional care of children, young persons and adults up to the age of 26 placed in special schooling and education programmes: number of beneficiaries as at 31 December 2016³²

	<i>Number of persons with</i>				<i>Total</i>
	<i>... moderate developmental disorders</i>	<i>... serious developmental disorders</i>	<i>... severe developmental disorders</i>	<i>... several disorders³³</i>	
aged under 7	2	0	0	27	29
Girls	0	0	0	14	14
Boys	2	0	0	13	15
aged 7-17	5	1	3	154	163
Girls	1	1	2	71	75
Boys	4	0	1	83	88

	<i>Number of persons with</i>				<i>Total</i>
	<i>... moderate developmental disorders</i>	<i>... serious developmental disorders</i>	<i>... severe developmental disorders</i>	<i>... several disorders³³</i>	
aged 18-20	4	1	1	56	62
Women	2	0	0	15	17
Men	2	1	1	41	45
aged 21-25	9	8	4	105	126
Women	4	5	4	47	60
Men	5	3	0	58	66
Total	20	10	8	342	380
Female	7	6	6	147	166
Male	13	4	2	195	214

Table 2
Persons in foster care, September 2017³⁴

	<i>Number</i>
Children without particular health issues	574
Abused children	20
Seriously ill children	13
Physically disabled children	7
Deaf or hard-of-hearing children	6
Blind or partially-sighted children	1
Children with serious adaptation problems	11
emotional disorders	147
behavioural and personality disorders	23
minor developmental disorders	23
moderate developmental disorders	23
serious developmental disorders	4
severe developmental disorders	1
Other	65
Total:³⁵	918

Paragraph 12

31. The basic guiding principle of family policy in Slovenia is that of children being raised within a family. Where a child, for whatever reason, cannot be raised within their original family, an alternative family environment is sought for them. Most such children are raised in foster families. As far as the placement of children in foster care is concerned, children with special needs are not treated differently from other children. Slovenia does not have a special system of fostering for children with special needs, as we believe that it is right for a child to be raised in a normal family atmosphere and for adaptations and any additional training of foster parents³⁶ to be implemented as the need arises.

32. There are no “orphanages” in Slovenia. Children who cannot be found a suitable family by the competent authority are raised in institutional settings.

33. The MDDSZ co-finances Family Centre programmes. A Family Centre is a space that brings different generations together, fosters the high-quality upgrading of processes that strengthen an individual’s social roles, supports the coordination of family and

professional life, and provides a space in which good practice and positive experiences can be exchanged. The MDDSZ also finances Intergenerational Centres (VGC) via the European Social Fund. VGC activities are preventive in nature and aimed at fostering the social inclusion of vulnerable social groups, or preventing a slide into social exclusion.³⁷

Paragraph 13

34. In 2016 the national broadcaster (RTV Slovenia) and regional TV centres included contents relating to persons with disabilities on all channels and in programmes of all genres.³⁸

35. A number of cultural projects designed to provide information to persons with sensory impairments and also to raise awareness among the general public about disability issues were co-financed in 2016 through public calls for proposals. These projects include a cultural project by the Federation of Societies of the Blind and Partially Sighted of Slovenia (ZDSSS), under which co-funding was provided for Braille newspapers for the blind, audio newspapers, large-print newspapers for the partially sighted and an online newspaper available on the ZDSSS website.

36. The general public were informed about the everyday difficulties faced by the deaf and hearing-impaired, and about their special needs, via two ZDSSS projects: *Web TV for the deaf and hearing-impaired project*³⁹ and the educational TV programme *Prisluhnimo tišini* (Let's Listen to Silence).⁴⁰

Paragraph 14

37. Between 2009 and 2011 the Urban Planning Institute of the Republic of Slovenia and the IRSSV carried out a study entitled "Measures for the implementation of the rights of persons with disabilities to barrier-free access: making an inventory of existing barriers in the built environment and publicly occupied buildings around Slovenia".⁴¹

38. The first part of the study consisted of an extensive empirical survey covering the field of disability care. It revealed that, to date, too little has been done in Slovenia to implement the rights of persons with disabilities. The latter are still faced with numerous barriers in the built environment and the communication environment.⁴²

39. Respondents made numerous useful proposals of measures that could help reduce architectural and communication barriers. Many of them are already contained in the Accessible Slovenia Strategy, which confirms that the authors of this document took real needs as their starting point. The ineffective implementation of measures is thus essentially the result of inconsistent or inadequate compliance with laws and other regulations regarding the rights of the disabled – or a failure to comply with them at all.

*1. The second phase of the study consisted of an accurate analysis of the accessibility of publicly occupied buildings in major centres around Slovenia; the creation of a database into which the entire inventory from the field research was entered; the drafting of a list of identified weaknesses to be eliminated; and the preparation of a basis for the creation of an online guide to the accessibility of public buildings in Slovenia for persons with disabilities.*⁴³

40. The final results of the study were as follows: the development of a tool to assess the accessibility of publicly occupied buildings, and the creation of an online guide for persons with disabilities. The latter consists of two main parts: an online guide for persons with disabilities and a forum for submitting suggestions.⁴⁴ The online guide is being gradually supplemented as funds become available to carry out new accessibility assessments of publicly occupied buildings. The website is interactive, which means that as well as searching, viewing and printing information, users can also submit information, suggestions and warnings. The online forum thus functions as a public participation tool.⁴⁵

Paragraph 15

41. Supervision of implementation of the requirements deriving from the Construction Act (ZGO-1)⁴⁶ is provided by the national environment and spatial planning inspectorate. There are generally no problems with new buildings, at least as regards wheelchair access

and ensuring the usability of buildings for wheelchair users. Equipping buildings adequately for blind, partially sighted and deaf people presents more problems. Difficulties derive above all from a lack of understanding and knowledge of the issues involved, rather than from the fact that developers are unwilling to implement the necessary measures. For this reason the MOP last year funded the production of a handbook entitled *Inkluzivno oblikovanje in dostop do informacij* [“Inclusive Design and Access to Information”], aimed above all at developers, planners, contractors and all users of space.

42. While the MOP is aware that persons with disabilities still have many difficulties using public space and public buildings, the ZGO-1 does not regulate the elimination of architectural barriers in all existing buildings but instead limits itself to new buildings and refurbishments of existing buildings.

Paragraph 16

Table 3

Number of deaths in special social care institutions, training institutions and sheltered work centres providing institutional care for the period 2010 to 2016 (estimate), by age groups⁴⁷

	<i>Number of deaths</i>
0 to 10 years	1
10 to 20 years	2
20 to 30 years	23
30 to 40 years	38
40 to 50 years	44
50 to 60 years	111
60 to 70 years	144
70 to 80 years	118
80 to 90 years	103
90 to 100 years	10
over 100 years	2
Total	596

Table 4

Number of deaths in special social care institutions, training institutions and occupational therapy centres providing institutional care for the period 2010 to 2016 (estimate), by gender⁴⁸

	<i>Number of deaths</i>
Men	343
Women	253

Table 5

Number of deaths in special social care institutions, training institutions and occupational therapy centres providing institutional care for the period 2010 to 2016 (estimate), by type of impairment⁴⁹

	<i>Number of deaths</i>
Physical impairment	0
Sensory impairment	0
Mental health difficulties	207
Developmental disorders	150

	<i>Number of deaths</i>
Combined impairments	22
Physical and sensory impairment	3
Mental health difficulties and physical impairment	89
Mental health difficulties and sensory impairment	15
Developmental disorders and physical impairment	55
Developmental disorders and sensory impairment	17
Developmental disorders and mental health difficulties	19
Acquired brain injury	16
Spinal cord injury	3

Table 6
Number of deaths in special social care institutions, training institutions and occupational therapy centres providing institutional care for the period 2010 to 2016 (estimate), by cause of death⁵⁰

	<i>Number of deaths</i>
Health difficulties and related consequences (general)	75
Cardiac arrest/heart failure	28
Congenital heart disease — Down's syndrome	1
Cardiopulmonary failure	5
Cerebral oedema	1
Malignant diseases (general)	9
Uterine cancer	1
Lung cancer	2
Respiratory insufficiency	1
Pulmonary oedema	2
Hepatorenal failure	4
Acute respiratory failure	4
Pneumonia	14
Food asphyxiation	1
Natural death	2
Suicide	0

Paragraph 17

43. Over the last few years Slovenia has been making risk assessments for individual types of disaster in accordance with the provisions of the Decision of the European Parliament and of the Council on a Union Civil Protection Mechanism and taking into account the relevant European Commission guidelines on disaster risk assessment. The general public and interested sections of the public are involved in the preparation of these risk assessments, with disabled people's organisations expressly invited to participate. Risk assessments for individual types of disaster, particularly in the case of impacts on people, can also include impacts on more vulnerable groups of the population if those responsible for carrying out the risk assessments for individual types of disaster recognise these as significant and if it is in fact possible to prepare such content.

44. More important than the participation of persons with disabilities in the elaboration of risk assessments for individual types of disaster and the existence of specific content in such risk assessments are concrete preventive activities relating to the implementation of personal and mutual protection in the case of a disaster and the implementation of

preventive measures adapted to and intended for persons with disabilities before and during the disaster itself.

45. The Civil Protection and Disaster Relief Administration (URSZR) carries out various activities, including awareness-raising and providing information on correct behaviour and actions before disasters, when disasters are forecast, and during and after disasters. Activities are also aimed at persons with disabilities, their accompanying persons and family members.⁵¹

46. The Electronic Communications Act (ZEKom-1)⁵² introduced new possibilities for calls to the emergency number 112 in text form (above all for the deaf and hearing-impaired).⁵³ The Act amending this Act, adopted in 2017, included the obligation to make provision for the automatic in-vehicle emergency call service eCall and a public mobile alert and alarm service via text messages sent to mobile phones. The latter will allow alert and alarm messages to be received by deaf and hearing-impaired people, something hitherto not possible with the siren-based public alarm system.

47. With the adoption of the International Protection Act (ZMZ-1),⁵⁴ which also observes the provisions of the Geneva Convention, Slovenia has regulated conditions for granting international protection. Categories of vulnerable persons with special needs who are entitled to special protection include disabled persons with refugee status or subsidiary protection status.⁵⁵

Paragraph 18

48. Since legal capacity is a constitutional right of the individual and free will is a fundamental human right, these rights may only be limited by a court of law. The procedure for the removal and restoration of legal capacity and the procedure for extending parental authority and terminating extended parental authority (in the case of adult children who, owing to a physical or mental handicap, are incapable of looking after themselves or defending their rights and interests) are laid down by the Non-Litigious Civil Procedure Act (ZNP).⁵⁶ In procedures for the removal of legal capacity, the court (at the proposal of various proposers) rules on the partial or full removal of legal capacity from persons who, owing to mental illness, mental retardation, alcohol or drug dependency or other cause affecting their physical and mental state, are not capable of looking after themselves or defending their rights and interests. Except in specific cases defined by law, the court must hear the person whose legal capacity is to be removed and order that the individual in question be examined by a medical expert.

Paragraph 19

49. Under the present regulation contained in the Family Code,⁵⁷ the placing of an adult under the guardianship and the appointment of a guardian is no longer tied to the removal of legal capacity, as it was in the previous legislation. Following the amendment to legislation, the institution of removal of legal capacity is being abolished. In cases where a person is incapable of defending their own rights and interests without harm to themselves owing to a developmental disorder, mental health difficulties or other cause affecting their capacity for judgement, the court shall place such persons under guardianship and appoint a guardian for them.

Paragraph 20

50. The register of court interpreters kept by the Ministry of Justice (MP) includes four court interpreters for Slovene sign language.

51. On the basis of an initiative from representatives of the ZDGNS, the MP has prepared an amendment to the Court Rules. The new Court Rules⁵⁸ amended the Article regulating summonses to court. The summons must contain a notice stating that participants who are persons with disabilities or persons with special needs have the right to equal participation in proceedings. Participants who are persons with disabilities or special needs must inform the court before the hearing of their intention to exercise their right to equal participation in proceedings.

52. In order to enable hearing-impaired persons to follow proceedings, the MP is in the process of purchasing infrared transmitter units. All district courts in the country and the local court in Ljubljana will be equipped with these units. They enable sound monitoring via headphones that are not connected to the device but instead receive infrared signals. The receivers of these devices allow users to set the desired volume, while the headphones themselves have a noise-cancelling function.

53. As the manager of the immovable property of judicial authorities and the lessee of numerous premises for judicial authorities, the MP ensures, when obtaining new immovable property or leasing new property in return for payment, that such property enables access to persons with reduced mobility. In 2017 the MP began addressing this issue systematically in all property owned by the Republic of Slovenia and used by judicial authorities. Terms of reference are currently being drawn up that will serve as the basis for commissioning project documentation for the regulation of disabled access in individual buildings and, subsequently, as the basis for a contract to implement accesses. Accesses are expected to be implemented in 2018 within the scope of available funds in the MP's financial plan.

Paragraph 21

54. In 2017 the Judicial Training Centre, which provides training for judicial authorities, began the systematic introduction of training programmes regarding the right of persons with disabilities and persons with special needs to judicial protection. In 2017 the centre is offering a first set of lectures relating to the rights and problems of hearing-impaired persons during court proceedings. These lectures are given by representatives of non-governmental (disabled people's) organisations. The purpose of the lectures is to draw attention to the specific problems faced by persons with disabilities in the judicial system.⁵⁹

Paragraph 22

55. Deprivation of liberty in the context of the social care system is only permitted in the cases and manners defined by the ZDZdr. The majority of special social care institutions and old people's homes have so-called secure sections which people cannot leave of their own will. Admission to such a section is possible both with and without the consent of the person concerned. In cases where a person does not give their consent for admission to such a section, a court order is required. The existing law does not regulate admission to secure sections of special social care institutions in urgent cases,⁶⁰ so this is one of the proposals for amendments to the ZDZdr.⁶¹

56. Another case of restriction of liberty or restriction of movement under the ZDZdr is the restriction of movement within a single room. This is a so-called special protective measure⁶², which is defined as an "urgent measure that is used in order to facilitate the treatment of a person or to eliminate or control dangerous behaviour by a person where there is a risk to their life or the lives of other people, a serious risk to their health or the health of other people, or a risk of serious damage to their property or the property of others, and such risks cannot be prevented by another, milder measure."⁶³

57. The measures or mechanisms that accompany the legality of the deprivation of liberty with involuntary placing in the secure section of a special social care institution and the legality of restriction of movement within a single room as a special protection measure are as follows:

- Representation of the person by a lawyer (only in cases of involuntary admission of the person to the secure section of a social care institution);
- National preventive mechanism (NPM);
- Inspections (Social Inspectorate);
- Regular annual reports on the use of special protective measures by social care institutions (to the MDDSZ).

58. NPM is implemented by the Human Rights Ombudsman under the Act Ratifying the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or

Degrading Treatment or Punishment.⁶⁴ The NPM is an independent body whose staff and other members visit persons deprived of their liberty and places in which these persons have been or may have been accommodated.⁶⁵

59. Under Article 86(5) of the Criminal Code, a person with disabilities who has committed a criminal offence that carries a prison sentence of up to nine months may be given house arrest. Where a disabled person serves a sentence in a penal institution, they are treated without discrimination and in line with the physical or other handicap from which they are suffering. Article 82 of the Enforcement of Criminal Sanctions Act states that, at the request of the convicted person or their immediate family members, foster parents or guardian, the director of the institution may, where there are no security concerns, suspend the prison sentence if the institution cannot provide the convicted person with the necessary medical care because of the severity of their illness or injury or the non-hospital treatment required. Article 60 of the same act also provides that prisoner, who, because of their age, illness or disability, require additional assistance in meeting their basic needs in the form of care or social care, may stay in an adapted room or section of an institution.

Paragraph 23

60. Staffing, technical and spatial requirements for secure departments of special social care institutions are laid down by the Rules on staffing, technical and spatial requirements for institutional care providers and social services centres providing mental health services, and on the procedure for the verification thereof.⁶⁶

61. In psychiatric hospitals, all patients have a standard of accommodation defined in accordance with the Rules on staffing, technical and spatial requirements for providers of psychiatric treatment, and on the procedure for the verification thereof.⁶⁷

62. The prisons in Dob and Koper are currently best-adapted to the needs of persons with disabilities.⁶⁸

63. Persons with disabilities are entitled to healthcare in the public healthcare service in the same way as other prisoners.⁶⁹

Paragraph 24

64. Legislative measures and adopted measures for the prevention of violence against persons with disabilities and for ensuring the protection of persons with disabilities who are exposed to violence and abuses in institutions and other environments in Slovenia are as follows:

- Constitution of the RS⁷⁰
- Act Ratifying the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (MOPPM)
- Human Rights Ombudsman Act (ZVarCP-A)⁷¹
- Protection Against Discrimination Act (ZVarD)⁷²
- Mental Health Act (ZDZdr)
- Social Security Act (ZSV)⁷³
- Code of ethical principles in social care,⁷⁴ under which all providers in the social care field must act in accordance with ethical principles
- Code of ethics in healthcare and nursing⁷⁵
- Code of ethics of organised voluntary work⁷⁶

65. Individual institutions have also adopted a series of internal documents relating to prevention in connection with violence against residents and concrete procedures in cases when violence nevertheless occurs.⁷⁷

66. The criminal offence of making threats was amended in the Criminal Code (KZ-1)⁷⁸ by an amending statute in 2015 (KZ-1C),⁷⁹ with the result that prosecution is now possible on request rather than as private prosecution, as was the case in the period 2012–2015. The

new criminal offence of stalking was also introduced in 2015 and includes an explicit reference to weak persons. Additionally, the new criminal offence of forced marriage or similar arrangement was also introduced in 2015.

67. Prison Administration of Republic of Slovenia devotes much attention to identify and prevent violence against persons with disabilities and against all prisoners with adequate measures. This demanding and complex field of work needs highly qualified prison workers. From 2013 onwards we are thus systematically providing knowledge and training in identifying and solving problems of violence in prisons. With intention of protection of possible victims of violence and to ensure safety in prisons there are a number of measures taken. There is regular presence of prison guard in rooms when occupied with prisoners, withdrawal of person responsible for a violent act, professional help to victim of violence, professional treatment of person responsible for a violent act, etc.

Paragraph 25

68. Social care institutions are attentive to various forms of violence against residents either by other residents or by staff, where the most important principle is zero tolerance for any form of violence. In connection with the prevention of violence, institutions make use of approaches that are generally grouped into informing, awareness-raising and individual and group work with residents, employees and families, all in the context of respecting legislation, codes and internal rules.

69. Important preventive activities with residents consist of analyses with risk assessment for residents based on individual plans; various workshops designed to raise awareness of the problem of violence; positive behavioural support or communication; interviews with residents showing deviant behaviour or aggressive tendencies; as necessary, inspections of residents' personal effects, together with residents themselves if there is a suspicion that they are keeping dangerous items about their person. Preventive work with employees includes regular meetings of expert teams, various workshops designed to raise awareness of the problem of violence and training on the rights and obligations of employees.

70. Complaints and positive feedback committees and users' councils are two institutions via which users can protect and assert their interests and rights and submit suggestions. Some institutions also keep a register of risks and, as a rule, a record or register of incidents involving violence.

71. When violence has occurred, the activities of institutions generally include the immediate protection and removal of the victim and other users, professional assistance and support for the victim and activities to prevent a repetition.⁸⁰

72. Regular monitoring of the life of persons in institutions by an independent human rights mechanism is provided by the NPM (described in the answer to question 22).

73. Law on Enforcement of Criminal Sanctions regular monitoring of prisoners entrust to the Ministry of Justice (MP) and to the President of the District Court, which is responsible for the area of prison or its section. It sets more in detail that authorized official of MP or of President of the District Court should be informed on prisoners' treatment and on the enforcement of prisoner's rights, on his or her wish without the presence of prison workers.⁸¹

74. Other types of regular monitoring are performed by the Prison Administration (Head Office), the Human Rights Ombudsman and by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT).

Paragraph 26

75. Personal assistance in Slovenia is currently provided on a programme basis. The MDDSZ co-finances personal assistants, who are employed by contractors selected in public procurement procedures. The MDDSZ co-finances the salaries of personal assistants at a rate of EUR 620 per month. It currently finances 353 personal assistants, who offer personal assistance to approximately 1,000 clients. The programme-based financing of

personal assistance will end at the end of 2018. Personal assistance is also funded through FIHO programmes.

76. The Personal Assistance Act (ZOA)⁸² was adopted this year, and will enter into force on 1 January 2019. The implementing regulations for the ZOA are currently being drafted, and computer support for the personal assistance system is being developed.

77. The ZOA defines personal assistance as assistance provided in all tasks and activities that users are unable to perform by themselves due to the type and level of their disability, but require at home and outside the home on a daily basis in order to live independently, actively and equally included in society. When providing personal assistance, users must have control over the provision and designing of personal assistance services, with respect to their personal requirements, capacities, life circumstances, living conditions and wishes. In the event of the inability to manage their own assistance, the user's duties are assumed by their legal representative. The user is guaranteed free choice of their provider of personal assistance services and personal assistant.

78. Personal assistance is provided to all under equal terms and conditions, irrespective of the user's wealth or income.⁸³

79. The following forms of independent living within the community are recognised in Slovenia:

- Group homes are small residential units for people with mental health difficulties who need occasional or permanent support for organising their everyday lives and for the transition to independent living.⁸⁴
- The treatment coordinators for people in the community with mental health difficulties provide assistance to people who no longer need treatment in a psychiatric hospital or supervised treatment, but still need assistance in psychosocial rehabilitation, their everyday tasks, living arrangements and inclusion in everyday life on the basis of the treatment plan.⁸⁵
- In the area of mental health, the MDDSZ also co-finances other support programmes in the community.⁸⁶
- One of the forms of home assistance to families is home social care, which is intended for people whose residential and other conditions for living in their own living environment are provided, but due to age, serious disability, chronic disease or serious physical or mental disability are unable to care for themselves by themselves, and their close relations are unable to or do not have the possibility to provide such care. There are various organisational forms of practical home care, through which the beneficiaries are at least for some time kept out of institutional care in an institution or other organisational form or with another family.⁸⁷
- Persons with disabilities who are entitled to 24-hour institutional care may instead choose a family assistant, who provides assistance in the home.⁸⁸
- Monetary contributions (e.g. supplement for assistance and service, security supplement, disability allowance, supplement for care, partial loss of income, right to an interpreter).
- Foster care (data on children with special needs who are in foster care are given in the response to question 11).

Paragraph 27

80. At the end of 2015 a study was carried out titled "Starting Points for Deinstitutionalisation in Slovenia" (commissioned by: MDDSZ, provider: Faculty of Social Work), which made a general estimate of the number of people receiving institutional care in the area of social care in 2014, i.e. in social care institutions, occupational training and safety centres, sheltered work centres and their residential units. The estimate was 4,392 persons; if we also include people younger than 65 who live in homes for the elderly, the estimate amounts to 5,300 persons.

81. More accurate, i.e. more personalised data for purposes of deinstitutionalisation of persons under the auspices of social care are not available. In 2017, the IRSSV (commissioned by: MDDSZ) developed a tool for identifying user needs with respect to the scope and content of services within the framework of long-term care.

82. Slovenia is likely to continue the deinstitutionalisation process in 2018, when the establishing of a special project unit is planned at the MDDSZ.

Paragraph 28

83. The ZIMI sets out measures for the equalisation of opportunities for persons with disabilities including the possibility of co-financing of disability accessories, vehicle conversions and assistance dogs. In addition to the accessories provided to them under other regulations (e.g. healthcare legislation — medical devices), disabled persons with sensory disabilities can also, depending on their personal needs, obtain the co-financing of other disability accessories which they need in order to overcome communications obstacles so that they can lead safe and independent lives. The Republic of Slovenia co-finances disability accessories at a rate of 85% of the value of the individual disability accessory, or 100% if the disabled person receives monetary social assistance or has been granted a status pursuant to the ZDVDTP. All disability accessories which are co-financed are on a separate list. Beneficiaries exercise their right to a disability accessory at an administrative unit, which in addition to a decision on eligibility also issues a voucher. The voucher serves as a cheque with which the beneficiary can purchase a disability accessory from any supplier (seller) of disability accessories in Slovenia. The range of disability accessories on the list of disability accessories is reviewed at least once a year by the Disability Accessories Council,⁸⁹ which can also propose the placing of a new accessory on the list or the removal of a listed accessory from the list.

84. The co-financing of vehicle conversions is regulated in a similar fashion.⁹⁰

85. Disabled persons are entitled to a trained assistance dog if they have the appropriate psychophysical characteristics and suitable living conditions. The training of assistance dogs is financed from the budget. After completing assistance dog training and the successful completion of the test by both the beneficiary and the assistance dog, the assistance dog becomes the beneficiary's property.⁹¹

86. The Geodetic Institute of Slovenia is carrying out a multi-year project titled "Provision of multimodal mobility for persons with various disabilities". The overall purpose of the project is to increase the quality of life of persons with reduced mobility and blindness through the designing of solutions that enable access and safe mobility in multimodal (combined) transport.⁹²

87. Legislation is currently being drafted which transposes the Directive on accessibility of products and services for disabled persons (European Accessibility Act).

Paragraph 29

88. The Use of Slovenian Sign Language Act (ZUSZJ)⁹³ sets out the right of hearing-impaired persons to use Slovenian Sign Language and the right of hearing-impaired persons to information using techniques adapted to them, the scope and manner of exercising the right to a sign language interpreter in the equal inclusion of hearing-impaired persons in the living and working environment, and all forms of social life with equal rights and conditions and equal opportunities to persons without impaired hearing.

89. Directive (EU) 2016/2102 of the European Parliament and of the Council on the accessibility of the websites and mobile applications of public sector bodies⁹⁴ regulates the accessibility of websites and mobile applications for all users of public services, especially for persons with disabilities and persons with special needs (reduced mobility, blind and vision-impaired, deaf and hearing-impaired and persons with difficulties in cognitive functioning).

90. The Information Society Directorate is currently drawing up the Accessibility of Websites and Mobile Applications Act (ZDSMA), through which the Directive will be

transposed into the Slovenian legal order. The current version of the ZDSMA is a draft version.

Paragraph 30

91. Under Slovenian law, disability and business incapacity are not in and of themselves barriers to marriage. However, persons with serious mental disabilities or persons who are mentally incompetent may not marry.

92. The Family Code was adopted in April 2017 (it has not yet entered into force), which also does not limit the right to marry with respect to disability. Under the Family Code, from April 2019 onward mental competence will be one of the conditions for getting married. A person is mentally incompetent if they either are incapable of correctly understanding the meaning of marriage and its consequences, or are incapable of behaving (forming their decisions) in line with their otherwise correct understanding. Persons who are incapable of understanding the meaning and consequences of marriage thus do not understand what they have consented to upon getting married. The behaviour of a person who is unable to act in accordance with correct understanding is also not an expression of their free will. The satisfaction of this condition before entering into marriage is impossible to establish, as the registrar upon application or upon the actual entry into marriage is not competent to decide on or assess the mental competence of the future partners. Mental incompetence is therefore one of the reasons for the dissolution of a marriage, since marriages entered into in a state of mental incompetence are deemed null and void.

Paragraph 31⁹⁵

Table 7

Number of children in preschool education with special needs by type of disorder and type of class (school year 2015/2016)

	<i>Regular classes</i>	<i>Developmental classes</i>	<i>Total</i>
Children with mental development disorders	88	43	131
Blind/visually impaired	16	4	20
Deaf/hard of hearing and children with speech-language disorders	521	53	574
Children with impaired movement	110	7	117
Children with emotional and behavioural disorders	45	0	45
Children with long-term illnesses	124	4	128
Children with multiple disabilities	234	130	364
Total	1 138	241	1 379

Table 8

Number of pupils with special needs number of pupils with special needs per type of deficit, impairment and disorder in basic schools with adapted implementation and additional professional aid, school year 2017/2018

	<i>Number</i>
Pupils with a mild mental disorder ⁽¹⁾	33
Deaf and hard of hearing	172
Pupils with speech and language disorders	1 056
Blind and pupils with low vision and visually impaired ⁽²⁾	61
Movement impaired	159
Pupils with emotional and behavioural disorders	283
With long-term illnesses ⁽¹⁾	1 223
Pupils with deficits in individual fields of learning ⁽¹⁾	4 726

	<i>Number</i>
Pupils with autism disorders ⁽²⁾	168
Pupils with multiple disorder ⁽³⁾	3 196
Total	11 077

⁽¹⁾ Changes in the definitions of deficits, impairments or disorders.

⁽²⁾ A new group of children with special needs according to the Placement of Children with Special Needs Act (ZUOPP-1).

⁽³⁾ Not an independent group of children with special needs according to ZUOPP-1, but a pupil can have multiple disorders identified.

Table 9

Number of secondary students in relation to the type of disability, impairment or disorder, school year 2017/2018

	<i>Number</i>
Students with minor disorders in mental development	138
Deaf and hard of hearing	68
Students with speech-language disorders	101
Blind and visually impaired and students with visual function impairment ⁽²⁾	22
Students with impaired movement	61
Students with emotional and behavioural disorders	97
Students with long-term illnesses	647
Students with deficits in individual fields of learning ⁽¹⁾	2 495
Students with autistic disorders ⁽¹⁾	72
Students with multiple disabilities ⁽²⁾	1 067
Total	4 768

⁽¹⁾ A new group of children with special needs according to the ZUOPP-1.

⁽²⁾ Not an independent group of children with special needs according to ZUOPP-1, but a pupil can have multiple disorders identified.

Paragraph 32

To provide and promote the inclusive education policy, the Ministry of Education, Science and Sport (MIZŠ) implements and participates in a number of projects under the Operational Programme for the Implementation of the EU Cohesion Policy 2014-2020 for children with special needs:

- **A network of professional institutions to support children with special needs and their families.** The pilot project will help set up the expert centres for the support of children and youth with special needs and their families and form a national network of expert institutions.⁹⁶
- The “**Promoting the social inclusion of children and youth with special needs in the local environment**” project is intended for children and young people with special needs in public institutions for the education of children and youth with special needs, basic schools with the adapted curriculum or short-term vocational education programmes.⁹⁷
- **Integrated treatment of children with emotional and behavioural disorders in educational institutions.** The project will test new methods and forms of work which will enable children and young people with emotional and behavioural disorder to return as soon as possible from the institution to the home environment, to independent life or, if the family situation or the child’s or youth’s problems prevent it, to one of the residential groups operating within the educational

institution, but as an independent residential unit on another location. On the other hand, educational institutions will be encouraged to preventive action to make such accommodations as low as possible in the future.⁹⁸

- **Projects in the field of employment in support of educational institutions for working with children with special needs:** Employing assistants for the work with children with special needs in educational institutions,⁹⁹ Encouraging employment of young people in non-governmental organizations for the purpose of cooperation between educational institutions and non-governmental institutions in the field of work with children with special needs.¹⁰⁰

93. MIZŠ is involved in the pilot project “A comprehensive early treatment of children with special needs and their families and strengthening the competencies of professionals (a public tender of the MZ)¹⁰¹ and in the Language integration of vulnerable groups of speakers in the Republic of Slovenia (a public tender of the MK).¹⁰²

Paragraph 33.

94. The ZIMI stipulates that disabled persons are entitled to healthcare services without discrimination due to their disability, whereby children and youths receive particular attention. Disabled persons with additional health problems must be guaranteed appropriate specialised treatment. Children and youths must be guaranteed early treatment and continuous multidisciplinary treatment with respect to their special needs.¹⁰³ Adequate assistance must also be provided to parents when dealing with their children’s disabilities.

95. The Mental Health Act stipulates that a person’s mental disorder is not in itself a justified medical reason for carrying out the measure of sterilisation or artificial termination of pregnancy.

Paragraph 34

96. The Resolution on the National Healthcare Plan 2016-2025 “Together for a Healthy Society” (ReNPZV16–25)¹⁰⁴ places an emphasis on long-term care, which is an expressly multidisciplinary field, and therefore can only be regulated through cooperation among healthcare and social care services and through the inclusion of close relations, volunteers, non-governmental organisations and the private sector. These services will enable disabled persons to lead more independent lives.

Paragraph 35

Table 10

No. of unemployed disabled persons¹⁰⁵

		Year				
		2008	2009	2010	2011	2012
No of unemployed disabled persons	All	11 025	13 132	14 920	16 873	17 454
	Women	4 691	5 683	6 325	7 081	7 169
No of long-term unemployed disabled persons	All	8 343	8 657	10 868	13 269	14 036
	Women	3 576	3 707	4 791	5 755	5 914

Paragraph 36

97. We can identify the effectiveness of the quota system at various levels: at the level of provision of information and raising awareness among employers with regard to work integration of persons with disability status, as well as the gradual growth of the number of employed disabled persons. We emphasise the importance and the stabilising nature of these effects particularly during times of crisis.

98. In Slovenia, the quota system for employment of persons with disabilities is codified in the ZZRZI, which stipulates that all employers in Slovenia which employ at least 20 employees are obliged to adhere to the quota system for employment of persons with

disabilities. Exceptions to quota system include diplomatic and consular missions, sheltered workshops¹⁰⁶ and employment centres.¹⁰⁷

99. The level of the quota for individual employers depends on their business activities, and ranges from 2 to 6%.¹⁰⁸

100. Since the introduction of the quota system for employment of disabled persons, the percentage of employed disabled persons has remained constant in comparison with other employees and amounts to ca 3.8%. Employment of disabled persons stood at 3.82% at the end of 2015, and 3.86% at the end of 2016. A total of 1,304 disabled persons gained employment in 2016 alone. We assess the quota system as effective; employers have become adjusted to it and in the event of failure to fulfil the prescribed quotas regularly pay contributions to the fund.

101. The number of subsidised employments is increasing every year, and employers are increasingly better informed and socially responsible, as indicated by data on the decrease in applications for proposed termination of employment contracts for persons with disabilities. Since 2010, when 964 proposals were submitted, the number has fallen steadily. In 2016 just 445 proposals for termination of employment contracts for persons with disabilities for business reasons were submitted. Employers are increasingly choosing to adapt their workplaces to persons with disabilities.

102. As at 31 December 2016, approx. 210,000 business entities were registered in Slovenia. The figure includes both the public and private sectors and the commercial and non-commercial sectors. Of all business entities, 5,447 are obliged to adhere to the quota system. The quota is exceeded by 5,170 entities.¹⁰⁹

Paragraph 37

103. The legislation allows the (co)financing of workplace adaptations for persons with disabilities to the extent of reasonable adaptations for both unemployed and employed persons with disabilities. The co-financing of workplace adaptations for unemployed persons with disabilities is carried out by the Disability Fund, and for employed persons by the Pension and Disability Insurance Institute. In both cases a workplace adaptation plan is required, which for unemployed persons with disabilities is drafted during the course of their employment rehabilitation, and for employed persons their employer is obliged to draft a plan in cooperation with the competent institutions.

Paragraph 38

104. Disabled persons who are employed in similar jobs to other employees receive comparable wages. During the economic crisis, a proportionally higher number of disabled persons was employed with respect to all employed persons. No special measures were adopted during the time of the crisis.

Paragraph 39

105. At its 29th session of 20 April 2017, the National Assembly adopted the new National Assembly Elections Act (ZVDZ-C), the primary purpose of which was to implement the decisions of the Constitutional Court in connection with the exercising of the voting rights of persons with disabilities. On the basis of the new ZVDZ-C, all polling stations will be accessible to disabled persons, and at the same time the law permits disabled persons to permanently vote by post instead of using voting machines, upon prior submission, to the competent electoral committee, of a decision from the competent body recognising disability status. In line with the new legislation, persons with disabilities now have the following options for voting in elections: (1) voting with the assistance of another person, (2) voting at home, (3) voting using aids for the blind and visually impaired, and (5) postal voting. Furthermore, all polling stations will be physically accessible by disabled persons.

106. The website of the National Electoral Committee contains relevant explanations in sign language, and also supports reading in expanded fonts.

107. For the presidential elections on 22 October 2017, 1,790 polling stations (or 56.61% of polling stations in Slovenia) were accessible to persons with disabilities.

Paragraph 40

108. The participation of disabled persons in political and public life is ensured on the basis of several laws, including the ZOA (described in greater detail in the response to question 26), ZInvO (described in greater detail in the response to question 3), ZIMI, ZVDZ-C (described in greater detail in the response to question 39) and several other sectoral laws.

Paragraph 41

109. The Ministry of Culture (MK) is in charge of ensuring equal access to culture for persons with disabilities and for their equal inclusion in cultural life through the adoption of new laws, the adaptation of existing laws and the transposition of the provisions of European and other legal acts into existing laws. One of the most important strategic documents in this area is the Resolution on the National Programme for Language Policy 2014-2018 (ReNPJP 14-18).¹¹⁰

110. The MK also co-finances, through public procurement contracts, cultural projects that support the increased social inclusion of disabled persons in the area of culture.¹¹¹

Under open calls and public contract award procedures for the co-financing of public (cultural) institutions as public services, the MK indirectly also co-financed various measures for the introduction of physical modifications and information/communications adaptations for increased accessibility of the public cultural infrastructure and improved access to audio-visual and electronic materials and online content (including a project for establishing an e-Archive and other projects in the field of digitalisation) and the purchase of technically adapted library materials for use in Slovenian libraries.¹¹²

111. The accessibility of services in the area of culture for disabled persons and persons with special needs improved in 2017 with the introduction of the InclEUusive card for benefits for persons with disabilities.

112. A new Sports Act (ZŠpo-1)¹¹³ was adopted in 2017, which defines the umbrella organisation for sports for persons with disabilities, which appoints a member to the Slovenian Expert Council on Sports and a member of the accreditation committee for qualification programmes in sports and is responsible for the development and organisation of qualification programmes for sports for persons with disabilities.

113. The new Foundation for the Financing of Disability and Humanitarian Organisations in the Republic of Slovenia and Foundation for the Financing of Sports Organisations in the Republic of Slovenia Act is in its final preparatory stages.¹¹⁴

114. The MIZŠ, on the basis of a public procurement procedure under the Annual Sports Programme for 2016 co-financed programmes for training athletes for the Paralympics, training athletes for the Deaflympics and training and appearances of national team members. Under the Annual Sports Programme for 2016 it co-financed school sports competitions and events for children with special needs.

115. In 2016 the “Aktivni, zdravi, zadovoljni” [Active, Healthy, Satisfied] (co-financed by the Norwegian Financial Mechanism) was concluded under the auspices of the Paralympic Committee of the Sports Federation for the Disabled in cooperation with the Planica National Sports Institute, the University Rehabilitation Institute of the Republic of Slovenia — Soča and other institutions working in the area of children with special needs.¹¹⁵

Paragraph 42

116. In Slovenia, data on disabilities are kept primarily by the line ministries and other institutions.

117. SURS provides disaggregated data within the framework of the European Statistical System. A new EU umbrella regulation on social research is being drafted, which foresees

that certain data relating to disability, harmonised in line with standardised definitions or methodologies, will be collected in four research programmes, which will be conducted within the framework of national statistics:

- Living conditions (Statistics on Income and Living Conditions) — EU-SILC (SURS)
- Active and inactive population (Labour Force Survey) — ANP (SURS)
- Use of time (Harmonised European Time Use Survey) — APČ (SURS)
- European Health Interview Survey — EHIS (National Institute of Public Health)

118. The GALI methodology (Global Activity Limitation Indicator — Limitation in activities because of health problems) will be used to collect the data in question. The GALI concept is already being applied in EU-SILC research.

119. SURS is a member of the Washington Group on Disability Statistics, which was established in 2001 at the initiative of the UN. The objective of the group is to standardise methodologies and data on persons with disabilities at an international level. The group meets once or more per year — SURS does not participate in these meetings.

Paragraph 43

(a) Within the context of the priority task “Promotion of the availability of affordable, sustainable and high-quality services, including general healthcare and social services”, Slovenia will continue to establish a single entry point to the long-term care system. The majority of the European Social Fund funding will be earmarked for activities relating to the development and pilot implementation of integrated community-based services for the elderly, with a smaller proportion earmarked for activities relating to the development and pilot implementation of services in the context of deinstitutionalisation in the area of mental health and treatment of people with developmental disorders, disabled persons and clients of sheltered work centres, social services institutions, special and combined social services institutions, training institutions, and those who require emergency shelter or accommodations upon exiting the foster care system.

Measures under this investment will be implemented by the 3 relevant ministries:

MDDSZ: Development of community-based programmes and services for independent living for adults and children; Development of pilot ICT projects — support technologies and ambient intelligence for prolonging individual living

MIZŠ: Integrated treatment of children with emotional and behavioural disorders at training facilities

MZ: Information support for operation of the long-term care system; Implementation of pilot projects that will support the transition to the implementation of a systemic law on long-term care; Adaptation and redesign of existing networks of institutional care and entry of new providers in order to offer community-based services and programmes for the elderly

(b) The Committee for Monitoring Implementation of the Operational Programme for European Structural Funds includes one representative of the office of the Advocate of the Principle of Equality and one representative of the NSIOS and the Association of Sheltered Workshops of Slovenia. This ensures the inclusion of representatives of persons with special needs in the deployment of European Structural funds.

(c) Slovenia has linked the process of planning the realisation of sustainable development goals and monitoring progress of the realisation of SDGs to the preparation of the Slovenian Development Strategy to 2030 (SDS). The coordinator for monitoring the realisation of SDGs at the national level is the body responsible for development, which works closely with all of the ministries and includes various stakeholders, including disability organisations.

Public consultations are being held from 12 October to 9 November 2017 on the draft SDS, and during that time all of the partners and stakeholders are invited to submit their proposals and amendments to the draft SDS via an online form. In addition, within the framework of social and civil dialogue, representatives of the SVRK meet with key stakeholders and representative organisations, including the NSIOS.

The main objective of the draft SDS is to provide a high-quality life for all, and from the perspective of promoting deinstitutionalisation we emphasise Goal 1 (Healthy and active life).¹¹⁶

Paragraph 44

120. On the basis of Article 28 of the ZIMI, on 28 October 2013 the Council for Persons with Disabilities (the Council) was founded, which is an independent tripartite body whose members include representatives of leading disability organisations (7 members), representatives of professional institutions in the field of disability care (7 members) and representatives of the Slovenian government (7 members). The Council operates as an obligatory consulting forum for issues relating to disability policies. At their first meeting, the members of the Council elect a chair and vice-chair from among the members. The Council's first four-year term of office expires in October 2017, and new members have already been selected.

121. The activities and duties¹¹⁷ of the Council are financed from the budgetary funds of the MDDSZ. The chair convenes the Council at least four times a year, or as necessary.

122. The Council operates in accordance with the CRPD, and representatives of leading disability organisations actively participate in it. The chair and vice-chair are also selected from their ranks. In order to ensure the full implementation of Article 33 of the CRPD, on the basis of the findings we decided that it was necessary to give the Council a sounder legal and sustainable financial footing as an independent and autonomous entity, therefore we are preparing an analysis of the legal/financial structure of the Council which will satisfy all of the conditions and which will be in accordance with both the CRPD and Slovenian legislation. The correct placement of the Council is imperative, but as this is a major challenge in our system we are aware that it is urgently necessary that our legal and administrative personnel conduct a high-quality and professional analysis.
