



European Semester 2020-2021 country fiche on disability equality

Slovenia

February – 2021

EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion

Directorate C — Social Affairs

Unit C3 — Disability & Inclusion

European Commission

B-1049 Brussels

European Semester 2020-2021 country fiche on disability equality

With comparative data annex provided by EDE

Slovenia

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European Disability Expertise (EDE) provides independent scientific support to the Commission's policy Unit responsible for disability issues. It aims to mainstream disability equality in EU policy processes, including implementation of the United Nations Convention on the Rights of Persons with Disabilities.

This country report has been prepared as input for the European Semester in 2021¹ and has been developed under Contract VC/2020/0273 with the European Commission.

¹ For an introduction to the Semester process, see <https://www.consilium.europa.eu/en/policies/european-semester/how-european-semester-works/>.

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Manuscript completed in February 2021

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Luxembourg: Publications Office of the European Union, 2021

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1 Executive summary and recommendations

1.1 Key points and main challenges for the European Semester in 2021

Although Slovenia performs well in education, low educational achievement seems to be strongly connected with low employment for disabled persons. In 2019, 74 % of registered unemployed disabled persons had only elementary schooling and almost 66 % were older than 50 years. The unemployment rate of disabled people (before Covid-19) was 19.0 %, which was double the rate of non-disabled people (8.9 %). Activity rates are low in the age group 55-64 where the disability gap also widens.

In order to mainstream disability labour market policies, it would be important to have data on how the epidemic affects disabled workers and data about their representation among specific groups targeted by ALMPs. The number of disabled persons with a written order for supported employment or a supported workplace in the mainstream remains small. In the last ten years, only 14.6 % of all written orders following work assessment recommended supported employment (compared to 60.7 % for 'un-employability').

The new legislation on Social Inclusion of Disabled Persons Act (30/18) which ensures that people with intellectual disabilities can move from the status of welfare recipients towards paid work and back supports implementation of the UN CRPD and the Action Plan for Persons with Disabilities 2014-2021 in employment.

The overall risk of poverty or social exclusion among disabled people is a major concern. Most affected are those in the age group 65+ (25.4 %), at double the risk for non-disabled people of similar age (12.7 %) and higher than the EU27 average (21.7 %). The risk of poverty after social transfers for this group is also increasing (22.5 %). The poverty threshold is EUR 703/month, but 3,600 disabled persons receive a disability pension below EUR 300 (below EUR 500 with additional allowances). Low income and low work intensity contribute the greatest risks on those of working age. Minimal income (disability pension, unemployment allowance and other allowances) for parents with disabled children also do not exceed the poverty threshold.

80 % of all deaths from Covid-19 took place among elderly and disabled people in long-stay institutions. This revealed the poor healthcare system in long-stay institutions for elderly and disabled people, some human rights concern and a lack of long-term care policy.

Slovenia is failing to realise the goals defined in its Action Programme for Persons with Disabilities 2014-2021 with regard to social security measures and health care, especially for those living in long-term institutions. The further privatisation of the health care system risks further negative impact on disabled people.

The Personal Assistance Act implemented in 2019 is in line with the UN CRPD but urgent changes are needed in order to secure the Act and to move its implementation forward towards an independent living policy.

1.2 Recommendations for Slovenia

These recommendations are based on the evidence and analysis presented in the following chapters of our report.

- **Recommendation:** act decisively to reduce and prevent the rising risk of poverty among disabled people, especially older disabled people.
Rationale: Slovenia is unusual in the EU27 in reporting higher poverty risk among older than younger disabled persons. Despite increased minimum incomes, incentives and allowances, the risk of poverty after social transfers is excessive and rising.
- **Recommendation:** improve and extend implementation of the Personal Assistance Act.
Rationale: implementation of the Personal Assistance Act (2019) shows many obstacles (too many personal assistants are family members; no proper education for the providers of personal assistance, the coordinators of it and for the assistants themselves etc.) for independent living of disabled people and for the implementation of the Article 19 of the UN CRPD.
- **Recommendation:** intensify and progress implementation of the long-term care Act and deinstitutionalisation.
Rationale: during the Covid-19 period 80 % of all deaths occurred in long-term institutions for elderly and disabled persons, which were not properly equipped with medical and nursing staff or medical equipment to prevent the spread of illness and deaths. Serious human rights concerns were raised and are related to other human rights issues of people still living in numerous long-stay institutions across the country. The implementation of the UN CRPD in this area is not taking place.
- **Recommendation:** develop more supported employment workplaces and increase the number of disabled people among the ALMP.
Rationale: compared to the year 2018 there were 6.5 % less disabled persons involved in the ALMP in 2019. The lack of supported employment through the last decade is noticeable and disabled people lack the opportunity to work in ordinary environment and workplaces.
- **Recommendation:** replace parallel educational system and institutionalisation of disabled children with deinstitutionalisation and mainstream education.
Rationale: In 2019, a total of 4,162 children (2.22 %) in elementary education were enrolled in either special schools (or special classes or departments which are placed in ordinary schools but have lower educational standard) or live in long-stay boarding schools where they attend the lowest educational standards of elementary school education.

2 Opportunities to mainstream disability equality in the Semester documents

2.1 [Country Report](#) for Slovenia (Staff Working Document)

In 2020, the Country Report for Slovenia included the following direct references to disability issues:

- [there was no direct reference to disability equality in the CR other than in relation to pension reform]

It is surprising that the Commission's 2020 Country Report on Slovenia did not make any substantial reference to the situation of disabled persons or disability policies (apart from reference to pension reforms). It is one of the only EU27 countries where this was not achieved yet there is extensive evidence of the inequalities experienced by disabled persons in Slovenia, notably in the labour market, poverty risk and in the implementation of relevant social policies. These are backed by available statistics and specific recommendations from the UN CRPD Committee to Slovenia in 2018.

The 2020 the NRP was not discussed within the national Assembly. Due to the exceptional circumstances of the Covid-19 epidemic, the government established an advisory group of economists and representatives of business who participated in the preparation of key measures to mitigate the consequences of the Covid-19 epidemic. No experts from the area of social policy, social work, disability studies or other social sciences and humanities were part of the governmental advisory body. This means that mainstreaming disability in Slovenia is less likely to take place this year without some prompting from the Commission analysis. It would be important also that experts from social and disability policies join the governmental bodies that deal with the consequences of Covid-19 epidemic.

Nevertheless, this disability perspective was highlighted in the 2020 CSR, as follows, which strengthens the case for follow-up in the Semester process and the next NRP (see chapter 4 for further analysis).

2.2 [Country Specific Recommendation](#) for Slovenia (CSR)

In 2020, the Country Specific Recommendation for Slovenia included the following direct references to disability issues:

- '19. As the elderly, people with disabilities and people with chronic diseases have an increased risk of severe illness due to the virus, further significant efforts are necessary to ensure quality long-term care services, well integrated with health services.
- 29. All learners, in particular vulnerable groups, including those with disabilities and those from rural areas, need to have adequate access to distance learning and decent digital skills to fully benefit from distance learning.'

3 Disability and the labour market - analysis of the situation and the effectiveness of policies

In 2018, the UN CRPD Committee made the following recommendations to Slovenia:

[Article 27 UN CRPD](#) addresses Work and Employment.

'46. The Committee recommends that the State party: (a) Adopt measures aimed at promoting an inclusive, open and accessible labour market in all sectors for all persons with disabilities; (b) Create specific incentives for employers and provide reasonable accommodation for persons with disabilities, particularly for persons with intellectual disabilities, aimed at facilitating their inclusion in the open labour market; (c) Ensure the safeguarding of all incomes, including disability pensions for self-employed persons with disabilities; (d) Ensure equal requirements for employment quotas in the public administration and information services and other work sectors, and monitor their implementation. The State party should collect data on compliance with the quota system and provide for adequate sanctions in cases of non-compliance.'

The major priorities regarding work and employment addressed in the national Action Programme for Persons with Disabilities 2014-2021 are: ensuring a support system for employers to employ persons with disabilities; increasing employability; inclusion of unemployed of disabled persons in different work-related activities; building a network of professional support for the provision of vocational rehabilitation services; setting up a system to provide transition of a person with disabilities from status of social rights beneficiary to the status of a job seeker or employed person and back.²

3.1 Summary of the labour market situation of persons with disabilities

Data from EU-SILC indicate an employment rate for persons with disabilities in Slovenia of 55.6 % in 2018, compared to 74.5 % for other persons and approximately 4.8 points above the EU27 average - resulting in an estimated disability employment gap of approximately 19 percentage points (EU27 average gap 24.2, see Tables 2-4 in annex).

The same data indicate unemployment rates of 19.0 % and 8.9 %, respectively in 2018 (see Tables 5-7) and the economic activity rate for persons with disabilities in Slovenia was 68.6 %, compared to 81.8 % for other persons (see Tables 8-10). It is worth mentioning that the activity rate was lowest in the age group 55-64 (41.6 % disabled and 53.1 % non-disabled (Table 9). These indications are broken down by gender and age in the respective tables in annex.

The unemployment rate for disabled people is slightly higher than the EU27 average but double the rate for non-disabled people in Slovenia (8.9 %) and with no differences regarding gender. This is surprising considering other figures which show that disabled

² Action Programme for Persons with Disabilities 2014-2021 (*Akcijski program za invalide 2014-2021*) https://www.gov.si/assets/ministrstva/MDDSZ/Invalidi/API-2014-2021/API_2014_2021_ANG.pdf.

women are at greater risk of poverty than disabled men, overall (this is likely due to their older average age profile).

The National Reform Programme 2020 shows how the Covid-19 epidemic interrupted the favourable movement of registered unemployment in recent years, but it does not show the figures for persons with disabilities. The last national figures for disabled people are from the end of 2019 where the share of unemployed disabled persons among all unemployed was 17.3 % which is similar to the year 2018 (0.1 %).³ Nevertheless, it might be that more disabled people was moved into the category of un-employability. The table below shows the decrease of all unemployed persons before Covid-19 crises, as well as disabled people. The actual number of employments of registered disabled persons decreased before the Covid-19 crisis.

Table A: Unemployed disabled persons (2014-2019)

Year	Number of unemployed (31 December)	Number of unemployed disabled	The share of disabled among unemployed (%)	Number of employments of disabled persons
2014	119,458	17,646	14.8	2,929
2015	113,076	16,797	14.9	2,717
2016	99,615	15,836	15.9	3,375
2017	85,060	14,659	17.2	3,155
2018	78,534	13,663	17.4	3,101
2019	75,292	12,989	17.3	2,875

Source: Employment Office of the Republic of Slovenia statistics

In 2019 among all unemployed disabled persons, 2,875 disabled persons got jobs which was 7.3 % less persons than in the year 2018. There are no data on how the epidemic affected the labour market in regard of disabled workers. The situation for disabled people in the area of employment has not improved. In 2019 the number of people with disabilities has increased among the unemployed and the number of newly employed has decreased. The data for 2020 are not available, but it is very likely that the situation worsened due to Covid-19 crisis. The CSR 2020 for Slovenia mentioned that the economic crisis caused by Covid-19 has put unprecedented pressure on Slovenia's labour market and social protection system. According to the Commission forecast, unemployment is expected to rise to 7 % overall, which will most probably affect disabled people more than non-disabled.

3.2 Analysis of labour market policies relevant to the Semester

For reference, see also the 2020 [National Reform Programme](#) for Slovenia.

The CSR 2020 mentioned that Slovenia adopted a comprehensive policy response that combines preventive measures with measures intended to facilitate the fast re-entry of workers in the labour market (ALMP, employment retention schemes, including short-time work schemes, and introducing other time-bound support for businesses, such as wage subsidies and exemptions from social security contributions). From a disability perspective it would be important to implement

³ In this section national data on employment and unemployment are from the Report on the Implementation of the Action Programme for Persons with Disabilities 2014-2021 for the year 2019 published in July 2020) <https://www.gov.si/assets/ministrstva/MDDSZ/Invalidi/API-2014-2021/2019-Porocilo-API.pdf>.

preventive measures that would support disabled persons to re-enter the labour market and stay in paid employment. It would be particularly important for disabled persons to implement flexible working arrangements, including flexibility in working place (e.g. teleworking provisions), flexibility in working time (e.g. flexitime provisions) and flexibility in work organisations (e.g. company in-house services). This all is part of supported workplaces which are lacking.

Active Labour Market Policy (ALMP) is one of the strategies to increase the number of disabled persons in the labour market. In 2019 there were 2,442 unemployed and registered disabled persons enrolled in different activities of the ALMP programmes, which was 8.8 % of all participants (total 27,624). Compared to the year 2018 there were 6.5 % less disabled included in the ALMP. Most disabled persons enrolled within the ALMP were in the following areas of activities: (a) Public work and learning workshops; (b) Vocational training and educational programmes; (c) Programmes for encouragement of employment.

The NRP 2020 includes the figures for all unemployed persons who took part in various ALMP programmes, but disabled people are not mentioned particularly. The Report says that the proportion of unemployed persons age 50+ and the proportion of unemployed persons with low education included in ALMP have been growing in recent years. It is very likely that disabled persons are over-represented in these groups. In order to mainstream disability labour market policies, data about how many disabled persons are among specific groups targeted by the ALMP need to be disaggregated from the overall numbers.

In addition, the NRP 2020 reports that the proportion of long-term unemployed persons among all unemployed persons was 48.9 % (December 2019). Again, the figures for disabled workers are missing. Nevertheless, the NRP mentions that most frequently, long-term unemployed are those with 'most obstacles on the path to employment (age, disability, health, dependence, various social obstacles, etc.)'. It would be good to specify the obstacles. If the obstacles are not specified, they might be personified as the person's inability for work only rather than the lack of supported employment possibilities.

The Report on the Implementation of the Action Programme for Persons with Disabilities 2014-2021 for the year 2019 (published in July 2020) mentions for example, that the lack of supported employment is one of the major obstacles in implementation of ordinary workplace policy. The Educational Centre URI – Soča made a 2019 evaluation of supported employment and showed that, in the period from 2006 to 2018, only 769 disabled persons received a written order that they can work in supported employment after the work assessment. This was a small minority (14.3 %) while 25 % of all written orders were issued for protected employment and 60.7 % for 'un-employability' (such orders are indicative rather than obligatory). Out of 1,909 disabled who were assessed in 2019, a written order for supported workplace got 97 persons; 122 persons got a written order for protected workplace and 526 persons a written order of un-employability.

The NRP 2020 mentions changes of the Labour Market Regulation Act.⁴ This Act gives some new rights to the elderly unemployed and, presumably, many disabled persons among them. As noted earlier, the disability employment gap is greatest in the age group 55-64 years, although employment is also low among non-disabled people in this group (27.7 % disabled compared to 47.4 % non-disabled, Table 3). Similar disparity in this age group shows in unemployment rates (33.4 % compared to 10.8 %, Table 6). To enhance the employment of elderly unemployed persons, the conditions of age and insurance period necessary to obtain unemployment benefit were changed so that now unemployment benefit is determined for 19 months for insured persons older than 53 (previously 50) while meeting the condition of an insurance period of over 25 years. Unemployment benefit is determined for 25 months for insured persons older than 58 (previously 55) while meeting the condition of an insurance period of over 28 years (previously 25 years).

The NRP 2020 mentions that 27 % of all persons included in the ALMP measures had a low level of education. Disabled persons are over-represented in those with low educational attainment, too. The Labour Market Regulation Act stipulates a specific incentive for employing recipients who are on unemployment benefit and have a low or medium level education (excluding persons with shortage occupations). It would be helpful to know how many persons with disabilities were employed due to this incentive. The Ministry of Labour, Family, Social Affairs and Equal Opportunities sees the low educational achievements to be the major reason for the low number of disabled in paid employment.⁵ In 2019 among all registered unemployed disabled almost 74 % had only elementary schooling and almost 66 % were older than 50 years. Both factors decrease their employability.

A new development for all workers is that the Employment Service of Slovenia pays an incentive to beneficiaries who take a full-time job in the period when they were eligible for unemployment benefit (20 % of the last paid net unemployment benefit) if full-time employment is preserved for the entire period of the incentive payment, until the right expires, but no longer than 12 months after finding the job (with an employer who is not the beneficiary's last employer prior to unemployment). The objective is to promptly activate beneficiaries of unemployment benefit with a low and medium level of education, who have job opportunities but decide not to take them because they are eligible for unemployment benefit. In order to mainstreaming disability perspective, it would be helpful to know how many disabled persons benefited from this incentive.

The Report on the Implementation of the Action Programme for Persons with Disabilities 2014-2021 for the year 2019 mentions some other relevant social policy arrangements for persons with disabilities:

- The role of the rehabilitation counselling. Rehabilitation counsellors at local branches of the Employment Office help disabled people to get into paid employment. Their activities are informing and counselling; assessing whether

⁴ Labour Market Regulation Act (Zakon o urejanju trga dela, 80/10, 40/12 – ZUJF, 21/13, 63/13, 100/13, 32/14 – ZPDZC-1, 47/15 – ZZSDT, 55/17, 75/19, 11/20), <http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO5840>.

⁵ Report on the Implementation of the Action Programme for Persons with Disabilities 2014-2021 for the year 2019; p. 66.

starting the evaluation process for the right to employment rehabilitation makes sense; if yes, the rehabilitation counsellor evaluates the process of employment rehabilitation and makes the final assessment of the employment capacities of the disabled person. In 2019 there were 11,537 unemployed disabled persons assessed. Of those 1,909 persons were included in employment rehabilitation. On completion, an assessment is made whether he/she can work in an ordinary workplace, a supported workplace or a protected workplace. A written order does not necessarily result in a job.

- In the public employers' services such as the ministries, administration units or governmental offices there is a slight increase of disabled in employment (998 in 2017; 1,018 in 2018 and 1,058 in 2019). This is in line with one of the aims of the national Action Programme for Persons with Disabilities 2014-2021.
- Institute for Pension and Disability Insurance (ZPIZ) promotes work rehabilitation and the accommodation of the workplaces with technical equipment due to the labour market needs. The number of insured persons who are sent to the work rehabilitation has increased. By the end of 2019, work rehabilitation was provided for 235 persons. More men than women were in work rehabilitation and more employed persons than in the previous years. Among those who were employed, 235 persons kept their job (except for 3 persons), which shows that the work rehabilitation was successful. In 2019 altogether, 118 insured persons completed the work rehabilitation.

The Report shows that there is still a lot of segregated employment for shorter periods of time for disabled persons; also, that more educational activities and less work activities are offered under the ALMP program. The involvements are time-limited and usually do not lead toward longer employment contracts. Work rehabilitation exists. The supported employment scheme, which would really ensure that disabled persons would enter and stay in ordinary employment, but it is the least used among all the options.

Despite the recommendation of the UN CRPD Committee, no data are available regarding employment of persons with intellectual disabilities. Nevertheless, a good development is the legislation on Social Inclusion of Disabled Persons Act (30/18)⁶ which ensures that people with intellectual disabilities can move from the status of welfare recipients towards paid workers and back. There are no figures on how many people benefit from the new policy changes, in which areas of paid employment they find jobs, the amount of payment or the lengths of employment.

⁶ Social Inclusion of Disabled Person's Act (*Zakon o socialnem vključevanju*, 30/18), <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO7808>.

4 Disability, social policies and healthcare – analysis of the situation and the effectiveness of policies

In 2018, the UN CRPD Committee made the following recommendations to Slovenia:

[Article 28 UN CRPD](#) addresses Adequate standard of living and social protection.

'46. The Committee recommends that the State party:
(a) adopt measures aimed at promoting an inclusive, open and accessible labour market in all sectors for all persons with disabilities;
(b) create specific incentives for employers and provide reasonable accommodation for persons with disabilities, particularly for persons with intellectual disabilities, aimed at facilitating their inclusion in the open labour market;
(c) ensure the safeguarding of all incomes, including disability pensions for self-employed persons with disabilities;
(d) ensure equal requirements for employment quotas in the public administration and information services and other work sectors, and monitor their implementation. The State party should collect data on compliance with the quota system and provide for adequate sanctions in cases of non-compliance.'

[Article 19 UN CRPD](#) addresses Living independently in the community.

'48. In the light of the links between article 28 of the Convention and target 1.3 of the Sustainable Development Goals, the Committee recommends that the State party:
(a) ensure the efficiency and effectiveness of social protection and poverty reduction programmes for persons with disabilities, especially persons with psychosocial and/or intellectual disabilities;
(b) restore all support measures curtailed under the austerity policy and prevent any hardship that may be faced by persons with disabilities whose income was reduced as a result of that policy;
(c) ensure the accessibility of public housing for persons with disabilities, disseminate information about available and affordable housing in accessible formats and engage with the private sector with a view to promoting the development of accessible housing units;
(d) implement positive measures to provide taxation relief in respect of pensions and disability insurance for persons with disabilities living in poverty;
(e) recognize the right of persons with disabilities to receive a full disability pension and insurance through the relevant legal and administrative mechanisms;
(f) ensure a dignified and inclusive social protection system for older persons with disabilities.'

[Article 25 UN CRPD](#) addresses Health.

'The Committee recommends that the State party ensure the accessibility and availability of health services for all persons with disabilities, whatever their

impairment and wherever they live, whether in institutions or elsewhere. It also recommends that the State party ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and integrate the right to reproductive health into national strategies and programmes, as set out in target 3.7 of the Sustainable Development Goals. The Committee further recommends that the State party pay due attention to the links between article 25 of the Convention and target 3.8 of the Sustainable Development Goals and ensure the implementation of the Health Care and Health Insurance Act.'

The Action Programme for Persons with Disabilities 2014- 2021 among other goals mentions that appropriate social security measures should be taken to ensure an appropriate life for persons with disabilities as they are exposed to a greater risk of poverty than other people are. Another goal related to social and healthcare is the improvement in the provision of health care services to persons with disabilities placed in social care institutions and in special education institutions.

4.1 Summary of the social situation of persons with disabilities

Data from EU-SILC indicate that in Slovenia people with some disability face a 20.2 % risk of poverty or social exclusion (AROPE), compared to 12.9 % for non-disabled people. For those declaring a severe level of disability the rate was 35.1 % and above the EU average (Table 12). Disabled women face greater risk (25.8 %) than disabled men (21.8 %) and nearly double the rate for non-disabled women (13.2 %, disabled men 21.8 %, non-disabled men 12.7 %).

The poverty risk rate for working age persons with disabilities in Slovenia was 16.5 % in 2018, compared to 10.7 % for other persons of similar age - an estimated disability poverty gap of approximately 6 percentage points (see Table 14). For people aged over 65, the disability poverty gap was 10.5 points (22.5 % for older persons with disabilities and 12.0 % for other persons of similar age). The trend of risk has been increasing for the disabled groups and decreasing for non-disabled groups. The tables in annex also indicate the respective rates of AROPE and break these down by gender as well age.

The NRP 2020 gives quite detailed figures about the number of people living below the poverty risk threshold but does not mention disabled persons particularly. It reports that among all 268,000 people living with an income lower than the poverty risk threshold, 89,000 were pensioners (or 18.1 % of all pensioners), of which 60,000 were retired women and 29,000 retired men. Disabled people are over-represented in these most at-risk groups, notably among older women. The overall risk of household AROPE for disabled people age 65+ is again double that for other persons of similar age (25.4 % compared to 12.7 %) and higher than the EU27 average (21.7 %, Table 13, this may include some persons who live in severe material deprivation but whose income is above the poverty line).

The Report on the Implementation of the Action Programme for Persons with Disabilities 2014-2021 for the year 2019 shows that the risk of poverty and actual

poverty has become the main problem of disabled persons in Slovenia⁷ - 3,600 disabled persons receive disability pension that is less than EUR 300 with eligibility for additional allowance only up to EUR 189/month.

The data on risk of poverty or social exclusion show that both low income (for all ages) and low work intensity (for those of working age) are important factors.

The Eurostat Health Database on self-reported unmet needs for medical examination show that 5.9 % of disabled people in Slovenia reported unmet needs for medical examination in 2018, compared to 1.9 % for other persons⁸ (three-year average 4.3 % to 1.3 %, Table 15). Among them 5.1 % reported some disability and 8 % severe disability in 2018. This rate for people with severe disability was four times than for non-disabled people.

Older people and disabled who live in institutions were most affected by the Covid-19 crisis (there are over 16,000 of them institutionalised). They lack trained medical staff, proper medical equipment to the standard of hospitals, the fact that the relatives were not allowed to visit the elders (relatives are the biggest source of help to feed, dress, take them out etc). Slovenia had, proportionally, one of the highest numbers of Covid-19 death cases in institutions in the world and very few death cases otherwise. From March–May 2020 80 % of all Covid-19 cases deaths happened in long-stay elderly institutions.⁹ This is very telling and some spoke about 'institutional Covid-19 epidemic'.¹⁰ There were very few cases of elders who got ill otherwise.

It is important to note, that young disabled live in these institutions too, due to the lack of other housing facilities or support systems. In 2015, researchers counted younger people in each elderly home in Slovenia and found over 1,000 of them (no official data were available by then on young disabled who live in elders homes and there are also no data about what changed since then).¹¹ By law, the elderly homes are for people over the age of 65, but the Ministry of Labour, Family, Social Affairs and Equal Opportunities did not respond to the research findings.

According to the 2019 Implementation of the Action Programme for Persons with Disabilities 2014-2021, the figures about children and adults who live in long-stay institutions called sheltered workshops (VDC) and boarding schools for disabled children and youth (called CUDV) are counted into the figures about the long-term care places. In 2019 there were 7,339 persons in long-stay institutions large buildings

⁷ The Report on the Implementation of the Action Programme for Persons with Disabilities 2014-2021 for the year 2019 (published in July 2020)

<https://www.gov.si/assets/ministrstva/MDDSZ/Invalidi/API-2014-2021/2019-Porocilo-API.pdf>.

⁸ Eurostat Health Database [[hlth_dh030](#)] – 'Too expensive or too far to travel or waiting list'

⁹ Rabuza, Marko (2020), Numbers on Covid-19: in Slovenia died many more women than men (Številke o Covid-19: v Sloveniji umrlo precej več žensk kot moških). *Siolnet*, 7 May 2020,

<https://siol.net/novice/slovenija/stevilke-o-covid-19-v-sloveniji-umrlo-precej-vec-zensk-kot-moskih-524794>.

¹⁰ Flaker, Vito (2020), Corona virus institutionalis. Faculty of Social Work, https://www.fsd.uni-lj.si/aktualno/2020060323283162/epidemija_je_pokazala_da_je_uvedba_dolgotrajne_oskrbe_nujna/.

¹¹ Zaviršek, D., Krstulović, G., Leskošek, V., Videmšek, P., Bohinec, M., Pečarič, E., Poropat, K. (2015). The analysis of the institutional social welfare system and the impact of the non-governmental organisations to provide community services in order to support the process of deinstitutionalisation. Ljubljana: YHD. <http://www.za-mdi.si/files/aktivnosti/Analiza%20final.pdf>.

or used the day-care facilities of sheltered workshops and 573 persons in smaller units of these institutions with a similar institutional-based atmosphere. The age differences are huge; in 2018 the youngest persons were 18 and oldest 92 years of age. The average age is 41. Two persons entered these institutions in 1965 and in 1967 and are there since then. About half of all persons were involved in sheltered workshops (day-care) for 5 years and after that they entered institutional long-stay care which shows that the existing structure does not promote independent living.

4.2 Analysis of social policies relevant to the Semester

For reference, see also the 2020 [National Reform Programme](#) for Slovenia.

The CSR 2020 for Slovenia recommends that in order to mitigate the social impact of current economic crisis due to Covid-19, it is essential that Slovenia provides an adequate package of social benefits to those who income. The CSR 2020 also mentioned that special attention should be paid to the elderly, and in particular women, for whom the at-risk-of-overtly or social exclusion rates were higher than the EU average already before the crisis. Among them there are older women with disabilities. This is especially relevant given the fact that the estimates for 2020 from the NRP are that the national GDP will decline by around 8 %. For this, it would be necessary to monitor the effects of the crisis in regard of poverty and risk of poverty among persons with disabilities

Pensions reforms and cash benefits

The NRP 2020 mentions the harmonisation of pensions in order to prevent the poverty risk among the elderly people. The new guaranteed sum of the minimum old-age or disability pension amounts to EUR 538.53 (i.e. if the old-age or disability pension for the legally determined full pension period in accordance with current regulations does not reach the aforementioned sum). According to data from the Pension and Disability Insurance Institute of the Republic of Slovenia, in December 2019 the minimum pension was guaranteed for 55,122 recipients of old-age and disability pensions, of which 47,483 received old-age pension (27,942 women and 19,541 men) and 7,630 received disability pension (4,834 women and 2,805 men).

NRP 2020 also mentions the governmental goal to ensure the long-term sustainability and adequacy of the pension system by methods such as adjusting the statutory retirement age and restricting early retirement. The figures mention that the completed pensionable service for new pension beneficiaries in 2019 increased and was 39 years and two months for women (2018: 38 years and nine months) and 37 years and six months for men (2018: 37 years and one month). There is no evidence about how the increased pensionable service impacted persons with disabilities, whether their pensionable service increased, and for how long, and the effect of more strict assessment decisions by the disability retirement commissions.

The NRP 2020 also mentions the amendments to legislation in the field of pension insurance which entered into force on 1 January 2020. The objective is to prologue employment through incentives to remain insured and providing pensioners with an option to receive a part of their pension and work at the same time. There are no

evidences how this social policy measure improved the quality of life of disabled persons.

The Social Inclusion of Disabled People's Act¹² expands the circle of individuals eligible for disabled status to include persons with autism, persons with moderate to severe brain damage and those who have visual and hearing impairments, which is expected to influence the poverty rate reduction (NRP 2020). The disabled person with a status as per this Act will have the right to disability benefit in the amount of the sum of social assistance benefit in cash and income support (2019: EUR 591.20/month).

Beside specific allowances and incentives for those affected by Covid-19, a more specific allowance for families with disabled child/children who need support was introduced (NRP 2020). Families who cared for disabled child in the past and got allowance for help and care (*dodatek za pomoč in postrežbo*) will now receive instead of this allowance a childcare allowance. This regulates the Act on Payment of the Child Care Allowance (72/19).¹³ It is meant for families who did not get this allowance from 2003 to 2016 but were eligible to it and families whose child was included in a special educational programme. For a child, a family gets EUR 102.40/month or EUR 204.80/month (without interest for delayed payment for the period when they were eligible but did not get it).

The yearly reports on the implementation of the Action Programme for Persons with Disabilities 2014-2021 did not often mention poverty among disabled persons but the report for 2019 does. Despite the increased minimum incomes, incentives and allowances, the comparison between these and the risk of poverty threshold demonstrates why so many disabled people fear poverty and are at risk of poverty:

- minimum disability pension = EUR 538.53/net;
- minimal monthly salary for full time job = EUR 700/net;
- minimal unemployment allowance = EUR 530.19/gross (the highest is EUR 892.50/gross);
- social benefit EUR 402.18/net (in addition, the single person can get additional allowance, that her/his monthly income reaches EUR 591.20);
- disability benefit for persons with long term disability (mostly from birth and unable to work) EUR 591.20;
- parental allowance and the minimum payment for maternity, paternity and family compensation = EUR 532.90/gross.

The figures show that monthly incomes for single persons who receive the above mention sums of money are less than the risk of poverty threshold which is EUR 703 /month. 268.000 persons live under the poverty risk threshold in 2019. There are limited data on disabled people, but it is known that 3,600 are disabled persons with the pension EUR 300/month.

¹² The Social Inclusion of Disabled People's Act (*Zakon o socialnem vključevanju invalidov*, 30/2018) <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO7808>.

¹³ Act on Payment of the Child Care Allowance (*Zakon o izplačilu neizplačanega dodatka za nego otroka*, 72/19) <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO8065>.

Healthcare policies

The CSR 2020 for Slovenia identified an increasing demand for health services at the beginning of the Covid-19 outbreak. Slovenia faced challenges to ensure sufficient healthcare capacity: there is a need to recruit more trained health workers, protect their working conditions and employ them where needs are greatest. The CSR also mentions the lack of long-term care Act and addresses Slovenia's limited ability to fight the Covid-19 outbreak in the most affected care settings, long-stay large institutions for elderly, people with disabilities and people with chronic diseases.

The outbreak of the virus has revealed structural problems in the health system caused by low density of doctors, corruption, ineffectiveness in the use of the medical equipment and more. The waiting lists of people in need of specialists were long already before the COVID-19 epidemic. For example, on 1 March 2020, 34,846 persons were over the allowed waiting period for a first visit and for therapeutic-diagnostic services 37,812 waited persons longer than allowed by the law.¹⁴ The maximum waiting period for 'very quickly needed' medical intervention is up to 14 days, and other allowed waiting times are longer, even up to 3 months.¹⁵

During the first phase of the epidemic, almost all doctors stopped working except for emergency cases (even the dentists for children), and the waiting lists of people in need of medical treatments got longer. This increased inaccessibility of the public health system. There are no research yet about how disabled people manage the long waiting lists, what are the consequences on their health and how many people are affected by unavailability or inaccessibility in the system.

The deaths caused by Covid-19 among the institutionalised elderly followed the governmental decision that infected and ill persons from the old-people's homes were not allowed to transfer to hospitals or to any other empty facilities (hotels, hostels, holiday resorts or similar). In March 2020 special commissions visited each elderly home (there are over 100 in the country) and made a 'triage list' of the residents who, if they got infected and/or ill by Covid-19, would be denied a move to proper hospitals. These lists were not discussed with residents or with their relatives and were not known to the public. The information came out due to doctors and journalists who disclosed the information and by June 2020, when it became public, the lists were known as the 'death lists' and the 'lists of the erased'. The justification of the governmental representatives was that the government wanted to ensure the scarce hospital bed facilities for the majority of the population, therefore, the Ministry of Health forbid that the infected and ill would be transferred to the hospitals. Several human rights concerns were raised by some medical doctors, public intellectuals and relatives of the elderly and disabled people.

The public outcry was caused by the fact that this kind of 'pre-triage' process was not transparent and regulated and that it happened despite that two-third of all beds meant for Covid-19 patients remained empty during the entire first phase of pandemic (March-June 2020). Not only public hospitals were empty, also other hospital facilities

¹⁴ National Institute for Public Health (NIJZ). Last data available online, <https://www.nijz.si/sl/publikacije/mesecno-porocilo-o-cakalnih-dobah-1-marec-2020>.

¹⁵ Rules on the referral of patients, the management of waiting lists, and the maximum permissible waiting times (3/2018) <http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV13238>.

in private hospitals remained empty during that period while the disabled and elderly residents who got infected and ill remained in the elderly homes with poor access to medical treatment. These homes have a minimal amount of medical staff employed. By 4 May 78 residents from elderly homes had died, among them 68 in institutions and 10 in hospital. On the same day there were 320 infected residents in 17 elderly homes and 105 employed personal, together 425 persons. In the same period 1,445 persons were infected in the whole country, so the share of infected in elderly homes compared to all infected was 22 %.

The NRP 2020 acknowledges that 80 % deaths and un-proportionally high number of infections of Covid-19 took place in elderly homes. These events might speed up the adopting of new legislation on long-term care (as recommended in the CSR). The crisis has further exposed the need for the integration of health care and social protection in long-term care, speedier development of home care services and the elimination of currently prevailing institutional care, and urgent proactive solutions to the staff shortage problem in all forms of care. Nevertheless, the government do not yet tackle the problem of long-term institutionalisation of disabled people and Article 19 of the UN CRPD is not yet addressed.

Personal assistance

One of the solutions for long-term deinstitutionalisation was the Personal Assistants Act (PAA), for which the disability organisations fought for over 20 years. The PAA was implemented in January 2019 and personal assistance (PA) became the right of a disabled person and is formally in line with the Article 19 of the UN CRPD.¹⁶ The Rules on personal assistance legislation were implemented, too.¹⁷ The Rules define the eligibility criteria for PA, the assessment of eligibility for PA, and the naming and work of the commissions for the assessment of eligibility for PA. Actually, there are a lot of problems due to the implementation of the legislation which were addressed by the disability organisation YHD before the Act came into force, but the government was not keen to listen to the disabled people. Instead of ensuring independent living, the PAA became a hybrid between independent living and home care by relatives (who are themselves in need of monthly income, and who provided care for disabled persons without any financial support before the Act came into force).

In 2019 the evaluation of the implemented Rules showed that the tools for the criteria for PA and assessments of PA need to be changed. The disability organisation warned that these data were already outdated but they are still interesting to see some characteristics of PA in Slovenia. The 2019 evaluation (for 2018) showed that there were about 1,200 receivers of PA. On average service users got 14.6 hours of PA/week. Over half of them got from half an hour up to six hours a week; and 84.2 % used PA for companionship, to be escorted to the shop, a walk (*spremstvo*). Over half of all service users used PA as help for household activities. In 2018, there were 450 employed persons, among them 429 personal assistants and 21 coordinators. 77 % of them were women. The average age was 42.5 years and the majority finished secondary education. On average one personal assistant provided assistance for 4

¹⁶ Personal Assistance Act, 10/17, 31/18.

<http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO7568>.

¹⁷ Rules on Personal Assistance, 57/18, 13/19.

<http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV13538>.

persons and had on average 142.5 direct contact hours/month. The majority of the money for PA came from governmental funds, some from the lottery fund and some from service users themselves. In 2018 the government paid over EUR 6 million for PA which was a one-fifth increase compared to 2015, when PA was a project-based activity. The government envisaged for the implementation of PA under the PAA about EUR 8 million per year. In 2019, PA cost over EUR 30 million (for salaries of assistants; for providers of PA, for coordinators of PA, for education; for eligibility assessments etc.).¹⁸

At the end of 2019 there were 1,114 persons who use PA and over 2,000 personal assistants. 105 organisations provided PA, among them 48 were registered as NGOs or Associations (which is 46 %) and more than half 54 % (57 providers) were registered as private enterprises. Most of them were 'family businesses' of parents who opened small private enterprises and employed family members to become PA. This is a major concern of disability activists.¹⁹

In 2020 a group of providers of personal assistance wrote a *Manifesto about providing personal assistance*, because the current legislation has several gaps and is not in line with the philosophy of independent living and the UN CRPD.²⁰ The Manifesto says that under current legislation, the whole system of personal assistance is under threat to be misused or without positive effect for individuals. They warn that the system might become so costly and problematic, that the government will stop financing it. The Manifesto asks for several changes:

- regular re-assessment of the receivers of PA;
- the decrease of the number of experts who assess the need for PA, because currently their number is very high and most of persons who do assessment is without proper qualifications;
- the assessment tools need to change, because according to current tools different commissions for assessment sometimes come to 100 % different results during the assessment process;

¹⁸ Hočevar, Barbara (2020), Some for and others very much against the change (*Eni za drugi zelo proti spremembi*), *Delo*, 8 January 2020, <https://www.delo.si/novice/slovenija/eni-za-drugi-zelo-proti-spremembam-266203.html>.

¹⁹ Disability organisations: the corrections of the PAA are needed (*Invalidske organizacije: potrebni so popravki Zakona o osebni asistenci*), Dostopno. 23 December 2019, <https://www.rtvslo.si/dostopno/invalidske-organizacije-potrebni-so-popravki-zakona-o-osebni-asistenci/509991>. Elena Pečarič: The PAA allows abuses (*Elena Pečarič: Zako o osebni asistenci omogoča zlorabe*), MMC, 24 January 2020, <https://www.rtvslo.si/zdravje/novice/elena-pecaric-zakon-o-osebni-asistenci-omogoca-zlorabe/512625>. Openly about abuses in PA (*Odkrito o zlorabah o osebni asistenci*), ZA-MISLI, <http://za-misli.si/kolumne/elena-pecaric/3913-odkrito-o-zlorabah-v-zakonu-o-osebni-asistenci>. Pihlar, Tatjana (2019), The PAA was written during 25 years, half a year after its implementation it shall be changed, already (*Zakon o osebni asistenci so pisali četr štoletja, pol leta po uveljavitvi bi ga že spremenili*), *Dnevnik*, 24 August 2020, <https://www.dnevnik.si/1042896012/slovenija/zakon-o-osebni-asistenci-so-pisali-cetr-stoletja-pol-leta-po-uveljavitvi-bi-ga-ze-spremenili->. The manipulations of the system of PA is unacceptable and has to be eliminated (*Izigravanje sistema osebne asistence je nedopustno in ga je treba odpraviti*), *News of the Nova Slovenia Party*, 24 January 2020, <https://nsi.si/novica/izigravanje-sistema-osebne-asistence-so-nedopustne-in-jih-je-treba-odpraviti/>.

²⁰ The Manifesto of personal assistance provision, ZA-MISLI, 18 August 2020, <http://za-misli.si/kolumne/elena-pecaric/4089-manifest-o-izvajanju-zakona-o-osebni-asistenci>.

- there is an urgent need for education of the coordinators of PA who work at the social work centres;
- the providers of PA who get into the governmental register of the providers of PA need to fulfil some formal professional requirements as currently, anyone who wants to become the provider of PA is accepted by the ministry;
- family members who wish to become personal assistants for a disabled relative need to be limited to only one family member/per disabled as currently, sometimes three or four family members are PA for the disabled relative;
- social inclusion shall be the priority goal for the receivers of the PA.

Some NGOs report serious abuses of the PAA. Some providers of PA have no history in working in the area and no professional qualification; sometimes relatives open a private enterprise in order to be employed as PA; in at least one case found the disabled service user did not exist at all; some disabled people experience violence by relatives who got employed as personal assistant. Despite the criticisms in 2019, the situation worsened and the number of new providers of PA grew steadily. In August 2020, there are 240 providers of PA.²¹ Instead of the implementation of the Article 19 of the UN CRDP, PA as it is implemented does not necessarily increase the quality of life of disabled persons. In some cases, disabled people continue to be controlled by their relatives at home and their segregation even increased. For example, some parents, who became PAs ceased to allow their adult disabled child to visit sheltered workshops, in order to obtain a larger amount of money for PA. Some relatives try to solve the economic hardships of the family by becoming PA. The disability-led organisation YHD, who are the pioneers and advocates of PA in the country and who initiated *The Manifesto*, also requested from the mentioned Ministry that the hourly rate has to be EUR 13,85 and not less, as proposed. The Ministry realised that the costs of PA, due to incomplete legislation and Regulation, is too costly and try to decrease the work hours of the assistants. They also demand proper training for all stakeholders involved in the process of PA, which has to include an official exam at the end. In February 2020, the organisation YHD succeeded partially in that some MP and governmental experts officially discuss this topic.

The actual implementation of the PAA shows that the two important principles, the rights-based approach and independent living were not fully implemented. The encouragement of service users to lead a more active lifestyle than before PA is not yet seen as one of the outcomes of PA.

The Ministry has decided to make major changes in the legislation in the future. This is very important in order to continue with the implementation of the Article 19 of the UN CRPD. The existing long-stay institutions remain unchanged and it has become clear that the removal of over 22,000 persons out of institutions into community is not taking place and the number of people in these institutions is increasing each year.

It is important that the NRP and the CSP 2021 continue to track the recommendation of the Commission to adopt and implement reforms in health care and long-term care that ensure quality, accessibility and long-term fiscal sustainability. It is important that

²¹ Register of the PA providers. Ministry of Public Administration
<https://podatki.gov.si/dataset/register-izvajalcev-osebne-asistence>.

NRP envisages more funds in the area of health care and a better performance of the health care system.

5 Disability, education and skills – analysis of the situation and the effectiveness of policies

In 2018, the UN CRPD Committee made the following recommendations to Slovenia:

[Article 24 UN CRPD](#) addresses Education.

'40. Recalling its general comment No. 4 (2016) on the right to inclusive education and targets 4.5 and 4.a of the Sustainable Development Goals, the Committee recommends that the State party:

- (a) recognize the right of all children with disabilities to inclusive education and abandon segregated education schemes;
- (b) adopt a strategy and action plan with a clear time frame for the implementation of inclusive education at all levels for all children with disabilities and, further, establish a comprehensive monitoring system to assess the progress of inclusive education;
- (c) strengthen the capacity of inclusive schools to train teachers in inclusive education, curriculum accommodation and teaching methods. The State party should enhance the quality of educational support by adopting an individualized approach to children with disabilities and their capacity-building;
- (d) provide lifelong learning for persons with disabilities and ensure accessibility and reasonable accommodation in all tertiary education institutions, including vocational and higher education schools;
- (e) provide transport services for students with disabilities from their place of residence to their education facilities.'

The Action Plan for Persons with Disabilities 2014-2021 mentions several measures:

- a) Equal opportunities in enrolment in all educational programmes and encouraging the increased inclusion of persons with disabilities in regular programmes of education and training.
- b) Ensuring a network of expert institutions providing support in specialised and regular programmes of education and training.
- c) Ensuring equal opportunities for persons with moderate, severe or serious developmental disorders to be included at all levels of Special Programme of Education and Training (also at the level of training for life and work).
- d) Ensuring practical training, traineeships and practice within secondary and university study programmes with employers through programme incentives.
- e) Developing and supporting life-long learning for unemployed and employed adults with disabilities.
- f) Provision of an adequate number of experts and dissemination of knowledge through educational programmes for pre-school teachers, teachers and education counsellors.
- g) Ensuring textbooks and other teaching aids in suitable forms considering the type of disability, including provision of textbooks for children attending a programme with a lower standard of knowledge.
- h) Ensuring spatial and technical conditions for carrying out educational and training programmes and adjusted transport.
- i) Ensuring physical assistance to all pupils and students who need it.

- j) Ensuring support during higher education by means of personal assistance, accompanying and counselling to students with disabilities, provision of suitable accommodation facilities for students with disabilities and the provision of a scholarship scheme encouraging the attainment of higher education.
- k) Encouraging the learning of sign language and the provision of bilingual education to the deaf.

5.1 Summary of the educational situation of persons with disabilities

The data from EU-SILC require some caution in interpretation due to small sample sizes and annual variability but in 2018 they indicate that Slovenia is doing relatively well in relation to early school leaving rates and has a low rate of early school leaving in all categories compared to EU27 average (Table 16). It is doing relatively well also in the area of completion of tertiary or equivalent education of disabled persons (Table 17).

Nevertheless, the gaps are wide and disabled young people (18-24 years of age) are nearly twice as likely to be early school leavers (5.8 %) compared to non-disabled from the same age group (2.9 %). In the wider sample age group, 18-29 this risk is slightly higher and the disparity with non-disabled persons is slightly bigger (7.8 % disabled and 3.7 % non-disabled). In either case the risk is around double. The NRP 2020 mentions that Slovenia already realised the objective of the Europe 2020 Strategy (less than 10 %) and thus ranks second among the six most successful countries, where the share is below 5 %, but there are no data for children and young people with special needs. There are also no data how much the preventive measures which enable the identification of students at risk of leaving school, the provision of expert and learning assistance and inclusion in the consulting process at school impact children and young people with disabilities.

The NRP 2020 also mentioned that in 2018, 42.7 % of citizens between 30-34 age of years in Slovenia had completed higher education. Thus, Slovenia has achieved the goals of the Europe 2020 strategy (40 %) but in order to mainstream disability it would be important to know how many of them persons with disabilities are. The EU-SILC data indicate that 38.9 % of disabled in the age group of 30-34 completed tertiary or equivalent education, compared to 43.3 % non-disabled. Taking a wider sample age range (age 30-39) then 36.9 % of disabled young people completed tertiary education or equivalent education compared to 44.8 % of non-disabled. In both age group, the national data for disabled people who completed the above-mentioned education exceed the EU27 average.

National administrative data for education and schooling for children with special needs is available for the school year 2019/2020 (although this does not differentiate disability from other types of need). In that year 187,525 pupils were in elementary schooling, among them 20,840 children entered for the first time. Among elementary school children there were 13,302 children who received an official order of 'special needs'.²² The majority of these children (81 %) were included in the regular programme and had the right to 'additional professional help' up to 5 hours /week

²² Statistical Office of the Republic of Slovenia. Information from 28. May 2020, <https://www.stat.si/StatWeb/News/Index/8854>.

(*dodatna strokovna pomoč*). These children represented 5.7 % of all children in regular primary school programme. In the 2018/19 school year, 17,731 students successfully completed primary school, of which 271 according to the adapted program.

Elementary schooling is still divided into mainstream and special schooling, which was noted in the UN CRPD recommendations. There are 27 special schools which have an adapted programme for children with special needs. In addition, there exist 21 school units, which are part of ordinary schools but have additional classes for disabled children (sometimes the school building is divided into 'normal' and 'special'). A total of 3,275 pupils took part in parallel education for children with special needs, lived at home and were not institutionalised.

In addition, there are 16 long stay boarding institutions for children and young people with special needs where children attend some educational classes and live in the institution 24hours/day. The data for 2019 show that in these institutions 100 children went to kindergarten; 887 in elementary school (with lower educational standard programme); 310 in secondary school. In long-stay institutions where children stay for years, there are 839 children and young people who attend some school classes or hours of schooling (programme of the lowest educational standard). The figures show that altogether there are 5,411 children with special needs who attend different levels of educational standard programmes, which are not mainstream programme.²³

In 2019, a total of 4,162 children (2.22 %) in elementary education were enrolled in either special schools (or special classes or departments which are placed in ordinary schools but have lower educational standard) or live in long-stay boarding schools where they attend the lowest educational standards of elementary school education.

The number of students in tertiary education with disability and long-term illnesses is on increase. In the academic year 2018/2019 the universities in Slovenia accepted 552 persons with so called 'special status'. Among all 'special status' applicants over half were students with disabilities and long-term illnesses (57.5 % at the University of Ljubljana; 67.2 % at the University of Maribor; 76.4 % at Primorska University).²⁴ In the academic year 2019/2020 the universities accepted 714 candidates with 'special status'. Among them over half were persons with disabilities and long-term illnesses (50.1 % at the University of Ljubljana; 66.4 % at the University Maribor; 62.2 % at the Primorska University).²⁵

Among disabled people registered as work active in December 2019 there were 35,036 persons, which is about 4 % of all work active persons. The number of work active disabled women was slightly higher than the number of work active disabled men. The majority of all work active disabled finished secondary school education

²³ Statistics for 2019/2020, <https://www.google.com/search?q=%C5%A0OLSKO+LETO+2019+%2F2020+-+statisti+%C4%8Dni+podatki&oq=%C5%A0OLSKO+LETO+2019+%2F2020+-+statisti+%C4%8Dni+podatki&aqs=chrome..69i57j0.613j0j7&sourceid=chrome&ie=UTF-8#spf=1598192771321>.

²⁴ The Analysis of the Application and Enrolment Processes of the academic year 2018/2019. University of Ljubljana. pp. 53-55 (*Analiza prijave in vpisa študijsko leto 2018/19*).

²⁵ The Analysis of the Application and Enrolment Processes of the academic year 2019/2020. University of Ljubljana. pp. 50-52 (*Analiza prijave in vpisa študijsko leto 2019/20*).

(64 %); among them slightly more men (54 %) than women (46 %). The share of work active disabled with elementary school or with unfinished elementary school is still higher than the share of work active disabled with higher or university education. The share of disabled women who are work active and have higher or university education is higher (65.5 %) than the share of men (34.5 %).²⁶

5.2 Analysis of education policies relevant to the Semester

For reference, see also the 2020 [National Reform Programme](#) for Slovenia.

The educational policies show that some support is given to children and young people with disabilities in order to increase their school performance. Also, transportation and subsidies for the parents are mentioned in the NRP 2020. A greater awareness is achieved at the tertiary educational level, therefore the number of students with special needs increased. Nevertheless, the structural problems related to special segregated education for children with special needs remain which is against the UN CRPD.

The CSR 2020 mentions that during the Covid-19 confinement regular classes for all education levels have been replaced by distance learning:

‘Online learning requires adequate digital infrastructure, education materials, and teachers with the necessary skills and support to teach effectively. All learners, in particular vulnerable groups, including those with disabilities and those from rural areas, need to have adequate access to distance learning and decent digital skills to fully benefit from distance learning. Digital skills should feature more prominently in school curricula and programmes, to improve workers’ skills. This would allow a broader use of teleworking and digital services, a better match of digital skills with the requirements of the labour market, as well as the inclusion of vulnerable groups like the elderly or people living in rural areas.’

It would be important to get data about the experiences of children with special needs and young adults with disabilities during the Covid-19 confinements. Some narratives describe disabled children and young people who were sent home with no assessment about their home environment and support. In some families the stress due to the disabled child’s home learning and living and lack of support, caused big stress and even violence. In some cases, volunteers helped during the family crises.²⁷

The NRP 2020 mentions the importance to enhance the inclusion of adults in life-long learning and improve the competences adults needed in the labour market, requirements of the workplace and technological development, better employability and mobility, and personal development and functioning in contemporary society, as well as some measure to obtain these goals. It would be important to mention disabled people, too.

²⁶ Statistica Office of the Republic of Slovenia. Information from 20 June 2020. <https://www.stat.si/StatWeb/News/Index/8879>.

²⁷ Milavec, Nina (2020): Mental health of children and young people with special needs and the phenomenon of comorbidity (*Duševno zdravje otrok in mladostnikov s posebnimi potrebami ter razlaga termina sopojavnost*); Master study, Faculty of Education, University of Ljubljana. Unpublished work <https://repozitorij.uni-lj.si/IzpisGradiva.php?id=118079&lang=slv>.

Since 2020 the Road Transport Act,²⁸ Article 114, regulates free of charge travel from home to the educational institutions of the students with heavy and severe physical impairments. In addition, the subsidy can get a disabled person who has to be enrolled in a parallel special programme based in boarding schools for children and young people with special needs and who have no right for accommodated transportation from home to the institution and back. These children and young people with disabilities can get subsidy for the travel from home to the educational institution.

²⁸ Road Transport Act, 6/16, 67/19. (*Zakon o prevozih v cestnem prometu*), <http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO4236>.

6 Investment priorities in relation to disability

6.1 Updates on use of existing EU funds (to 2020)

The Ministry of Labour, Family, Social Affairs and Equal Opportunities and the Ministry of Education, Science and Sport reported that six projects related to persons with disabilities were funded by ESS or EDF money. Their topics are social inclusion; transition from education to work; building the network of potential employers who would employ disabled people; decreasing inequalities and discrimination; developing material on supported employment; education and training for educational staff to work with children and young people with different disabilities.

In order to implement one of the goals from the Action Programme for Persons with Disabilities 2014-2021 the ESF project *'The Transition of Young Persons' (Prehod mladih)* is very relevant. The aim of the goal is the transition of young persons with disabilities to the labour market and the preparation for entering the labour market during schooling. The ESF funded project aims to achieve this transition. In the time period from December 2017 to December 2021, there were 2,100 young persons with special needs selected to become part of the project and expected to be included into different activities. The particular aims of the project are to inform and to collaborate with young persons with special needs and their parents, school social workers, employers and to enrol young people in employment. 524 young persons with special needs were included in the project's activities in 2019 and 424 finished the project successfully. Out of them 359 persons were included in education and vocational training; 11 got a job; 54 we included into the ALMP. Since 2017, all together 1,094 persons with special needs were included in the project. Unfortunately, not many young people got jobs. The figures for 2019 show that majority of them were enrolled in educational programmes and training. As mentioned already, only 11 persons found paid employment.

The multi-professional collaboration between educational institutions and employment institutions shows some structural obstacles. The Report on the Implementation of the Action Programme for Persons with Disabilities 2014-2021 for the year 2019 mentions the concerns of the Ministry of Labour, Family and Social Affairs and Equal Opportunities in this regard. The ministry emphasised that the educational institutions, which are involved in the project are not active enough in supporting the transition of young disabled into the labour market. Therefore, the Disability Unit of the Ministry proposed the extra encouragement of the schools counsellors to be more engaged (they would get special points for the promotion). Information and awareness raising shall be done by the Ministry of education and the National Education Institute Slovenia.

6.2 Priorities for future investment (after 2020)

The analysis presented in this report suggests that there is a need to invest labour market activation and supported employment in the open labour market, inclusive education and skills, deinstitutionalisation and community-based support for independent living, including access to healthcare.

CSR1 refers to building the 'resilience of the health and long-term care system'. Significant investments are needed here to target the specific needs and access of disabled people, including the development of personal support services.

CSR2 refers to 'enhancing short-time work schemes' and 'flexible working arrangements' for 'non-standard workers'. Such investments could particularly benefit disabled workers.

CSR3 refers to the need for investment in infrastructure, such as 'sustainable transport' and the 5G network. It is vital to ensure that this investment includes accessibility and usability for disabled people.

Particularly relevant priorities from disability perspective which were identified in the 2021-2027 Just Transition Fund of Slovenia (Commission's Country Report 2020)

One key action that might have profound impact on disabled people is smart specialisation strategy and the modernisation of the regional economy and the need to upskill and reskill workers. Disabled workers need have to be taken into consideration, for example: accessible workplaces; informing employers to create more ordinary, accommodated and supported workplaces. Disabled persons need to be included in planning life-long education for upskilling and reskilling of workers and to be part of workers who will be upskilled and reskilled.

Another point relates to the target to end environmental degradation in some parts of the country (Zasavje region, Savinjska region and other regions). This might prevent further long-term illnesses and disabilities in the local population. The Commission's Country Report mentions that the key action could target 'investments in regeneration and decontamination of sites, land restoration and repurposing projects' which will positively affect disabled people and prevent further disabilities. For example: Salonit Anhovo factory for concrete production and waste burning operated in the region that has higher level of cancer and other diseases than other regions. In January 2020 different experts, environmentalists and medical doctors (over 160 persons) signed an open letter against the environmental degradation and to stop waste burning in Salonit Anhovo.²⁹ In December 2019 there was a petition of 140 doctors from the region who warned about the health consequences due to environmental degradation.

²⁹ M.Z. (2020), Doctors and professionals warn about the problem of Salonit Anhovo (*Zdravniki in strokovnjaki opozarjajo na problematičnost Salonita Anhovo*), MMC, 11.01.2020. <https://www.rtvslo.si/zdravje/zdravniki-in-strokovnjaki-opozarjajo-na-problematicnost-salonita-anhovo/511372>.

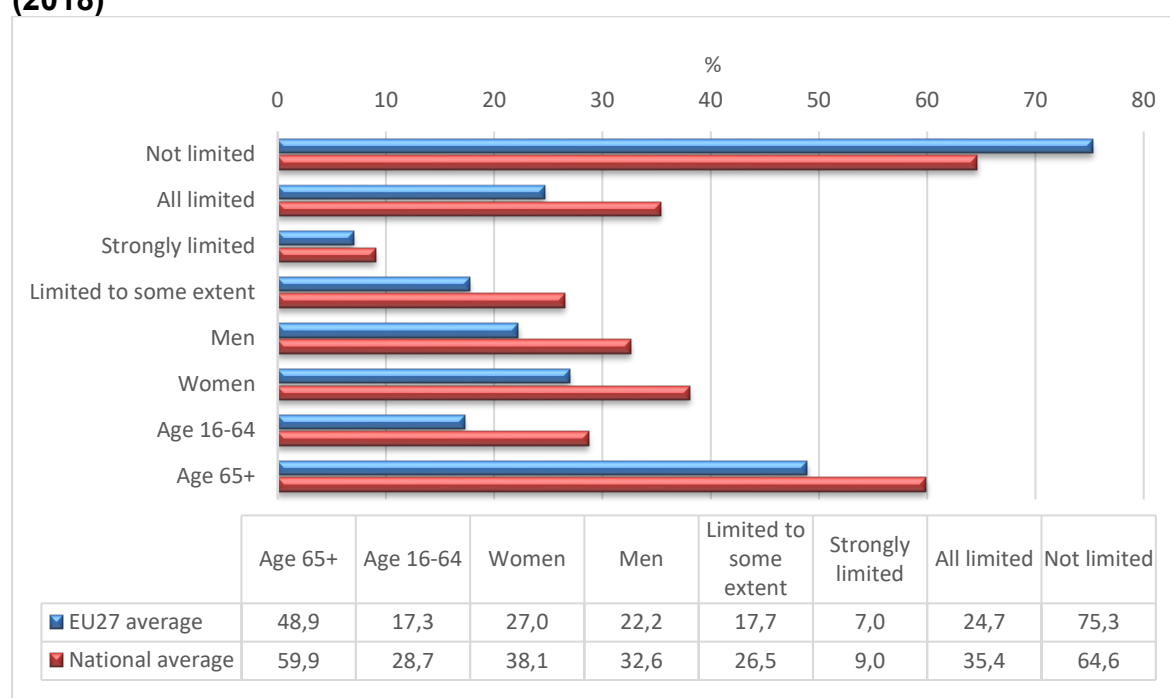
7 Annex: disability data relevant to the Semester

See also disability data published in the Eurostat database³⁰ and statistical reports.³¹

Unless specified, the summary statistics are drawn from the most recent EU-SILC data available to researchers from Eurostat. The EU-SILC sample includes people living in private households and does not include people living in institutions (congregative households). The sampling methods vary somewhat in each country.

The proxy used to identify people with disabilities (impairments) is whether ‘for at least the past six months’ the respondent reports that they have been ‘limited because of a health problem in activities people usually do’.³²

Table 1: Self-reported ‘activity limitations’ as a proxy for impairment/disability (2018)



Source: EU-SILC 2018 Release 2020 version 1

In subsequent tables, these data are used to indicate ‘disability’ equality gaps and trends relevant to the analytical chapters – for the labour market, social policies and healthcare, and education – by comparing outcomes for persons who report and do

³⁰ Eurostat health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

³¹ Eurostat (2019) *Disability Statistics* https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics.

³² The SILC survey questions are contained in the Minimum European Health Module (MEHM) [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_\(MEHM\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_(MEHM)).

not report 'activity limitations'.³³ National estimates for Slovenia are compared with EU27 mean averages for the most recent year.³⁴

7.1 EU data relevant to disability and the labour market (2018)

Table 2: Employment rates, by disability and gender (aged 20-64)

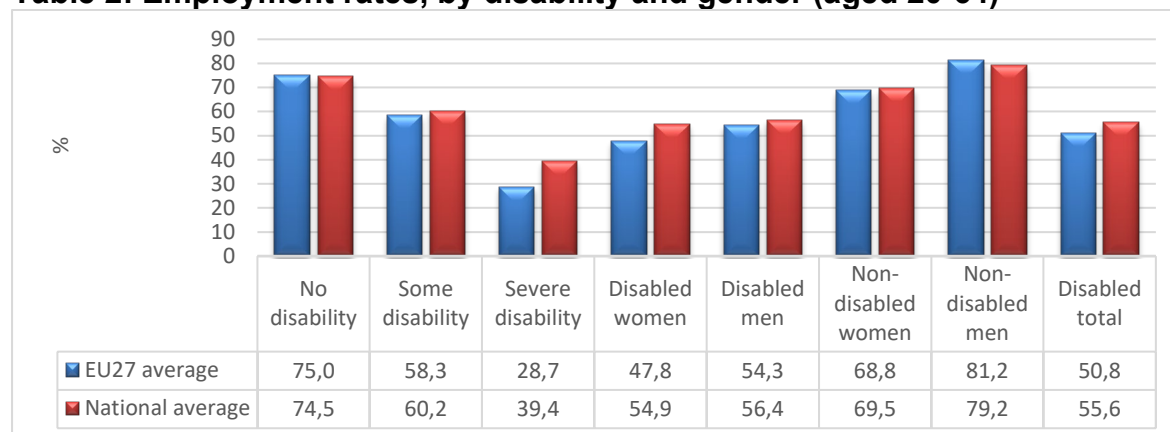
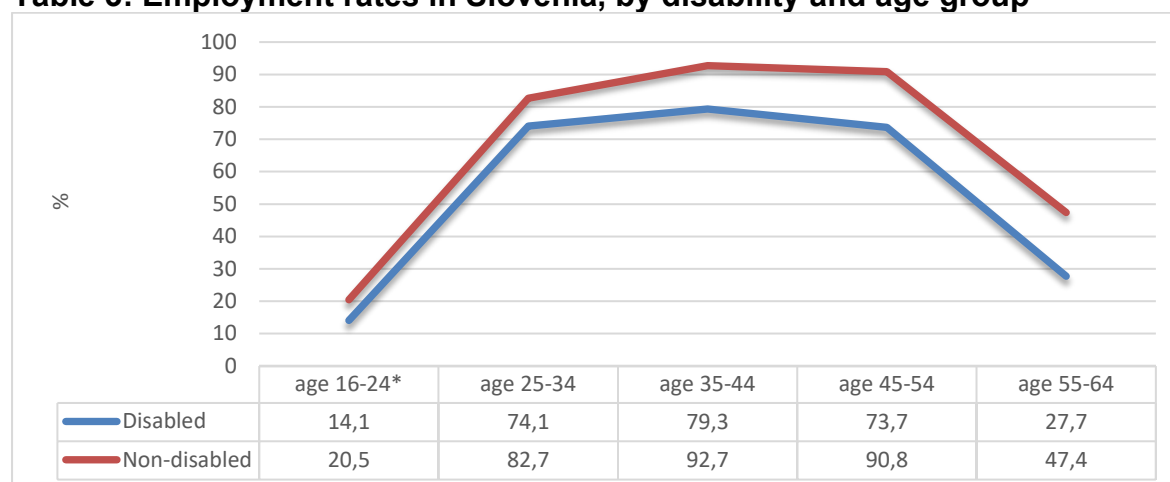
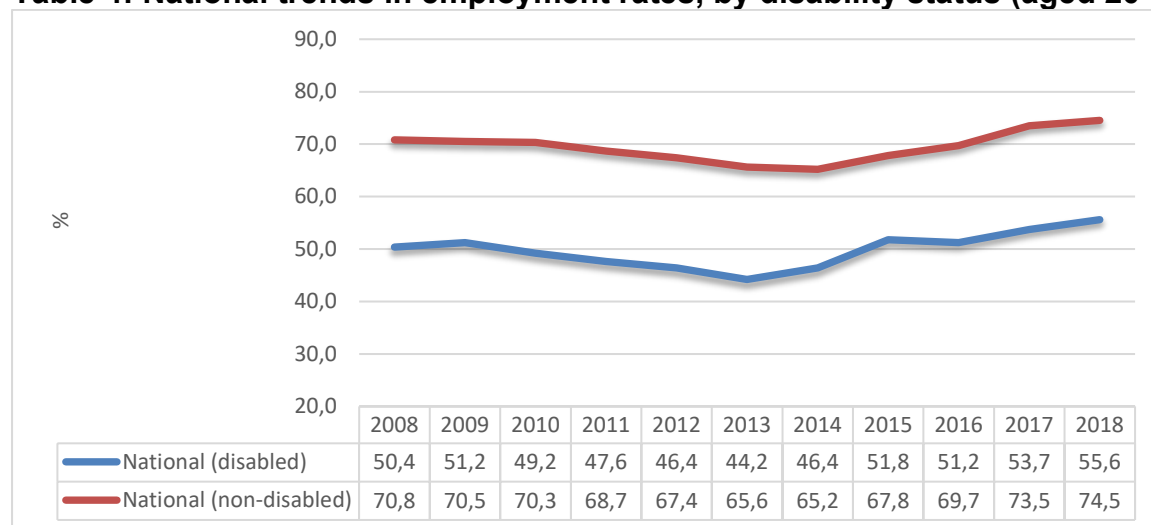


Table 3: Employment rates in Slovenia, by disability and age group



³³ This methodology was developed in the annual statistical reports of ANED, available at <http://www.disability-europe.net/theme/statistical-indicators>.

³⁴ The exit of the United Kingdom from the EU changes the EU average. Averages were also affected in 2015 by a discontinuity in the German disability data due to a definitional change.

Table 4: National trends in employment rates, by disability status (aged 20-64)

Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

7.1.1 Unemployment

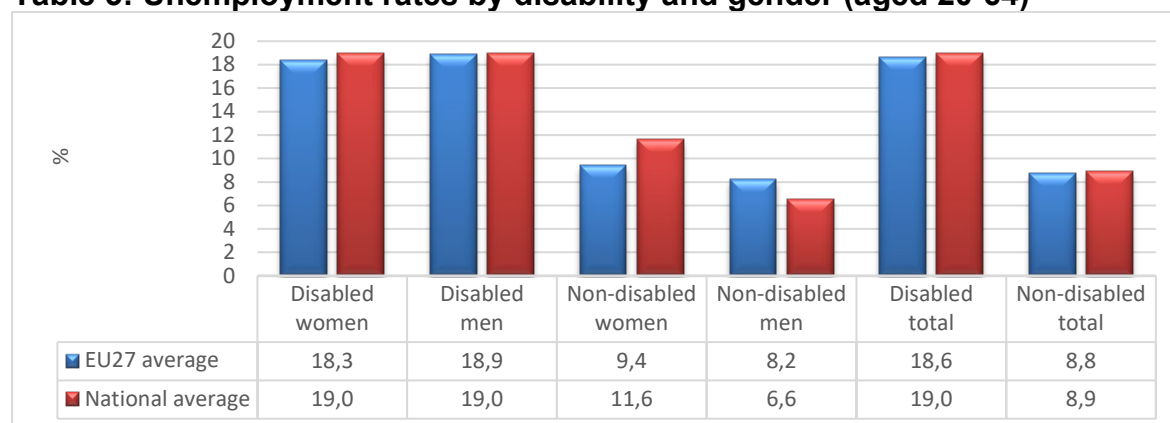
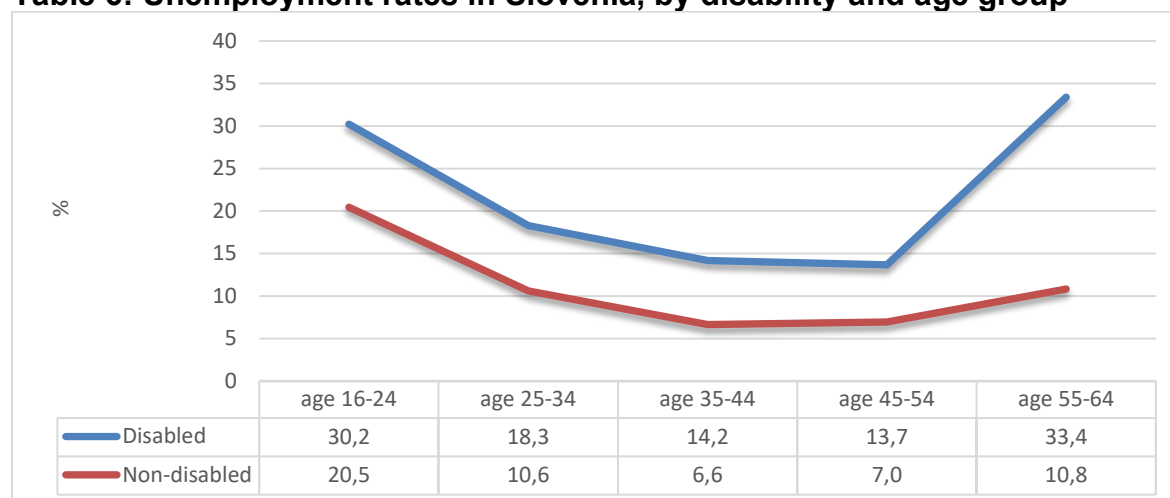
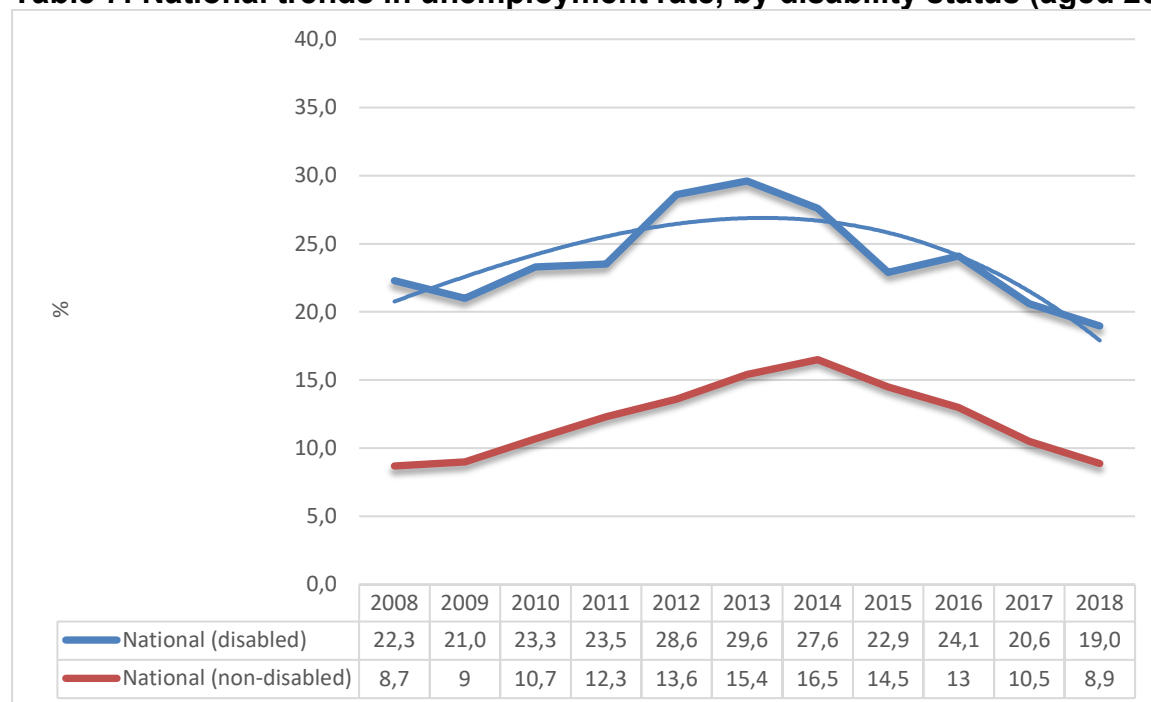
Table 5: Unemployment rates by disability and gender (aged 20-64)**Table 6: Unemployment rates in Slovenia, by disability and age group**

Table 7: National trends in unemployment rate, by disability status (aged 20-64)

Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

7.1.2 Economic activity

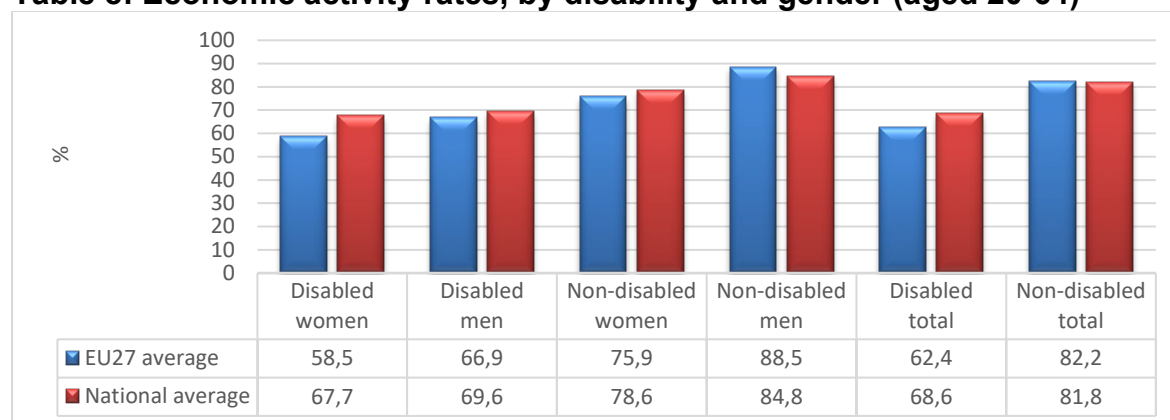
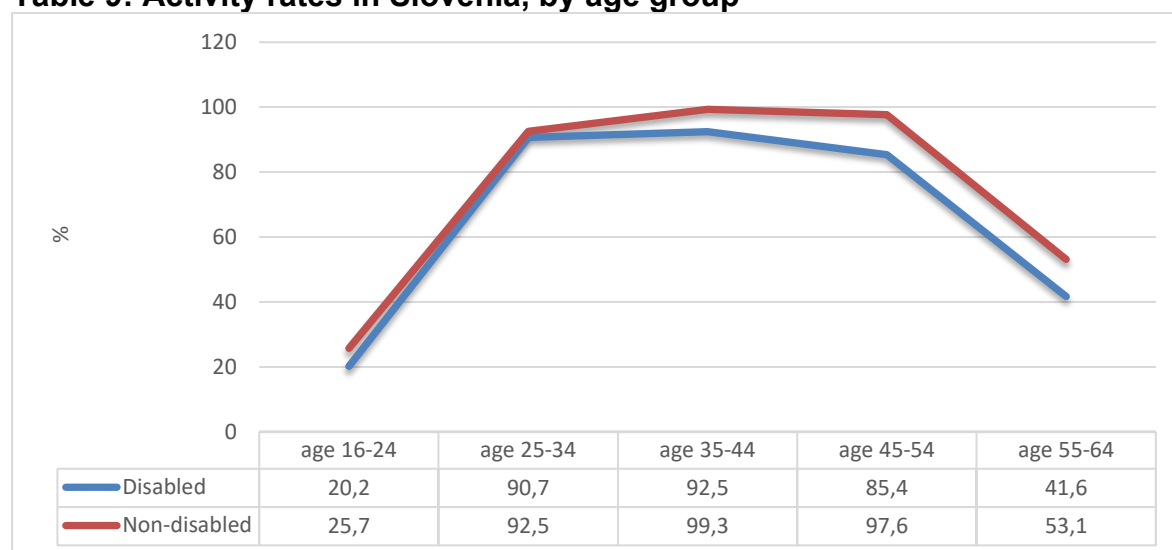
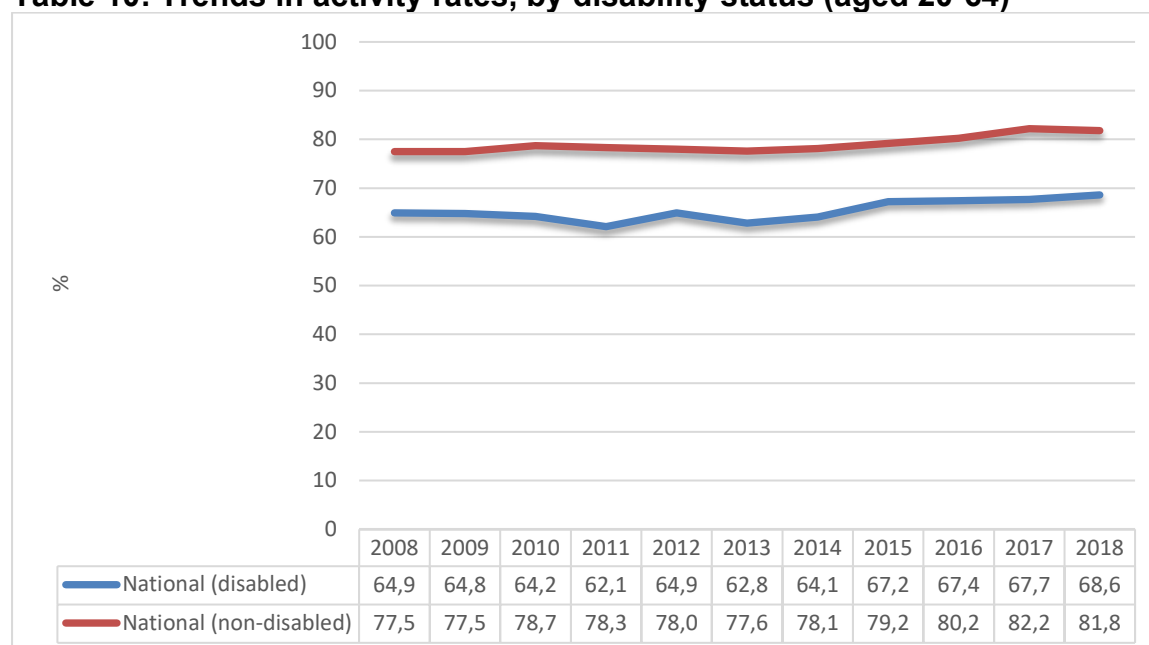
Table 8: Economic activity rates, by disability and gender (aged 20-64)

Table 9: Activity rates in Slovenia, by age group**Table 10: Trends in activity rates, by disability status (aged 20-64)**

Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

7.1.3 Alternative sources of labour market data in Slovenia

Disability data is not included in the core European Labour Force Survey but labour market indicators for Slovenia were disaggregated from ad modules conducted in 2001 and 2011. These can be found in the Eurostat disability database.³⁵

³⁵ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

7.2 EU data relevant to disability, social policies and healthcare (2018)

Table 11: People at risk of poverty or social exclusion, by disability and risk (aged 16-59)

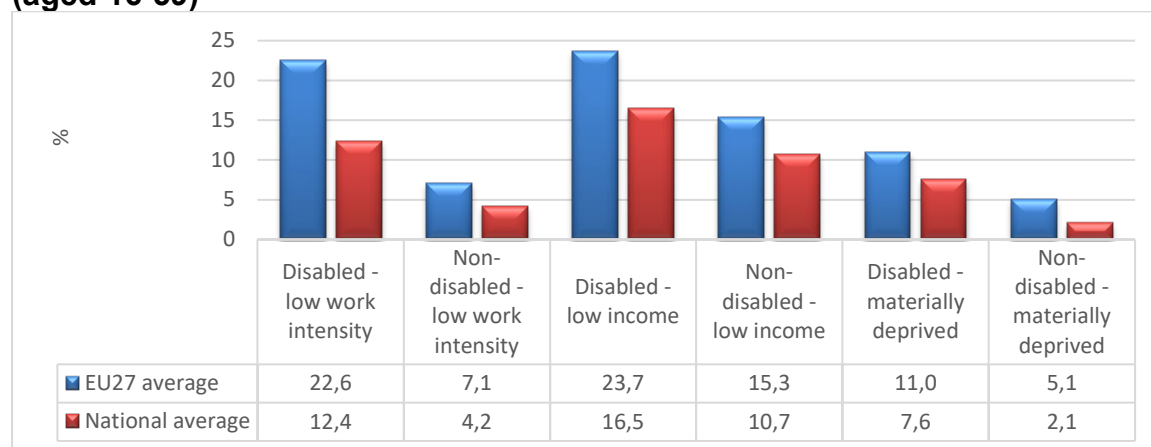


Table 12: People at risk of poverty or social exclusion, by disability and gender (aged 16+)

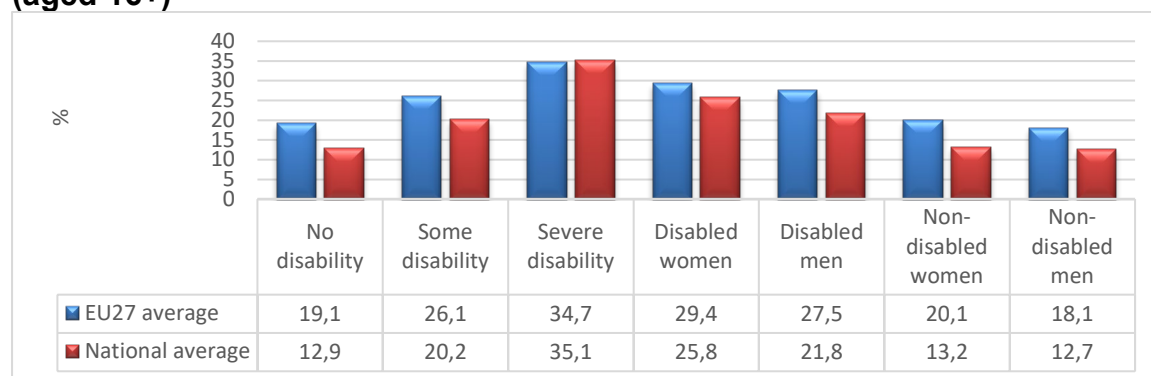
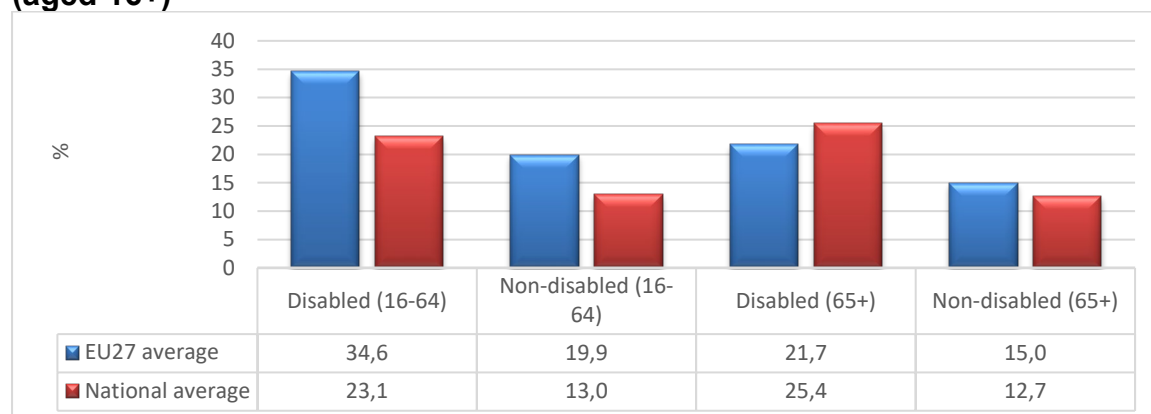
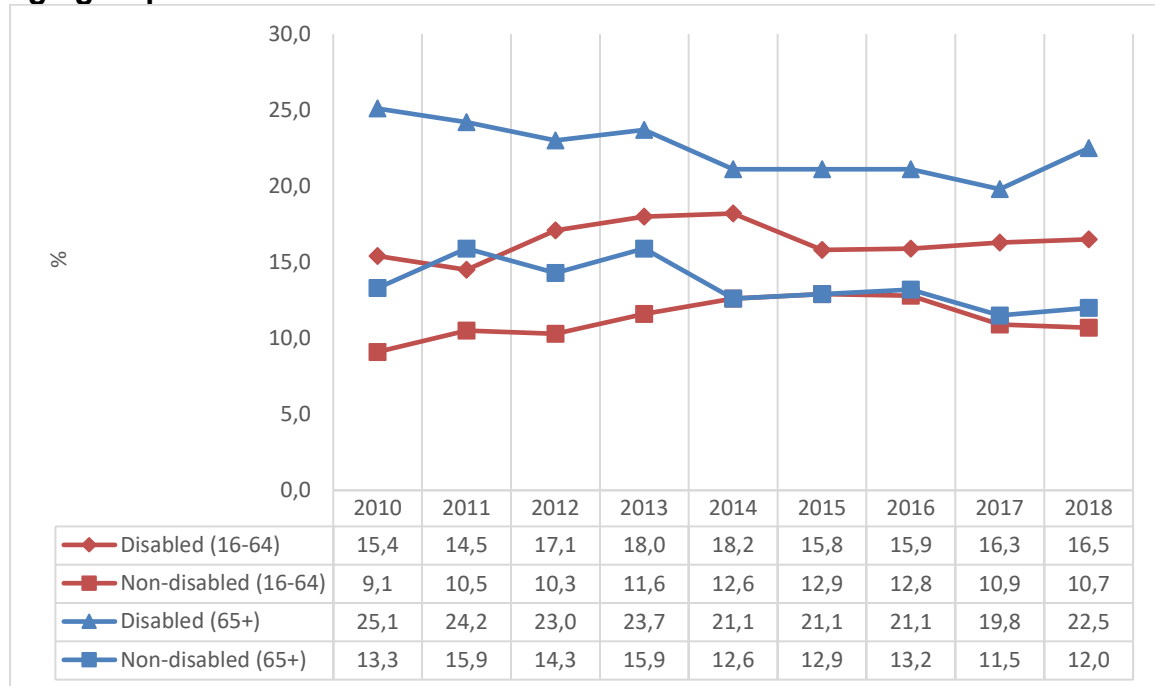


Table 13: Overall risk of household poverty or exclusion by disability and age (aged 16+)

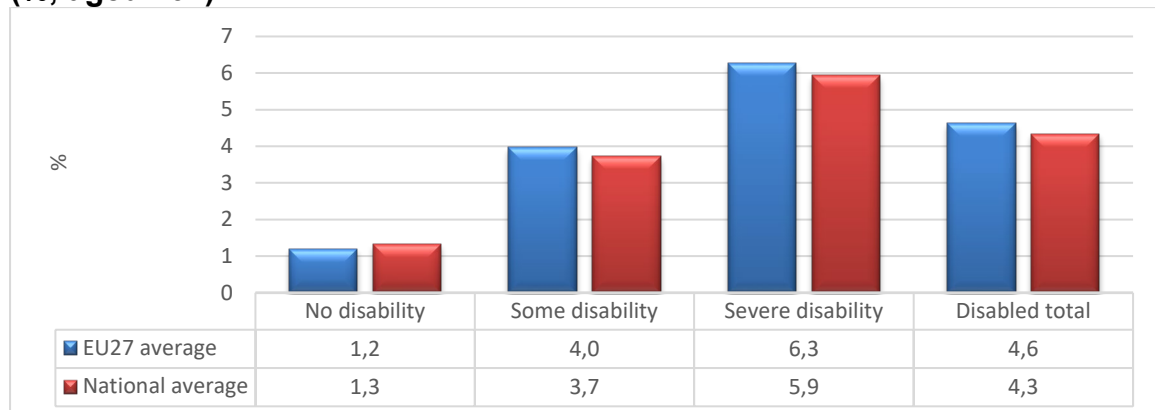


Source: EU-SILC 2018 Release 2020 version 1 (and previous UDB)

Table 14: Trends in the risk of poverty after social transfers, by disability and age group


Source: Eurostat Health Database [[hlth_dpe020](#)] - People at risk of poverty

Note: this table shows national trends in financial poverty risk, rather than the general AROPE indicator (which is not as comparable between age groups due to the effect of paid employment); the survey does not distinguish 'activity limitation' for children under 16.

Table 15: Self-reported unmet needs for medical examination, 3-year average (% , aged 16+)


Source: Eurostat Health Database [[hlth_dh030](#)] – 'Too expensive or too far to travel or waiting list'

Note: due to large variations an average of three years is indicated. EU mean averages are also skewed by high values in a minority of countries within disability groups but median averages for the total disability and no disability groups in 2018 are consistent with the 3-year mean values.

7.2.1 Alternative sources of poverty or health care data in Slovenia

The EU-SILC data provides a comprehensive and reliable source concerning poverty or social exclusion rates. In addition to the summary tables presented so far, the Eurostat disability database also contains breakdowns concerning disability and poverty before and after social transfers, as well as in-work-poverty.³⁶

7.3 EU data relevant to disability and education

Table 16: Early school leaving rates, by disability status (aged 18-24 and 18-29)³⁷

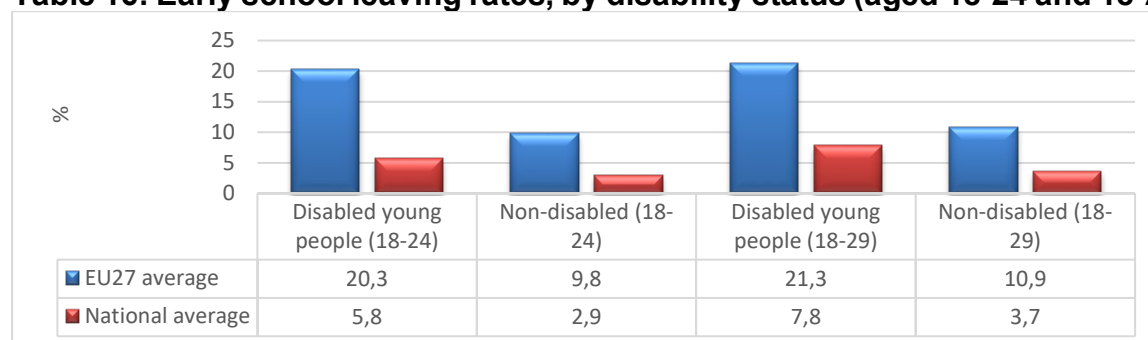
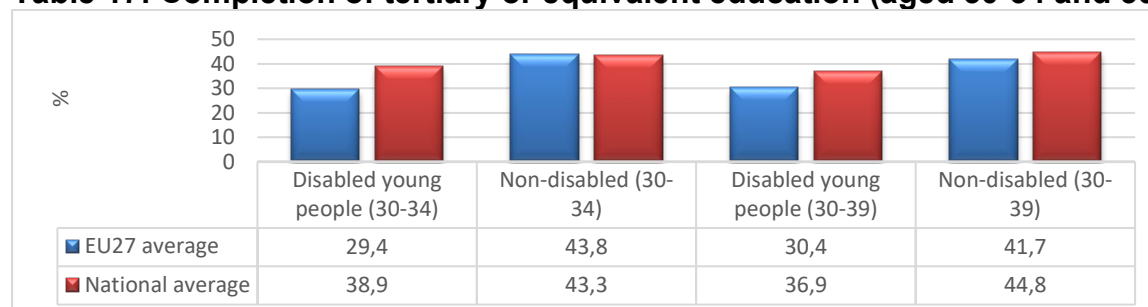


Table 17: Completion of tertiary or equivalent education (aged 30-34 and 30-39)



Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

Note: Confidence intervals for the disability group are large and reliability low (due to the small sample size in the target age group). An average of several years may be needed to establish trends or to compare breakdowns by gender.

7.3.1 Alternative sources of education data in Slovenia

Disability data is not included in the core European Labour Force Survey, but education and training indicators were disaggregated from ad hoc modules conducted in 2001 and 2011. These can be found in the Eurostat disability database.³⁸ Similar caution is needed with this data.

Some administrative data is also provided in the European Agency's Statistics on Inclusive Education (EASIE), concerning the population of enrolled students identified with special educational needs in Slovenia.³⁹

³⁶ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

³⁷ There was a change from ISCED 1997 to ISCED 2011 qualification definitions in 2014 although some Member States continued to use the older definition after this time.

³⁸ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

³⁹ European Agency for Special Needs and Inclusive Education, *Statistics on Inclusive Education*, <https://www.european-agency.org/data/data-tables-background-information>.

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