



COVID-19 and people with disabilities

Assessing the impact of the crisis and informing disability-inclusive next steps

Slovenia

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1 Executive summary

The Slovenian government announced the COVID-19 epidemic restrictions on the 14 March 2020 and announced their end on the 14 May 2020 as the first country in the European Union. This might be one reason that the numbers of infections have risen since then, so that at the end of December 2020 Slovenia had one of the highest numbers of infections per inhabitant compared to other countries of the EU. On 18 October 2020, it announced the second period of epidemic.

Disability inclusivity of disaster and recovery planning

The government made eight emergency legislations related to COVID-19 in order to contain and mitigate its consequences. In direct relation to disabled persons are parts of legislation that define the economic compensations for the workers who were mostly affected by the loss of income, among them also persons with disabilities. It defines compensations for persons who receive different types of allowances and social transfers among them are persons with disabilities. Parents and relatives of disabled children who are listed under 'vulnerable groups' get solidarity money. These legislations are important as they give people including disabled persons and parents with disabled children some economic safety. Nevertheless, there are no studies that would analyse the effects of these measures and would give an overview of employment and financial situation of disabled persons and families with disabled relatives.

The governmental legislations and rules relate also to prevention and control of the spread of COVID-19 in long-stay social protection institutions where children, adults and elderly disabled live. Within legislations, all long-stay institutions for disabled and elderly in the country are defined to include centres for education, work and protection for disabled children and young people; boarding schools for disabled children and young people; long-stay sheltered workshops institutions; long-stay social protection institutions for adults and elderly homes. At least 22 000 disabled and elders live in them. One of the major characteristics of the new regulations related to COVID-19 is that they are entirely medically oriented and do not even mention social, psychosocial issues and emotional needs of disabled persons as well as do not give any particular instruction to other than health workers. In none of the governmental laws professions like social workers, psychologist, special educators, are mentioned. The governmental expert groups and regional teams and other expert groups that were activated to prevent and control the infections in long-stay social protection institutions, neither social workers and disability experts nor service users are involved. This is important to be emphasised, because none of the institutions mentioned above are medical facilities, but are social protection institutions.

While economic intervention measures took person with disabilities into consideration, the interventions related to long-stay institutions are based on entirely medical-spatially-segregational model. During the first lockdown until June 2020, governmental medical paternalism and ageism towards people living in congregations were one of the most criticised responses by the public, the media, relatives and civil organisations.¹ Disability organisations were active when they requested economic

¹ Jager, Vasja (2020), In the institutions exist the registers of the written offs, who are not allowed to come to the hospital, Mladina, 15 May 2020 <https://www.mladina.si/198377/v-domovih-za-starejse-obstajajo-seznami-odpisanih-ki-ne-smejo-priti-v-bolnisnico/>; Kovač, Vanja (2020), The decision to

compensations for disabled people and for disability organisations from the government. They have not advocated against the total closure of people who live in institutions and against ageism known as the 'register of the written offs', when the government decided that in case of COVID-19 infection people from congregational institutions should not be transferred to hospitals, although two third of beds in hospitals provided for COVID-19 patients were empty.²

In long-stay institutions for children and young people with intellectual and multiple disabilities, which offer rehabilitation for children who live in institutions as well as for those who live at home, the rehabilitation and different therapies were severely limited since March 2020. The medical rehabilitation was ensured partially for long-term residents while those who live at home were not able to receive any rehabilitation therapies. There is no evidence about the negative effects of these measures to children and adults.

During the pandemic, the Constitutional Court of the Republic of Slovenia released a decision in relation to children and young people with intellectual and multiple disabilities who attend special schools, or go to schools in special institutions for education, work and protection or to other institutions for disabled children and youth. Two parents of children with special needs requested a legal judgement whether home schooling of children with intellectual disabilities are necessary measure to control epidemic and claimed that home schooling was against the constitutional rights of equal treatment of the children with special needs. The constitutional judges decided in favour of parental request, but primarily on the legal grounds, so that children with special needs returned to schools at the beginning of January 2021 while all other children remained at home.

In October 2020, The National Council of Disability Organisations made a document about how COVID-19 epidemic disproportionately affect disabled people in Slovenia and wrote the recommendations how to improve the situation of disabled persons.

Note on the methodology

Although the instructions for writing this report was to avoid using media articles, this is not possible in the moment of time in Slovenia. The governmental data are hardly available and due to home-office is even more difficult to reach responsible persons via phone as they do not respond to the e mails. Disability-related research on COVID-19 does not exist. During the epidemic the new government changed directors of almost all important governmental offices while some critical media still keep their independent status. The yearly Report of the Implementation of Action Plan for Disabled 2014-2022 will be released in July 2022 and by now no data is available.

keep the ill and infected in the institution's foe elders was bad and has tragical consequences. MMC RTV SLO, 23 May 2020 <https://www.rtvlo.si/zdravje/novi-koronavirus/odlocitev-da-se-bolne-in-okuzene-zadrzi-v-domovih-je-bila-slaba-in-ima-tragicne-posledice/524860>.

² Pihlar, Tatjana (2020). The Door is open a bit, but in the elderly homes still like in prison [Vrata priprta, v domovih pa še vedno kot v zaporu], *Dnevnik*. 16 May 2020; Keber, Dušan (2020), It is about Humanity [Tudi za človečnost gre], *Dnevnik*. 13.6.2020; Zajec, Diana (2020), In 11 homes for the elderly, due to doubts about the adequacy of health care, extraordinary professional supervision is coming, Zdravstveni portal, 7 June, 2020 <https://www.zdravstveniportal.si/zdravstvo/politika/564/domov-za-starejse-izredni-strokovni-nadzor>; G. C., T. K. B. (2020), Professional supervision in elderly homes, MMC RTV SLO, 5 th June 2020 <https://www.rtvlo.si/slovenija/izredni-strokovni-nadzor-v-domovih-za-starejse-kritike-organizacija-bo-nadzirala-samo-sebe/526226>.

Impact of the virus on mortality among people with disabilities

At the end of January 2021 Slovenia was the second EU country with the most deaths/per 1 million inhabitants, 1 617 persons/per 1 million. In the period from March - September 2020 most deaths were among older people in elderly homes, approximately 80 % of all deaths. This was disproportionately higher compared to people in other population groups and disproportionately higher compared to older people who lived at home.³ On the 14 February, all deaths due to COVID-19 were 3 979, between them 2 030 persons died in long-stay institutional care for elderly and disabled.⁴ There are no specific data on how many people with disabilities died from COVID-19, but it might be right to say that all people who died in elderly homes have different disabilities. There exist no specific data on how many people died in other long-stay social protection institutions.

Outline of key concerns about a disproportionately negative impact of the COVID-19 crisis on people with disabilities

1. The majority of deaths in the first and partially during the second lockdown in 2020 happened in elderly homes (80% of all deaths) and other long-stay social protection institutions despite a total closure of these institutions (see section 3.1).
2. During the first lockdown the elderly disabled who were infected with COVID-19 were not transferred to hospitals or special facilities but were kept in the long-stay institutions' buildings despite the public and relatives' concern and despite free and available hospital facilities and beds (see section 3.1).
3. Children from boarding schools for intellectual disabled persons and adults who spend 8 hours /day in sheltered workshops were sent home without seeking other solutions for the disabled children and adults and without evaluating the conditions at home and no children and young people who live at home got any rehabilitation therapies. Nevertheless, after two parents of children with special needs requested a legal judgement whether home schooling of children with intellectual disabilities are a necessary measure to control epidemic and claimed that home schooling was against the constitutional rights of equal treatment of the children with special needs, the constitutional judges decided in favour of their request (sections 1.1.,12.1, 12.2).

Examples of good practice

1. Legislations (Anti-Corona-packages 1-8) defined some groups of disabled people, relatives of disabled children who got some economic supplements. Disability organisations, disability companies and employment centres got compensations for lost income and to support disabled workers.

³ Flaker, Vito (2020), Corona virus institutionalis-crown institutional virus. *Journal of Social Work*, 59, 4: 307-324 https://www.revija-socialnodelo.si/mma/6_flaker.pdf/2020092413263191/.

⁴ National Institute of Public Health Data on social protection institutions https://www.nijz.si/sites/www.nijz.si/files/uploaded/umrli_COVID-19_01022021.pdf.

Recommendations and opportunities for change

1. The residents of long-stay social protection institutions and relatives need to be actively involved in important decisions related to medical treatments; restrictions of movement and social life in long-stay institutions during epidemic and their other needs also in times of crises need to be respected.
2. The recovery planning might be a good opportunity to reflect on congregational settings with such a high number of deaths and infections and use the opportunity for processes of deinstitutionalisation.
3. In different governmental expert groups and professional regional teams to prevent and mitigate the consequences of the virus, disabled persons, disability activists, social workers, and other essential professions need to be included apart of medical professionals and politicians.

2 Disability-inclusive disaster and recovery planning

[Article 11 – Situations of risk and humanitarian emergencies & Article 4\(3\) – involvement of persons with disabilities](#)

2.1 Commitments to disability in disaster management and recovery strategies

The Slovenian government announced the COVID-19 epidemic on the 14 March 2020 and announced its end on the 14 May 2020 as first country in the European Union. On the 18 October 2020 it announced the second period of epidemic.

Since April 2020, the government made eight legislations (known as Anti-Corona-Packages 1-8)⁵ which regulate mostly the financial interventions and state support of people who were most affected from epidemic due to the loss of income. Disabled persons are mentioned, as well as disability and humanitarian organisations, which employ disabled persons. Disability companies and employment centres are mentioned, too. The legislations address 'vulnerable groups' and 'other vulnerable groups' for example relatives of disabled persons and those relatives who are employed as family helpers. The 'vulnerable' and 'other vulnerable groups' received one-time solidarity money in June 2020 (see section 13.1). In addition, the legislations define the situation in long-stay social protection institutions where children, adults and elders live. The economic intervention measures took person with disabilities into consideration while the interventions related to long-stay institutions are based on

⁵ All 8 legislations from April 2020 to February 2021: Act Determining the Intervention Measures to Contain the COVID-19 Epidemic and Mitigate its Consequences for Citizens and the Economy, 2020 [PKP1-Zakon o interventnih ukrepih za zaježitev epidemije COVID-19 in omilitvev njenih posledic za državljane in gospodarstvo (Official Gazette of RS, No. 49/20, 61/20, 152/20 – ZZUOOP, 175/20 – ZIUOPDVE, 15/21 – ZDUOP)], Anti-Corona-Package 1; <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO8190>; Act Providing Additional Liquidity to the Economy to Mitigate the Consequences of the COVID-19 Epidemic, 2020 [PKP2- Zakon o zagotovitvi dodatne likvidnosti gospodarstvu za omilitvev posledic epidemije COVID-19 (Official Gazette of RS, No. 61/20, 152/20 – ZZUOOP, 175/20 – ZIUOPDVE)], Anti-Corona-Package-2; <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO8197>; Act Determining the Intervention Measures to Mitigate and Remedy the Consequences of the COVID-19 Epidemic, 2020 [PKP3- Zakon o interventnih ukrepih za omilitvev in odpravo posledic epidemije COVID-19 (Official Gazette of RS, No. 80/20, 152/20 – ZZUOOP, 175/20 – ZIUOPDVE, 203/20 – ZIUOPDVE, 15/21 – ZDUOP)], Anti-Corona-Package 3; <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO8206>; Act Determining Intervention Measures to Prepare for the Second Wave of COVID-19, 2020 [PKP4- Zakon o interventnih ukrepih za pripravo na drugi val COVID-19 (Official Gazette of RS, No. 98/20, 152/20 – ZZUOOP)], Anti-Corona-Package 4; <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO8231>; Act Determining Temporary Measures to Mitigate and Remedy the Consequences of COVID-19, 2020 [PKP 5- Zakon o začasnih ukrepih za omilitvev in odpravo posledic COVID-19 (Official Gazette of RS, No. 152/20 , 175/20 – ZIUOPDVE)], Anti-Corona-Package 5; <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO8254>; Act Determining the Intervention Measures to Mitigate the Consequences of the Second Wave of COVID-19 Epidemic, 2020 [PKP6-Zakon o interventnih ukrepih za omilitvev posledic drugega vala epidemije COVID-19 (Official Gazette RS, No. 175/20, 203/20 – ZIUOPDVE, 15/21 – ZDUOP)], Anti-Corona-Package 6; <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO8272>; Act Determining Intervention Measures to Assist in Mitigating the Consequences of the Second Wave of COVID-19 Epidemic, 2020 [PKP7-Zakon o interventnih ukrepih za pomoč pri omilitvi posledic drugega vala epidemije COVID-19 (Official Gazette of RS, No. 203/20 in 15/21 – ZDUOP)], Anti-Corona-Package -7; <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO8304>; Act on Additional Measures for Mitigation of Consequences COVID-19, 2021, [PKP8- Zakon o dodatnih ukrepih za omilitvev posledic COVID-19 (Official Gazette of RS, No.15/21)], <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO8321>, Anti-Corona-Package 8.

entirely medically-spatial-segregational model and the needs of residents were not discussed (see section 13.1).

One of the 'Anti-Corona-Packages 3', the Act Determining the Intervention Measures to Mitigate and Remedy the Consequences of the COVID-19 Epidemic which came into force on 31 May 2020⁶ in the Article 53 addresses persons with disabilities who are placed in public long-term institutional care and were re-placed back home due to epidemic. Those who went home got disability allowance or the replacement for disability or family pension. These types of payments go otherwise to pay the institutional care. Due to the epidemic, the money can go from the long-stay institution directly to the person or the person's guardian. The same Article 53 regulates that in case of empty facilities of the long-stay institutions, the government covers the costs of the empty facilities and beds as well as pays the staff. With other words, the families receive the allowance for help and support or disability allowance, or family pension, which all go otherwise for the costs of institutional living.

Further, Article 54 defines that the employees who work in the area of social protection particularly in private long-stay institutions and are particularly exposed to health risks due to epidemic or particularly overburdened due to control of epidemic, are eligible for extra funding that would compensate the health risk and extra burden during the epidemic at the workplace. These funds are all secured from the national budget.

In the area of disability protection Article 56 defines the increase of the subsidy of the salaries for disabled persons. The disability companies and other employers who employ disabled persons, according to the Employment rehabilitation and Employment Act (2007), and who get state subsidies to pay minimal wage to disabled persons, are eligible to get 10 % more of the total sum of the subsidies they receive. For example, employment centres are eligible, which also get subsidies in order to pay salaries for disabled persons. Nevertheless, the required sum from the employment centres cannot exceed 75 % of all salaries of disabled persons employed at the centres.

Some legislations related to COVID-19 (Anti-Covid-Package-5, Articles 85; 98, 99) defines that the government will give additional funds for protection equipment against SARS-CoV-2; disinfection remedies; additional funds for the increase of the number of staff and for the equipment for the automatisation of work within long-stay social protection institutions in order to prevent the spread of viruses. It will also give additional funds for the establishments of the »red zones« in long-stay social protections institutions as well as for placements of the workers who work within the »grey« and the 'red' zones in separate locations which is not at their home address. The Ministry of Labour, Family, Social Protection and Equal Opportunities deals with the requests for additional funding.

The last legislation related to the epidemic (Anti-Corona-Package 8, 2021, Article 36) gives additional one-time solidarity supplement in the amount of EUR 150 to only 2 groups of disabled persons, these are the war disabled and those who are eligible for financial compensation according to the Social Inclusion of Disabled Persons

⁶ Act Determining the Intervention Measures to Mitigate and Remedy the Consequences of the COVID-19 Epidemic [Zakon o dodatnih ukrepih za omilitev posledic COVID-19 – ZDUOP (Official gazette of the RS, No. (Uradni list RS, št. 80/20, 152/20 – ZZUOOP, 175/20 – ZIUOPDVE, 203/20 – ZIUPOP DVE in 15/21 – ZDUOP)] <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO8206>.

Act (30/2018).⁷ They are disabled persons who have disability allowance or those who receive family pension or family disability allowance. These groups of disabled persons will receive the one-time solidarity supplement by 30 April 2021.

The overview of the legislations shows that they do address disabled people. Nevertheless, two issues stand out. First, there are many exceptions (details) and it is difficult to understand who, when and how much money people will be compensated for. Second, the lack of data on how disabled people cope with the economic situation due to COVID-19 epidemic make it very difficult to get a comprehensive overview about the effects of the measures which were taken. The overall legislation on disability remains fragmented; therefore, it is difficult to understand the effects the legislations related to the COVID-19 period had on those disabled who are in paid employment, are unemployed, or live at home. Third, some parts of legislations address the institutions where disabled and elderly live, but none is related to the ordinary living of disabled persons (for example rehabilitation, transportation support, support regarding food supply, social isolation).

So far, the disaster management and recovery strategies speak about the improvement of the long-stay institutions for elderly. The government emphasises the need for more employed staff. There are no discussions related to deinstitutionalisation.

2.2 Involvement of people with disabilities in disaster management and recovery strategies

The government did not consult disability organisations and disabled people. Nevertheless, the National Council of Disability Organisations made a document with a list of priorities related to the improvement of the situation of disabled people in times of dangerous conditions and humanitarian crises. They emphasised accessible information about public health; inclusive health services; access to vaccination; inclusion; disabled people should not remain without basic goods, support and human contact; support network and devices; economic support.⁸ The National Council also requested changes of the Anti-Corona-packages 1-8 legislations and some of them were accepted by the government.

2.3 Disability impact assessments and research to inform disaster management and recovery planning

There is no evidence concerning the use of impact assessment or the commissioning of research concerning the situation of persons with disabilities to inform disaster and recovery planning.

2.4 Use of disaster management and recovery planning funds

In February 2021, the Minister of Labour, Family, Social Affairs and Equal Opportunities announced that as part of recovery planning the government will ensure

⁷ Social Inclusion of Disabled Persons Act (30/2018), <http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO7808&d-49683-s=1&d-49683-p=1&d-49683-o=2>.

⁸ National Council of Disability Organisations' views on the management of the COVID-19 pandemic and its consequences for the disabled in the Republic of Slovenia. 27 October 2020. [Stališča NSIOS o upravljanju s pandemijo COVID-19 in njenimi posledicami za invalide v RS – NSIOS](#).

EUR 30 million governmental funds for new long-stay institutions for the elderly within the next two years.⁹ In addition, the Ministry granted a concession for 11 new institutions for elderly which will have together 1 285 beds, which is approximately 120 beds in each institution. The institutions will be managed by private enterprises, among them SeneCura, an Austrian transnational enterprise which will build 3 institutions with 450 beds (approx. 150 beds per institution). The commission which decided who will get the concession use the criteria such as: a.) whether the provider will ensure one-bed rooms to prevent spread of the virus; b.) whether the provider will have closed wards for people with mental health problems; c.) whether services for people with dementia and with similar conditions will be provided. This shows that some money will be allocated for disability-related purposes, but the way how the money will be spent is against the UN CRPD principles and strengthens living in large congregations. Since January 2021, the institutions already took 745 new residents in the empty beds of those who died from COVID-19.¹⁰

⁹ The Ministry of Labour has selected 11 homes for the elderly to grant a concession [Za podelitev koncesije je ministrstvo za delo izbralo 11 domov za starejše], MMC RTV SLO, 16 February 2021, <https://www.rtv slo.si/slovenija/za-podelitev-koncesije-je-ministrstvo-za-delo-izbralo-11-domov-za-starejse/569740>; Janez Cigler Kralj: we are accounting for an additional 2000 accommodation places with the construction of new homes for the elderly. [Janez Cigler Kralj: z gradnjo novih domov za ostarele računamo na dodatnih 2000 mest za nastanitev]. N.SI, 12 January 2021 <https://nsi.si/novica/janez-cigler-kralj-v-kratkem-bomo-imeli-2000-novih-mest-za-nastanitev-starejsih/>.

¹⁰ The Ministry of Labour has selected 11 homes for the elderly to grant a concession [Za podelitev koncesije je ministrstvo za delo izbralo 11 domov za starejše], MMC RTV SLO, 16 February 2021 <https://www.rtv slo.si/slovenija/za-podelitev-koncesije-je-ministrstvo-za-delo-izbralo-11-domov-za-starejse/569740>; Janez Cigler Kralj: we are accounting for an additional 2000 accommodation places with the construction of new homes for the elderly. [Janez Cigler Kralj: z gradnjo novih domov za ostarele računamo na dodatnih 2000 mest za nastanitev]. N.SI, 12 January 2021 <https://nsi.si/novica/janez-cigler-kralj-v-kratkem-bomo-imeli-2000-novih-mest-za-nastanitev-starejsih/>.

3 Mortality connected to COVID-19 among people with disabilities

[Article 10 – The right to life](#)

3.1 Are official statistics available concerning the overall mortality rate of people with disabilities?

Disability does not appear in official statistics in relation to COVID-19 deaths (see section 1.2). The official statistics differentiate only between general population and those persons who were infected or died in congregational institutions. This differentiation was not made from the start of epidemic but after May 2020. The official statistics report that on the 14 February all deaths due to COVID-19 in long-stay public protection institutions for elderly and disabled were 2 030 persons. Officially 12 035 residents got infected in all long-stay institutions which have over 20 000 persons (data on 31 January 2021).¹¹

In the official statistics on mortality rate due to COVID-19, there are no category of disabled people. Neither the National Institute of Public Health data nor 'Tracking data on the COVID-19 spread in Slovenia' have data on disabled persons.¹² At the end of January 2021 Slovenia was the second EU country with the most COVID-19 deaths/per 1 million inhabitants, 1 617 persons/per 1 million. On the 14 February, all deaths due to COVID-19 were 3 979, among them 2 030 persons died in long-stay public protection institutions for elderly and disabled.¹³

There are no data how many people with disabilities who were infected with COVID-19 died, but it can be assumed that all people who died in elderly homes have different disabilities. There exist no specific data of how many people died in other long-stay social protection institutions, which are for children and adults with disabilities. Among long-stay public care institutions are counted: public and private elderly homes, long-term public care institutions for disabled adults called sheltered-workshops; special social protections institutions for adults with disabilities and centres for education, work and protection for children and younger disabled.¹⁴ Especially during the first period of epidemic from March 2020 to May 2020, 80 % of deaths were among older people in elderly homes. This was disproportionately higher compared to people in other population groups and disproportionate compared to older people who live at home.

When the numbers of people infected in long stay institutions started to grow, the governmental measures to end the pandemic was primarily to close the elderly homes from the outside world completely (see section 7.2). In two elderly homes, the management decided to build a wall to prevent anyone to come close to the windows of the homes.¹⁵

¹¹ National Institute of Public Health Data on social protection institutions https://www.nijz.si/sites/www.nijz.si/files/uploaded/umrli_COVID-19_01022021.pdf.

¹² [COVID-19 Tracking \(sledilnik.org\)](https://www.sledilnik.org/).

¹³ National Institute of Public Health Data on social protection institutions https://www.nijz.si/sites/www.nijz.si/files/uploaded/umrli_COVID-19_01022021.pdf.

¹⁴ [gumb 4- smrti v povezavi s COVID-19_08022021_epinb.pdf \(nijz.si\)](https://www.nijz.si/sites/www.nijz.si/files/uploaded/gumb_4-smrti_v_povezavi_s_COVID-19_08022021_epinb.pdf)

¹⁵ Zaviršek, Darja (2020), Solidarity and cruelty in the times of Corona crises. *Dnevnik*, Ojektiv, 11 April, Year 70, no. 85 <https://www.dnevnik.si/1042926880>.

An extraordinary governmental measure from March to June 2020 was to keep those who got ill inside of the institutions instead of taking them to hospitals.¹⁶ During the emergency meeting of the Committee of health of the government of Slovenia on the 21 April 2020 some MPs expressed their worries about this fact, that the government decided that those who live in the elderly homes should be kept within the institutions and not taken to hospitals in case of COVID-19 infection.¹⁷ The MPs talked about the essential lack of information about how many people in institutions are infected, how people are tested, how many tests were made, how many survived COVID-19 and how many persons need hospital treatment. The MPs of the Left party requested that the government immediately provide hospital treatment for residents of long-stay social protection institutions.

The once Minister of Health, Dr. Dušan Keber revealed in May 2020 that on the 17 March the government made a decision about a selection of the residents who lived in elderly homes. This was later in May 2020 known in the media as the 'registers of the written offs'.¹⁸

By the 6 April, each person was sorted into two groups: whether to get transferred to the hospitals or not; the expert commission who made the decision did not talk with individuals and/or relatives but only looked at the medical record. The process called a 'selective measures' and presumably supported by the National Commission of the Medical Ethics was to divide the residents of the elderly homes to those who would get medical treatment in hospital in case of COVID-19 infection and those who will not be taken to the hospitals.¹⁹

The decision made by the Ministry of Health was that each of the elderly homes have to have a list of those who due to their medical conditions would not go to the hospital due to COVID-19. An outside 'commission' or counsel of medical staff visited elderly homes (there are 102 institutions with about 18 700 residents) and with the medical staff from the homes on the basis of the residents' medical records decided who of the residents shall not be sent to the hospital in case of COVID-19 infection. Each resident got a document (formular) marked with the decision of the 'commission', but nobody knew about these documents (neither residents nor their relatives). All major daily

¹⁶ Jager, Vasja (2020), In the institutions exist the registers of the written offs, who are not allowed to come to the hospital, *Mladina*, 15 May 2020

<https://www.mladina.si/198377/v-domovih-za-starejse-obstajajo-seznami-odpisanih-ki-ne-smejo-priti-v-bolniscico/>; Kovač, Vanja (2020), The decision to keep the ill and infected in the institution's foe elders was bad and has tragical consequences. MMC RTV SLO, 23 May 2020

<https://www.rtvlo.si/zdravje/novi-koronavirus/odlocitev-da-se-bolne-in-okuzene-zadrzi-v-domovih-je-bila-slaba-in-ima-tragicne-posledice/524860>.

¹⁷ National Assembly of the Republic of Slovenia, The Committee of Health, 31st emergency meeting, 21 April 2020 <https://www.dz-rs.si/wps/portal/Home/deloDZ/seje/evidenca?mandat=VIII&type=magdt&uid=8DEFC122DE2F3CD7C125855100495601>.

¹⁸ Jager, Vasja (2020), Were the elders written off in advance? *Mladina*, 15 May

https://www.mladina.si/198410/so-bili-starostniki-ze-vnaprej-odpisani/?fbclid=IwAR3xVmY6IW1JNNqytbcMugcngZcT5ZT_atRwhB_AiLHRRjvy4yq5CWSUlvS.

¹⁹ Jager, Vasja (2020), In the institutions exist the registers of the written offs, who are not allowed to come to the hospital, *Mladina*, 15 May 2020

<https://www.mladina.si/198377/v-domovih-za-starejse-obstajajo-seznami-odpisanih-ki-ne-smejo-priti-v-bolniscico/>; Kovač, Vanja (2020), The decision to keep the ill and infected in the institution's foe elders was bad and has tragical consequences. MMC RTV SLO, 23 May 2020

<https://www.rtvlo.si/zdravje/novi-koronavirus/odlocitev-da-se-bolne-in-okuzene-zadrzi-v-domovih-je-bila-slaba-in-ima-tragicne-posledice/524860>.

newspapers, weekly magazines, radio and TV stations reported about this governmental procedure.²⁰ Many called it a 'national scandal'. The Minister of Health explained to the public that the measures were wrongly understood by the staff of the elderly people's homes and that there existed special 'palliative' documents but not the 'pre-triage', and that only those who were in 'palliative' care were ordered not to go to the hospital. The staff from the long-stay social protection institutions revealed that in Slovenia none of the elderly homes institutions list people as 'palliative' care residents, as such distinctions do not exist at all.

The elders were sent to hospitals only until 17 March. After that date they were treated within the long-stay social protection institutions, despite of free and available hospital beds. Between 12 March and 10 April out of 225 infected only 30 elderly disabled were transmitted to the hospitals. The governmental spokesperson claimed that they could not afford 'hospitalisation as preventative measures'.

After the information came into the public domain, the then Minister of Health ordered extra professional supervision in 11 elderly homes across Slovenia. The following evidence which was uncovered showed the pre-selection of the residents: the formulars where people were divided; the governmental minutes of the meetings; the correspondence of some directors of the elderly homes who were very worried to have severely ill residents kept within the institutions where it was very hard to ensure the place that the infection would not spread; the consultations about how much morphine the resident who is experiencing breathing difficulties should get in the elderly home.²¹

It shall be emphasised that the elderly homes are not medical but social protection institutions with a notorious lack of personnel and understaffed with the medical professionals, doctors and nurses. Most of the personnel have basic education and are poorly paid (a bit above minimal wage). In some elderly homes one medical doctor works there only a few days per week or even less. It should also be emphasised that during the first lockdown, the hospital facilities, which were prepared for COVID-19 patients, were rather empty. Only one third of all beds reserved for COVID-19 patients were occupied.²² In turn, elderly homes are usually full of people, so there are no rooms for proper isolation of the persons who are positive and less even those who get ill.

²⁰ Pihlar, Tatjana (2020). The Door is open a bit, but in the elderly homes still like in prison [Vrata priprta, v domovih pa še vedno kot v zaporu], *Dnevnik*. 16 May 2020; Keber, Dušan (2020), It is about Humanity [Tudi za človečnost gre], *Dnevnik*. 13.6.2020; Zajec, Diana (2020), In 11 homes for the elderly, due to doubts about the adequacy of health care, extraordinary professional supervision is coming, Zdravstveni portal, 7 June 2020, <https://www.zdravstveniportal.si/zdravstvo/politika/564/domov-za-starejse-izredni-strokovni-nadzor>; G. C., T. K. B. (2020), Professional supervision in elderly homes, MMC RTV SLO, 5 June 2020. <https://www.rtvlo.si/slovenija/izredni-strokovni-nadzor-v-domovih-za-starejse-kritike-organizacija-bo-nadzirala-samo-sebe/526226>.

²¹ Sivka, Alenka (2020), Dušan Keber about the lists of the written offs in elderly homes. ZARJA, 13 June 2020 <https://novice.svet24.si/clanek/novice/slovenija/5edfd7bf3a24a/to-je-bila-nestrokovna-neeticna-in-nezakonita-odlocitev>; Al. Ma., G. K. (2020), Did they really hospitalised everyone who needed hospital treatment?, MMC RTV SLO, June 2020 <https://www.rtvlo.si/zdravje/novi-koronavirus/so-res-hospitalizirali-vse-ki-so-potrebovali-bolnisnicno-zdravljenje/526148>.

²² Republic of Slovenia, National Assembly, Health Committee, 37th emergency meeting and Committee of Labour, Family and Social Affairs and Disabled People, 40th emergency meeting. 9 June 2020 <https://www.dz-rs.si/wps/portal/Home/deloDZ/seje/evidenca?mandat=VIII&type=magdt&uid=A4478632D0BD71DCC12585880036A343>.

It is also important to emphasise that none of the residents or their relatives were informed or consulted about the pre-selection of those who will not get the medical treatment in hospitals. Therefore, there are clear evidences that discrimination took place among elderly disabled.

The 'register of the written offs' was condemned by the advocate for the elderly Biserka Marolt Meden, president of the organisation the 'Silver thread' that advocates for the rights of elderly. Also, the Association of the social protection institutions warned the Ministry that the residents who got ill due to COVID-19 had to be hospitalised. Dušan Keber emphasised that by 11 July 2020 no medical organisations, Ombudsman of the Republic of Slovenia, Equal Opportunity Advocate, or Commission of the Rights of the Patients raised their voices against the unequal access of the elderly disabled into hospitals. In other words, while some NGO's and other professional organisations condemned the practice, the medical and government organisations remained silent.²³

After July 2020 residents from different long-stay public care institutions were sent to hospitals in case of complications due to COVID-19. Nevertheless, nobody was held responsible for the decisions that were made in March and April 2020.

A study²⁴ that focuses on the period from 14 March to 16 May shows that during that period 458 persons got ill in long stay institutions described in previous sections, which was 31.26 % of all confirmed infections in the country. Out of 458 infected, 137 infections were among staff and 321 among residents of congregations. This was 21.91 % of all infections in the country, as the infection rate in the country during that period was 2 %. The study shows that COVID-19 virus did not affect all elderly disabled similarly, but those who lived in institutions. The virus spread mostly in congregational settings but the data about deaths in congregational settings did not exist prior to 15 May 2020 (this was the date when the public learned about the 'registers of the written offs') (see section 1.2). On 23 May 2020, there were 106 deaths reported in the country among them 86 persons lived in congregational setting, this was 81.13 % of all deaths in the country during the first phase of the lockdown. The study shows that institutions are the risk factors for the spread of infection and for deaths due to segregation and congregation of residents. The high risk existed despite all long-stay institutions being completely closed. Nobody except the staff allowed to enter and no residents were allowed to leave the congregation during the day or weekends (see section 7.2). The long-stay institutions were in the first lockdown not allowed to place new persons in institutions during the pandemic.

The member of the governmental advisory expert group at the Ministry of Health Aleš Rozman criticised the workers of the long-stay institutions for elders. He believed that many workers came to work with mild symptoms of infection in order to get extra payment for which they are eligible during the COVID-19 virus pandemic²⁵ (see section 4.4).

²³ Jager, Vasja (2020), In the institutions exist the registers of the written offs, who are not allowed to come to the hospital, Mladina, 15 May 2020; Keber, Dušan (2020), It is about Humanity [Tudi za človečnost gre], *Dnevnik*. 13.6.2020.

²⁴ Flaker, Vito (2020), Corona virus institutionalis-crown institutional virus. *Journal of Social Work*, 59, 4: 307-324 https://www.revija-socialnodelo.si/mma/6_flaker.pdf/2020092413263191/.

²⁵ POP TV, 24hours, 25. November 2020. FC, 26. Nov. 2020, Association of the social protection institutions ([6\) Skupnost socialnih zavodov Slovenije | Facebook](#)).

3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19?

There is not data concerning how many people with disabilities have died from complications connected to COVID-19 during the period of the pandemic.

There is no data available concerning all people who died from complications connected to COVID-19 during the period of the pandemic, what proportion were people with disabilities.

There is no data available concerning the place of residence of people with disabilities that have died with a confirmed diagnosis of COVID-19.

Most of the disabled people in the first period of epidemic died in long-stay institutions for elderly.

4 Access to health

[Article 25 – Health](#)

4.1 Emergency measures

The National Council of Disability Organisation made the analysis of the effect of COVID-19 crises to disabled people and stressed that limited access to health institutions and special treatments disproportionately affect disabled people and worsen their medical conditions.²⁶ In addition, a great problem is the lack of rehabilitation and physical therapies for disabled children (see sections 10.2, 12.1, 12.2).

All visitors to hospitalised patients were strictly forbidden. The disability organisation YHD which provides personal assistance for 75 disabled persons reported that 1 disabled person from their organisation who was admitted to the hospital due to a particular medical problem got infected with COVID-19 in the hospital and died. The assistant was not allowed in the hospital.²⁷

The media covered the problem of the access of health of those elderly disabled who lived at home alone and were regularly supported by relatives. During COVID-19 some stayed at home without support of the relatives who were quarantined or ill. One media article reports the case of a 92-year woman with dementia, alone who got COVID-19 while her relatives were in quarantine and no social services were available. She was eventually accepted into hospital.²⁸ In other cases people with dementia who were left alone during the pandemic were not admitted to long-stay institutions, because the institutions stopped taking new residents due to the pandemic.²⁹ Since June 2020 some new residents came but overall, only in January 2021 new residents were admitted to the institutions.

The 'Anti-Corona-Package5' addresses the access to health, but does not have explicit disability-related dimension. The Article 34 defines the national tender for improving access to health services in order to reduce the number of patients waiting above the maximum allowable waiting period for specialists' treatments. The national tender by the Ministry of Health was planned for 2020 and 2021. Public health care institutions and other health care providers who are licensed to perform health care activities or are in the register of private health care workers in accordance with the law governing health care activities may apply for the national tender. The legislation also defines that additional funds will be ensured from the people who pay the additional health insurance scheme, from the national budget and from the EU funds. Article 39 defines

²⁶ Rot, Veronika (2020), The Standpoints of the National Association of the Disability Organisations in regard of pandemic and its consequences for disabled people in Slovenia. Interview with the President of the National Council of Disability Organisations, 2 December, RTV Slovenia Radio [Stališča NSIOS-a o ravnanju ob pandemiji in njenih posledicah za invalide v Sloveniji - RTVSLO.si](#).

²⁷ E-communication with Natalija Jeseničnik, 18 February 2021.

²⁸ Stegnar, Nuša, No one can or wants to help an infected 92-year-old with demetia [Okuženi dementni 92-letnici ne more ali ne želi pomagati niche], 24ur.com. 12 December 2020 <https://www.24ur.com/novice/korona/okuzeni-dementni-92-letnici-ne-zeli-ali-ne-more-pomagati-nihce.html>.

²⁹ Who should help people with dementia wandering around during a coronavirus epidemic? [Kdo bi moral med epidemijo koronavirusa pomagati osebam z demenco, ki tavajo naokoli?] 24UR.COM, 27 March 2020 <https://www.24ur.com/novice/slovenija/kdo-bi-moral-med-epidemijo-pomagati-dementnim-ki-tavajo-naokoli.html>.

that due to the necessity of implementing programs and projects that will contribute to strengthen health care and containment and elimination of consequences of COVID-19, the Ministry of Health may carry out procedures for allocating funds from the national budget and from the budget of the European Union (React-EU, Mechanism for Recovery and Resilience, Operational Program 2014-2020).

4.2 Access to hospital treatment for COVID-19

There is no data available concerning the number of people with disabilities who, because of COVID-19 symptoms, have been hospitalised and admitted to intensive care units.

4.3 Treatment for COVID-19 in congregate settings

As described above, during the first wave of the epidemic (March – June 2020) people who lived in long-stay congregate settings were treated within institutions and were not sent to the hospitals. There are no official statistics available of how many people altogether were treated in all congregate settings. Below some specific information which are informative for treatment of disabled people in long-stay institutions during COVID-19 is listed.

The Anti-Corona-Package 5 legislation defines that in order to support the long-stay social protection institutions, the Ministry of Health will set up a working group of coordinators for prevention and control of the infections with the virus SARS-CoV-2 which will work in the area of social protection (Article 42). Other governmental documents can be traced back to 31 August when the government wrote a Decision No. C2711-20-652922.³⁰ This decision gives all names of the working group and of regional teams of coordinators for the prevention and control of infections in long-stay social protection institutions. The 'Decision' lists 7 tasks of the working group and the regional teams involved in the tasks (10 regional teams). The tasks are related to the cooperation among the staff in the long-stay social protection institutions and the working groups and regional teams: 1.) cooperation with the responsible health workers in the institutions in order to prevent the infections; 2.) organising counselling meeting within the institutions; 3.) evaluation of the crisis plans of institutions in cases of infections; 4.) cooperation with the institutions to organise educational trainings for health personnel and volunteers about how to use protection equipment; 5.) cooperation with institutions to plan support measures in cases of COVID-19 infections; 6.) cooperation with the National commission for prevention and control of infections in long-stay institutions; 7.) making decisions and issuing opinion papers about the measures for the prevention and control of infections with COVID-19.

³⁰ Decision No. C2711-20-652922 about the announcement of the working group of coordinators for the prevention and control of infections with the virus SARS-CoV-2 and other infectious diseases in public and private social protection institutions and educational boarding schools for children and adults with disabilities. [Sklep št. C2711-20-652922 o imenovanju Delovne skupine koordinatorjev za preprečevanje in obvladovanje okužb z virusom SARS-CoV-2 in drugimi nalezljivimi respiratornimi boleznimi v javnih socialno varstvenih in vzgojno-izobraževalni zavodih in pri koncesionarjih, ki izvajajo zdravstveno nego in zdravstveno rehabilitacijo v javni mreži] Ministry of Health, 31 August 2021 <https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Koronavirus/o-imenovanju-Delovne-skupine-koordinatorjev-za-preprecevanje-in-obvladovanje-okuzb-z-SARS-CoV-2-31.-8.-2020.pdf>.

The same document also defines that the regional teams need to be informed when either the resident or the working staff who came in connection with other residents are infected. In this case a 'red zone' has to be activated and a medical nurse responsible to control hospital infections, a sanitary engineer and the hygiene expert get involved in the time period from 7 – 14 days after the red zone is activated. The working group is responsible to report about their work each month to the Minister of Health (who is at the same time the prime minister of the Republic of Slovenia, since the minister of health resigned).³¹

It is worth to emphasise that none of the documents relate to the staff who are not medical trained; there is no recommendation that would relate to the well-being to people and what are the work that needs to be provided by the majority of other staff in public protections institutions.

The Ministry of Labour, Family, Social Affairs and Equal Opportunities also made a regulation that all long-stay social protection institutions have to establish a 'crisis plan' and that all social protection institutions have to have a 'grey zone' and 'red zone'. The grey zone is the area where residents who might be infected with COVID-19 are treated. Red zone is for the confirmed cases of COVID-19 patients and residents. The crises plan ensures the immediate activation of a 'red zone' in 24-hours from the appearance of first infection of the virus SARS-CoV-2 or another infectious disease which spreads with drops or aerosol. The crisis plans have to be sent to the Ministry of Health until 19 February 2021.³²

The Ministry of Health, National Institute of Public Health and the Chamber of Nurses and Midwives of Slovenia made the Recommendation for the prevention and mitigation of infections plan for long-stay social protection institutions.³³ The recommendations in cases when the person is dying from COVID-19 in institution are very strict and show the level of incarceration atmosphere, hyper-monetarisation of institutional care and dehumanizing attitudes of the governmental regulations as well as no regular practices of using the quick or PCR tests to humanise the conditions. The recommendations say that if possible and if the resident agrees, the relatives should say goodbye to the person who will die before the actual process of dying begins. In case the relative wants to be present at the bed of the person who is dying, he/she has to wear protective equipment, the same as the staff who works in grey or red zones. Then the authors of the recommendation advise to not charge the relatives for the protective equipment but to give them the protective equipment free of charge. It could bring some relatives

³¹ Decision No. C2711-20-652922 about the announcement of the working group of coordinators for the prevention and control of infections with the virus SARS-CoV-2 and other infectious diseases in public and private social protection institutions and educational boarding schools for children and adults with disabilities. [Sklep št. C2711-20-652922 o imenovanju Delovne skupine koordinatorjev za preprečevanje in obvladovanje okužb z virusom SARS-CoV-2 in drugimi nalezljivimi respiratornimi boleznimi v javnih socialno varstvenih in vzgojno-izobraževalni zavodih in pri koncesionarjih, ki izvajajo zdravstveno nego in zdravstveno rehabilitacijo v javni mreži] Ministry of Health, 31 August 2021 <https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Koronavirus/o-imenovanju-Delovne-skupine-koordinatorjev-za-preprecevanje-in-obvladovanje-okuzb-z-SARS-CoV-2-31.-8.-2020.pdf>.

³² Ministry of Health, Directorate of Long-term Care, No. 181-70/2020/1353, 10 February 2021. Information for long-stay institution of social protection.

³³ Recommendation for the prevention and mitigation of infections with the virus SARS-CoV-2 in the social protection institutions. 9 February 2021. [Priporočila za preprečevanje in zaježitev okužb z virusom SARS-CoV-2 v socialnovarstvenih zavodih] [Priporocila-za-preprecevanje-in-zajezitev-okuzb-v-socialnovarstvenih-zavodih-9-v2.-2.-2021.pdf](https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Priporocila-za-preprecevanje-in-zajezitev-okuzb-v-socialnovarstvenih-zavodih-9-v2.-2.-2021.pdf) (gov.si) .

in unequal position, as not everyone can afford to pay them. The relative can also say goodbye after the person is already dead but he/she needs to be escorted by the staff who has to be present with the relative all the time. The relative is not allowed to come closer than two meters to the dead person.³⁴

4.4 Public health promotion and testing during the pandemic

Home-testing for disabled persons and no other groups does not exist.

Since the beginning of the pandemic the National TV made a link called: 'Accessible', where people could find documents in easy read format. Some articles are in voice format; some are in sign language format and all are subtitled.³⁵ The easy read formats were not offered before the pandemic on the national TV.³⁶ The national TV made an agreement with the Association of the Slovenian Sign Language Interpreters and with the Governmental Office for Communication to provide sign language during governmental press release conferences, during other governmental public announcements and at all news release and in addition during the news release at 5:00 pm each day.³⁷

4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical or mental health conditions

Psychiatric hospitals dismissed most of the people with mental health problems from hospitals and during the first wave of pandemic almost did not accept any new persons. At the same time, community mental health services were closed down, so that people could not access them.³⁸

4.6 Vaccination programmes

By 16 February, 72 681 persons had been vaccinated with one portion of the anti-virus vaccine and 48 023 persons with two portions of anti-virus vaccine.³⁹ The governmental plan is that by the end of 2021 Slovenia ensures 2.27 million portions of vaccines for 1.3 million persons.⁴⁰ The vaccination of people is organised by a priority list: a.) health workers, co-workers, employed and the residents in the long stay social

³⁴ Recommendation for the prevention and mitigation of infections with the virus SARS-CoV-2 in the social protection institutions. 9 February 2021. [Priporočila za preprečevanje in zajezitev okužb z virusom SARS-CoV-2 v socialnovarstvenih zavodih] [Priporocila-za-preprecevanje-in-zajezitev-okuzb-v-socialnovarstvenih-zavodih-9-v2.-2.-2021.pdf \(gov.si\)](https://www.gov.si/dokument/ID_dokument/13263191/Priporocila-za-preprecevanje-in-zajezitev-okuzb-v-socialnovarstvenih-zavodih-9-v2.-2.-2021.pdf) .

³⁵ National TV: Accessible [Dostopno], <https://www.rtv slo.si/dostopno>.

³⁶ National TV, Easy Read, <https://www.rtv slo.si/enostavno>.

³⁷ Rot, V. Slovenian Sign language interpreters in the time of the Corona virus epidemic, National TV, 24 March 2020 [Delo tolmačev v slovenski znakovni jezik v času epidemije s koronavirusom], <https://www.rtv slo.si/dostopno/clanki/delo-tolmacev-v-slovenski-znakovni-jezik-v-casu-epidemije-s-koronavirusom/518215>.

³⁸ Flaker, Vito (2020), Corona virus institutionalis-crown institutional virus. *Journal of Social Work*, 59, 4: 307-324 https://www.revija-socialnodelo.si/mma/6_flaker.pdf/2020092413263191/; Alibegović A, Balažić J, Švab V. Three cases of suicide during the COVID-19 epidemic – the need for action? *Zdrav Vestn.* 2020;89 (11–12):634–9.

³⁹ National Institute of Public Health, Latest news, 17 February 2021 [Dnevno spremljanje okužb s SARS-CoV-2 \(COVID-19\) | www.nijz.si](https://www.nijz.si/sl/dnevno-spremljanje-okuzb-s-sars-cov-2-covid-19).

⁴⁰ The introduction of the vaccination plan against COVID-19. The director of the National Institute of Public Health and the prime minister, 13 January 2021 <https://www.nijz.si/sl/predstavitev-nacrta-cepljenja-proti-covid-19>.

protection institutions for disabled and elderly; b.) persons over age 80; c.) persons over age 75; d.) persons over age 70 and especially vulnerable chronically ill cancer patients; e.) persons over age 65; f.) chronically ill from age 18 up to 64; g.) people between age 60 and 64; h.) people at essential jobs; i.) other inhabitants.⁴¹ Among extra vulnerable chronic patients are listed for example those with organ transplantation; special cancer patients; people with severe lung illnesses; people with rare illnesses; adults with Down syndrome and people on dialysis. AstraZeneca vaccine which is more suitable for transportation will be used for vaccination of severely disabled who are in beds at their homes. The priority for the vaccination for this group of people is the same then above (according to age and comorbidity).⁴²

The governmental Advisory group for vaccination (National Institute of Public Health) decided to postpone the vaccination of those who were already infected with COVID-19 and who live in long-stay public care institutions. The postponement is for 6 months (decision on the 18 January 2021).⁴³ The Ministry of Health got a request from stakeholders (presumably from the relatives of the residents who lived in long-stay social protection institutions for elderly and disabled) to vaccinate hairdressers, chiropodist-pedicure personal and some other providers of services who enter institutions on a daily basis. The governmental Advisory Group replied that these group of people cannot be vaccinated as exception to the rule mentioned above.⁴⁴ The Group allowed early vaccination to those persons who will become residents of long-stay social protection institutions; they can get vaccinated one month before they get institutionalised.⁴⁵

One of the problems is that the staff who work in long-stay social protection institutions for elderly and disabled often refuse to get vaccinated.⁴⁶ On the 6 January 2021 the Minister of Labour, Family, Social Affairs and Equal Opportunities announced that 1 848 workers from institutions for elders were vaccinated (20.3 %) and 8 116 residents (43.4 %). The National Institute for Public Health asked the managers of institutions to promote vaccination.

⁴¹ The priority patients for vaccination. National Institute of Public Health, 9 February 2021 [OB Zapisnik sestanka \(nijz.si\)](#) .

⁴² The introduction of the vaccination plan against COVID-19. The director of the National Institute of Public Health and the prime minister, 13 January 2021 <https://www.nijz.si/sl/predstavitev-nacrta-cepljenja-proti-COVID-19>.

⁴³ Ministry of Health, Directorate of Long-term Care, No. 181-70/2020/1353, 10 February 2021. Information for long-stay institution of social protection.

⁴⁴ Ministry of Health, Directorate of Long-term Care, No. 181-70/2020/1353, 10 February 2021. Information for long-stay institution of social protection.

⁴⁵ The introduction of the vaccination plan against COVID-19. The director of the National Institute of Public Health and the prime minister, 13 January 2021 <https://www.nijz.si/sl/predstavitev-nacrta-cepljenja-proti-COVID-19>.

⁴⁶ Does the medical personal refuse to get vaccinated against COVID-19? Novice.Svet24ur, 6 January 2021 <https://novice.svet24.si/clanek/novice/slovenija/5ff5ecb513a66/se-zdravstveno-osebje-res-noce-cepiti-proti-covidu-19>.

5 Income and access to food and essential items

Article 28 – Adequate standard of living and social protection

5.1 Emergency measures

Please, see sections that relate to Anti-Corona-Packages 1-8. No other data could be found on any measures relating to an adequate standard of living and social protection, focussing particularly on income and on access to food, that have an explicit disability or older age dimension.

5.2 Impact of the COVID-19 crisis

There are no studies about whether the income of disabled people decreased, and poverty raised. The Directorate of the Disabled at the Ministry of Labour, Family, Social Affairs and Equal Opportunities was asked about this question, but they answered that they do not collect these data.⁴⁷ The media released a discussion with high representatives of disability organisations, Milan Kotnik, president of the Council of Disabled Organisations Maribor and the president of the National Council of Disability Organisations of Slovenia Borut Sever.⁴⁸ They mentioned 5 major issues from what disabled people were mostly affected by COVID-19: disabled persons have lost jobs; many were temporarily suspended from work with the income that was below the minimal costs of living; lack of information and inaccessible webpages; lack of social contacts and consequently emotional stress and psychological distress. These answers show that income and poverty is a big problem.

The president of the National Association of Disabled Organisations emphasised that at the beginning of epidemic disabled people lacked the protective equipment to prevent spread of the virus. Disability organisations helped disabled people with phone support, hot-lines and counselling. No specific data were mentioned.⁴⁹

The governmental data from the “Anti-Covid-Package 3” mentions some groups of disabled people who are certainly among the most economically deprived people. The list is called “other vulnerable groups” and includes some disabled persons and families with disabled child. They received one-time solidarity money (EUR 150):

- 2 600 persons who receive family allowance (in case of disability);
- 7 650 persons who receive the allowance for the care of the child (in case of disability);
- 830 family helpers (these are relatives who support a disabled person at home);
- 7 200 persons with disability status;
- 8 400 persons who are eligible for the partial payment for the lost income;
- 4 300 war veterans;

⁴⁷ Phone conversation with Saša Mlakar, employed at the Directorate for Disabled and responsible for collection of data for the yearly report of the implementation of the Action Plan for disabled 2014-2022.

⁴⁸ Rižnar, Nataša, Corona virus epidemic in the lives of disabled persons [Epidemija koronavirusa v življenju invalidov], Radio Slovenia; Radio Maribor, Tribuna, 20 May 2020. Pridobljeno s <https://4d.rtvlo.si/arhiv/radijska-tribuna/174694259>.

⁴⁹ Rižnar, Nataša, Corona virus epidemic in the lives of disabled persons [Epidemija koronavirusa v življenju invalidov], Radio Slovenia; Radio Maribor, Tribuna, 20 May 2020. Pridobljeno s <https://4d.rtvlo.si/arhiv/radijska-tribuna/174694259>.

- 50 war disabled;
- unemployed persons (no data how many) who receive the replacement for the income from the disability insurance scheme (they are on rehabilitation for example).

In addition, The Report of the Implementation of the Action Plan for Disabled People 2014-2022 from 2019 showed that there were 3 700 disabled persons whose disability pension was below EUR 300/month.⁵⁰ This situation has probably not changed, because the National Council of Disability Organisations also mentioned this group of disabled people in October 2020.⁵¹

It is important to stress that there are 160 000 – 170 000 persons with disabilities living in Slovenia. About 23 000 persons live in long-stay social protection institutions whose circumstances of daily living were described. About other people with disabilities there are very little knowledge and almost no evidence of the consequences of COVID-19 for their economic well-being.

⁵⁰ See ANED report from 2020.

⁵¹ National Council of Disability Organisations' views on the management of the COVID-19 pandemic and its consequences for the disabled in the Republic of Slovenia. 27 October 2020 [Stališča NSIOS o upravljanju s pandemijo COVID-19 in njenimi posledicami za invalide v RS – NSIOS](#).

6 Access to transportation and the public spaces

[Article 9 – Accessibility](#)

6.1 Emergency measures

There were no particular measures related to disabled people in regard of transportation. The only particular measure was a decree to limit disabled and elderly (over 64) access to all essential shops with food except from 8:00 am – 10:00 am (from 30 March to 4 April). People over age 64 could not enter any shops after 10:00 am and people under age 64 could enter shops prior to 10:00 am.⁵² After a week the decree was changed, so that elders and disabled could also visit local shops one hour before the shops closed. In front of each supermarket was a guardian who asked people who looked as that they might be pensioners to show the identification card before they were allowed to enter the food-market (these were the only shops which were opened during the first lockdown).

6.2 Impact of the COVID-19 crisis

See section 6.1.

⁵² Ordinance on the provisional prohibition on the offering and sale of goods and services to consumers in the Republic of Slovenia [Odlok o začasni prepovedi ponujanja in prodajanja blaga in storitev potrošnikom v Republiki Sloveniji (Uradni list RS, št. 25/2020, 29/20, 32/20, 37/20 in 42/20)] <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ODLO2010>.

7 Involuntary detention or treatment

[Article 14 – Liberty and security of person](#)

[Article 15 – Freedom of torture or cruel, inhuman or degrading treatment or punishment](#)

[Article 16 – Freedom from exploitation, violence and abuse](#)

[Article 17 – Protecting the integrity of the person](#)

7.1 Emergency measures

The Anti-Corona-Package 5 (Article 87) defined that in case of infections the director of the institution can limit the contacts of the residents as well as forbid that they leave the institution.

The Ministry of Health made a proposal to the National Assembly of the Republic of Slovenia on the 30 October 2020 to change the Mental Health Act (2008); the changes were related to protected wards (closed wards) in psychiatric hospitals and long-stay institutions for disabled and to the time period of detention in these wards.⁵³ The Ministry of Health proposed a quick procedure. The proposal suggested increasing the number of protected wards (closed wards) in psychiatric hospitals and in the long-stay social protection institutions for disabled for 30 wards across the country (which would mean from 130-160 more beds in protected wards). The protected wards are defined as places where the residents have the restriction of movement ordered by the court and where the person can be placed voluntary or involuntary. The proposal says that with the increased number of the wards, they could have a better »therapeutic function« for the detainees. The proposal also suggested to increase the voluntary or involuntary detention in the protected ward from 6 up to 12 months and in long-stay social protection institutions for disabled up to two years. Also, persons who were not previously treated in psychiatric hospitals could be detained in protected wards. In order to implement 30 new protected wards (15 in the year 2022 and 15 in 2023), the government would ensure almost EUR 6 million in 2022 and almost EUR 6 million in 2023 (all from the basic health insurance). There are some critical voices against the increased incarceration. It is important to emphasise that protected wards are primarily for people who are involuntary incarcerated in long-stay institutions by the court order.⁵⁴ Some social workers who work in these institutions emphasise that the courts send to the protected words people who should not reside in closed wards, at all. The decision has not been made, yet.

7.2 Impact of the COVID-19 crisis

From March – June 2020 long-stay institutions for disabled or elderly and psychiatric hospitals did not accept any new patients or residents (see section 4.3). The complete lockdown and complete prohibition of moving outside of the buildings and prohibition of any relatives or other persons from outside to enter the institutions lasted until June 2020. Long-stay institutions for children and young people with intellectual disabilities stopped all group activities within the institutions as well as in small units where usually about 20 to 25 residents live. All sheltered workshops were entirely closed, and the

⁵³ Mental Health Act (EVA 2019-2711-0051)-suggestion for discussion. [Zakon o duševnem zdravju (EVA 2019-2711-0051) – predlog za obravnavo], 30 October 2020. Number: 0070-8/2020 <https://e-uprava.gov.si/drzava-in-druzba/e-demokracija/predlogi-predpisov/predlog-predpisa.html?id=10953>.

⁵⁴ Interview with Juš Škraban: »People have the right to live where we choose to live«. DELO, Saturday- Sobotna Priloga, 13 March 2021. Interview done by Aljaž Vrabc <https://www.delo.si/sobotna-priloga/ljudje-imamo-pravico-ziveti-tam-kjer-si-sami-izberemo/>.

residents, children, young people and adults were prohibited to go out, at all (not for a walk or to the local shop). They stayed inside all the time until June. The residents were prohibited to go home during the weekends. None of the relatives or other visitors could enter any of the buildings. The situation got a bit better in June 2020; the relatives could visit the residents, but for a very short time (up to 30 minutes, and mostly under the presence of the staff). Sheltered workshops opened only at the end of January 2021.

In one of the interviews, a resident from a smaller residential unit, which is managed by the large institution for adults, described that only in summer 2020 the residents were allowed to stay in the terrace and at the entrance of the building, but again, could not go to the local shop or elsewhere.⁵⁵ All meals and clothes are brought to them from the main institutional building. Another report of a volunteer described that in long-stay institutions for elderly the only activities that remained are the delivery of the food (in the rooms, not in the common dining room), basic hygiene and delivery of the medicaments. Most of the residents in the institutions for elderly were not allowed to leave their rooms, not to walk on the corridors, or enter living or dining rooms. Going outside was prohibited.⁵⁶

⁵⁵ A.To. (2020). Loneliness in the times of COVID-19 epidemic. Dostopno - RTV SLO. 21 December https://www.rtv slo.si/dostopno/clanki/osamljenost-v-casu-epidemije-koronavirusa-tretji-del/546418?fbclid=IwAR1vfSaFIOOCgOJYj-dZrP7UJyTdPXQRc0dLq84wUN8sBShmBN_iHFF7_c4.

⁵⁶ J.J. (2020), Neskončna osamljenost, hujša od virusa. Zarja Jana. 15 December <https://revijazarja.si/clanek/odklenjeno/5ff30c755ba9e/neskoncna-osamljenost-hujša-od-virusa>.

8 Violence, exploitation or abuse

[Article 16 – Freedom from violence, exploitation and abuse](#)

8.1 Emergency measures

No data exist concerning any emergency laws, policies or other measures on violence, exploitation or abuse (including any relating to prevention, monitoring or recovery) that have an explicit disability or older age dimension.

8.2 Impact of the COVID-19 crisis

There is no research in this area and no media reports.

9 Independent living

Article 19 – Living independently and being included in the community

9.1 Emergency measures

The section 6.1 describes emergency measure regarding access to shops for elderly and disabled. In 2020, the government made Rules amending the Rules on personal assistance.⁵⁷ With the new Rules it is defined that personal assistants get less payment/per hour, from EUR 14.99 to EUR 13.85. One of the reasons for the reduction of payment is that some of those who worked in institutions for disabled and elderly left their jobs and became personal assistants, due to better payment which caused lack of staff in long-stay institutions. Currently the monthly payment for personal assistants and the helping staff in institutions is a bit above the minimum wage.

For persons who use sign language the emergency measures increased the access to sign language interpreters. The Anti-Corona-Package 7 (Article 102) defines that during epidemic the interpreters of the sign language can interpret also long-distance and with the use of technology.

9.2 Impact of the COVID-19 crisis

There are no studies or evidence on how did disabled people who live at home and have personal assistance are coping during COVID-19 epidemic. The figures show that 2 396 persons with disabilities receive personal assistance and that in 2020, they got 680 056 hours paid assistance. In one disability organisation, which is the founding organisation for personal assistance, they have 73 receivers of personal assistance (3.05 % of the whole number of receivers), among whom 6 disabled persons got infected from COVID-19. Out of them one person died, after she went to the hospital for another medical condition, then got COVID-19 and died in the hospital. Among personal assistants out of 167 persons, 22 got ill and 14 were in one-time quarantine.⁵⁸ There are no collected data of what happened to other disabled people or their assistants.

The Union of Personal Assistance made a survey among the views of personal assistants (PA) on their work during the epidemic in the time period from 15 April to 5 May 2020. The survey included 264 persons from all regions in Slovenia who work with 20 different providers of personal assistance. The results show that 93 % PA used protection equipment but 55 % of disabled persons or the members of their households did not use the protection equipment (masks, gloves, disinfections). 25 % of the PA did not get proper instructions from the providers of how to work in the conditions of epidemic, and half of them did not get the masks and other protection equipment from providers of personal assistance but had to find them themselves. 20 % of PA responded that they experienced extra pressure from the providers, persons with disabilities and their relatives during the epidemic; 36 % responded that the working conditions worsened during the period of epidemic. By May 2020, none of them got any financial supplement for extra work and health risk and the government initially refused to grant any extra supplement to PAs. After this study and pressure, the Union

⁵⁷ Rules amending the Rules on Personal Assistance, 128/2020 <https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2020-01-3285/>.

⁵⁸ All data provided by Klauđija Poropat, YHD disability organisation. February 2021.

made, the government agreed that PAs should also get extra supplement for the health risk during COVID-19. Each PA got the same amount of extra money as other frontline workers, EUR 200/month for 3 months. In case a PA got ill or quarantined, the supplement was not granted fully but only for the days, she/he was at workplace. This might be the reason why many frontline workers from long-stay institutions for elders and disabled might go to work with mild symptoms that they would not lose extra money (see section 3.1).

10 Access to habilitation and rehabilitation

[Article 26 – Habilitation and rehabilitation](#)

10.1 Emergency measures

Please, see sections 12.1 and 12.2.

10.2 Impact of COVID-19 and/or emergency measures adopted

In long-stay institutions for children and young people with special needs, intellectual disability, and multiple disabilities which offer rehabilitation services for children who live in institutions and for children who come from outside to get rehabilitation and different therapies within institutions were severely limited since March 2020. The medical rehabilitation was partially offered only for long-term residents and not for those who come from outside. They were not able to receive any rehabilitation therapies.⁵⁹ This had negative effects for those whose functioning depend on regular therapies and rehabilitation, said some parents to media (see sections 12.1 and 12.2).

⁵⁹ Interview with Metka Novak, special educator in the Centre for education, work and protection If-Draga. 30 November 2020.

11 Access to justice

[Article 13 - Access to justice](#)

11.1 Emergency measures

There is no evidence on that.

11.2 Impact of COVID-19 crisis

There is no data available.

12 Access to education

[Article 24 – Education](#)

12.1 Emergency measures

Act Determining the Intervention Measures to Contain the COVID-19 Epidemic and Mitigate its Consequences for Citizens and the Economy (49/20; 61/20; 152/20; 175/20; 15/21) came into force on the 11 April 2020⁶⁰ defined that all schools use long distance education. It included also special schools, disabled children who receive education in special institutions and in long-stay boarding schools (Article 43).

Children with special needs like all other primary and secondary school children, university students and all lifelong learning students started the home-learning from 16 March 2020. All educational institutions remained closed until the end of the school year, the 24 June 2020. During the second wave of epidemic all children and young people including those in special schools and institutions for disabled children and young people had to do home schooling from the second week of October 2020. For more information, see section 12.2.

12.2 Impact of the COVID-19 crisis

On the 3 December 2020, the Constitutional Court of the Republic of Slovenia made a legal judgement about a request related to education of children with special needs in special schools and in the schools within long-stay institutions for education, work and protection.⁶¹ Two parents of the children with special needs, age 6 and 9, wrote to the Constitutional Court and requested a legal judgement whether distance learning of children with special needs are a necessary measure to control the epidemic. They claimed that many children do not have proper computer skills, place for learning in families, that parents have to do home-schooling without proper skills and that the children lack social contacts. They also claimed that children who attend school in long-stay institutions for education, work and protection but live at home, remained without additional physiotherapy, speech and work therapy as well as breathing therapy and that these might cause further developmental delay of the children. They also wrote that parents need to spend extra funds to get these therapies on the free market. They claimed that this was against constitutional rights of equal treatment of the children with special needs.⁶²

The decision of the constitutional judges was based primarily on the legal grounds, as they found out that the governmental closure of all schools and universities including

⁶⁰ Act Determining the Intervention Measures to Contain the COVID-19 Epidemic and Mitigate its Consequences for Citizens and the Economy (Official Gazette of the RS 49/20; 61/20; 152/20; 175/20 [Zakon o interventnih ukrepih za zajezitev epidemije COVID-19 in omilitve njenih posledic za državljane in gospodarstvo (ZIUZEOP) Ul. RS, št. [49/20](#), [61/20](#), [152/20](#) – ZZUOOP, [175/20](#) – ZIUOPDVE in [15/21](#) – ZDUOP) <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO8190>.

⁶¹ Kuralt, Špela (2020), Constitutional Court: No Legal Ground for the School closure, 3 December [Ustavno sodišče: Pravne podlage za zaprtje šol ni - Delo](#); T. H. (2020) The schools for the children with special needs are happy that the children return, but they warn about logistics, MMC RTV SLO, 4 December <https://www.rtvsl.si/slovenija/sole-otrok-s-posebnimi-potrebami-se-veselijo-vrnitve-a-opozarjajo-na-logistiko/544528> 2.12.2020.

⁶² Malovrh, Polona (2020), Children with Special Needs Immediately back to Schools. DELO, 17 November <https://www.delo.si/novice/slovenija/otroke-s-posebnimi-potrebami-takoj-nazaj-v-sole/>.

special schools and the schools in long-stay institutions since early October 2020 was not announced in the Official Gazette of the Republic of Slovenia and was therefore illegal. The judges also said that the parents cannot replace professional work with children in institutions and special schools and that the closure can have damaging consequences, therefore ruled that the government and the Ministry of Education temporary suspend the illegal decision. On 5 January, children with special needs returned to schools, while non-disabled children remained in home schooling until 14 February and secondary school students still have not returned to schools.⁶³

⁶³ R. A. (2021), Children with special needs returned to schools. Siol1NET. 5 January <https://siol.net/novice/slovenija/otroci-s-posebnimi-potrebami-se-vracajo-v-sole-542722>.

13 Working and employment

[Article 27 – Work and employment](#)

13.1 Emergency measures

Since April 2020, the government adopted 8 legislations and regulations known as 'Anti-Covid-Packages' (PKP1-8; see section 1.1) which define mostly who are groups affected by epidemic who get economic compensations from the state for the period of the epidemic. In these emergency legislations, disabled people are explicitly mentioned as receivers of help. Humanitarian and disability organisations are also mentioned as those, which are also eligible for support when they compensate for lost salaries or the social insurance money for the workers. Disabled people appear under 'vulnerable groups' and parents of disabled children or adults are mentioned among 'other vulnerable groups'. Frontline health workers, personal assistants and the personal in long-stay institutions all received EUR 200/per month extra money for the period of three months. In some cases, solidarity money (EUR 150) was given two times since June 2020.

All of the 'Anti-Corona-Packages' (see section 1.1) address the need to save workplaces, therefore employers get the partial compensation for the salaries paid to the workers, who are unable to work due to the consequences of epidemic. The right for compensations has employers whose income will decrease for more than 10 % compared to the year 2019. The legislations also include employers who have the status of humanitarian organisation according to the Humanitarian Organisations Act (Official Gazette of the RS 98/03, 61/06-ZDru-1) or the status of disability organisation according to the Disability organisations Act (Official Gazette of the RS, 108/02, I). The workers who work in these organisations are eligible for the partial compensation of the lost income regardless of if they reach the decrease of the salaries for more than 10 % or not. The right for partial compensation of the lost income is given for the workers who are on forced temporary leave due to pandemic.

The workers in the private sector get a partial exemption of the payment for the pension and disability insurance. Those who receive a salary which is less than the three-times the sum of the minimal salary get the one-time crisis supplement money of EUR 200 (which is not liable to taxation). The Article 33b explicitly defines that also disabled workers in disability companies and employment centres receive the one-time crises supplement-money of EUR 200. Article 34 defines that self-employed workers among them also disabled people can get universal monthly income if they cannot work or less than before due to epidemic. The universal income for March was EUR 350, for April and May EUR 700/per month. In all cases, the workers have to present very clear evidence about the incomes in 2019 (except the disability and humanitarian organisations).

The same legislation (Article 57) defined that pensioners with the lowest pensions can get one-time solidarity money, disabled persons included. Pensioners with less than EUR 500/month get one-time solidarity money of EUR 300; pensioners whose pension is from EUR 501 up to EUR 600 get EUR 230 one-time solidarity money, and pensioners with the pension from EUR 601 to EUR 700 get EUR 130. People who are unemployed and receive the disability compensation money are also eligible for the one-time solidarity money in the same sums than described above.

The legislation (Articles 58, 58a) defines one-time solidarity money for some vulnerable groups and disabled persons are among them: people who receive monthly social protection money; those who receive protection allowance due to the pension which is less than the minimal pension; persons over 65 without pension but their property doesn't exceed the limit which is defined for the protection allowance; students; persons who receive the compensation money from disability insurance fund and work part time and are temporarily waiting for a job or cannot be at the work place. All of them received solidarity money in one-time sum of EUR 150, by June 2020. They got another one-time sum in November 2020.

Article 58a defines also 'other vulnerable groups' among them some are directly related to persons with disability: family helpers; those who are eligible for family allowance; parents eligible for childcare allowance; those who receive a partial payment for the lost income. The one-time solidarity money gets disabled persons who are defined according to the Social Inclusion of Disabled Persons Act (30/2018)⁶⁴ as those who are eligible for disability allowance and disabled person who have the right to receive the family pension or family disability allowance (Articles 5 and 8), and war veterans. They also got EUR 150 as one-time instalment.

In the 'Anti-Corona-Package-2' there are some categories of disabled persons who were not included in the previous legislation.⁶⁵ Those who lost the job during epidemic receive temporary replacement for the salary EUR 513.64/month gross. Also, humanitarian and disability organisations can receive the money for the workers to replace the salaries as well as to cover the social insurance for the workers. The government ensured monthly crises supplement for disabled persons who work in disability companies and in employment centres. One-time solidarity money is also received by those who receive the replacement from disability insurance and are unemployed, or are short-time workers, or who are temporarily waiting for employment.

The overview shows that it is quite difficult to understand in full when the government decided to give supplements for the second time, and precisely to whom and under what circumstances. For many people the supplements are too low for a decent daily living, but so far, there are no strong evidence to prove this point, as there are no studies in this area.

13.2 Impact of the COVID-19 crisis

The Ministry of Labour, Family, Social Affairs and Equal Opportunities is responsible for this area of research; so far, they have no data on these issues.

⁶⁴ Social Inclusion of Disabled Persons Act (Official Gazette of RS, 30/2018) [Zakon o socialnem vključenju]; <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO7808>.

⁶⁵ Act Providing Additional Liquidity to the Economy to Mitigate the Consequences of the COVID-19 Epidemic [Zakon o zagotovitvi dodatne likvidnosti gospodarstvu za omilitev posledic epidemije COVID-19 (Uradni list RS, št. 61/20, 152/20 – ZZUOOP in 175/20 – ZIUOPDVE)], <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO8197>.

14 Good practices and recommendations

14.1 Examples of good practice

The legislations which were listed in the section 1.1 (Anti-Corona-Packages 1-8) defined different groups of disabled people, relatives of disabled children, disability organisations, disability companies and employment centres where disabled people work, that they got economic compensations. This is a good practice. Personal assistants too were granted extra supplement money for three months. In case disabled workers have their own private companies, like any other owners of private companies, receive EUR 1 100/gross a month as the compensation of the lost income (the taxes and pension, social and health insurance need to be exempted from this sum), which is EUR 700/net.

14.2 Recommendations

1. The National Council of Disability Organisations of Slovenia made several recommendations (see section 2.2) which are broad nevertheless they are based on their assessment of the situation of disabled persons in times of COVID-19. The concerns they raised were related to weak system of health and social protection system; poor information and communication accessibility, poverty among disabled; social exclusion; increased mental health problems of disabled people, their families and supporters; lack of support system and deinstitutionalisation; lack of protocols and instructions for work with persons with disabilities.⁶⁶ They recommended that these shall be improved.
2. Disability activists, advocates and academics who work in the area of deinstitutionalisation shared their views that the recovery planning might be a good opportunity to reflect on congregational settings where elderly disabled suffered such a high number of deaths and infections and use the experiences to move towards deinstitutionalisation, active involvement of residents and relatives in decision-making.
3. In different governmental expert groups and professional regional teams to prevent and mitigate the consequences of the virus, disabled persons, disability activists, social workers, and other essential professions need to be included apart of medical professionals and politicians.

14.3 Other relevant evidence

Not applicable.

⁶⁶ National Council of Disability Organisations' views on the management of the COVID-19 pandemic and its consequences for the disabled in the Republic of Slovenia. 27 October 2020 [Stališča NSIOS o upravljanju s pandemijo COVID-19 in njenimi posledicami za invalide v RS – NSIOS](#).

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