



Preparatory organization of the proposal:

NATIONAL COUNCIL OF DISABLED PERSONS'S ORGANIZATIONS OF SLOVENIA

**ALTERNATIVE REPORT ON THE IMPLEMENTATION OF THE
PROVISIONS OF THE CONVENTION ON THE RIGHTS OF PERSONS
WITH DISABILITIES IN THE REPUBLIC OF SLOVENIA (2008 – 2017)**

Ljubljana, December 2017

TABLE OF CONTENTS

LIST OF FREQUENTLY USED ACRONYMS..... 3

PRESENTATION OF SUBMITTING ORGANIZATIONS 6

INTRODUCTION18

Article 1 Purpose19

Article 2 Definitions21

Article 4 General obligations23

Article 5 Equality and non-discrimination24

Article 6 Women with disabilities27

Article 7 Children with disabilities28

Article 8 Awareness raising29

Article 9 Accessibility30

Article 10 Right to life34

Article 11 Hazardous situation and humanitarian crises34

Article 12 Equality before the law35

Article 13 Access to judicial protection38

Article 14 Personal freedom and security40

Article 16 Prohibition of exploitation, violence and abuse41

Article 18 Right to freedom of movement and citizenship.....42

Article 19 Living independently and being included in the community43

Article 20 Personal mobility47

Article 21 Freedom of expression and opinion and access to information49

Article 23 Respecting the home and the family51

Article 24 Education52

Article 25 Health.....54

Article 26 Habilitation and rehabilitation55

Article 27 Work and employment.....57

Article 28 Adequate standard of living and social protection60

Article 29 Participation in political and public life.....61

Article 30 Participation in cultural life, recreation, leisure activities and sport63

Article 31 Statistics and data collection63

Article 32 International cooperation64

Article 33 Implementation of the Convention and monitoring of its implementation in individual countries.....65

LIST OF FREQUENTLY USED ACRONYMS

API	Action Program for Disabled Persons 2014 - 2021
EDF	European Disability Forum
EU	European Union
FIHO	Foundation for Financing Disability and Humanitarian Organizations
IRSSV	Institute of Social Welfare of the Republic of Slovenia
KZ-1	Criminal Code ¹
MDDSZ	Ministry of Labour, Family, Social Affairs and Equal Opportunities
CRPD	Convention on the Rights of Persons with Disabilities ²
MP	Ministry of Justice
NSIOS	National Council of Disabled People's Organizations of Slovenia
Odbor OZN	UN Committee on the Rights of Persons with Disabilities
RS	Republic of Slovenia
SZ-1	Housing Act ³
URI Soča	University Rehabilitation Institute of the Republic of Slovenia - Soča
Ustava RS	Constitution of the Republic of Slovenia ⁴
Varuh	Human Rights Ombudsman
Zagovornik	Advocate of Equal Opportunities
ZDR-1	Employment Relationships Act ⁵
Zdru-1	Societies Act ⁶
ZDVDP	Social Protection of Mentally and Physically Disabled Persons Act ⁷

¹ Official Journal of the Republic of Slovenia, no. 50/12 – UPB, 6/16 – amend., 54/15, 38/16 and 27/17.

² Official Journal of the Republic of Slovenia – International Treaties, no. 10/08.

³ Official Journal of the Republic of Slovenia, no. 69/03, 18/04 – ZVKSES, 47/06 – ZEN, 45/08 – ZVEtL, 57/08, 62/10 – ZUPJS, 56/11 – odl. CC, 87/11, 40/12 – ZUJF, 14/17 – ord. CC and 27/17.

⁴ Official Journal of the Republic of Slovenia, no. 33/91-I, 42/97 – UZS68, 66/00 – UZ80, 24/03 – UZ3a, 47, 68, 69/04 – UZ14, 69/04 – UZ43, 69/04 – UZ50, 68/06 – UZ121,140,143, 47/13 – UZ148, 47/13 – UZ90,97,99 and 75/16 – UZ70a.

⁵ Official Journal of the Republic of Slovenia, no. 21/13, 78/13 – amend., 47/15 – ZZSDT, 33/16 – PZ-F, 52/16 and 15/17 – ord. CC.

⁶ Official Journal of the Republic of Slovenia, no. 64/11 – UPB.

⁷ Official Journal of the Republic of Slovenia, no. 41/83, Official Journal of the Republic of Slovenia, no. 114/06 – ZUTPG, 122/07 – ord. CC, 61/10 – ZSVarPre and 40/11 – ZSVarPre-A

ZDZdr	Mental Health Act ⁸
ZGO	Building Construction Act ⁹
ZIMI	Equalization of Disabled Persons Opportunities Act ¹⁰
ZInvO	Disability Organizations Act ¹¹
ZPIZ	Institute for Pension and Disability Insurance of Slovenia
ZPIZ-2	Pension and Disability Insurance Act ¹²
ZSV	Social Security Act ¹³
ZSVarPre	Social Security Benefits Act ¹⁴
ZUNEO	Implementation of the Principle of Equal Treatment Act ¹⁵
ZVarD	Anti-Discrimination Act ¹⁶
ZZRZI	Vocational Rehabilitation and Employment of Disabled Persons Act ¹⁷
ZZVZZ	Health Care and Health Insurance Act ¹⁸
ZEMŽM	Equal Opportunities for Woman and Men Act ¹⁹
ZZZS	Health Insurance Institute of Slovenia

⁸ Official Journal of the Republic of Slovenia, no. 77/08 and 46/15 – ord. CC.

⁹ Official Journal of the Republic of Slovenia, no. 102/04 – UPB, 14/05 – amend., 92/05 – ZJC-B, 93/05 – ZVMS, 111/05 – ord. CC, 126/07, 108/09, 61/10 – ZRud-1, 20/11 – ord. CC, 57/12, 101/13 – ZDavNepr, 110/13, 19/15, 61/17 – GZ and 66/17 – ord. CC.

¹⁰ Official Journal of the Republic of Slovenia, no. 94/10, 50/14 and 32/17.

¹¹ Official Journal of the Republic of Slovenia, no. 108/02 and 61/06 – ZDru-1.

¹² Official Journal of the Republic of Slovenia, no. 96/12, 39/13, 99/13 – ZSVarPre-C, 101/13 – ZIPRS1415, 44/14 – ORZPIZ206, 85/14 – ZUJF-B, 95/14 – ZUJF-C, 90/15 – ZIUPTD, 102/15, 23/17, 40/17 and 65/17.

¹³ Official Journal of the Republic of Slovenia, no. 3/07 – UPB, 23/07 – amend., 41/07 – amend., 61/10 – ZSVarPre, 62/10 – ZUPJS, 57/12, 39/16, 52/16 – ZPPreb-1, 15/17 – DZ, 29/17 and 54/17.

¹⁴ Official Journal of the Republic of Slovenia, no. 61/10, 40/11, 14/13, 99/13, 90/15 and 88/16.

¹⁵ Official Journal of the Republic of Slovenia, no. 93/07.

¹⁶ Official Journal of the Republic of Slovenia, no. 33/16.

¹⁷ Official Journal of the Republic of Slovenia, no. 16/07 – UPB, 87/11, 96/12 – ZPIZ-2 and 98/14.

¹⁸ Official Journal of the Republic of Slovenia, no. 72/06 – UPB, 114/06 – ZUTPG, 91/07, 76/08, 62/10 – ZUPJS, 87/11, 40/12 – ZUJF, 21/13 – ZUTD-A, 91/13, 99/13 – ZUPJS-C, 99/13 – ZSVarPre-C, 111/13 – ZMEPIZ-1, 95/14 – ZUJF-C, 47/15 – ZZSDT, 61/17 – ZUPŠ and 64/17 – ZZDej-K.

¹⁹ Official Journal of the Republic of Slovenia, no. 59/02, 61/07 – ZUNEO-A and 33/16 – ZVarD)

The following organizations participated in the preparation of the Alternative Report on the Implementation of the Provisions of the Convention on the Rights of Persons with Disabilities in the Republic of Slovenia:

1. **Nacionalni svet invalidskih organizacij Slovenije (NSIOS) - National Council of Disabled People's Organizations of Slovenia (NSIOS)**

The member organisations of NSIOS:

2. **Zveza društev slepih in slabovidnih Slovenije (ZDSSS) - Association of the Blind and Partially Sighted of Slovenia**
3. **Zveza društev gluhih in naglušnih Slovenije (ZDGNS) - Slovenian Association of Deaf and Hard of Hearing People**
4. **Društvo distrofikov Slovenije (DDS) - Muscular Dystrophy Association of Slovenia**
5. **Zveza paraplegikov Slovenije (ZPS) - Slovenian Paraplegic Association**
6. **Združenje multiple skleroze Slovenije (ZMSS) - Slovenian Multiple Sclerosis Association**
7. **Sožitje - Zveza društev za pomoč osebam z motnjami v duševnem razvoju Slovenije (SOŽITJE) - Slovenian Association for Persons with Intellectual Disabilities**
8. **Zveza delovnih invalidov Slovenije (ZDIS) - Federation of Disabled Workers of Slovenia**
9. **Zveza društev civilnih invalidov vojn Slovenije (ZDCIVS) - Federation of Civilian Invalids of Wars of Slovenia**
10. **Zveza društev vojnih invalidov Slovenije (ZDVIS) - Federation of disabled war veteran's associations of Slovenia**
11. **Zveza za šport invalidov Slovenije - Paraolimpijski komite (ZŠIS-POK) - Slovenian association for Sport of People with disabilities - Paralympic Committee**
12. **Društvo laringektomiranih Slovenije (DLS) - Slovenian Society of People with Laryngectomy Procedure**
13. **Zveza invalidskih društev ILCO Slovenije (ILCO) - Slovenian ostomy association ILCO**
14. **Društvo revmatikov Slovenije (DRS) - Slovenian Rheumatics Society**
15. **Društvo študentov invalidov Slovenije (DŠIS) - Slovenian Association of Disabled Students**
16. **Društvo paralizikov Slovenije (PARAS) - Slovenian Paralytics Society**
17. **Združenje invalidov - Forum Slovenije (ZIFS) - Association of Disabled People – Slovenian Forum**

18. ***Društvo gibalno oviranih invalidov Slovenije VIZIJA (VIZIJA) - VISION Society - PZS - Society of Physically Impaired Persons***
19. ***Društvo VITA - za pomoč po nezgodni poškodbi glave (VITA) - VITA Society - For Help After Accidental Head Injuries***
20. ***Društvo za kronično vnetno črevesno bolezen (KVČB) - Society for Chronic Inflammatory Bowel Disease***
21. ***Združenje gluhoslepih Slovenije DLAN (DLAN) - Slovenian Deafblind Society "DLAN"***
22. ***Kulturno prosvetno in športno rekreativno društvo slepih in slabovidnih Karel Jeraj (KPŠRD KAREL JERAJ) - Cultural-Educational and Sports-Recreational Association of the Blind and Partially Sighted People Karel Jeraj***
23. ***Sklad SILVA, Društvo za kakovostno življenje ljudi s posebnimi potrebami (SILVA) - SILVA Fund, Society for Quality Living of People with Disabilities***
24. ***Združenje vojnih invalidov in svojcev padlih 1991 (ZDRUŽENJE 91) - Association of Disabled War Veteran's and Relatives of the Fallen 1991***

And the participating organization:

25. ***Društvo za Osveščanje in Varstvo - Center Antidiskriminacije (OVCA) - Association for Awareness and Protection - Antidiscrimination Center***

PRESENTATION OF SUBMITTING ORGANIZATIONS

National Council of Disabled Persons's Organizations of Slovenia (NSIOS) is a non-governmental organization established in accordance with the Disability Organizations Act, joining voluntary associations of representative and other organizations of persons with disabilities operating at national level in the Republic of Slovenia, and representing the interests of more than 118,000 Slovenian persons with disabilities. In accordance with ZInVO, NSIOS coordinates the interests of all persons with disabilities in the country, taking into account the autonomy of each disability organization and representing them in the dialogue between various organizations of persons with disabilities and with professional associations, state bodies, public institutions and other publics. The NSIOS proposes, in accordance with regulations, joint representatives of persons with disabilities in the state bodies and other public institutions as well as in the bodies of international organizations and associations and performs other jointly agreed activities. Included disability organizations represent more than 99% of all organized Slovenian persons with disabilities and work in about 220 local societies throughout Slovenia. NSIOS is a full member of the European Disability Forum (EDF). The NSIOS summarizes modern European disability policies and at the same time provides specific Slovenian disability interests and topical content for the development of new system solutions that are inherently characteristic and mandatory for our country.

Association of the Blind and Partially Sighted of Slovenia is a representative national disability organization in the Republic of Slovenia for representing blind and partially sighted individuals with congenital or acquired visual impairment. The activities of the ZDSSS are carried out with the purpose of identifying, defending and meeting the common needs of members by implementing specific social programs and services which are specially adapted for the blind and partially sighted, and representing their interests at the state level. Special social programs cover activities in the fields of information, library activities, providing technical tools, organizing company for the blind and visually impaired, activities for blind and visually impaired children, adolescents, their parents, blind and partially sighted parents, women, elderly persons and relatives of the blind and partially sighted, as well as artistic activities, social protection activities, activities in the field of education, employment, sport, chess, health care and other activities. ZDSSS programs complement the activities of public services, sometimes also in their stead, with the aim of making the blind and visually impaired as independent as possible and equally involved in life, education and work. The ZDSSS includes nine intermunicipal societies from Ljubljana, Maribor, Celje, Kranj, Ptuj, Nova Gorica, Koper, Novo mesto and Murska Sobota. The blind and visually impaired members are actively involved in the work of all bodies of the Union: the assembly, the board of directors, the supervisory board and the disciplinary commission, while actively participating in the design and implementation of individual activities or programs of the ZDSSS.

Slovenian Association of Deaf and Hard of Hearing Persons - Adult deaf, hard of hearing, deafblind persons and persons with a cochlear implant in Slovenia are united in societies - and the latter are united in ZDGNS, a non-partisan, non-governmental professional organization striving for the equal position and rights of our users. The ultimate goal of joining is to create opportunities for the full integration of our users into the living and working environment, as well as social life. Organizations of deaf persons are among the oldest, as they guaranteed deaf persons, on the basis of solidarity, self-help, the same experiences with the hearing environment and with the help of individuals with a healthy hearing the recognition of their special needs and important affiliation to their social environment. The organizations of our users enable members to develop a positive identity, create a specific culture of the deaf, use their own language, their social environment and facilitate integration. This is why the societies throughout Slovenia become second homes for the deafblind, deaf and hard of hearing persons. Special social programs implemented in societies and at the ZDGNS are intended for users who are co-creating them in order to reflect their needs, since the basic aim of combining is creating the conditions for the full integration of our users into working and social life. Our users in many ways represent a gray area of state concern for them and do not have equal opportunities in different areas of their lives. ZDGNS is a representative disability organization and has the status of a society in the public interest in the field of social protection for persons with hearing impairment. The Association has been granted the status of representativeness by the MDDSZ for 4 categories of persons with hearing impairment, separately for deaf, hard of hearing, deafblind persons and persons with a cochlear implant. ZDGNS is the umbrella organization of members united in 13 inter-municipal societies, as well as implementing a number of special social programs at the state level as well as special social programs at the local level, performed by societies for this category of adult persons with disabilities. It has been granted the status of a society that has been acting in the public interest in the field of social protection since 1999. This status was granted upon prior consent of the Ministry of Education and Sport, Ministry of Culture and issued by the Ministry of Labour, Family and Social Affairs. In 2003, we received a decision from the Ministry of Labour, Family and Social Affairs to grant our organization the status of a disability organization and, in 2004, to register in the register of representative disability organizations for the deaf and hard of hearing. ZDGNS was the founder of the Association of Interpreters for the Slovenian Sign Language (ZZTSZJ). The mission of ZDGNS and societies was developed and tested in the immediate life of users, in recognizing their specific needs and interests in

everyday life, work and organization (ZDGNS and societies), so that they can also significantly contribute themselves to the realization of their rights, their integration and life in the community. In order to satisfy the needs of users, we have developed a number of special social programs and certain specific services that we perform as an addition to the activities of public services, often also instead of them. The implementation of special social programs enables their independent and equal involvement in life and work. At the local level, within the framework of 8 joint programs we implemented a number of services which provided individual assistance to all the users in the societies on the territory where a certain society is located. Our goal is that users can be involved in life and work as independently and equally as possible. By implementing programs at the national and local levels, we prevent and mitigate the social and psychological consequences of the loss of hearing. By implementing specific social programs, we contribute to their easier life and work. That is also why their societies can in many ways be regarded their second home.

Since its foundation in 1969, the **Muscular Dystrophy Association of Slovenia** has been acting as a national representative disability organization in the whole of Slovenia. With its planned operation, the regulation of a number of issues has been achieved, not only in the field of health but also in the field of state social policy, in particular with regard to training, living, socializing, supplying technical equipment, tailored transportation, economic relief and in many other areas. It has also developed some specific possibilities for the wholesome role of man. In DDS, dystrophic persons are creatively expressing their interests and exercising them with universal help. In addition, DDS independently carries out a series of special social programs, and some of them can be classified as exceptional achievements of Slovenian disability protection due to professional achievements. These include, inter alia, the service of transport and personal assistance, which provides dystrophic persons with appropriate mobility and physical assistance. In the implementation of a number of specific social programs, DDS also established two disability company, namely Birografika BORI - which implements its marketing objectives and demonstrates that it is economically justifiable to employ seriously affected dystrophic persons under special conditions, using high technology and efficient organization, and another disability company Dom dva topola, which carries out medical rehabilitation at the seaside, which allows the preservation of the biological potentials of dystrophic persons. A special feature of DDS is that it does not care solely for the interests of its members, but also strives for the general progress of the Slovenian state in disability or social care, as precisely the regulated general living conditions and a friendly environment without architectural and other obstacles are a prerequisite for a greater social integration of persons with disabilities, while significantly reducing the needs of persons with disabilities to exclusively represent themselves in the social role of the disabled. Since September 1992, DDS is a regular member of the European Alliance of Neuromuscular Disorders Associations (EAMDA), based in Ljubljana, and the World Alliance of Neuromuscular Disorders Associations (WANDA) based in Australia. Through the NSIOS, the company indirectly cooperates with the EDF since Slovenia's accession to the European Union. Dystrophic persons are actively involved in the operation of all DDS bodies and participate in the design and implementation of individual activities or programs.

The **Slovenian Paraplegic Association** is a representative disability organization in the field of paraplegia and tetraplegia in the Republic of Slovenia. It is a non-governmental and non-profit organization with humanitarian goals which operates with nine local societies in the public interest in the whole of Slovenia. ZPS is managed by the ZPS Assembly, which is the highest body, and consists of three representatives, paraplegics and tetraplegics, from each society. The Assembly adopts the work program and the financial plan, the medium-term development plans, approves the reports on work, elects other management bodies and takes the most important decisions - the Assembly thus determines the overall strategy for the development and operation

of the organization. Thus, persons with disabilities co-decide and co-create work programs for future activities. The Slovenian Paraplegic Association based in Ljubljana, as a representative disability organization, operates nationally; it consists of regional societies of paraplegics which are organized according to the same organizational principle and cover the entire territory of the Republic of Slovenia. With this organizational form of the ZPS the entire territory of the Republic of Slovenia is covered and includes all Slovenian paraplegics and tetraplegics. The societies organize annual assembly of members, where they jointly formulate program priorities and plan the functioning of societies. The ZPS carries out specific social programs and plans and implements activities that are not carried out by public authorities and public services for paraplegics, tetraplegics and their family members and, last but not least, for the wider society. ZPS is implementing programs aimed at meeting the specific needs of individual groups, at the state level named renewal rehabilitation, personal assistance, adaptation of the built environment, promotion of social inclusion and independent living of persons with disabilities, education and cultural activity and sport of paraplegics, and at the local level transport of paraplegics, disability compensation, interest activities and personal assistance. Special social programs are run by referents who are members of societies and provide guidelines for their work on the basis of resolutions of the Assembly and the meetings of members in local societies. Thus, the role of persons with disabilities - members is ensured by co-deciding and implementing activities in specific social programs. The national representative disability organization ZPS is composed of members who are joined in nine ZPS members (societies). Membership in societies is voluntary and regulated by the Articles of Association and the ZPS.

The **Slovenian Multiple Sclerosis Association** is a representative national disability organization in the Republic of Slovenia which brings together persons with multiple sclerosis. In doing so, it conducts special social, rehabilitation and other programs: rehabilitation programs - designed primarily to acquire and maintain the psychophysical abilities of the individual - renewal and social rehabilitation, organization of rehabilitation care, health preservation, compulsory companions, group health preservation for the seriously disabled at the MS Centre in Ankaran, health promotion activities at the local level and support programs - designed to support the individual and his/her family in the environment where he/she lives - trust programs, family rehabilitation, special assistance programs through the Social Commission of ZMSS, assistance in the implementation and provision of technical aids, assistance in the elimination of architectural obstacles for persons with multiple sclerosis, adapted transportation of persons with disabilities, publication of bulletins and publications, seminar for younger persons, training of newly diagnosed persons with multiple sclerosis for life and work, counseling and assistance in exercising rights, sport and recreation for persons with multiple sclerosis, meetings and personal assistance

Sožitje - Coexistence Slovenian Association for Persons with Intellectual Disabilities is an independent, non-partisan, non-profit and voluntary organization with socio-humanitarian goals, as well as an organization for the advancement of joint and individual care for persons with intellectual disabilities, their parents and family members. Sožitje - Coexistence is composed of societies for the help of persons with mental disorders operating in the territory of the Republic of Slovenia. It was founded in 1963 as the aid society of the Republic of Slovenia for the mentally disabled which in the following years established municipal and inter-municipal societies. Today, Sožitje - Coexistence includes 52 societies that operate in the entire territory of Slovenia. 51 societies represent the local Sožitje - Coexistence societies for the help of persons with intellectual disabilities, while the 52nd society is the Society of the Special Olympics of Slovenia which, as a movement and provider, takes care of forms of sports and recreation for persons with intellectual disabilities. Since 1994, Sožitje - Coexistence is a full member of the INCLUSION INTERNATIONAL, the International Network of People with

Intellectual Disabilities and Their Families, based in London, and INCLUSION EUROPE, based in Brussels. In Slovenia, Sožitje - Coexistence joined other disability organizations in NSIOS and other associations. Cohesion operates on the basis of the provisions of the Societies Act and the Disability Organizations Act and has also established the status of a society acting in the public interest in the fields of social protection, health, culture and education. Since the acquired status it operates as a representative disability organization. The highest body of the Sožitje - Coexistence is the Assembly which consists of representatives of all members. The Executive Committee, which consists of 15 elected members, is operatively responsible for the implementation of the decisions of the Assembly. Supervision over the operation is carried out by the Supervisory Board of Sožitje - Coexistence, and in addition, in the Sožitje - Coexistence Association there are also several commissions and committees for individual fields of work, such as the Commission for the Lifelong Learning of Persons with Disabilities, the Commission for Family Programs, the Expert Council, the Publishing Council, etc.

In 1969, the **Federation of Disabled Workers of Slovenia** was established by municipal disability societies from the territory of the Republic of Slovenia for the purpose of mutual assistance and the realization of common interests as well as the preservation of the rights of disabled workers. ZDIS is a voluntary, independent, autonomous, non-governmental, non-profit association of disability societies which has been granted the status of a disability organization on the basis of the Disability Organizations Act by the Ministry of Labour, Family and Social Affairs. On the basis of the Disabled Organizations Act, the ZDIS has been recognized by the Ministry of Labour, Family and Social Affairs as being representative of persons with disabilities with the status of a disabled worker and persons with physical impairment. The ZDIS is the largest national disability organization, which in 69 local societies unites working invalids under the Pension and Disability Insurance Act, other persons with disabilities who do not have the status of a disabled worker, but due to acquired or inborn defects and disabilities that is conditioned or caused by the physical and the social environment can not fully or partially satisfy the needs of personal, family and social life in the environment in which they live, as well as legal representatives of persons with disabilities and other persons who in various ways support the operation of societies and ZDIS in the territory of the state of Slovenia.

The **Federation of Civilian Invalids of Wars of Slovenia** was established on 22 December 1970 and, in cooperation with its societies, operates in the implementation of special social and other programs in all areas of social life, carries out certain services to meet the needs of civilian persons disabled from war in order for the latter to lead the most independent life possible. It is a representative disability organization operating in the public interest. Civilian persons disabled from war are persons who suffered from physical injuries and deteriorating personal health during or after the war and are therefore "living monuments" of the consequences left behind by wars. The special social program of "maintaining health in own units adapted to the needs of the disabled, as well as in other spas and physiotherapeutic clinics" is of utmost importance. The average age of our members - persons with disabilities is 78 years, and therefore, age and disability are those factors that direct the implementation of the said program. Infirmary, health changes and degenerative processes are to a greater extent and differently reflected in the elderly, which means that disability affects the ability of the body and organs and the overall functional ability of a person. Regardless of the above, other programs implemented are also important. The Federation also carries out other activities that unambiguously touch upon the mission of our organization. One of the most important in this area is to warn and raise awareness amongst children and young persons about the perceived danger and possible tragic consequences in the case of finding unexploded ordnance which is shockingly high in Slovenia regardless of the previous wars.

The **Federation of Disabled War Veteran's Associations of Slovenia** is a disability and representative disability organization for military war and peacetime war disabled veterans. It was established and registered in accordance with the provisions of the Companies Act as a legal entity of private law. It has the status of an organization acting in the public interest. The ZDVIS was established with the intention of identifying, representing and defending the interests and needs of disabled war (military) veterans and relatives of those who have fallen in wars as well as relatives of the dead military disabled veterans, in order to assist them in exercising guaranteed rights, to help them overcome life's difficulties caused by disability and to help them in training for the most independent life possible. These are also the fundamental goals of the operating and activities of the ZDVIS, which is successfully implemented through the implementation of specific social and other programs. The priority among programs aimed primarily at persons with disabilities are the programs of preserving health, preserving social contacts and direct help for persons with disabilities at home, integrating war disabled veterans in cultural and social life, taking care of maintaining psycho-physical fitness by involving persons with disabilities in organized recreational and sports activities, training persons with disabilities for the most independent life possible and training of volunteers for providing assistance to persons with disabilities, nurturing and preserving the disabled war veterans' traditions, advocating and preserving historical values that have been achieved in the past. ZDVIS was founded on 19.12.1994 and joins 14 societies of disabled war veterans, which include as members the military disabled war veterans from the Second World War and the National Liberation Struggle as well as the war for Slovenia of 1991, military peacetime disabled war veterans, widows of the fallen in wars and widows of the dead disabled war veterans who enjoy protection under the law on disabled war veterans. Among the members there are also (in a small number of cases) civilian persons disabled from war and disabled workers as well as other members - volunteers. ZDVIS operates throughout the territory of the Republic of Slovenia. There are 14 societies of disabled war veterans included in the ZDVIS. All societies have the status of disability organizations. ZDVIS is actively involved in the Slovenian disability movement. Together with most of the operating disability organizations ZDVIS has been a member of NSIOS, since 1995. According to the composition of membership, ZDVIS also has the characteristics of a veteran organization, as about 55% of disabled war veterans have the status of war veterans. As disabled veterans, they are victims of war. In November 1997, the Federation became full members of the World Veterans Federation (WVF). In conjunction with the ZZB for the Values of the National Liberation Struggle, the Union of Veterans of War for Slovenia and the Association Sever it takes an active part in the activities of WVF and its bodies. It is directly related to associations of disabled war veterans of the National Liberation Struggle in Italy (Venezia Giulia) and Austria (Carinthia) enjoying protection under Slovenian law, and with associations of disabled soldiers in the Republic of Hungary, R. of Croatia, R. of Bosnia and Herzegovina, R. of Serbia and R. of Montenegro. ZDVIS is a signatory to the agreement on cooperation between patriotic and veteran organizations of Slovenia.

The beginnings of the **Slovenian association for Sport of People with disabilities - Paralympic Committee** are closely linked to the sporting activity of military disabled war invalids. Within the Federation of the Military Disabled War Veterans (ZVVI), a sports committee was established which began organizing sports and recreational activities, and later also competitive forms of sport. Initially, only for members of the ZVVI, but gradually the activity spread to other persons with disabilities and to their newly emerging organizations. As early as 1952, the first national skiing championship was held. In 1954, the national bowling, table tennis, chess and shooting events were attended by around 200 persons with disabilities. These sports, together with bowls, form the core of the sports developed among persons with disabilities in Slovenia which have the widest base. Slovenian athletes also successfully participated in the state championships within the framework

of the then Union for Sport of Disabled Persons of Yugoslavia. ZŠIS-POK, with the aforementioned start from the committee of disabled military war veterans, has gone through many stages of development. In the beginning, the sport of exclusively recreational character predominated, while later on competitive sports gradually began to predominate, followed by top sport of persons with disabilities. On 21 October 1962, the Federation for Sport and Recreation of the Disabled was founded. The current organization, ZŠIS-POK, has its roots in the 1990s, when 10 national disability organizations decided to establish a new ZŠIS-POK. Thus, from the Association of Disabled Sports Societies ZŠIS-POK became a federation of national disability associations. It was entrusted with the implementation of sports activities at the state level and with all matters related to the search, preparation and appearance of the best Slovenian disabled athletes at official international competitions, such as: European and World Championships, World Games and Paralympic Games. ZŠIS-POK is currently implementing or facilitating the implementation of around 30 state championships and up to 20 programs of Slovenian disabled athletes' competitions at international championships. In the system of state championships over 1,100 participants participate annually, while international championships are attended by around 130 members of the representative team per year. The number of medals won between 1992 and 2003 is as follows: 81 gold, 87 silver and 102 bronze medals. Only medals won at official international competitions are taken into consideration in all competitions where our representatives (physically disabled, blind, deaf, persons with mental disorders and cerebral palsy) appear. ZŠIS-POK is a member of the 17th International Sports Federations for Disabled Sport at the European and Global Level. Among them, the most important is the umbrella organization - the International Paralympic Committee - the International Paralympic Committee (IPC). ZŠIS-POK is a member of the Olympic Committee of Slovenia - Association of Sports Federations, in which it represents the sport activities of all persons with disabilities in Slovenia.

The **Slovenian Society of People with Laryngectomy Procedure** is a uniform society which operates in the entire territory of Slovenia. The DLS is a representative disability organization operating in the public interest in the field of health and social care and is a member of both NSIOS and the European C.E.L. Confederation (Confederation Europeene des Laryhgectomises). DLS unites persons with laryngectomy procedure as well as other patients whose operative procedures in the esophagus, throat, or oral cavity have resulted in a certain degree of physical impairment.

The **Slovenian ostomy association ILCO** - ILCO's operation is significantly determined by the national development visions, strategic orientations and defined priorities in the area of the welfare state. Today, ILCO is a modern organization that includes persons with colostomy, ileostomy, urostoma, ulcerative colitis, Chron's disease, congenital and acquired gut defects, and also those who have a temporary stoma. At the local level, we have six societies that are involved in ILCO and implement six specific social programs: training for active life and work, training volunteers for work with persons with disabilities, parents and relatives program, technical assistance, health maintenance and other rehabilitation programs, and manual skills workshops. ILCO has the status of a national disability organization and the status of representativeness and acts in the public interest in the Republic of Slovenia. The ILCO is a member of the IOA (International Ostomy Association) and the EOA (European Ostomy Association) and we regularly attend all important meetings outside our borders with our own resources. Our aim is to ensure that all competent authorities, representatives at national and local level, representatives of organizations, importers of orthopedic aids, medical profession, the Chamber of Health and Midwives of Slovenia, the Ministry, are involved in achieving the goals, which includes everyone that treat persons with ostomy. R & D should be implemented and promoted, and the accessibility and use of new technologies, including information and communication technologies, mobility aids, technical aids and assistive technologies suitable for persons with disabilities, should be increased, giving

priority to technologies at reasonable prices and assessing physical impairment. We are aware that the implementation and eligibility of programs need to be checked, updated or modified according to the needs of the members. At the federal level, we also implement seven specific social programs, such as: preventing and mitigating the social and psychological consequences of disability, Spring, Summer, Autumn, Winter - preserving health - spa activities, training persons with disabilities for self-help and other people for assisting persons with disabilities, programs for children and adolescents with disabilities, sports competitions and cultural activities.

The **Slovenian Rheumatics Society** was founded in 1983. It has the status of a representative disability organization and operates at the state level through thirteen branches distributed across Slovenia. It is a uniform, voluntary, non-profit and independent association of patients and persons with disabilities with a diagnosis of inflammatory rheumatism and their supporters. DRS is managed exclusively by users. The main mission of the DRC is to achieve long-term quality and independent living for persons with disabilities and therefore strives to identify and seek solutions to their health and social problems and to provide them with appropriate assistance. To this end, they implement eight specific social programs that try to help patients and persons with disabilities (i.e. rheumatics) in all areas where their life with rheumatic disorders affects them. They provide users with, inter alia, various forms of education, counseling and training; weekly professionally managed rehabilitation exercise; help in their involvement in the family and working environment, overcoming social isolation, psychophysical and social hardships; and facilitate and encourage the participation of rheumatic patients in cultural life, recreation, leisure activities and sports. Patients and persons with disabilities are important in shaping the content of programs and are actively participating in their improvements and content upgrading. All the content of the programs namely originates from the identified needs of users and the analysis of the estimates of the effectiveness of the services performed by the professional program managers and the users themselves. One of the priorities of the DRC is to reduce the burden of rheumatic disorders on the individual and society by improving early diagnostic and treatment procedures as an essential prerequisite for the preventing of progression of the disease into disability stage. They strive for the access of all rheumatic patients to state-of-the-art innovative therapies and medicines. Activities also include: identifying and representing the interests of rheumatics in dialogue with the competent institutions; efforts to reduce discrimination and improve the social situation of the sick and disabled and, last but not least, raise awareness of the various aspects of life with inflammatory rheumatic diseases. They also connect with related international and domestic organizations of patients and persons with disabilities who have the same or similar goals as DRS. They are actively involved in the operation of the European League Against Rheumatism: EULAR - PARE.²⁰ Special social programs of the DRS are the rehabilitation and maintenance of the psychophysical health of rheumatics (professionally managed exercises in swimming pools and gymnasiums, renting apartments in Terme Vivat, Zreče and Pohorje), education and training for the active life and work of adult rheumatics and their family members (lecture and workshops, seminars, family and regional meetings, professional symposia, "School for newly diagnosed patients", etc.), education and training of children and adolescents with juvenile idiopathic arthritis (JIA) and their families, counseling for the active and independent life of rheumatics (SOS telephone, free legal aid, counseling workshops), home visits, care, physical and other assistance for elderly and severely affected rheumatics and persons with disabilities, informational activities ("Revmatik" newsletter, manuals, leaflets, web site and Facebook page, awareness-raising of the lay and professional public, etc.), sports and recreation of rheumatics, as well as cultural activities and activities in areas of interest.

²⁰ <http://www.eular.org>.

The **Slovenian Association of Disabled Students** was established with the aim of defending the interests and special needs of students with disabilities as well as implementing programs of assistance and other activities that contribute to improving the situation of disabled students in the fields of education, housing and employment. Students with different types and degrees of disability are enrolled in the DŠIS: physically impaired, students with impaired vision, hearing or speech, and students with chronic or progressive illness or specific learning difficulties. We offer our members educational, cultural, sports and social activities at home and abroad, free transportation with personalized vehicles, free use of modern computer equipment with internet access, free photocopying and enlargement of study literature, customization of study literature in forms accessible to the blind, organizing personal assistance, as well as counseling and assistance on issues relating to study and living conditions. In the DŠIS, we collect information about the study and living conditions of disabled students, inform students and the wider public about the lives of students with disabilities, and encourage changes in favor of persons with disabilities. We also deal with the employment and housing issues of persons with disabilities. In addition, we connect with related organizations at home and abroad.

The **Slovenian Paralytics Society** is a uniform voluntary and independent association of the physically disabled and paralytics. Paras obtained the status of a disability and representative organization. It joins persons with disabilities with peripheral motor neuron disorders. Clinically, this disorder is indicated as a flaccid paralysis of one or more limbs, the absence of spasticity, preserved sensitivity, preserved control of the sphincters, no systemic disability, and the condition is complete. The purpose of Paras is to create conditions for the full integration of paralytics into everyday life and the working environment as well as the exercise of their rights. The goal of Paras is to prevent and mitigate the social and psychological consequences of disability, advise and help with the elimination of life problems and the elimination of architectural barriers. In particular, Paras implements: social and social programs, performs renewal rehabilitation programs, provides social assistance to disadvantaged members, provides assistance in the procurement and servicing of disability aids, carries out the promotion of disability sports and recreation, and carries out transportation for its members. The operation of Paras is public. We also publish our internal bulletin. Paras presents paralytics at the local, national and international level.

The **Association of Disabled People – Slovenian Forum** is a national disability organization and a public interest society, which was founded on 16 September 1996 and has been in existence for 21 years. We unite persons with disabilities with various types of disabilities, mostly persons with disabilities who are not specifically included in other organizations, or have fallen out of various social networks, especially as regards relatives and family members. ZIFS implements six specific social programs, namely the psychosocial care and social service chain, echo, personal assistance, messenger, training and social and material assistance to persons with disabilities. As the name itself states, ZIFS is dealing with two sides of help for persons with disabilities as well as for other disability organizations and the state. On the one hand, ZIFS implements programs aimed at direct psycho-social and material facilitation of meeting the needs of persons with disabilities, while on the other hand, it raises awareness of the Slovenian public and other professional public on persons with disabilities and disability. Persons with disabilities are directly involved in all activities. In the area of awareness-raising they also represent the vehicle for individual articles in the online newsletter *Sporočevalec* and the guests of radio shows across Slovenia. Since 1995, even before the establishment of ZIFS, more than 2,000 radio shows were broadcast, where more than 800 different guests participated. Some of them namely participated several times. It is precisely through contact radio programs that it is noticeable that discrimination in Slovenia has severely decreased, as well as stereotypes and prejudices against persons with

disabilities. During this period, ZIFS organized over 100 press conferences, round tables and lectures. The most notable was the celebration of the International Day of Persons with Disabilities in 2001, when more than 5,000 persons with disabilities from all organizations and societies came to Hala Tivoli.

The **VISION Society - PZS - Society of Physically Impaired Persons**, with its headquarters in Slovenske Konjice, is a disability organization with 17 years of tradition operating at the state level. They carry out five specific social programs for assistance and services of persons with disabilities with mobility impairment, wherein they participate through the whole process of program implementation, from planning individual activities in the current year to the implementation and evaluation. In doing so, they use questionnaires to evaluate the content and organization of the projects, description of expectations, compliments, dissatisfaction, and also write down proposals and initiatives for the implementation of the contents of each program for the future. Substantively the largest program is "Violence Against the Disabled", which with five sub-programs and the "House of Confidence" safe shelter provides persons with disabilities of both sexes and the elderly with mobility impairment safe accommodation and during their stay they assist them in rescuing crisis situations and help them in regulating their living conditions for the future.

The **VITA Society - For Help After Accidental Head Injuries** is a voluntary, non-profit, national representative disability organization that brings together persons with an accidental head injury, their relatives or representatives, professional workers and other persons working with the purpose of caring for persons with an accidental head injury. The society has gained public importance in the social, health and culture areas and is an active member of the Brain Injured People and Families – European Confederation (BIF). The operation of Vita is focused on the territory of Slovenia, and with its activities the society provides assistance to the affected and their families, and helps to improve the quality of their lives and to exercise the right to equal participation in social life. Activities are carried out in Ljubljana and also in local projects wherever our members reside. The activities of the Society are: Training for independent living in different places wherever our members, daily center and clubs are located, the implementation of personal assistance and escorts, transportation, care and physical assistance to the most affected users, counseling and programs for parents and for children and youth, health and rehabilitation programs for the preservation of health, informational and publishing activity, cultural and sporting activities, counseling in eliminating obstacles in the physical environment, lifelong learning, rehabilitation and international and relaxation camps, legal help. An important activity conducted by Vita is to inform the general and professional public about the specific issues of our members and to participate in research and preventive activities in this field. The activities organized by the Society are led by regular employees employed by the ZZRS subsidy, as well as volunteers, members, and external collaborators. The majority of direct work in the society is carried out in groups. Much more functional are smaller groups, due to the difference between the injured (age, ability, character, interests). Nevertheless, the majority of members in the group need to be guided and lead individually. The members of Vita are persons with disabilities and their legal representatives, while supportive members also include other natural persons who support the activities of Vita (professionals, employees, volunteers, sympathizers ..). In Vita, we take care of equality, reintegration of injured persons, support for caregivers, relatives and partners. Our mission imposes on us the duty to take care of the persons around us, which is why all users and members work in accordance with our mission.

The **Society for Chronic Inflammatory Bowel Disease** is a voluntary, independent, non-profit association of individuals who unite to help children and adolescents as well as adults with chronic inflammatory bowel disease (hereinafter: IBD), with the aim of improving the quality of life of persons with chronic inflammatory

bowel disease. The Society is a national one and includes adults as well as children and adolescents with IBD. In October 2007, the Society has been granted the status of a disability organization and the status of a society in the public interest, which was awarded to the Society on 27 September 2007 by the Ministry of Labour, Family and Social Affairs. Since October 2006, we are a full member of the European Federation of Crohn's & Ulcerative Colitis Associations (EFCCA). We are organized in eight regional sections. We also have three separate sections for children, youth and autoimmune hepatitis. The sections operate in specific territorial areas of Slovenia. They are responsible for their work to the Executive Board. The sections are organized according to the interests of the members of the Society and do not have the status of a legal person. Tasks of the Society: organization of lectures for patients with IBD, organization of lectures for educational organizations, schools and working organizations where our members are educated or employed, arranging meetings of the Society members (professional, public), assistance in providing social security and facilitating integration into social environment of persons with IBD, counseling for members (health, dietetic, psychological, legal, social), organization of self-help among patients, consulting in the supply of convenient professional literature and other aids, publishing activity: publishing the Kronček newsletter, publications and leaflets and preparation of content as well as editing web pages of the Society, training of members at various seminars, lectures, courses, congresses, giving initiatives for improving professional work in the field of treatment of patients with IBD, raising public awareness on IBD issues and cooperation with related societies at home and abroad. The Society implements special social programs for functionally- and also socially- and primarily health-deprived individuals in the entire Republic of Slovenia. The company realizes its mission by implementing seven special social programs from all areas of life of persons with IBD, respectively: social security and inclusion in normal life - we inform members about the disease and on their rights, we provide them with social security advice, help them with managing the statuses and provide psychological support to volunteers and therapists (therapeutic groups, advisory telephone kronoFON), maintaining health - through rehabilitative and educational content we help the persons with IBDs to maintain health, independent living and autonomy - we organize six-day camps for children, four-day School for youth and four-day schools for adults with IBD, training for active life and work - training for the special needs of persons with disabilities with IBD - we organize professional lectures, meetings, symposia, seminars, workshops, removal of obstacles in the living and working environment – we inform the public on the importance of access to sanitary facilities (the "The Best Public Toilet" action) and employers on the working restrictions of employees with the IBD; informational and publishing activity - with leaflets, publications, website, stands and through the media, we inform persons with IBD and other public, and we raise awareness about the illness and problems of patients with IBD; sports, cultural and other interest activities - we organize personalized sports activities for members, promote cultural and artistic creation, organize professional excursions, excursions to nature and other forms of socializing with the goal of achieving health benefits for persons with IBD, because recreation is important for health (personalized recreation gives an opportunity for self-affirmation, while meetings are also an opportunity to the members to socialize and exchange experiences); advocacy and self-advocacy - we develop these in self-help groups. In order to improve the quality of life of patients with IBD, on 14 July 2004 the Society for Children and Adolescents with Chronic Inflammatory Bowel Disease was founded in Maribor, and later in order to include as many patients with IBD as possible, as the number of patients with this the disease in Slovenia is quite high and adult patients are often left to themselves, we implemented the process of transforming the Society. We have become a society for all patients with this disease (children and adults) throughout the whole of Slovenia. In this way, we can help a wider circle of persons in Slovenia who suffer from this illness and can connect more easily with related societies abroad. Institutions and individuals abroad have more experience of treating and alleviating the problems of patients with IBD and involving patients in

normal life then is the case in Slovenia. With various forms of professional meetings, we bring these experiences to Slovenia.

The **Slovenian Deafblind Society "DLAN"** is a voluntary, non-profit, non-political, autonomous, independent and professional disability organization that unites persons with deafblindness and their legal representatives, as well as other natural persons who in various ways support the work of the association. The DLAN was established with the aim of identifying, defending, meeting the special needs of persons with deafblindness and other persons with disabilities with sensory impairment and representing their interests. The Slovenian Deafblind Society presents the name DLAN ("PALM"), which serves as a means of touch and thus also a way of communicating. DLAN successfully works at the international level. It collaborates very well with European deafblind organizations from neighboring European countries united in the European Deafblind Network (EDbN), in particular with friendly organizations of deafblind persons from Croatia and Hungary. DLAN is a full member of the European Deafblind Union (EDbU), which was adopted on 28.4.2008. Since January 2009, the Society has also been a member of the World Federation of the Deafblind (WFDB). In September 2010, the Dlan became a member of the National Council of Disabled Persons's Organizations of Slovenia.

The **Cultural-Educational and Sports-Recreational Association of the Blind and Partially Sighted People Karel Jeraj** is a disability association that operates in the field of disability care for the blind and visually impaired and in other areas in the Republic of Slovenia. The society helps the blind and partially sighted, due to their special needs, to achieve quality of life, especially in organizing and promoting recreational and competitive sports and chess events for the blind and visually impaired under special conditions, organizing recreation for the preservation of health, cultural events, travel lectures and other lectures, courses and helps them to integrate into society, etc. The activities of the Association take place throughout the year, both at and off the Association. Our members participate in various competitions and tournaments at the national and international level, which at the same time means that we cooperate very well with other related societies. We are also members of the National Council of Disabled Persons's Organizations of Slovenia (NSIOS). The Society was founded on 26 March 1957 and was named after the composer and music teacher at the Institute for Blind and Partially Sighted Youth, Karl Jeraj.

The **SILVA Fund, Society for Quality Living of People with Disabilities** is a non-profit, non-governmental, disability organization. It unites persons with disabilities (predominantly persons with various disorders in physical and mental development), their parents and relatives, experts from different fields, as well as volunteers and other citizens. SILVA was founded in 1995 and throughout its long-time operation it followed the needs of users and the set goals and purpose of the organization. Throughout the years of operation, the programs changed and complemented, and the development followed the changes in the conceptual background and the purpose of activities, but above all the recognition of the new needs of users, parents and relatives. The programs implemented in Silva are intended for persons who need help for a more independent life. The purpose of the programs is to enable and increase the social inclusion of persons in need of help for a more independent life, by providing appropriate levels of mediation and support in order to strengthen assistance and develop the ability of users to achieve the highest level of independence and control over their lives. With its operation, Silva contributes to creating conditions for the lives of persons with disabilities in the community, which enables constant contact with families, relatives and other close persons. Although activities aimed at maintaining and increasing the autonomy and independence of users are at the forefront, activities that take into account the needs of parents or caregivers also remain important. Programs: assistance and support for independent living of persons with special needs and personal assistance for persons with special needs.

The **Association of Disabled War Veteran's and Relatives of the Fallen 1991** is a voluntary, independent, non-profit, non-governmental, patriotic, veteran, disability and independent association of war invalids and relatives of the fallen or dead in the war for Slovenia of 1991. In the 1991 war, 45 members of the Territorial Defense, police force and civilians lost their lives and over 100 persons were wounded or injured, while many relatives were left without their loved ones.

The **Association for Awareness and Protection - Antidiscrimination Centre (OVCA)** has been designing, preparing and implementing unique and experienced awareness-raising workshops on non-discrimination for many years. The purpose of the workshops is to offer additional knowledge and methods to participants in order to help them to recognize discrimination in their work and in their everyday life, and to use mechanisms for its prevention and elimination. For collectives within the same organization, they also serve as a unique teambuilding. We focus on the comprehensive understanding of discrimination in all its forms and mechanisms, key concepts and definitions deriving from the legal order, as well as the study of concrete cases and the possibilities of their solution, as permitted by the Slovenian legislation. The aim of our anti-discrimination workshops is also to train participants to recognize, in addition to recognizing various forms of discrimination, appropriate responses to them and to properly apply the acquis. At the same time, the participants learn to prevent and recognize discrimination at their workplace as well as in private life. In addition, OVCA participates in various human rights projects and cooperates with various non-governmental organizations and international institutions.

INTRODUCTION

In cooperation with its members, NSIOS prepared the Alternative Report on the Implementation of the Provisions of the Convention on the Rights of Persons with Disabilities in the Republic of Slovenia.

On 13th December 2006, the United Nations General Assembly adopted the Convention on the Rights of Persons with Disabilities and the Optional Protocol to the Convention on the Rights of Persons with Disabilities. The Republic of Slovenia signed the Convention and the Optional Protocol on 31st March 2007 at the United Nations Headquarters and on 2nd April 2008 the National Assembly of the Republic of Slovenia adopted the Act on the Ratification of the Convention on the Rights of Persons with Disabilities and the Optional Protocol to the Convention on the Rights of Persons with Disabilities. On 29th May 2014, the Government of the Republic of Slovenia adopted the Introductory Report on the Implementation of the Provisions of the Convention on the Rights of Persons with Disabilities which was submitted to the UN Committee.

This alternative report responds to the "Preliminary Report on the Implementation of the Convention on the Rights of Persons with Disabilities", which the Republic of Slovenia prepared with great delay in 2014. The purpose of this report is to supplement the missing or misrepresented parts of the official report of the Republic of Slovenia submitted to the UN Committee. It does not relate only to the mentioned period, but also attempts to update the situation and capture current data, trends and disability policies. We emphasize that the state is also late with its second report to the UN Committee. This is a good illustration of the state of mind, and in particular the imperfections of the monitoring system or, better put, its absence, which is one of the most serious deficiencies that greatly complicates the assessment of the implementation of all fundamental and other conventional obligations. Namely, in the Republic of Slovenia there is no independent

body for the promotion, safeguarding and monitoring of the implementation of the CRPD, as specified in Article 33 of the latter. The draft state report on the implementation of the CRPD (Preliminary Report on the Implementation of the Convention on the Rights of Persons with Disabilities) was prepared by the IRSSV. The state with its instruments (p.ex. Rules on the Target Research Projects) and resources (Slovenian Research Agency) does not support nor encourage in depth, systematic and longitudinal, basic and applied research in the field.

We would like to point out that without a significantly different and extremely serious human rights based approach, above all in preventing and eliminating exclusion (i.e. discrimination), we will not succeed in achieving greater inclusion, let alone the inclusion of persons with disabilities, and especially not with only the social security policies. Both can only function hand-in-hand, not at cross purposes. The worst possible option is the policy that only mitigates the consequences trying to create a better appearance, while not addressing the causes of serious shortcomings.

We therefore express great concern over such practices of the state, both due to actions and omissions in legal regulation and protection for which the state itself is directly responsible and which cause or maintain systemic discrimination against persons with disabilities or violations of other human rights, otherwise protected by the CRPD. In all circumstances, the state forgot its fundamental duty to respect, protect and ensure the effective exercising of the rights of persons with disabilities for an unreasonably long period.

The current state policy does not identify human rights of persons with disabilities as a comprehensive, multidimensional social sub-system that should address all civil and civic rights as well as economic, social, cultural and collective rights. As a result, state policies in this area are passive, delayed and not comprehensive. It is of particular concern that state intervention here depends on recession and boom cycles. It doesn't identify persons with disabilities as a special social subsystem and within this framework also not the implementation of the human rights of persons with disabilities. It is also necessary to point out the general unresponsiveness of the authorities and the delays in the elimination of the identified discrepancies with the CRPD, even in the cases of the Constitutional Court judgments and in the preparation of new legislation and implementing regulations, especially regarding the competent ministry and its constituent bodies, which is to a large extent also the consequence of unprofessionalism and ignorance, without the knowledge necessary for the development and implementation of effective policies in the field of disability and empowerment of persons with disabilities. In this context, we draw attention to the absence of an integrated strategy for persons with disabilities in the Republic of Slovenia.

Article 1 Purpose

CRPD addressees have difficulty understanding its content and purpose due to the faults of the state and therefore the implementation problems are logical. A large number of laws remain clearly inconsistent with the CRPD provisions, e.g. with its fundamental principles and the concept or model of understanding disability based on human rights. Many laws remain mutually uncoordinated, even independently of the CRPD. All these inconsistencies remain even in the latest legislation.

The term person with disability is used in domestic law, but without sufficient consistency. Thus, other descriptive terms are occasionally used in legislation and other official documents: e.g. persons with

impairment, persons with a certain handicap²¹, persons "with disturbances in physical or mental health" and "development", "persons with special needs",²² the term "invalid person"²³ and similar terms are also used. This shows a completely non-systematic approach, the entrapment in paradigms and the lack of understanding of the topic²⁴ and the prevalence of pejorative terminology, which causes a significant reduction in the social identity of persons with disabilities.

The Law on the Equalization of Opportunities for Persons with Disabilities (ZIMI), as the basic framework for the implementation of the CRPD, gives a sufficiently broad definition of persons with disabilities from the aspect of CRPD (Article 3, Paragraph 3, similar to Paragraph 3 of Article 5 of the ZInvO), but this doesn't solve problems. The term person with disability is namely often and unsuitably equated with the status of a person with disability (as a set of rights and obligations) which is recognized by a decision of the competent authority. However, even in this there are different statuses (whereby the fact of a certain intensity of disability is determined in different ways) which are regulated by at least five laws:

- war-disabled persons (Law on War-Disabled Persons (ZVojl)²⁵,
- civil war-disabled persons (ZVojl);
- disabled workers (Pension and Disability Insurance Act (ZPIZ-2)²⁶,
- disabled persons according to the Employment Rehabilitation and Employment of Disabled Persons Act (ZZRZI),
- disabled persons according to the Act on Social Protection of Mentally and Physically Disabled Persons (ZDVDTP),
- children with special needs (Law on the guidance of children with special needs (ZUOPP)²⁷.

The scope of rights and entitlements, benefits and obligations within these statuses vary considerably. The regulation is rigorous, predominantly directed toward the social security system, or the so-called charity model. The ZDVDTP is a typical example of a law based on the "charity" model of understanding disability. The status derived therefrom do not take into account the concept of disability based on human rights law, in particular the possibility of social development, the development of medicine and technologies, and thus the

²¹ Slovenian version of the European Council Directive 78/2000/EC of 27th November 2000 on the general framework for equal treatment in employment and occupation

²² Persons with disabilities have similar or same needs to other people. In some places, only an adapted system of satisfaction is needed.

²³ In the legal information system of the RS, the search engine finds numerous examples of the use of terms, for example, Social Protection Act (Official Journal of the Republic of Slovenia, no. 3/07 – UPB, 23/07 – popr., 41/07 – amend., 61/10 – ZSVarPre, 62/10 – ZUPJS, 57/12, 39/16, 52/16 – ZPPreb-1, 15/17 – DZ and 29/17) in Article 18a, Paragraph 6, indent 6 of the Decree implementing the Regulation (EU) on the rights of passengers in bus and coach transport, etc.

²⁴ The Ombudsman often combines the expressions, and for marking the field of disability discrimination, for example, he uses the label "equal opportunities in terms of physical or mental disability".

²⁵ Official Journal of the Republic of Slovenia, no. 63/1995, 62/1996 Skl.US, 2/1997 Ord.CC: U-I-86/96, 19/1997 (21/1997 amend.), 75/1997, 19/2000 Ref. CC: U-I-140/96, 11/2006 Ord.CC: U-I-170/05-9, Up-224/03-15, 61/2006-ZDru-1, 114/2006-ZUTPG, 40/2012-ZUJF, 19/14.

²⁶ Official Journal of the Republic of Slovenia, no. 96/2012, 39/2013, 63/2013, 44/14 - ORZPIZ206.

²⁷ Official Journal of the Republic of Slovenia, no. 54/2000, 118/2006-ZUOPP-A, 3/2007-UPB1, 52/2010 Ord.CC: U-I-118/09-21, 58/2011-ZUOPP-1.

development of individuals' capabilities. On its basis, for example, children with disabilities who attend regular study programs are labeled as unfit for independent life and work and are made considerably more passive because of this. Such arrangement imposes disproportionately greater pressure on persons with psychosocial or intellectual disabilities. Disability is not identified in the same way in obtaining the mentioned disability status, and the approach is also not harmonized for various other purposes, for example, providing medical, social, financial or other support or various forms of social protection. Therefore, persons with disabilities are not dealt with a sufficiently broad, inclusive explanation in all situations. At the forefront of identification is not the connection with the state (present or future development) of disability, but above all the prior acquisition of special statuses of persons with disabilities given by the authorities. About eight percent (8.5 percent) of the population obtained the status of a person with disability (see the laws above). However, there are only a few estimates of the total number of persons with disabilities which are supposed to include about thirteen percent (13%) of the entire population²⁸. Data on persons with disabilities in Slovenia are not collected systematically. This suggests that it could happen that the extent of the obliged protection would not include far more than a third (1/3) of the beneficiaries. Many persons (for example, persons who are blind on one eye, are hearing-impaired, need accommodations in the workplace due to the problems with their spine, have severe allergies or biological intolerances...) are not official consider persons with disabilities, and often even reject being identified as such. This aspect of *ratione personae* protection is particularly worrying, for example, in the basic protection against disability discrimination and pertaining to accessibility needs. There is a tendency of narrowing the interpretation only to the beneficiaries with the recognized status of a person with disability (see, for example, the understanding of ZIMI by the court in footnote no. 26, the provisions of the National Assembly Elections Act (ZVDZ) etc.) and the conditionality of protection by prior administrative recognition of the status. The **question of harmonization with the CRPD is problematic already from a formal point of view**, while even more inconsistencies occur in practice, i.e. in the exercise and protection of all conventional rights.

Recommendation:

The state is recommended to develop measures and a strategy to ensure understanding of the human rights based disability enshrined in the CRPD. It must analyze the situation in order to prepare a clear timetable for the harmonization of all legislation and policies and the adoption of all necessary measures for the effective implementation of the CRPD. Beside the procedural indicators such plan must also include the qualitative indicators.

Article 2 Definitions

Despite the fact that Article 14 of the Constitution of the Republic of Slovenia prohibits discrimination on the basis of disability, the classical *definition of discrimination* was only transposed from the UN law in the internal legal order with the effect on the private sector by the adoption of the ZVarD (see Article 4). In this way, it

²⁸ It is questionable whether the estimates for individual types of disability are made, and in particular, whether combined disabilities are sufficiently perceived, in case of which the consequences are multiplied. Internal law (and policies) does not include sufficiently clear all kinds of disabilities (e.g. milder forms, the issue of mental and intellectual forms, cross-cutting situations) and thus address the issues adequately in all areas of life (for example, regarding the status of students with disabilities, see below; persons whose disability started at the time when they were neither educated, nor were they employed or disabled, etc.).

more clearly stated that the effect of the conduct at issue always constitutes forbidden discrimination and that the purpose of the offender to cause discrimination is not essential for the establishing of a violation. It is problematic, that different definitions of several forms of discrimination (e.g. the definitions of direct or indirect discrimination and retaliatory measures) subject to various laws, such as ZVarD, ZIMI, ZDR-1, the Equal Opportunities for Women and Men Act (ZEMŽM)²⁹ vary substantially. In addition, some forms of discrimination, for example, even the denial of reasonable accommodation, are not properly regulated (see below), while the legal concept of segregation in Article 19 of the CRPD is incorrectly translated as "exclusion".

The notion of "reasonable accommodation" is incorrectly translated in the CRPD as "appropriate accommodation". The use of this syntagma, also included in ZIMI (with the exception of the provision in Article 14, which is correct), should be abandoned. It is necessary to standardize terms with an objective meaning which introduce semantically clear and identifiable categories. The Slovene translation obviously narrows and partly misses the meaning of the word "reasonable", for example, in all official language versions of the CRPD (Eng. reasonable accommodation, Frenc. aménagement raisonnable, Span. ajustes razonables), and which is, inter alia, included in the correct official translation of Article 5 of the European Council's Directive no. 78/2000/EC. The term "appropriate" accommodation unnecessarily places emphasis on the wrong part of the proportionality test or steers toward a proportionality test that is too mild. It sharpens the question of the appropriateness of the measures in terms of the actual link between the measure (accommodation) and the needs of the person with disability concerned (i.e. that the latter are not missed) instead of defining the essential part of the proportionality test in the narrower sense which requires weighing when the required measure may be disproportionately burdensome for the obliged party³⁰. It is also worrying that, with the exception of the content of the CRPD (and demanding legal interpretation), there is no clear norm that the refusal to provide for a reasonable accommodation constitutes an unacceptable discrimination. The obligation is substantively incorrectly or inadequately regulated in certain key areas, for example, employment and work. "Universal design" is appropriately defined in the ZIMI. But in connection with this and the concepts of non-discrimination and accessibility, a clear normative component is completely lacking: where, when and how should demand for such a formation be exercised in practice, above all when changing the existing situation, for example, regarding the accessibility of goods and services, electronic communications, existing buildings in public use ... Such formation is not stated with sufficient clarity (apart from understanding the requirements of accessibility and non-discrimination), nor are individual policies tangibly and clearly (timetables, guaranteed assets, supervision) directed toward this, or the state neglects their implementation, for example, the adoption of implementing regulations with minimum standards according to the ZIMI (see below).

Recommendation:

In the context of a review of legal regulation, the state is recommended to ensure the harmonized use of terms in domestic law as well as the normative clarity and unambiguity of all rights and obligations and

²⁹ Official Journal of the Republic of Slovenia, no. 59/02, 61/07 – ZUNEO-A and 33/16 - ZVarD.

³⁰ This causes many taxpayers to incorrectly conclude that they themselves choose the type of possible adjustments and not that the measures are selected by the beneficiary. In practice, the taxpayers are regularly stressing such an explanation, looking for alternative options to the one proposed by the disabled person, but they do not deal with the question of (un)reasonableness or excessiveness in the narrower sense, on the premise that in this sense, the smallest test of proportionality is sufficient. In the established (constitutional court) judiciary, in the sense of the appropriateness or adequacy of the measures, it is sufficient to have a reasonable connection with the subject of regulation, and when the choice between several solutions is available, the choice presumably falls under free judgment of the taxpayer on (political) suitability.

adopt the concept of reasonable accommodation and consider its denial as a form of discrimination, as foreseen in Article 2 of the CRPD.

Article 4 General obligations

A comprehensive cross-section study on the harmonization of the internal legal order and policies with the law of the CRPD was not carried out before the ratification of CRPD or after it, when adopting ZIMI or reporting on the implementation of the CRPD... We believe that obligations under the CRPD are not taken into account even when adopting new legislation (see, for example, the example of the Custody System in the Family Code³¹ - DZ-1), nor are there guarantees or control over the use of CRPD, including at the level of local self-government, whereby it is not defined who should perform this task (MDDSZ, MP, ...).

The lack of understanding of the conventional obligations is shown by the high unresponsiveness of the decision-makers to the perceived and demonstrated inconsistencies with the CRPD, and by the often procrastination when it comes to their elimination, even in cases when the Constitutional Court decides on them. In addition to ignorance and lack of professionalism, which was already pointed out among reasons in the beginning, there is also a clear lack of priorities. We also perceive a problematic approach regarding the **duty to respect and protect the human rights of persons with disabilities**. We consider that the state only treats those obligations more seriously that are subject to effective international sanctions under international law, thus in particular the law of the European Convention on Human Rights (ECHR) and the EU law. It is also a matter of concern that it often understands the above regimes as a sufficient standard of respecting the rights of persons with disabilities (e.g. delaying measures for the implementation of CRPD and ZIMI, because the so-called European Accessibility Act has not yet been adopted ...). We estimate that in the Slovenian legal order there are a whole range of laws and practices that are not compliant with CRPD and legal vacuums. In the report, we are just trying to reveal certain very obvious examples.

The provisions of CRPD, ZIMI and other laws and at least nominally existing policies are not implemented in sufficient or full extent, nor do they provide sufficient results. It's also noteworthy that many laws are being passed in advance, with actual validity deferred years into the future (Personal Assistance Act, Placement of Children with Special Needs Act). It's related to macroeconomic variables. The Resolution on the National Social Protection Program for the period 2013-2020³² and the API is insufficient regarding disability issues. They for the most part only include objectives and possible activities and their holders are also pointed out, but what is missing is a precise distribution of all the tasks and the way they are implemented, a clear timetable and the definition of quantitative and qualitative, i.e. substantive indicators for measuring the degree of respect for the human rights of persons with disabilities, not only procedural indicators (efforts, activities). Evidence for this is that when adopting policies and legislation, the human rights impact assessment is missing, as part of a serious and lasting monitoring of the situation (both baseline state and progress; there are no risk assessments, and if they exist, the system is limited almost entirely on the measurement of process indicators) as well as an integrated, multidisciplinary, focused and coordinated approach to the realization of the human rights of persons with disabilities as an cross-cutting topic. The establishment of the necessary long-term, focused and multi-faceted process, with a clear role and responsibility, as well as active and focused participation of many stakeholders, including those outside the state administration, and at many levels, is

³¹ Official Journal of the Republic of Slovenia, no. 15/17.

³² Official Journal of the Republic of Slovenia, no. 39/2013.

delayed or is not being prepared yet. This indicates a partial approach (e.g. integration efforts without addressing exclusion, positive measures without non-discrimination, etc.).

Particularly problematic is the non-compliance with Article 4.3 of the CRPD on thorough consultation with persons with disabilities in the preparation and implementation of legislation and guidelines for the implementation of this CRPD and for other decision-making procedures relating to persons with disabilities. Legislation and regulations related to persons with disabilities are usually prepared without consulting them and, in most cases, contrary to the proposals and recommendations of the NSIOS and disability organizations (e.g. the proposal of the Law on Long-Term Care, amendments to the Law on the Ombudsman ...), while in some cases (such as the proposal for the FIHO and FŠO Act) disability organizations were seemingly invited to cooperate, but then non-coordinated and harmful proposals were presented (although the original proposal was previously harmonized), which is also in conflict with CRPD.

Recommendations:

It is recommended that the state prepare an appropriate disability scheme strategy and empowerment of persons with disabilities with clearly defined time commitments to achieve the objectives, including relevant content indicators and monitoring system.

It is recommended that the state identify risk management mechanisms for the adoption and coordination of comprehensive policies in the field of the protection of the human rights of persons with disabilities, including issues of cross-cutting themes, demographic and other trends.

It is recommended that the state provide legislative and financial bases for the full implementation of the CRPD at the local level.

It is recommended that the state arrange for sanctions for violations of obligations under the CRPD and implementing laws.

It is recommended that the state provide timely, thorough and full consultation with persons with disabilities in the preparation and implementation of all legislation, policies and guidelines for the implementation of the CRPD, as well as other decision-making procedures relating to persons with disabilities and their rights.

Article 5 Equality and non-discrimination

The adopted ZVarD defined the forms of discrimination more precisely (e.g. comparability of situations in direct and indirect discrimination, tests of proportionality for admissible exceptions). It also explicitly defined discrimination through association and misperceptions of a personal circumstance such as disability, promotion and recourse to discrimination and retaliatory measures, with more precise definition of protection against discrimination on the grounds of disability, as well as with a more clear and definite definition of the effect of non-discrimination in certain key areas, in particular throughout the sphere of functioning of public authorities, the enjoyment of various entitlements, and activities available to the public in the fields of culture, arts and sports, information technology and the media, which are covered only through legal interpretation. ZVarD did not define cross-cutting discrimination. It also did not lay down a

general obligation to provide reasonable accommodations or eliminate the apparent incompatibility with the CRPD. Definitions of discrimination remain mutually uncoordinated in various laws, with particularly misleading parts of the ZEMŽM, as well as parts of ZDR-1 and ZIMI.

An effective **system of legal protection** was not implemented. The system seems to provide a wide range of civil, administrative and punitive remedies. These are not mutually exclusive; however, some mechanisms are only useful in selected contexts. From the point of view of the victims' situation, the system is very complex, non-transparent and inefficient, and the victims have a hard time adapting to it. The decision-making bodies mostly lack the necessary specialization, skills and awareness; at the same time, in the absence of action, too often, they "rely" on the possibility that victims have access to other legal means. The number of known reported cases of discrimination is insignificant. In practice, protection is purely declaratory. The likelihood that the offenders (even in case of executions of the state) will face any serious consequence is almost non-existent. ZVarD partially corrected the system (e.g. inspection protection, the possibility of representing victims through the Advocate and non-governmental organizations in civil judicial protection, special claims for "compensation" in civil proceedings), but mostly only formally.

The state does not have a non-discrimination policy, and also individual vertical strategies (e.g. API) are not ambitious enough in this respect. In Chapter 12, the API, among the non-discrimination measures, lists only the awareness of disabled persons (12.1) the need to manage statistics (12.7), and the measure aimed at broadening awareness and prevention of victimization at the workplace due to disability (12.3).³³ So, what are the policies of the state pertaining to ensuring implementation of rights, protection? Statistics and raising awareness of disabled persons? It can not be overlooked that, after the adoption of the ZVarD, **nobody has been explicitly appointed to coordinate policies** relating to the implementation of anti-discrimination legislation (formerly MDDSZ). There is also **no consultative body or platform for social dialogue** on the subject (formerly SUNE0).

Insufficient regulation of reasonable accommodation. Despite the CRPD, ZIMI and other laws (e.g. ZPIZ-2, ZZRZI and ZVarD), there has been legal vacuum in the legal order for over a decade. The current regulation does not clearly protect all persons with disabilities (especially those who do not have a recognized disability status), does not bind all the taxpayers (e.g. private individuals) and is not applied in all key legal relationships, among other things it is improperly and insufficiently regulated also in the field of employment and work. This implies a clear breach of obligations under the ICFI (Article 1, Paragraph 1, in particular, indents a) to e) and Article 5, Paragraphs 2 and 3, in relation to Article 4, Paragraph 2; see also other items in the CRPD, where this duty is specifically highlighted).

The problem is first of all the definition and understanding of the *ratione personae* norm **on the beneficiaries' side**. The concept is mainly used only for persons with recognized disability status or within the legal order of individual status (e.g. disabled workers, disabled persons in vocational rehabilitation³⁴, children with disabilities, students with disabilities). Again, we note that in the legal order there are several different

³³ Available at http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/invalidi_vzv/API_2014-2021.pdf, p. 21.

³⁴ See e.g. Article 3 of the ZZRZI: A disabled person is a person who obtains the status of person with disability under this Act or other regulations, and a person for whom by the decision of the competent authority the permanent consequences of a physical or mental disorder or illness was determined, and it therefore has considerably fewer opportunities to obtain or retain employment or promotion.

mutually uncoordinated definitions and statuses of persons with disabilities. It is questionable whether the requirement for a reasonable accommodation can be effectively applied ad hoc on the basis of the fact of disability. The only exception are the individual provisions of the ZIMI, but in practice, there are tendencies to determine the status beforehand.³⁵ In this way, at least 5% of the population is not protected. It is questionable whether protection is also applicable to persons who are only related to a person with disability (for example, concerning the protection of employed parents of disabled children, or the protection of children with parents with disabilities) and whether it correctly addresses and protects the family unit. The conditioning of the provision of reasonable accommodations with the status of a person with disability (prior administrative procedures and burdens, expert evaluations, long duration ...) is unjustified and in contradiction with the CRPD. These administrative and advisory procedures (e.g. employment rehabilitation) and decisions (status, for example, according to ZPIZ-2) are useful and necessary in individual situations (for example, regarding dismissal in labour law), but they cannot replace the direct duty of the designated persons and institutions to provide reasonable accommodations in order to avoid liability for discrimination.

The obligation is also incorrectly fulfilled *ratione personae* in relation to the designated persons and institutions. In many areas of social life, the private sector is not bound by it. The national legislation namely doesn't have a general direct horizontal effect, but only obliges the public sector or holders of public powers, but not with sufficient clarity (in particular, the detailed regulation in ZVarD and ZDR-1, etc. is missing). **The provision of Article 3, Paragraph 3 of the ZIMI is not a legal norm in itself, but only a definition.** The ZIMI regulates requirement for a reasonable accommodation (unclear in many parts) only in relation to the following rights or in the following areas:

- Article 7 of the ZIMI provides solutions for communication accessibility for the sensory impaired in procedures of particular persons in front of authorities, but does not include the requirement that deafblind persons should be enabled to actively communicate with the translator; there is no obligation to provide cognitive accessibility (e.g. easy reading ...);
- Article 8 of the ZIMI (particularly paragraphs 3, 4 and 5) does not refer to (un)availability of goods and services. This legal norm remains non-operational, since regulatory provision is illegally missing, which should determine the *minimum anti-discrimination regime*.
- Article 9 of ZIMI regulates the use and accommodation of objects in public use, but it is obvious that the maximum deadline for providing appropriate accommodations regarding architectural accessibility (at the latest 15 years after the entry into force of the ZIMI, pursuant to Article 38, Paragraph 2 of ZIMI) is unconstitutional and in contradiction with the CRPD, in so far as it refers to public buildings in which persons exercise human rights (the Constitutional Court decision on the polls in case U-I-156/11), while secondary legislation attempts to further mitigate certain obligations, e.g. for residential buildings (more below, under Accessibility, independent living and participation in decision-making).
- Paragraph 2 of Article 11 of the ZIMI regulates access to inclusive education and inclusion in the educational, school or study process, as well as the right to appropriate accommodations to the school or study process; the maximum time for accommodations (5 years) has already expired, and the regime is not prescribed by law in more detail, but is left to the organization of higher education institutions or the ministry responsible for higher education (defined below).

³⁵ See the note in the case of the Ombudsman in the Annual Report 2015 on the request of the client for access to documents in the court proceedings in an enlarged font, stating: "After reviewing the extensive medical records, the District Court found that the case-file also included results which refer to the petitioner sight, but it could not figure out whether it justifies the status of a visually impaired person in case of the petitioner under Article 7 of the ZIMI." In another example it decided that the petitioner did not prove such a status. P. 97-98 case no. 10.5-6/2015.

- Paragraph 2 of Article 13 of the ZIMI regulates the duty of self-managed communities to provide tailor-made non-profit rental apartments (providers of these services on the market are not explicitly committed to this) (see under Independent life).
- Article 14 of ZIMI requires access to information and prohibits the disabling of regular and equal access to information intended for the public. The lack of clarity of the diction, whether this also commands reasonable accommodations to commercial TV stations, web portals, etc., makes it possible to unduly avoid the CRPD obligation.
- Article 16 of ZIMI requires access to transport by road, rail and sea and inland waterways. Here too, the deadlines for full provision of accommodations are too long.

Beyond these frameworks, reasonable accommodations are not sufficiently clearly stated, even in employment relations, not even those in the narrower sense. The requirement to ensure reasonable accommodations must *ad hoc* protect all persons who wish to work, i.e. in connection with work and training for work, but it does not. Therefore, it should protect not only persons who are candidates for or already employed (or are being trained for work), but must also protect those in more flexible forms of employment (including private entrepreneurs, copyright contract and other work contracts), in relation to all the designated persons and institutions (employer in the formal sense, business partner ...) both in the public and private sectors. **Denial of reasonable accommodations is not explicitly defined as discrimination in legislation.** This greatly impedes legal protection, for example, the use of a shared burden of proof. There are almost no examples of the use of reasonable accommodation in case-law.³⁶

Recommendations:

In its conduct and the conduct of its authorities, the state is recommended to ensure effective respect for the right to equality and non-discrimination.

The state is recommended to ensure a clear and full effect of the requirement of reasonable accommodation for all the designated persons and institutions, including in the private sector, in all areas of the enjoyment of rights. It should define its denial as a form of discrimination and effectively sanction it and ensure the effectiveness of action against discrimination ex officio (human rights protection bodies, inspectorates, infringement prevention offices, law enforcement authorities ...).

The state is recommended to prepare a comprehensive plan to eliminate the risks of discrimination based on disability.

Article 6 Women with disabilities

Gender equality policies do not have sufficient emphasis on improving the specific situation of women with disabilities. Intersectional discrimination is not explicitly prohibited under the new ZVarD.

³⁶ We know of only one successful case before ordinary courts (see Pdp 915/2008 - the established discrimination of a blind teacher at a school for the blind), where the court used the concept of indirect discrimination. In the case-law, there are later cases which, if properly regulated (and/or with a more correct interpretation of the law) would certainly require protection, but the protection of the affected was denied (see Pdp 931/2012).

The situation of women after 2009 has persistently worsened, due to the impact of the economic downturn and the social crisis, and the situation of women has been disproportionately influenced by government anti-crisis measures, including the aggravation of the conditions for social rights, care allowance received before the introduction of state measures by 2/3 of retired women.³⁷ Also, among pensioners receiving a pension lower than 622 euros, there are as many as 2/3 women. Already in 2011, that is before the adoption of the so-called legislation on austerity measures, with the general risk of poverty, this rate was 15%, for women over 60 years of age 24%, and for women over 75 years of age it was more than 34%. The so-called legislation on austerity measures in 2012 also added to the burden of young families: kindergarten for the second child is no longer free, childbirth support and family allowance which used to be universal are now bound to a census, while the statutory maternity pay is still at the level of 100% of the usual salary, but the holiday allowance for the child care leave dropped to 90% (as well as for paternity and adoption leave), while at the same time limiting it upwards. Since the fathers only use child care leave only rarely, this reduction in compensation affects mainly the mothers' position. In addition to the reduction of compensation and incentives, it should be taken into consideration that one-quarter of families in Slovenia are single-parent families, in 85% of which the main caretakers are women. In addition, 5 additional days of leave to the parents of children with disabilities were also abolished. We use general information for the reasoning as there are no statistics that would allow for the necessary analysis regarding women with disabilities.

The under-representations of women with disabilities in decision-making processes is also problematic.

Some warnings from the field indicate that, when existing, the deinstitutionalization processes involves men to a greater extent than women.

Recommendations:

It is recommended that the state adopt a strategy to promote active participation and enjoyment of equal rights of women and girls with disabilities, in particular in the fields of education, employment and health, including sexual and reproductive health, and regarding the ensuring of protection against violence, including sexual violence, as well as in alleviating poverty and providing access to legal protection.

It is recommended that the state take concrete steps to eliminate multiple and intersectional discrimination against women and girls with disabilities.

Article 7 Children with disabilities

Slovenia has no adequate monitoring mechanisms for overseeing the Convention on the Rights of the Child. The situation of children with disabilities is therefore addressed too narrowly.

The number of children with support needs might be on the rise. The disadvantage of early assistance to families with children with disabilities up till now is that they are either provided by various laws and thus are not transparent or are not legalized at all, but above all, there is no transparent coordination of the provision of necessary services among all actors.

³⁷ Humer, Ž., Roksandić, M., n. d.; See also the area of the right to social protection for more.

Human rights education in elementary schools is mostly present only within the frame of other subjects, such as ethics and civic education, and indirectly in history, while in secondary schools it's included in the teaching of sociology and history. These subjects deal with learning about human rights based on learning about events during wars, the concepts of the state, the functioning of the European Union. It should be emphasized here that this primarily means learning about political and civic rights, while learning about economic, social and cultural rights is neglected, and even more so the sensitivity to the needs of persons with disabilities and other vulnerable groups, while also missing is the teaching of their implementation in practice.^{38 39}

When adopting DZ-1, also the recommendation was overlooked that it should be more clearly operationalized for the children to enjoy their right to express their views and being given due weight in accordance with their age and maturity and that the limits of the rights of parents should be outlined sufficiently clearly, which should not infringe on the rights of their children. This is especially problematic due to the institution of custody through the extension of parental rights, which allows adults to be treated as children. The context is particularly relevant for persons with psychosocial or intellectual disabilities who are more exposed to possible abuse of custody.

Recommendations:

It is recommended the state ensure that the views of children with disabilities are taken into account, and provide their families with the necessary assistance and support in managing issues that concern them, including their participation in all protection mechanisms as well as judicial and administrative procedures.

It is recommended to ensure full inclusion of children with disabilities in the regular environment.

Article 8 Awareness raising

A significantly **larger scope of activities and their greater focus** on particular key issues is needed, in particular the so-called human rights-based approach. There is no comprehensive national communication strategy to related issues. These activities are planned, set up and financed ad hoc, as a rule, in a project action. Different programs are not mutually coordinated, complemented, and upgraded enough, while often they do not have clear common thread and their durability and sustainability are highly questionable. That these are not priority content is also evident from the way in which they are financed, since for this purpose external sources (EU funds, the Norwegian Financial Mechanism ...) are mainly used. We believe that the task of raising awareness should be carried out continuously and systematically by the State itself, by all the authorities not only those specialized in individual issues. There is a lack of systematic and lasting awareness and education of all public administration employees in the widest sense, as well as action plans that would take account of identified shortcomings and progress. Relationships or attitudes are addressed inadequately, e.g. insight into their own prejudices, stereotypes and missed cultural perceptions. More appropriate social skills need to be developed (e.g. for living in a diverse society, for proper reporting by journalists ...) and not just increasing knowledge and know-how. Priorities should be identified, in particular with regard to the prevention of discrimination, and in this context particularly discrimination against persons with psychosocial or intellectual disabilities.

³⁸ http://www.mss.gov.si/fileadmin/mss.gov.si/pageuploads/ministrstvo/Publikacije/Vzgoja_izobrazevanja_za_CP.pdf

³⁹ In his practice, the Advocate has dealt with cases of harassment of disabled children at school, e.g. deriding a child at school because of his mother's disability.

Evaluation or Reports on the Implementation of the Action Program for Disabled 2014-2021 for 2014 and 2015 show that there were no major activities for these groups. We believe that top-down examples are key in this context.

For these reasons, the **effects of the implemented activities are questionable** (what are the target groups, are they achieved, what is their range, more precise content). We would like to point out that no related public opinion polls are systematically conducted and there is no measurement of the effects enabling serious planning of these activities.

Stereotypical stigmatizing and the use of questionable terms is relatively widespread and appears in legislation, the media, public institutions and in public debates. As an example, we shall mention the use of the notion of "deafblind", which presupposes that the deaf or deafblind persons are unable to speak or to see, or to understand the sign language or any other language, and often the word disability is used in a figurative sense with a negative meaning and often abusive connotation.

Recommendations:

It is recommended that the state respond to shortcomings in realizing the goal of awareness raising regularly, promptly and constructively and adopt a communication awareness campaign and a training strategy for respecting the human rights of persons with disabilities and ensure the participation of suitably qualified persons with disabilities in awareness-raising programs.

It is recommended the state found a special fund to advance publishing of expert and informative materials to raise awareness of both general and expert public.

It is recommended the state ensures that public media dedicate more space to disability related subject-matters, to presenting persons with disabilities as functional members of society and to good practices of inclusion.

It is recommended the state adopt awareness-raising and training programs for the eradication of prejudices, above all for members of the National Assembly, the Government, top officials and employees in the administration, judicial staff and employees in local self-government.

It is recommended that the state adopt programs to strengthen the empowerment of persons with disabilities.

Article 9 Accessibility

Slovenia has adopted the Accessible Slovenia strategy in 2007 to ensure accessibility. We would like to point out that **the latter is extremely general** (without clear details on how to implement it), incomplete (e.g. regarding the needs of deaf persons, regulating in certain areas), and it was adopted before the implementation of the CRPD, therefore, it is not harmonized with the latter. It is based on a questionable understanding of legal obligations that are not clear, especially for private sector entities, while at least some of the solutions (e.g. too long transitional periods to ensure architectural accessibility identical to that in ZIMI) have been found to be inconsistent with the Constitution and with CRPD. The implementation of the strategy is distinctly insufficient, since many deadlines (e.g. for ensuring communication accessibility in easy reading,

for the adoption of timetables for eliminating architectural barriers, etc.) have already expired, while obligations remain unrealized.

The clear comprehensive legal accessibility standards should be determined by the state first and foremost for its own conduct and access to its own public services. We believe that there is erroneous use of excuses on the supposed high cost of accessibility, while high costs and other serious non-financial consequences of maintaining inaccessibility is neglected. In the public administration, even in the social security system there are no protocols or standards of adapting the procedures and conditions of providing services to persons with disabilities, except *ad hoc*.⁴⁰

There are also major problems at the level of communication accessibility. We note that, for example, the accessibility of documents in personalized forms (for example, in braille) in judicial and other proceedings had to be implemented (with complaints of indirect discrimination) with the help of courts after the adoption of CRPD, at the Constitutional Court of the Republic of Slovenia (case no. U-I-146/07), as a reaction to violations by the courts. This was also one of the first examples of the use of CRPD in constitutional legal proceedings. For example, ZDSSS states that their members have difficulties in accessing information where devices or methods are used that do not allow audio announcements, signals, appropriate visual contrasts and the appropriate size of text or captions (e.g. system of queues at certain branches of administrative units that have screens displaying sequential numbers without sound announcements). We emphasize that due to the general and inadequately precise regulation in ZIMI and partly because of the fragmented legislation (regulations in different laws and individual rule books), it is necessary to provide a uniform enforceable standard of accessibility. The problem of (in)accessibility is evident in everyday situations where the regulation is supposed to be clear. For example, it is a worrying fact that more than half of all judicial organs in the country are architecturally inaccessible. As is particularly pointed out, for example, by the explanation of the decision of the Constitutional Court in case no. U-I-156/11, which found the existence of discrimination due to the architectural inaccessibility of the vast majority of polling stations, the valid regulations on the commandment of the accessibility of the architectural environment obviously have not been implemented properly for several decades. In addition, the aforementioned decision of the Constitutional Court conveyed a much broader message that the provisions of ZIMI are unconstitutional because it allows for too long a transitional period for the provision of accessibility of all premises or facilities in which human rights are directly exercised.⁴¹ We

⁴⁰ An example from the Advocate's practice: the practice of referencing meetings at the CSD did not take into account the consequences of a serious physical disability and health impairment of a disabled mother with a right to contact her daughter. The meeting was convened at the child's place of residence at the registered seat of the state body. The mother lived in a place almost 200 km away, and it experienced extreme difficulties (time-consuming, use of various public transports,), as well as considerable financial burdens because she repeatedly had to come to a certain place, whereby contact with the child was set in her disproportionate burden. With the help of intervention, it was achieved that the meeting was convened at another CSD, closer to the initiator's residence.

⁴¹ In paragraph 19 of the reasoning of the decision, the Constitutional Court stated: "Taking into consideration the central importance of the right to vote in a democratic state and the fact that new and adapted old buildings in public use should enable functionally impaired persons access, entry and use without architectural barriers, it is unacceptable that the vast majority of polling stations are in facilities that do not meet the conditions of physical accessibility. In paragraph 25 of the reasoning, the Constitutional Court recalled that "the fulfillment of the obligation to ensure disabled persons physical accessibility to publicly-owned facilities, in case of legal persons under public law (the state and the local community), can not be postponed to a distant future when it comes to the realization of one of the fundamental human rights, i.e. voting rights. The Government also draws attention to the requirements of Article 9 of the ZIMI, which refer to the use and adaptation of publicly-owned facilities for disabled persons. However, the

point out that there are absurd situations in the system as key institutions operate in inaccessible buildings, including individual labour offices or branches of the Employment Service,⁴² almost all safe houses for victims of family violence, detention centers and prisons ... We also highlight examples of the lack of understanding of the obligation to ensure accessibility by public authorities in the areas of health, mobility, participation in political life, etc.

Despite the adopted legislation, the executive branch of the State allows for the inaccessibility of services available to the public to be maintained by others. Article 8 of ZIMI requires access to goods and services that are available to the public (which, in our judgment, includes public services), while expressly declaring certain violations as discrimination. In Paragraph 3, it also lists measures to eliminate barriers. According to Paragraph 4, such measures should be provided, unless they impose a disproportionate burden on public and private entities offering goods and services made available to the public. The judgment about whether a certain measure implies a disproportionate burden, takes into account, in particular, the size and resources of the public or private entity, its nature, the estimated costs, the expected benefits from better access for persons with disabilities and the historical, cultural, artistic and architectural value of movable or immovable property. It is clear from that provision, and in particular from its connection with the wording of Article 38, Paragraph 1 of the ZIMI, that it is the assessment of the test for provision of reasonable accommodation.

According to the Paragraph 5 of Article 8 of the ZIMI, the minimum requirements for accessibility of goods and services available to the public need to be regulated in greater detail by the ministry responsible, by means of a regulatory provision. The latter should more precisely regulate ways of avoiding disability discrimination: what is the regime of universal design and what is the usual or generic way of ensuring the necessary reasonable accommodations. There is no such regulation, with the last legal deadline for its admission expiring on 11 December 2011.⁴³ The 5-year general transitional deadline from Article 38 of the ZIMI also passed, according to which the availability of goods and services must be guaranteed. The MDDSZ and the Government have not explained this fact in recent years. In response reports, e.g. in 2014, they incorrectly stated that all implementing regulations for the implementation of the ZIMI have already been adopted.⁴⁴ This clearly shows that the state does not respect the Item 1 of Article 4, Paragraph 1 of the CRPD and does not even effectively eliminate any violations in the public sector. A number of other obligations have also been violated (e.g., from Article 4, Paragraph 1, Item f; Article 9, Paragraph 2, Item (a) and (b), etc.). There is no reason why a particular regulation should not provide more precise conditions for the provision of individual requirements, in particular with regard to transport services, renting of apartments ... As there is no such regulation, the problem of many forms of inaccessibility in different stakeholders and in numerous life situations gets lost in the system.

Article 9 of ZIMI regulates the duty to ensure accessible use of facilities in public use, and similar norms regarding the architectural environment are also included in the Construction Act. ZIMI attempts to postpone,

maximum deadline referred to in Paragraph 3 of Article 9 of the ZIMI for removing these obstacles is disproportionately long when it comes to the exercise of the right to vote."

⁴² Annual Report of the Ombudsman for 2014, case no.10.5-17/2014, pp. 73 and 74.

⁴³ For many years now, this has been pointed out in their annual reports by the Ombudsman and the Advocate (see, for example, the 2010 and 2011 Annual Reports, the comments on ZIMI-A, the introduction of a new Price list for vignettes in 2014, repeated remarks to ZVarD in 2015, the drawing up of report for reporting CRPD ...).

⁴⁴ See the Advocate's definition of the Government's views on the 19th Regular annual report of the Ombudsman for 2013, available at http://www.Zagovornik.gov.si/fileadmin/_migrated/content_uploads/Priloga7_Zagovornik_odzivno_vlada.docx

unreasonably and contrary to the criteria of the command of a reasonable accommodation, the implementation of the duty to adapt the accessibility of buildings and limit it only to cases of reconstructions instead of rehabilitation, while the maximum deadline for providing or adjusting the architectural accessibility is 15 years after the entry into force of ZIMI (Article 38 of ZIMI), as was already highlighted at the time of adoption of the ZIMI. Thus, buildings are often inaccessible (for example, the construction of a ramp is postponed into undefined future), but at the same time they are being restored (e.g. reconstruction of façades, changing the fences, etc.), which is a clear example of infringing accessibility duties vis-à-vis available resources.

There are no data on the enforcement of sanctions (fines) for ZIMI and ZGO violations, which indicates absence of control. Disability organizations estimate that access to privately owned chambers, salons, etc. depends primarily on the goodwill of the owner, which is completely unacceptable. As an outstanding problem, we can point out that sanitary facilities are mostly inadequately equipped or even inaccessible, which among other things greatly restricts effective mobility. Suitable sanitary facilities cannot even be found in trains, at train stations or bus stops,⁴⁵ ...

We particularly highlight the problems of retirement homes, where the deaf and deafblind persons are usually isolated, since none of the staff use sign language or other customized forms of communication.

There is also lack of reflection on limiting support rights in ZIMI. Article 17 of ZIMI gives the right to (co)financing of additional technical devices, but only to overcome communication barriers and only to sensory invalids. Their choice is left to the regulatory provisions. The question arises as to why there is no comparable support for persons with communication accessibility needs, inter alia, provide a system for converting information into easy reading,⁴⁶ while some might obtain other technical accessories, for example, as support in case of memory disorders, etc.? There is also the question of co-financing the provision of access to existing facilities, including private (multi-) residential buildings with potential subsidies, etc. When acquiring technical aids, the employed are required to pay extra, so they are unavailable for many with lower incomes.

All this indicates the **lack of a sufficient strategic approach and the abandonment of the supervisory function**. The strategy is being implemented in a defective manner, but it needs to be adapted to the new situation, including the obligations under the CRPD. The extent of the inaccessibility is unsatisfactorily analyzed, as there is no continuous evaluation of the degree of accessibility of the architectural environment and communications. Due to the scale of problems and the need for efficient and carefully planned policies, the state should support this with all the necessary resources. Without monitoring the situation, it is also very difficult to determine the success of the adopted policies.

Disability rights organizations generally find that accessibility is best organized and guaranteed in Ljubljana, followed by larger cities, while in rural areas the problem of inaccessibility is much more pronounced, except in individual places where it is most often regulated on the initiative of disability organizations.⁴⁷

⁴⁵ For example, toilets are located in basement spaces which are only accessible by stairs (e.g. Celje), or the sanitary facilities are not even adapted.

⁴⁶ For example, the Latvian specialized Viegļāsvalodasaģentūra agency.

⁴⁷ For example, the ZDIS Municipality tailored to disabled people project.

Intellectual accessibility is also noteworthy. While documents related to antidiscrimination of persons with disabilities are available in easy to read and understand formats, communication, information and cultural needs of persons with psychosocial disabilities are addressed to a much lesser degree than those of persons with physical impairments. Legislature should treat all persons with disabilities equally, including persons with deafblindness, psychosocial and combined disabilities.

Recommendations:

In accordance with the CRPD and the provisions of the Law on the Equalization of Opportunities for Persons with Disabilities (ZIMI), it is recommended that the state adopt enforceable standards of accessibility of all goods and services.

The state is recommended to adopt a plan for ensuring accessibility, with a timetable for achieving individual goals and determining the necessary financial resources.

It is recommended that the state take control measures and determine the sanctions for inaccessibility according to ZIMI, the Anti-Discrimination Law, the legislation on built facilities and the telecommunications infrastructure.

It is recommended that the state offers persons with disabilities, especially deaf persons, deafblind persons, persons with psychosocial disabilities and persons with intellectual disabilities, the necessary assistance in understanding the information and fully integrate them into social events and ensure standardization of easy to read Slovenian language as a prerequisite for common use of such communications.

It is recommended the state ensure full implementation of the European Directive on the accessibility of websites and mobile applications, including implementation in the education system.

It is recommended the state provide the necessary technical accessories regardless of the social status.

Article 10 Right to life

Some information suggests there were suspicious causes of death in institutions,⁴⁸ and we consider that they were insufficiently investigated.

Recommendation:

It is recommended that the state monitor and analyze data broken down by age, sex and disability, regarding the deceased in institutions, including the results of investigations into the causes of death and possible prosecutions in the event of criminal offenses.

Article 11 Hazardous situation and humanitarian crises

Recommendations:

It is recommended that the state adopt regulations, plans and measures in order to protect and rescue persons with disabilities in dangerous situations.

⁴⁸ See e.g. the latest example before the ECHR, Štefančič v. Slovenia, no. 58349/09.

It is recommended that the state includes persons with disabilities in emergency evacuation plans in various institutions, including the training of key personnel and the adaptation of procedures as well as the availability of information systems.

Article 12 Equality before the law

Legislation as well as practice insist on paradigms of various forms of legal incapacity or incapacity to implement specific rights and obligations (indicated with psychosocial or intellectual disabilities), which are incompatible with the CRPD, even when adopting the latest systemic legislation. The paradigm of support services is not or is inadequately enforced and to a very insufficient extent, despite the specific systemic warnings of the Constitutional Court and the Ombudsman (e.g. regarding the deprivation of the right to vote, the situation of persons with psychosocial disabilities). These persons have, as a rule, less recognized legal capacity than children. This is manifestly inconsistent with the Committee's orientations in the general comment no. 1. The Conventional regime is therefore disrespected in a whole range of provisions and in the enjoyment of a set of rights.

The current family law as well as the new DZ-1 in Article 25⁴⁹ link the ability to enter into a marriage with discernment. Even if the latter is not questionable at the time of the conclusion, and the person has the capacity to express a legally relevant will, the right to marry is bound by the law to the prospect of his/her ability to (permanently) form the substantive aspects of this married life together (close emotional connection, mutual assistance, conception of family). This incompetence is determined by the administrative authorities.

Despite the comprehensive warnings by the Ombudsman that the CRPD does not allow the restriction of voting rights and that the regulation is essentially similar to the Spanish one according to which the Committee formulated the stated position, the State does not accept that argument and insists on the possibility of judicial deprivation of the right to vote simultaneously with the deprivation of legal capacity or the placement under custody, as this is supposed to be indispensable due to the possible abuse of these persons.⁵⁰ This negative attitude has not changed by the adoption of the Act Amending and Supplementing the Electoral Law to the National Assembly (ZVDZ-C).⁵¹

The new DZ-1 insists on the system of custody also for a large group of adults with disabilities, i.e. on the concept of substituting the expression of their free will through caregivers, either permanent or temporary. This is especially damaging to persons with psychosocial or intellectual disabilities which represent a direct indication for the placement under custody since such disabilities are supposed to cause inability to take care

⁴⁹ A marriage cannot be concluded by an irrational person or a person who is temporarily irrational at the time of marriage, but because of the reason that causes his/her irrationality, he/she is not capable of establishing a living community with the other spouse under the content stipulated by this Code.

⁵⁰ See, for example, <http://www.Varuh-rs.si/o-instituciji/podrocja-dela-Varuha/ustavne-pravice/novice/detajl/volilna-pravica-oseb-z-motnjami-v-dusevnem-razvoju/?L=6index.php&cHash=9a65f3254648a70c66336652cf1b5e35> and the Annual Report of the Ombudsman for 2015.

⁵¹ Official Journal of the Republic of Slovenia, no. 23/17.

of one's own rights and interests.⁵² It also conceptually insists on the custody system of taking care of the greatest benefits for a person under custody, but not for the best understanding of his/her will and preferences. For these cases, as opposed to the situation of children, even the principle of least interference with the scope of their rights is not clearly defined. For the placement of a person under custody, the law does not explicitly envisage any modalities for the limitation of business or procedural capacity (as is the case, for example, for the possibility of granting greater legal capacity for minors to persons who have reached the age of 15), while custody is, as a rule, permanent, and at least in cases of temporary guardians and guardians in special cases, the judicial decisions on these restrictions are not foreseen (it is decided by the authority in the administrative procedure). At the time of the adoption of the DZ-1 in 2016, the Advocate pointed to obvious systemic problems arising from the concept of incompetence, rather than ability, as well as disregard of the principle of proportionality in the limitations (both in ordering and in the mandatory periodic checking of the adequacy of such a regime, and in particular in disregarding the concept of support services according to CRPD, non-obligations of consulting the client in each case, while also pointing to inadequate supervision of guardians, especially when custody is carried out by the Centers for Social Work themselves).⁵³ In the judgment of the Constitutional Court in case UI-294/12-20 of 2015, which annulled the possibility for guardians to place persons under their custody in closed-type institutions, the following warning was given: " CRPD requires the signatory states to abolish custodial systems (thereby removing legal capacity) and replace them with decision support systems." In a valid arrangement, the guardian must consult a client only before each major task (otherwise purportedly not). His/her opinion should be taken into account (only) if the client has expressed it and is able to understand its meaning and consequences.

There is also a problem in the field of forced detentions (deprivation of liberty) and forcible treatment. The amount of well-founded infringement initiatives is persistently high, and we therefore warn that it is necessary to eliminate the associated irregularities. A constitutional complaint was filed in the case.⁵⁴ Doubts arise at all critical points, especially in cases of court proceedings for institutionalization without the consent of the particular person in a special supervision ward of a psychiatric hospital, in a protected department of the social welfare institution, where the arrangement was until recently unconstitutional,⁵⁵ and with a controlled treatment. The Ombudsman points out that the MDDSZ does not take the necessary additional measures to ensure that adequate facilities are available for placement of persons in special SVZ according to court decisions, and reports that even juveniles are being placed there even though they are intended for adults, as there are no required capacities.⁵⁶

⁵² Article 262 of the DZ-1 regulates the placement of an adult person under guardianship: (1) The court places a person who, in the event of a mental disorder or mental health problem or other cause affecting the ability to judge, is not able to provide for his/her rights and benefits, under the custody and appoints him/her a guardian. (2) The court determines the extent of the guardian's obligations and rights in the decision on placement under guardianship.

⁵³ Available at http://www.Zagovornik.gov.si/fileadmin/dokumenti/K_predlogu_DZ_Zagovornik.docx, p. 22.

⁵⁴ See the Annual Report of the Ombudsman for 2015, p. 155.

⁵⁵ With the decision of the Constitutional Court of the RS no. UI-294/12-20, the provision of Clause 3, Paragraph 2, and Clause 3, Paragraph 3 of Article 74 of the Mental Health Act with a deferral deadline was annulled, since the disputed regulation did not enable a person who was deprived of his/her legal capacity the participation in the admission procedure in a protected department when a declaration of will or approval for accommodation was given by a guardian, and in these cases no judicial protection against possible abuses was envisaged.

⁵⁶ See the Annual Report of the Ombudsman for 2015, pp. 167-168.

There are also concerns about the regime of compulsory representation by proxy in all procedures of forced deprivation of liberty or forced hospitalization (it is not the right to free professional support which is disputable, but the danger that the beneficiary could be prevented from own defense or if the tendency would be to replace the latter). The issue is the use of special protective measures for the enabling of treatment or management of a person's potentially dangerous behavior.⁵⁷ There are acute problems of specific treatment methods where proportionality tests⁵⁸ and precautionary measures⁵⁹ are questionable, while at the same time, there are sensitive areas, for example, prisons where that law is not applicable, therefore potentially forcible use of such measures could be applied there.⁶⁰ Also, with regard to data on the number and causes of "sudden" deaths in psychiatric hospitals, it is questionable whether these are thoroughly investigated (e.g. whether autopsies have been ordered in all cases due to possible indications pertaining to treatment). The state has an inadequate system of protection and investigation of medical errors in case of suspicious deaths, as proven by the practice of the European Court of Human Rights (ECHR),⁶¹ and in the territory of Slovenia itself particularly, the "Radan affair" related to the suspicion of euthanasia. Regarding representation, a new system of community coordinators of treatment covering the field of mental health needs to be welcomed, but they are only available to beneficiaries after they no longer under compulsory treatment, and not preventively, so that the treatment regimen would not have to be established.

The illustration of the inertia in the system is that in 2008 ZDZdr was adopted after several years of postponement, in respect of the decision of the Constitutional Court of the Republic of Slovenia from 2003 (CC Decision No. U-I-60/03).⁶² Cases where persons do not receive justice from domestic authorities are known

⁵⁷ For many years, the Ombudsman has drawn attention to the lack of updated professional guidelines on the use of special safeguarding measures.

⁵⁸ In the case-law, a case was recorded (Decision II Cp 2473/2009) where the Appeal court, despite the allegations of disproportionality, confirmed that the compulsory treatment at a closed ward was allegedly justified by the risk of an unreasonable sale of property (inter alia, a house). It is important that in the case-law as the key record (the essential message), the following is stated relating to the right to refuse treatment: "The urgency of the action is confirmed by the participant herself who professed to arbitrarily discontinue medication because she thought that they drug her. Such an uncritical and inconsiderate attitude to treatment certainly required temporary treatment in a closed ward." Available at

http://www.sodnapraksa.si/?q=id:62429&database%5bSOVS%5d=SOVS&database%5bIESP%5d=IESP&database%5bVDS%5d=VDSS&database%5bUPRS%5d=UPRS&_submit=i%2C%2A1%2C4%208Di%20&page=0&id=62429.

http://www.sodnapraksa.si/?q=id:62429&database%5bSOVS%5d=SOVS&database%5bIESP%5d=IESP&database%5bVDS%5d=VDSS&database%5bUPRS%5d=UPRS&_submit=i%2C%2A1%2C4%208Di%20&page=0&id=62429.

⁵⁹ It is questionable whether or not there are any means to contradict the decisions of doctors for involuntary treatment or individual medical therapies, let alone effective legal remedies.

⁶⁰ See the Annual Report of the Ombudsman for 2015, describing the forced drug therapy of a prisoner, because he protested too agitatedly, p. 133: "The MZ affirmed that the provisions of the ZDZdr do not apply to prisons". For a description of this arrangement, see e.g. document Answers to the questions of the Committee against Torture of the United Nations for the Defense of the Third Periodic Report of the Republic of Slovenia under the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment before the Committee on Torture No. 51104-5/2011 of 17 March 2011. Available in Slovene at

http://www.vlada.si/fileadmin/dokumenti/si/sklepi/seja_vlade_2011/125_seja/125sv44.doc.

⁶¹ Case Šilih v. Slovenia no. 71463/01.

⁶² 15 years after the actions for damages caused by the violations occurred in 1999 and 2000, the person who achieved the judgment and the systemic breakthrough is still suing for compensation. Following claims for damages arising in 1999 and 2000 to prove the unlawfulness of compulsory treatment under the then regulation, he is struggling for just satisfaction (see, for example, the case in the ECHR no. D.P. v. Slovenia no. 49994/14). The claim is justified on the merits, a partial judgment on this is final, while the damages, according to our information, were only determined at

from the practice of the ECHR.⁶³ This illustrates the responsiveness of the state and the willingness to overcome the consequences of the most gross violations of elementary human rights. At the same time, it is very worrying that cases of (especially recent) protection compensation claims for unjustified deprivations of liberty or forcible treatment are not detected in the case law, and the known compensations are very low (e.g. a few average monthly wages), since the concept of recognition of non-material damage is limited, while the right to satisfaction is only bestowed by the ECHR.

There are no serious studies regarding the situation of persons with psychosocial disabilities. The last national report was drawn up 16 years ago.⁶⁴

Recommendations:

In the case of persons with psychosocial or intellectual disabilities, the state is recommended to substitute systems of custody and various forms of legal incapacity with supportive decision-making, including by repealing current legislation contrary to the CRPD.

The state is recommended to adopt the necessary updates of the Mental Health Act and fully align it with obligations under the CRPD or adopt other appropriate and necessary legislation in this field.

The state is recommended to monitor and use data on the proportion of persons with disabilities suffering from psychosocial or intellectual disabilities placed in institutions, broken down by age and sex, and the proportion of these persons compared to the entire population, data on the use of legal remedies in cases of interference with the rights of persons with disabilities suffering from psychosocial or intellectual disabilities, especially in cases of suspicions of abuse in institutions, forced accommodation and forcible treatment, as well as the degree of success in the persecution of these violations.

The state is recommended to recognize deafblindness as a specific disability and, accordingly, supplement the legal regulations adapted to the needs and rights of the deafblind persons.

Article 13 Access to judicial protection

Regarding access to the courts, we emphasize that even the architectural accessibility of the courts is not self-evident, and we are also acquainted with cases of judgments issued due to absence because the persons with disabilities could not attend the main hearings in inaccessible courtrooms.⁶⁵ Data from the Ministry of Justice on the accessibility of the buildings of judicial authorities in the Republic of Slovenia to persons with disabilities are alarming, since 44 out of 118 buildings even access to the facility is not provided (including the headquarters building of the Ministry of Justice),⁶⁶ and only partially provided in 9 buildings, while in 66 buildings individual floors are inaccessible (for example, court rooms) because the buildings do not have an

the end of 2016 at the first instance. There is a similar example in the published case-law, for example, judgment of the Higher Court II Cp 3303/2015 from 2016, for the events of 2002.

⁶³ Case L.M. v. Slovenia, no. o. 32863/05.

⁶⁴ Enforcement of the rights of people with intellectual disabilities and their families in civil society, Association Sožitje & Inclusion Europe, October 2001; Kofol A., Jereb T. 2001. Enforcement of rights of people with intellectual disabilities and their families in civil society: National Report: Slovenia. Ljubljana, Association Sožitje-Association of Assistance Societies for Persons with Disabilities in Mental Development: 72 pages.

⁶⁵ The case of the District Court in Ajdovščina.

⁶⁶ In front of the new special entrance for clients (where, for example, certificates of impunity are issued, used for employment in the public sector, in banking, etc.) there are stairs.

elevator. The above data are, of course, also related to the premises of the prosecutor's offices, the Ministry of Justice itself, etc. The dynamics of removing these barriers is unknown. It is also not known what is the availability of offices of notaries, lawyers, etc. In the very center of Ljubljana, where there are mostly lawyers and notary offices, it can be concluded that they are predominantly inaccessible to the physically disabled.

We would like to point out, for example, the delay in regulating the right to personalized communication and support for deafblind persons and persons with psychosocial disabilities, which in the course of legal proceedings prevents the protection of equal rights. The existing devices and services for the deafblind do not suffice for the latter, as they need customized support. Equal treatment of deaf persons in all administrative, judicial and other proceedings before the public authorities must be protected. The valid ZIMI gives them, in accordance with Article 7, only the right to be acquainted with the documents in the proceedings, i.e. the contents of the files (indicating their distinctly passive role), while after the introduction of the ZIMI Amending Act of 2014 (Official Journal of the Republic of Slovenia, No. 50/14) they are also referred to in Article 8, in relation to the supporting duties of the providers of goods and services, where the interpreters for deafblind persons are mentioned. These rights, however, are not broken down or derived at all, since there is no system of interpreting to or from tactile languages, for example, comparable to that used for the deaf persons. It is unacceptable that the deafblind persons and persons with psychosocial disabilities do not have a self-evident right to participate actively and equally as an entity (and not just an object!) before the court (or any other authority!), with their own direct statements, especially as their statements are not written (and because it cannot be written - some do not write, are not literate and/or do not know Braille), and that they can directly follow main hearings or proceedings (e.g. taking evidence, examining witnesses, other parties in the proceedings), and are guaranteed equality of arms or contradiction in the procedure.

The burden of searching, as well as providing (reimbursement of costs, eventual rewards, time co-ordination, etc.) vitally needed interpreters for tactile languages is (unlike in the case of deaf persons who have the right to use the Slovenian sign language) the responsibility of persons with disabilities, which makes them obviously subordinated toward the courts, other authorities, and toward other parties to the proceedings (especially if they have an opposite interest), except for the interpretation of the documents. It is therefore a case of manifest lack of respect and unprotected rights to equal protection of rights and the right to equal treatment, as well as Article 13 of the CRPD. The problem is already known for a (too) long time. The Ombudsman pointed it out already in the annual report,⁶⁷ while the deafblind disability organization - Dlan pointed out the issue to the government and other institutions, and in 2011 the former Disability Council of the Government of the Republic of Slovenia also accepted its position in this regard.⁶⁸ The Advocate unsuccessfully pointed out the problem at the time of the adoption of ZIMI in 2010, ZIMI-A in 2014,⁶⁹ and when preparing reports under the ICCM in 2016. It is unacceptable that the basic rights and the need for communication of such a vulnerable group of persons are not being provided for. The same goes for persons with psychosocial disabilities, only it applies to the supporting person rather than the interpreter.

⁶⁷ Annual Report of the Ombudsman for 2007 (page 45).

⁶⁸ Resolution of 14.2. adopted at the 14th Council of the Government of the Republic of Slovenia for Persons with Disabilities in July 2011: The Council of the Government of the Republic of Slovenia for Persons with Disabilities supports the proposal of the Society for the Amendments and Supplements to the Law on the Use of the Slovenian Sign Language, which was presented to the members of the Council. Available at http://www.mdds.gov.si/si/delovna_podrocja/invalidi_vzv/svet_vlade_rs_za_invalidde/

⁶⁹ Available at http://www.Zagovornik.gov.si/fileadmin/migrated/content_uploads/ZIMI_A_pripombe_Zagovornik.docx.

We would also like to draw attention to the fact that during the economic crisis, there were limited interventions in the scope of the system of free legal aid, in particular by abolishing the first free legal advice, while court fees were introduced in labour disputes, etc.⁷⁰ Compulsory representation by lawyers is introduced on several levels, or they are even the only ones that can act as representatives (or persons with a passed bar exam), which is not applicable only at district court levels, where also other natural persons (but not all legal entities) can represent. Collective actions, including those with a claim for damages and temporary injunctions, are a prerequisite for this protection as a whole to be labeled effective in the future. The law on collective actions will only allow negative claims to protect against discrimination.

Recommendations:

The state is recommended to take measures to train civil servants, judicial staff, including judges, prosecutors, police officers and prison staff, in implementing laws that protect and promote the respect of the rights of persons with disabilities.

The state is recommended to ensure the full accessibility of the judicial system, including reasonable and procedural adjustments, physical access, legal assistance, interpretation of sign language and tactile languages or the use of easy to read communication and legal and other support for persons with disabilities including supporting persons for persons with psychosocial disabilities.

The state is recommended to provide a system of rights to interpreting for deafblind persons in other procedures before the authorities, comparable to the rights of deaf persons and that persons with psychosocial disabilities be provided a system of rights to the use of easy to read communications and inclusion of their supporting persons comparable to other persons with disabilities.

Article 14 Personal freedom and security

We have already stated regarding persons who are deprived of their liberty due to forced treatment above. We think that already in itself, the architectural inaccessibility of buildings where the judicial authorities are located (see above) and of police stations has a dissuasive effect at least on the physically disabled who are therefore often not seeking their support and services. It is also known that most of the detention facilities (police stations), detention centers and prisons are inaccessible to the physically impaired.⁷¹ If the only prison facility intended for serving prison sentences is located in Koper, this can in itself have a considerable impact on the ability to visit relatives due to the spatial distance. In this regard, we highlight the problem of generally inappropriate accommodation conditions for persons who were deprived of their liberty due to serving sentences and detention,⁷² which exposes the degrading conditions due to poor conditions for detention in prisons and detention centers (overcrowding), limited time for outdoor activities and exposure to high temperatures in the summer, as well as the lack of an effective and accessible remedy in these situations.

⁷⁰ For more details, see the Alternative Report of the Coalition of NGOs to the Committee on Economic, Social and Cultural Rights, cited in footnote 17, p. 13 et seq.

⁷¹ As an example, we mention a physically disabled detainee who could not receive family visits in the ZPMZKZ Celje, see the Ombudsman's Annual Report for 2015, p. 112.

⁷² For example, the pilot judgment of the ECHR in the Mandić and Jović case no. 5774/10 etc.

Recommendation:

The State is recommended to ensure that all necessary reasonable adjustments are made in the system of enforcement of criminal sanctions, detention orders and other detention cases and forced accommodation as well as the full availability of all security services.

Article 16 Prohibition of exploitation, violence and abuse

The question of the possibility of abuse of custody and compulsory treatment was indicated above. Data on the extent to which persons with disabilities are subject to exploitation, violence and abuse are not known. With regard to the support system for victims of various forms of violence, accessible data suggests that the system of shelters for victims of violence is predominantly not adapted to the needs of persons with disabilities. In 2014, the IRSSV conducted an in-depth evaluation of the public social welfare programs of the group of safe house programs, shelters, refuges and maternity homes, and other programs in the field of prevention of violence.⁷³ According to operators' data persons with physical disabilities are not very numerous among users, they do not even have any demand for them. Most locations of the Maternity homes (MD) include obstacles for persons with physical disabilities: unadjusted spaces (stairs and unadjusted sanitary facilities), unadjusted access (there are no organized slopes). Also, the MD units where the program is executed on the ground floor of the building have architectural barriers, usually there at least a few steps to access the MD premises. In one of the MDs, the lower room allows for the residence of users with physical disabilities, for whom the lower toilets are arranged (which are not completely adapted according to standards for the physically disabled) and there is the possibility of using the kitchen. However, persons with physical disabilities could not use the living room (due to the stairs) alone. In 11 safe house locations (VH) there are obstacles for persons with physical disabilities (stairs outside and doorsteps in the building, unadjusted sanitary facilities, unadjusted household appliances: stoves, washbasins, narrow common spaces where weekly groups are carried out). Many programs take place on the higher floors of residential buildings where there are no ramps, in specific units in residential blocks there are lifts but are not suitable for wheelchair access (doorsteps, unadjusted width, unadjusted doors). In certain units, potential users with permanent or current physical disability (injuries, postoperative conditions) are placed in rooms that are on the ground floor which makes it easier for users to access them. Only one (1) specialized program object has no architectural barriers, because the ground floor of the house is adapted to users with physical disabilities who require crutches or wheelchairs for moving.

Recommendations:

It is recommended that the state establish a comprehensive system of identifying exploitation, violence and abuse of persons with disabilities and prevention thereof.

The state is recommended to take measures to protect persons with disabilities, victims of violence and abuse, and take specific measures to protect women and children with disabilities.

⁷³ Žiberna V., Lebar L., Kovač N., Rihter L., (2014): Evaluation of public social welfare programs: Evaluation report for the group of safe house programs; Evaluation of social welfare programs: Evaluation report for the group of maternity homes programs; and Evaluation report for the program to help victims of violence. Ljubljana: IRSSV.

It is recommended to ensure that women and children with disabilities are able to access protection mechanisms, such as temporary shelters and therapies to aid recovery from violence, abuse and exploitation, in an autonomous manner, and that these mechanisms are fully accessible.

It is recommended to provide a network of suitable and accessible housing for persons with disabilities, where the victims of violence could be moved after the end of a temporary stay in safe shelters, in order to live an independent life and become fully integrated into the social community.

Article 18 Right to freedom of movement and citizenship

Freedom of movement is largely limited due to the placement in institutional care, also non-coercively. Mobility depends to a large extent on accommodation (not only spatial, but also temporal aspects of the house rules of the institutions, such as the time of putting into bed, the possibility of own exits, the possibility of providing escorts, public transport services ...) and, of course, the existing general conditions for personal mobility and accessibility of transports and buildings and public spaces in general. Certain special situations, for example, the possibility of movement in prisons (also leisure time), is described separately.

There is no data on the proportion of persons with disabilities who have applied for citizenship or international protection. In accommodation of persons with disabilities, in the case of applicants for international refugee protection as well as persons with recognized international refugee protection, their specific situation is taken into account in principle, and therefore the conditions of accommodation and care are adapted. The question is, for example, what are the provisions for solving additional problems in communication and the provision of information of persons with disabilities (foreign sign language, easy to read). The prolonged handling of applications, limited access to health insurance and health services,⁷⁴ as well as accommodation outside the institution's frameworks are problematic and the restrictions have a deterring effect.

Children with disabilities are to be entered into the register of births immediately and have the right to their name, citizenship and the right to know their parents for them to be able to care and provide for the child.

Recommendations:

The state is recommended to mainstream disability in all its migration, asylum seeking and refugee policies and legislation and take measures to provide health and other support services to persons with disabilities who are applicants for international refugee protection and collect data on the number of these applicants and the scope of services.

It is recommended that the state ensure that children with disabilities realize their right to know their parents with no interruptions as well as the right to parents to know their children.

⁷⁴ See, for example, publication Migrant Integration policy index health strand Country Report Slovenia, at https://publications.iom.int/system/files/mrs_52.pdf and general data showing that Slovenia is at the very bottom regarding accessibility of health services for migrants, at <http://www.mipex.eu/slovenia>.

Article 19 Living independently and being included in the community

Right to (optional) accommodation. Article 13 of ZIMI regulates issues of access to the way of residing, and among other things it indicates the possibilities for this in the framework of the public housing fund, but rather declaratory. The Housing Act (SZ-1) of 2003 does not contain specific provisions on the regulation of housing relations for persons with physical disabilities. These issues are regulated by secondary legislation, e.g. as regards the criteria for allocating non-profit housing, which are largely determined by individual municipalities. With regard to the accessibility of the public housing fund, there are a number of problems, ranging from extremely unequal accessibility by areas (in many municipalities, especially in the countryside, there are no apartments or they are occupied), to cases where access to housing is disproportionately limited for certain groups,⁷⁵ even if they would be adapted or architecturally and otherwise accessible, but in most cases, they are not. We emphasize that the right to accommodation (or the acquisition of a suitable dwelling) is legally protected only under the European Social Charter (ESL) and the International Covenant on Economic, Social and Cultural Rights (ICESCR) which also guarantees the right to accommodation (and the conditions of eviction) in Article 11 without any discrimination, since the internal regulation creates the impression that it is only a special benefit or a right that could not be suable.

Slovenia is a country with a relatively good housing infrastructure and it has one of the largest shares of proprietary housing in Europe. This applies in general terms, but not for the accommodation of the entire population, especially not for persons with disabilities who are, as a rule, considerably weaker financially and therefore find themselves in a significantly worse position. In this sense, these are cross-cutting structural problems and multiplication, not only duplication of the negative effects of these personal circumstances. According to the Statistical Office, there were 175,000 empty dwellings in Slovenia in 2011.⁷⁶ A part of those is supposed to be actually unsuitable for living, while many are leased on the black market, but according to certain expert estimates, there are still around 50,000 empty apartments. Prices of real estate and rents in Slovenia are nevertheless extremely high, which is largely due to inadequate fiscal policy that could affect a greater accessibility of the available fund. This makes access to accommodation considerably more difficult for the financially weaker parts of the population, also for persons with disabilities (and their families). According to the Court of Auditors' findings, in 2008, one third of the dwellings owned by the state for civil servants were empty. Much of the housing fund is in a relatively poor condition (e.g. energy-intensive), as the owners are not able to properly maintain them. The poor access to housing is largely affected by lack of affordable rented accommodation. According to the Resolution on the National Housing Program 2015-2025 (ReNSP15-25),⁷⁷ only 8% of all dwellings are rented, most of which are publicly owned. The data from the municipalities show that some 6,600 households are waiting for a non-profit rental dwelling, of which about 2,500 only in Ljubljana, and 10 times more applicants apply for individual calls than there are apartments available. The data on how many of these dwellings are spatially or functionally accessible (accessibility in the sense of the absence of barriers to persons with disabilities, not only architectural, but also communication accessibility in the sense of CRPD and ZIMI) are missing, as there is no overview of the situation. It can be concluded that this proportion is relatively small, since most of the houses were built before 1980. ReNSP15-25 includes no details on how the state intends to address the problem of architectural inaccessibility of the

⁷⁵ For example, when people with disability pensions, due to the failure to meet the age criterion, cannot obtain apartments owned by the ZPIZ (these are only intended for persons over 65 years of age).

⁷⁶ Data from the Central Population Register on registration of residence.

⁷⁷ ReNSP15-25 p. 5.

existing rental housing fund for persons with disabilities and what the role of the municipalities and other actors should be,⁷⁸ as only some of the goals are mentioned.⁷⁹

In the field of housing, discrimination (access to housing and real estate) is relatively widespread, as demonstrated by individual examples of situational testing, while legal remedies are ineffective, since they are virtually non-existent, with the exception of civil courts. Problems with accessibility also arise in the explanation of what is the situation regarding the duty to remove obstacles in private multi-dwelling buildings, especially pertaining to the effect of the obligation to eliminate architectural barriers to and within the latter. Article 20 of the ZGO-1 requires that the regime of ensuring unimpeded access, entry and use "also refers to the regular maintenance of all types of facilities in public use and in multi-dwelling buildings." According to the judgment of the Constitutional Court of 2009,⁸⁰ which annulled the provisions which by means of a secondary legislation tried to narrow the scope of the said provision to some facilities in public use, by analogy it also the almost identical Article 5 of the Rules on Requirements for Providing Unauthorized Access, Entry and the use of facilities in public use and multi-dwelling buildings, is clearly unconstitutional as it reduces legal requirements for accessibility to only the larger multi-dwelling buildings⁸¹ and excludes the smaller ones. We note that the complaint from professional circles about the unconstitutionality of such restrictions has been known long before the entry into force of the CRPD and the aforementioned decision of the Constitutional Court. Another problem is the question of whether individual owners in the multi-storey building,⁸² or at least a group of them can resist removing barriers and the ensuring of accessibility, for example, by exercising ownership entitlements or by failing to give their consent to the project of removing obstacles and the spending of the common fund for this purpose.⁸³ In our opinion, there is no legal dilemma with the appropriate legal interpretation: both in relations between public-law owners and tenants, as well as in relations between third parties, account must be taken of the validity of the prohibition of discrimination and of the requirement for reasonable adjustments.

In view of access to goods and services, this is true for renting out dwellings, for the performance of any business activity therein, and in the light of the above-mentioned position of the Constitutional Court on the premises in which human rights are exercised, the same applies to ensuring the right to adequate housing, the right to home (according to CRPD and EKČP), while at the same time this is an indispensable condition for peaceful family life, enjoyment of privacy, and also property rights (cases also related to persons who, due to

⁷⁸ ReNSP15–25 p.17.

⁷⁹ ReNSP15–25 pp. 11 and 12; restructuring or free adaptation of accommodation facilities, or increasing the minimum areas due to impeded movement.

⁸⁰ Judgment of the Constitutional Court U-I-138/08.

⁸¹ Residential buildings that must be without obstacles are only: multi-apartment buildings (class according to CC.Si: 11221), if it includes 10 apartments or more; residential buildings with sheltered apartments (class according to CC.Si: 11222), if it includes 5 apartments or more; residential building for special social groups (class according to CC.Si: 11300), if it includes 30 accommodation units or more.

⁸² See J. Breznik and J. Duhovnik, Act on the Construction of Buildings with Commentary, GV Založba, Ljubljana 2005, p. 83, where the author finds that the Rules in Articles 4 and 5 disregards the Law and sets up additional, less restrictive conditions as to which objects must be accessible to persons with impediments without obstacles.

⁸³ Example of the Advocate: he dealt with an attempt of eviction from a municipal non-profit apartment, inter alia because the person himself, allegedly unlawfully, made accessibility adjustments (minimal ramp from the pavement to the balcony for the use of a scooter) without the explicit written will of the floor owner of the dwelling (municipality); in the second case, a building (with more than 50 apartments and including at least three persons with disabilities) was completely adapted after 8 years, but it was not reconstructed and therefore did not abolish architectural barriers.

their age and physical disability, became literally caught in their own dwellings). We believe that it is appropriate for owners and co-owners to bear the shared burden of ensuring the functional availability of rental housing to persons with disabilities and that these burdens must not be passed on to the latter. In the light of the general obligation to prevent discrimination and ensure the social function of property and demographic trends, it is also a matter of protecting their own rights (accessible housing is easier to lease, sell; eliminating risks in case of a potential disability, the expected problem due to old age...).

The issues of **support services for community living** are resolved too slowly and with extremely high delays even where there is no dilemma about the solutions. After many years of efforts, **the right to personal assistance** is regulated by the Personal Assistance Act (ZOA).⁸⁴ We emphasize that the law will become operative and will effectively protect the right only after 1.1.2019, but until then it remains a *status quo*, as the right is actually guaranteed only to the extent that the system of project financing from various sources currently allows. There are concerns that among the beneficiaries ZOA fully covered only the age group between the ages of 18 and 65, that is, those presumed to be in active service.

ReNPSV 2014-2020 provides for the further development of a network of support programs for persons with disabilities and a network of other specialized programs for the organization and promotion of the independent life of persons with disabilities. But the amount of support of the MDDSZ to such programs through the annual public call for co-financing of social protection programs has been falling since 2011.⁸⁵ Demand for community support services significantly exceeds the offer, both public and private, whereby private offer of support services is economically inaccessible for the majority of the population.⁸⁶

In this context, we would like to highlight the side effects of one of the expanded solutions for those who live at home and have the necessary support services provided mainly or almost entirely through family assistants. The said solution essentially "maintains" the mutual "captive" of the person with disability in the primary family, or the maintenance of permanent dependency, usually on the parents who are often also their guardians. At the same time, family assistants are strongly passivated and, for example, forced to leave the labour market, and their overload is indicated, for example, by long queues for at least the accommodation in day care programs in the VDCs. We believe that the solution mentioned above is shifting the burden of providing "community involvement", if it provides it at all, over to the family members who, for example, can no longer take proper care of the person with disability in their old age. Under such conditions, the solution to the housing problem for many persons with disabilities is sought in institutional care (CUDVs, VDCs, retirement homes, special institutions ...).

⁸⁴ Official Journal, no. 10/17.

⁸⁵ In 2011, the MDDSZ co-financed 59 programs for the promotion of the autonomous and independent life of persons with disabilities in the total amount of € 907,855.6; in 2012, there were only 17 programs in the total amount of € 593,673.9; in 2013, 8 programs in the amount of € 446,356.4. Prior to 2012, the MDDSZ also co-financed programs of transportation intended for people with disabilities (in 2011, there were 11 such programs) and other smaller programs for the promotion of social inclusion and the independent life of persons with disabilities (2011, 33 such programs), and in the following years only personal assistance and other major programs to promote the autonomous and independent life of persons with disabilities.

⁸⁶ Thus, for example, a social enterprise offers care at 12 EURO/hour, while escort is charged 8 EURO/hour (data for April 2017).

The degree of institutionalization, especially for certain age groups (for example, younger adult persons with disabilities who are being placed in retirement homes due to the shortage of capacities) is alarming, and due to the lack of monitoring, trends are difficult to discuss, while deinstitutionalization plans are far from definite and operational. It is unclear how many elderly persons, for example, live in such institutions because they fail to achieve the abolishing of barriers to the living in their own homes (see above), inter alia due to the absence of various support services. It should be emphasized that the system focuses on procedural indicators of monitoring, rather than on the content aspects of respecting CRPD. The count of treatises, services and activities should be replaced by relevant content indicators listed in the CRPD: the right to autonomous and independent life, to choose, to community life, family, inclusive education and employment, etc. A particularly high proportion of persons in institutional care is probably represented by persons with psychosocial disabilities.

Concerning the elimination of barriers in the environment, and ensuring greater inclusion and support services, measures should focus on factors on the part of persons with disabilities, on care and assistance, for example, by experts in special administrative procedures such as rehabilitation, etc. (i.e. in institutionalized regimes), as well as on the elimination of social barriers on the part of the social environment. One of the most pressing problems is the delay with the reform or the abolition of ZDVTDP.

In Slovenia, since the 1970s, the state has been providing a stable and adequate public funding system for the entire operation of disability organizations, and through them also the NSIOS. After the independence of Slovenia, a public foundation for the financing of disability and humanitarian organizations (FIHO) was established, in which lottery funds for good purposes are collected and which regularly co-finances special social programs, basic activities with the articulation of interests and investment in the necessary basic means to implement all program designs. The FIHO is co-managed by representatives of the users themselves, including 10 representatives from the disability and 10 from the humanitarian organizations, and 3 representatives of the Government with the supervisory function. In 2017, representatives of the government, together with representatives of humanitarian organizations, pushed representatives of disability organizations into a subordinate position and consequently assumed leadership positions in the FIHO.

This severely demolished the autonomy of financing disabled persons' organizations and the FIHO as a subject of the civil sphere, thus jeopardizing the stability of the operation of disability organizations and the implementation of special social programs for the independent life of persons with disabilities. We urge the state to recall the current representatives of the Government of the Republic of Slovenia and thus return the equal participation of representatives of disability and humanitarian organizations in the FIHO, and to appoint three new representatives who will respect the restriction of the Government's mandate in the FIHO to the supervisory function.

Recommendations:

The state is recommended to adopt a timetable for the opening-up of disability institutions to the social environment and democratize them with increased participation of users in their management, as well as measures to strengthen the capacity to provide services in the community, in particular also to provide suitable and affordable housing for persons with disabilities, with a plan of financing for these activities, including modernizing the existing system and improving the accessibility of support services for social inclusion.

The state is recommended to ensure uninterrupted and autonomous financing of social programs that DPOs provide for independent living and social inclusion and financing of the implementation of specific social programs implemented by disability organizations for the independent living and integration of persons with disabilities.

It is recommended that the autonomy of the Foundation for Financing Disabled and Humanitarian Organizations be restored. The state must immediately recall the current three representatives of the Government of the Republic of Slovenia, thus returning the equal participation of representatives of disability and humanitarian organizations in the FIHO, and appoint 3 new representatives who will respect the restriction of the Government's mandate in the FIHO to the supervisory function.

Article 20 Personal mobility

Slovenia is a country with a relatively good transport infrastructure, which enables a solid mobility of the population, which has one of the biggest shares of personal vehicles per inhabitant in Europe. This is true in general terms, and not for the mobility of all, especially for persons with disabilities.

Problems arise already in the use of their own means of transport. We draw attention to the discriminatory practice of the public administration in the interpretation of the Motor Vehicle Act (ZMV),⁸⁷ which requires the user (driver) of the vehicle - that is, the third person driving the person with a disability - to give his/her consensus at the time of registration of the vehicle by the person with a disability who owns the vehicle. If the affected owners fail to obtain such consent by a third party that the user of the vehicle will assume all the rights and obligations of the owner, then they cannot obtain permission to use their own vehicle. This obstructs the enjoyment of their property rights over the vehicle and puts them in the position of dependence regarding additional mobility on others or on the public transport vehicles which are available to such persons. Indirectly, it partly restricts/removes their ability to take responsibility. We believe that the problem is solvable with the correct interpretation of the law. The violation is serious in the context of other systemic failures and omissions of the executive branch of power. There are no regulations that would satisfactorily regulate the accessibility of services for persons with disabilities (for the implementation of Article 8 of the ZIMI), e.g. including traffic (transport) services (e.g. taxi services ...). Until 1.1.2016, access to additional technical devices and procedures for technical adaptation of vehicles for persons with disabilities was not possible (non-implementation of Articles 17 and 21 of ZIMI for more than 5 years). In 2014, the government adopted a regulation that changed the tolling regime so that person with a disability are affected by the higher prices of vignettes. They often have to use larger vehicles with a height over the first axle above 1.30 meters, thus falling into a higher toll class. The problem of discriminatory effects is "solved" by the assistance of the Red Cross. We draw attention to the prevalence of discriminatory practices in limiting access to accident insurance for persons with disabilities, for certain disabilities and health conditions, which is important in the context of mobility insurance.⁸⁸

Often persons with disabilities are not enabled or at least have difficulty entering into various public transport vehicles (buses, trains, inter alia, because of the way in which stations and other infrastructure are built...) and other conditions for their equal use (information, sanitation ...). The issue of ensuring the accessibility of

⁸⁷ Official Journal of the Republic of Slovenia, no. 106/10, 23/15 in 68/16.

⁸⁸ Available at http://www.Zagovornik.gov.si/fileadmin/_migrated/content_uploads/mnenje_anksiozne_motnje.docx.

transport and related infrastructure, in particular regarding the elimination of architectural barriers and the controversial maximum transitional periods, is presented above. Disability organizations report that it is necessary to systematically regulate bus stops and train stations to provide information accessibility, e.g. equip them with a standardized TGS (Tactile Ground Surface Indicators). The standard is accepted, but is often only partially taken into account. In addition, when putting up organized routes with TGS the most difficult are the problems with controlling and sanctioning. The stations and means of transport should be equipped with sound forecasting systems for arrivals, departures (e.g. the number of the upcoming bus), the availability of information counters, ticketing devices, information tables and the improvement of personal assistance options (especially at smaller stations). Similar to bus and train stations, airports should be adapted to accommodate devices and services that are necessary for the smooth travel of passengers, even beyond the minimum standards required by EU regulations.

Disability organizations point out that regarding technical aids access to modern, technologically advanced products is difficult, as they do not rank among those co-financed by the state (e.g. mobile application as an electronic navigation assistant for the blind persons and persons with visual disabilities). There are not enough measures for the effective training of users and professional staff, as they are carried out only by disability organizations within their capabilities. There is a lack of educational programs for the development of professional staff that would adequately cover this field.

Persons with a disability can designate their vehicles with a stylized disability sign (parking card for persons with disabilities), while disability organizations that perform organized transportation for persons with a disability are not allowed to do so, since their vehicles can only be marked with a stylized sign of medical personnel. This makes it difficult to carry out dedicated transportation for person with a disability, especially when entering and leaving the vehicle and for bound short-term stopovers. The state should provide the necessary funds for the systematic implementation of programs for ensuring that public transport and other forms of transport are accessible for persons with a disability, as the state currently finances only organized transport of one group of persons with disability.

Recommendations:

The state is recommended to eliminate systemic discrimination in ensuring the use of own motor vehicles by persons with disability, taking into account modern technology and the use of an individualized approach.

It is recommended to prepare a timetable that will allow full access to all means of public transport and related infrastructure.

The state is recommended to systematically provide the necessary funds for the implementation of programs for the transport of persons with disability and create a mechanism for facilitating access to quality mobility aids, assistive equipment, devices and technologies at an affordable cost for all persons with disabilities.

The state is recommended to provide disabled person's organizations with the use of a stylized disability sign (parking card for disabled persons) for marking vehicles intended for the organized transportation of persons with disability.

information of public character in braille, and despite clear instructions in ZIMI, as many as 60 municipalities did not respond at all, including the largest two, MO Ljubljana and MO Maribor. Only 13 municipalities sent the requested information to the applicant in braille, and two sent a CD with a sound clip. The Ombudsman described the problems of a person who wanted to obtain an increased print of such a fundamental document as was his own income tax decree; in another example he described the complete surprise of the public health rehabilitation service provider when confronted with the right of a deaf person to an interpreter in the sign language.

Use of personalized information in accessible forms on the goods and services market is commanded, but as was already mentioned, it is not regulated in detail and broken down by the secondary legislation on minimum standards (see above), which is illegal. Thus, only the Medicines Act (ZZdr-2)⁹² clearly stipulates that the name of the medicinal product for human use on the label must also be printed in Braille and that the marketing authorization holder shall ensure that, on the proposal of the patient organization, the package leaflet shall be available in forms suitable for blind persons and persons with visual impairment.

According to Paragraph 2 of Article 32 of the Slovenian Public Broadcaster Act,⁹³ only certain categories of persons with disabilities are exempted from the payment of the contribution for watching the programs of RTV Slovenia, whereby persons who are blind or deafblind, and in particular persons with psychosocial disabilities are left out without explanation. In addition, the regulation does not protect all persons with disabilities, not even all of those who have a recognized status of a person with disability, as they do not all have precise identified percentages of disability. In individual cases, it is known that certain institutions for the provision of special services charged for the use of radio and television receivers in rooms, although they are explicitly exempted from paying the contribution under the provision of that article. Similarly, on the basis of the initiative, the Ombudsman finds that some suppliers of technical devices for persons with sensory disabilities have used derivatives to increase their own profits. Some companies require a 24-month subscription as an additional condition for the cashing of these derivatives. Regarding the derivatives, we should also recall the importance of the amendment to ZIMI in order to determine the liabilities of suppliers which are cashing in these derivatives of the beneficiaries to conclude a contract with the latter. ZDSSS reports that only a few TV shows or programs on RTV Slovenia are appropriately adapted to the blind and visually impaired. Information broadcasts on national television are not adequately accompanied by audio descriptions (only a few films are adapted, which is definitely not enough). The state should determine the share of programming content (RTV), which should be adapted to the blind persons and persons with visual impairments, and other persons with disabilities. The situation with the library material is not good, since at the annual level, less than 2% of the material issued is adapted to the blind and visually impaired. Slovenia is also postponing the ratification of the Marrakech Treaty.

The Law on the Use of the Slovenian Sign Language stipulates in Article 10, Paragraph 3, that "a deaf person has the right to be informed in his/her customized techniques in accordance with special regulations". But due to the absence of regulations, this is not implemented in practice.

⁹² Official Journal of the Republic of Slovenia, no. 17/14.

⁹³ Official Journal of the Republic of Slovenia, no. 96/05, 109/05 – ZDavP-1B, 105/06 – ord. CC, 26/09 – ZIPRS0809-B and 9/14.

Regarding information and involvement and cooperation, we would also like to emphasize the lack of initiative for persons with disabilities to receive a special program on the national public broadcaster that they could co-create, similarly to the traditional broadcast "Listen to Silence" for blind persons and persons with disabilities on TV Slovenia, or following the example of many local broadcasts in commercial radio programs. Unreasonable solutions that completely ignore the right to receive information as an integral part of the freedom of expression are reflected, for example, in the actions of ZZZRS, which regards the rights to a braille typewriter and to a braille line as interchangeable (see below under Health). We note that they, for example, all Official Journals, that is, all legislation, as well as all public tenders, public contracts and job offers are published in an on-line form only, and for some it is only possible to register on line (which limits access to resources, inter alia, for the implementation of economic activity), and this could have a major impact on employment chances, not to mention the context of free time and social networks. The Web Content Accessibility Guidelines (WCAG)⁹⁴ are also being implemented very slowly in the public sector, while in the private sector they are practically nonexistent. Persons with disabilities want to access electronic content in the same way as everyone else, as the technology is available and is relatively affordable, and in addition, since September 2018, the accessibility of websites and mobile applications by public sector bodies is required by the relevant European directive.⁹⁵

Recommendations:

It is recommended that the state ensures full accessibility of all materials, information and communications with the public sector according the adopted timetable, for all persons with disabilities.

It is recommended to take measures to improve the accessibility of content in public and private media and to access telecommunications and other modern forms of communication.

The state is recommended to provide an efficient system for implementing interpreting of sign language and tactile languages as well as standardized readable and understandable versions of public sector information.

The state is recommended to ensure that the Slovene sign language is recognized as an official language in the Republic of Slovenia, and thus organize systematic financing and human resources support for the development of the Slovenian sign language.

The state is recommended to encourage and subsidize development of technologies for the accessibility of television, the Internet and other modern ways of communication (interpreting into sign language, subtitling, voice description and speech recognition, easy to read communication).

Article 23 Respecting the home and the family

The problem of the inability to access housing and accommodation as one of the prerequisites for creating a home and family life is presented above. The state is recommended to use appropriate measures to encourage the parenthood among persons with disabilities, who need to be ensured that they can, with proper expert

⁹⁴ <https://www.w3.org/TR/WCAG20>.

⁹⁵ Directive (EU) 2016/2102 of the European Parliament and of the Council (<http://eur-lex.europa.eu/legal-content/SL/TXT/?uri=CELEX%3A32016L2102>).

and ethical support, make decisions regarding their fertility, as well as to ensure a system of substitute care within the extended family or, should that be impossible, within the community.

Recommendation:

The state is recommended to provide the support needed for parents with disabilities who take care of their children.

The state is recommended to take the measures necessary, including the repeal of legislation, to eliminate discrimination against persons with disabilities in all matters relating to marriage, family and parental rights. It also recommends that the State develop the inclusive support measures necessary in this regard, including access to personal assistance and mainstream services, to ensure adequate support for families that have a member with a disability.

Article 24 Education

Persons with disabilities have, same as others, equal access to inclusive and cost free primary and secondary education in their communities, it's unacceptable that he or she be placed in an institution due to transportation costs to an inclusive school being "too high". The number of students with disabilities is worryingly low compared to the general population. In the academic year 2012/2013, there were only 311 students with disabilities or students with special needs in public universities, compared to 425 such students in the academic year 2013/2014. These figures are in sharp contrast with the 4-6% of the population with disabilities among the school-age groups. In this context, the definitions of students with disabilities or students with special needs are problematic. Uncertainties arise, or the acquired status persists for the entire study period, for example, Paragraph 7 of Article 5 of the Rules on Students with Special Needs of the University of Ljubljana indicates that the temporary suspension of studies could result in the loss of these statuses. There are also no data on the failure or the performance of studies that could indicate the degree of integration. Among possible reasons for that disability organizations state the fact that the students sometimes do not even know what they can expect in the course of their studies in advance, only to be faced *ad hoc* with, for example, an inability to pass study work in the form of exercises. They consider that faculty premises and equipment are mostly not adapted to students with special needs, which often makes it even more difficult to study. Also, many high-school students do not decide to study at a particular faculty when they find out that it does not offer adequate adjustments (availability of physical and electronic material, access to information, websites, etc.). They point out that in this sense, information on obstacles is not provided before or when enrolling for studies.

The legal regulation is inadequate and too general since the general clause of Article 11 of the ZIMI on the duty to provide accessibility and reasonable adjustments is almost the only basis for deciding on the necessary adjustments. The Ombudsman points out⁹⁶ that the regime of ensuring the right to adapt the study process to the individual needs of person with disabilities is not regulated satisfactorily and comprehensively, and that the provision of the accessible study regime is left to the autonomy of universities. The situation of students with disabilities is partly regulated by the university rules on students with special needs that also define their

⁹⁶ From the Annual Report of the Ombudsman for 2010, page 162; most recently in the Annual Report for 2016, on the case of 10.5-8/2016, pp.155-158).

rights and obligations, which is intolerable, since the way of exercising human rights and fundamental freedoms should be regulated by law (Paragraph 2 of Article 15 of the Constitution of the Republic of Slovenia). The rules also do not solve entire sets of important issues, for example, the extension of student status. It is not clear whether all higher education institutions have such policies. From the recent past, it is perceived that universities were unaware of the (financial) burden of providing obligatory adjustments, and for this purpose they expected special programs or special purpose funds that the state should provide. Because of the austerity measures, annual budget funds for academic activities have decreased and not increased in recent years, so there was no tender for development tasks in the field of students with special needs in the period 2011-2015.

Other assumptions for studying should also be noted. We draw attention to the elimination of discrimination in the transport of students with physical disabilities from the place of residence to the place of education. It is necessary to ensure the mobility of students living in the home environment, but at the existing level of inaccessibility of public passenger transport, they are not provided with customized services outside the Ljubljana and Maribor areas, which are a project and not a system solution. If they do not find the appropriate accommodation at the place of study (which requires additional costs), they are not able to attend lectures and meet their study obligations without the extra cost of transportation. In the last annual report,⁹⁷ the Ombudsman concluded that there was no (sufficient) will for concrete changes, whereby this continuous delay of the urgent changes is at the expense of persons with disabilities.

In 2005 and 2016, the Advocate warned that the possibility of extending the period of full-time study (regular student status) also for students with disabilities is unreasonably limited by ZVis to only one additional year. This is an extremely restrictive solution that does not ensure that all relevant circumstances and necessary adjustments are made to certain persons with disabilities and is an example of indirect discrimination. The faculties should use the requirement for a reasonable adjustment from the ZIMI in the extension of their status, and in the case of public universities also the CRPD directly. We emphasize that the problem of the prolongation of student statuses concerns not only the study conditions (e.g. payability of exams, diploma and master thesis ...), but a whole set of social rights, for example, the accommodation conditions (student dormitories, subsidies for tenants) and a number of other rights and benefits (health insurance, subsidized food, student work ...). Such a regime has a strongly negative impact on the possibility of completing studies, and deterrent effect when the potential students decide whether to begin with the studies or not.⁹⁸

Recommendations:

The state is recommended to provide training programs for teachers and professors and ensure the development of an inclusive curriculum for all students with disabilities and the inclusion of these contents in all study programs for these professions especially in tertiary education.

It is recommended to collect data broken down by age, gender and disability of persons with disabilities included in all levels of education in comparison with the entire population, including information on the failure or the level of schooling.

⁹⁷ Annual Report of the Ombudsman for 2016, pp. 154-156.

⁹⁸ Case of the Advocate (0700-2/2016/4).

The state is recommended to ensure inclusive education of persons, regardless of the different types of disability.

It is recommended to ensure permanent education of persons with disabilities through lifelong learning programs.

It is recommended to take measures to educate those working with persons with disabilities on the CRPD, the rights of persons with disabilities and measures to measure their influence or impact.

Article 25 Health

The prevailing policy of pressure to reduce the size of the public sector, irrespective of the needs of the persons, is particularly problematic in the field of health, considering the fact that health needs are growing also due to demographic reasons (aging). In recent years, the Slovenian health insurance system has witnessed austerity measures that lead to the limitation of rights and the limitation of employment in health care. The Balancing Finance Bill (ZUJF) has limited the right to unemployment benefits as well as the rights to health insurance. Through the amendment of the Health Care and Health Insurance Act, it limited the coverage of health care costs and reduced compensation during temporary retention from work. Reducing public expenditure was largely achieved through the transfer of part of payments for health services to complementary health insurance, by reducing wages and by reducing sick pay. Rare health services are entirely financed from public funds (the share ranges from 5% to 95%), and they need to be covered with additional payments within the framework of supplementary health insurance.⁹⁹ The contribution for compulsory complementary health insurance has been increasing in recent years, while the share of insured persons has been decreasing in this period. In the case of services that are of key importance for human health and are therefore largely covered by compulsory health insurance, there is a problem of effective access - queues. Real expenditure on health is decreasing.¹⁰⁰ These trends also greatly affect persons with disabilities.

The health system prefers a medical approach to disability, neglecting the respect of their human rights, which is reflected in a number of cases of medically indicated reasons for limiting rights, which also indicates a lack of knowledge of CRPD¹⁰¹. It is a pity that despite the warnings, the adoption of the national mental health program is being postponed. We present an example of non-compliance with the needs of a person with psychosocial disabilities from the point of view of providing (public) health services.¹⁰²

⁹⁹ Initiative by the doctors. <http://iniciativa-zdravnikov.si/>.

¹⁰⁰ In 2011, they amounted to 8.8% of GDP, and in 2012 they amounted to 9% of GDP, but they also dropped by 6.3% in real terms in 2010-2012 due to a reduction in revenues from contributions for compulsory health insurance. At the same time, the ratio between public and private expenditure on health has changed. The share of public expenditure in 2011 amounted to 72.3%, in 2012 71.8% (IMAD Development Report 2013). Compared to the European average, the proportion of funds allocated to health remains below the European average - 9% versus 9.5% (EUROSTAT, Health Indicators).

¹⁰¹ With the exception of training for the majority of staff of the Brežice Hospital, we are not aware of medical personnel that would be systematically trained for non-discrimination, even less so for respecting and protecting rights under the CRPD.

¹⁰² Advocate's case (0700-5/2012): the affected person unsuccessfully filed claims for granting a part of the payment of the cost of dental services that would or was carried out by a physician in private employment who was solely capable of establishing trust and overcoming extreme problems due to the pathological feelings of danger experienced by the

We note that changes in systemic legislation in the field of health care and health insurance must not be at the expense of persons with disabilities, but above all, we emphasize that it is necessary at least to maintain the existing level of health care and rights.

Recommendations:

The state is recommended to take measures to educate healthcare professionals to work with persons with disabilities, to implement their health rights arising from the CRPD, and measures to measure their influence or impact.

It is recommended to provide for improving access to health services for persons with disabilities, as well as the accessibility of facilities, appropriate adaptation of medical equipment and the procedures for effective provision of other forms of easy to read communication forms, sign language, tactile language, ...

When amending legislation, the state is recommended to ensure that the level of the health rights of persons with disabilities and the level of provision of medical devices are maintained.

The state is recommended to ensure systematic regulation of the provision of services to reduce and prevent the occurrence and further deterioration of disability and to maintain or improve the existing situation.

It is recommended that the state forthright abolish rules/regulations/standards impeding the access of persons with psychosocial disabilities to medical services due to the specifics of such a disability.

Article 26 Habilitation and rehabilitation

This area is characterized by different approaches through various legal bases, i.e. health rehabilitation, rehabilitation according to ZPIZ-2, ZZRZI, while for the services of special regimes of management and protection under special conditions only the regulation of ZSV is relevant... The question is whether the entire system is mutually consistent with the concept of disability based on human rights, and are all possible synergy within it being searched for and whether or not the orientation of these efforts is always in place for the optimal empowerment of persons with disabilities.

In July 2008, the National Assembly of the Republic of Slovenia adopted the amendment to the Health Care and Health Insurance Act (ZZVZZ), which in Article 23 enacted a comprehensive rehabilitation of blind persons and persons with visual impairment. This is not carried out, and therefore, persons whose vision is deteriorating or completely lost do not receive the comprehensive rehabilitation services that they would need. This right should cover the general population, not only in employment, and is provided in the field of health care.

patient. We estimate that this handling was an example of discrimination, due to the failure to make reasonable adjustments. Adjustments are also necessary for the full respect of the right to free choice of a doctor and a health institution (Article 80 of the ZZVZZ, compare with the main reasons for the decision of the Constitutional Court No. U-I-125/97).

Regarding the ZZRZI, the system appears to be highly bureaucratized as the rehabilitation procedures are extremely lengthy and the degree of use of certain rights (including, among other things, technical tools and workplace adjustments and supportive employment) is alarming or surprisingly low (see below). In the health insurance system, some important rights are provided, but they are not respected, mainly with excuses about the lack of resources. The Health Insurance Institute does not provide the braille line (needed for the use of the computer) to insured blind persons, despite the warnings¹⁰³ of the affected and disabled organizations, if the person has already received a braille typewriter. The exclusion of those blind persons who have acquired braille typewriters before 1 January 2007 is an obvious example of indirect discrimination of persons with disabilities due to age. This deficiency is partly covered by the right to co-financing of technical devices according to the ZIMI. The Ombudsman¹⁰⁴ reports the problems of a person who, after the operation, faced difficulties in securing the right to the sign language interpreter before the start of rehabilitation in the healing treatment of a public service provider. The healthcare institution reported that they had not yet had a deaf person taking part in the treatment and that they were not familiar with the obligation to provide an interpreter for the sign language.

Renewal rehabilitation, as currently regulated by the ZZVZZ and in particular the Rules on compulsory health insurance, in Articles 50 to 53, is of vital importance to the health of persons with disabilities, especially in terms of preserving health, as well as preventing the deterioration of the latter and secondary consequences. In certain types of disabilities, problems and complications arising from disability are increasing over time, and often other disorders of the functioning of many organs appear, including respiratory disturbances, urinary incontinence, mood, sexual functions etc., and other related health complications, such as inflammation, diarrhea, contracture, ... Adaptation to changes in the functioning of the human body is a lengthy process, which makes rehabilitation of persons with disabilities long-lasting and requires regular regeneration. The consequences of disability are, as a rule, not definitive and may deteriorate in their later lives. It is therefore necessary that persons with disabilities have the possibility to maintain their mental and physical health and mitigate the consequences of disability through the integration into renewal rehabilitation programs. It is evident from the expert bases that renewal rehabilitation for persons with disabilities is absolutely necessary. This fact was repeatedly pointed out by the representatives of the Health Insurance Institute, and emphasized that the absence of all renewal rehabilitation would be reflected in the form of higher costs of various additional treatments of beneficiaries. The fact is that for more than two decades, the organizations of persons with disabilities have intensively invested financial means from the disability protection system in the health care system to create conditions and for the training of specialized staff for the implementation of renewal rehabilitation, which is also the result of the commitments of our country under Articles 25 and 26 of CRPD, which stipulate that the Contracting State recognize the right to the highest attainable standard of health, including medical rehabilitation, for persons with disabilities, and in particular to provide persons with disabilities with special health services they most need, including services to reduce and prevent further disability. Therefore, the RS has to systematically regulate renewal rehabilitation.

Recommendations:

The state is recommended to introduce and fully implement comprehensive rehabilitation of the blind and visually impaired as provided by the Health Care and Health Insurance Act.

¹⁰³ See e.g. initiative in 2013, at <http://predlagam.vladi.si/webroot/idea/view/4661>.

¹⁰⁴ Annual Report of the Ombudsman for 2015, pp. 95-97.

The state is recommended to create accessible, comprehensive habilitation and rehabilitation services and programs, such as early intervention, providing comprehensive, multidisciplinary and individualized support for persons with disabilities, especially women and children.

The state is recommended to ensure continued implementation of the restorative rehabilitation and regulate the systemic legal basis in the sectoral legislation.

It is recommended that the state design and carry out a special program of restorative rehabilitation for persons with psychosocial disabilities aimed at retention of already acquired skills and knowledge as well as their psychophysical well-being.

Article 27 Work and employment

The economic crisis has increased the share of unemployed persons with disabilities among all the unemployed, which amounts to approx. 15%. This suggests that it is an extremely vulnerable group experiencing both structural deficits and barriers to the labour market. Among the reasons for this, in our assessment, we need to stress that a comprehensive assessment of the causes for this situation is missing, in particular the impact of discriminatory practices (for example, program documents in the field of aging have no reflection on the subject). Of the 37,422 persons with disabilities in the labour market, there were as many as 17,646 unemployed in 2014, which means that the share of unemployed in this group is as high as 47%. Except for data on the number of employed or unemployed persons with disabilities, there are no more detailed research in this field, for example, what are the reasons for unemployment, etc.

Disability organizations report that many persons with disabilities express dissatisfaction with existing regulations, which are often not even implemented in practice. The reasons for this are usually the employers who have insufficient experience with workplace adjustments or consider that individual persons with disabilities are not sufficiently capable of pursuing a profession (prejudice, discrimination). The entry to the market is also hampered by the lack of adequate staff, the lack of organized trainings that prepare persons with disabilities for employment, the negative beliefs of society and the ignorance regarding the problem.

It is problematic that the requirement for a reasonable adjustment in this field is not fully regulated, which has negative consequences in the private sector, in the work in independent professions and in the ever more numerous flexible forms of work (sole proprietorship, work contracts, copyright contracts) ...

We draw attention to the role of medical staff in assessing work capacity, who are too focused on what persons with disabilities cannot do and not what they can still do with modern work tools and appropriate training.¹⁰⁵

As regards employment, we would like to point out that the system is predominantly based on the principle of giving special support to employers in the form of payments (exemption from contributions, wage subsidies,

¹⁰⁵ Advocate's case: a blind social worker was handed the official opinion that he is incapable of work because it was too dangerous for him to walk down the stairs in the CSD, or to go to the field to advise clients. Another example was the exclusion of a person with a coeliac disease in a remarkable remission from a job opportunity for a police officer.

benefits in the form of special awards) and support services (expert advice), and to a lesser extent to the Human Rights based approach.

In 2016, the Advocate dealt with an example of apparent systemic discrimination in the public sector promotion system that was the result of a government decree on the promotion of civil servants regarding income brackets.¹⁰⁶ The latter disregarded the law and conditioned mandatory evaluation, and thus also the possibility for promotion of civil servants, with a certain presence at the workplace (at least half a year), which means that in the event of a prolonged absence, for the treatment or rehabilitation of a person with disabilities, etc. some are not rated, and there are also cases where they were evaluated negatively.

The state also impedes a person with disabilities' access to self-employment. Recognition of the right to partial (disability) retirement (2nd degree disability) according to the ZPIZ-2 signifies a measure to prevent the consequences of invalidity of the beneficiary, as due to the occurrence of disability the latter became limited in the ability to obtain income from work. A partial pension provides such a person with certain income security, but generally at a level that does not provide social security. Persons who were recognized the emergence of this risk have restricted access to self-employment in the system. In the case of self-employment, they must endeavor to forfeit the acquired right to a partial pension. They can therefore exercise both rights only alternatively, but not simultaneously. This in fact means that persons with disabilities must either renounce partial pensions and therefore again be exposed to the full income risk (or to all consequences of disability), or (if they do not accept the income risk) they can only seek personal income from work in the labour market in the strict sense (employment in an employment relationship ...), but not in the form of self-employment or entrepreneurial initiative. We especially note that this issue has been pointed out for many years and the problem of restricted access to self-employment (by itself, in case of reactivation) was also established by the Constitutional Court.¹⁰⁷ The Ombudsman drew attention¹⁰⁸ to the "unwilling response to warnings of systemic discrimination" that prevents the simultaneous enjoyment of both constitutional rights, i.e. the right to a pension (protected by Article 50 of the Constitution) and the right to a free economic initiative (protected by Article 67 of the Constitution).

There are no data on the number of persons with disabilities working in individual ministries (e.g. the Ministry responsible for persons with disabilities - MDDSZ) and elsewhere in the public sector and the compliance with the statutory employment quota, but we estimate that this was not achieved, given the fact that extremely few persons with severe disabilities are among the employed.

We draw attention to the general problem of inadequate regulation of the requirement for a reasonable adjustment. Most of the adjustments are made on the basis of ZPIZ-2, and a very small percentage on the basis of the ZZRZI. The acquisition of the right to financing the adjustment of the workplace according to the ZZRZI has been used to a very small extent in the previous years; in the period 2006-2014, 4 adjustments of the workplace and means of work were financed: in three cases for persons with visual impairments, and in one case for a person with physical disabilities. As Analysis show that 94% of all reasonable adaptations that employers take represent organizational solutions, such as transfers of other jobs, work, time of work and

¹⁰⁶ Official Journal of the Republic of Slovenia, no. 51/08, 91/08 and 113/09.

¹⁰⁷ Constitutional Court in the matter of U-I-358/04.

¹⁰⁸ Annual Report of the Ombudsman for 2007.

employment in protected workplaces. In addition, 5% of measures represent the rehabilitation and training of persons with disabilities, while only 1% are measures that include technical devices.¹⁰⁹

We find that the quota for the employment of persons with disabilities in the public sector, especially in the administration (or, in the case of the IT sector, for example) is minimal (2%) and 3 times lower than in the most intensive industries such as mining, construction (6%) etc. The system has remained unchanged since 2008, therefore it was not used to mitigate the effects of the economic crisis. Many quotas-obligated entities do not employ persons with disabilities, therefore, they pay compensation or they fulfill the replacement quota with orders from disabled companies. Financial and other incentives create several different "protective" measures in the employment of persons with disabilities; disability companies, sheltered employments with subsidized salaries in employment centers, supportive employment (normal working environment with professional and technical support, etc.).

The dynamics of implementing supportive employment, where persons with disabilities are entitled to a wage subsidy, shows that the number of decisions on supportive employment and the number of supportive employment is low. Support services mainly relate to psychosocial support for persons with disabilities, as well as providing information and counseling to employers, include interpreting services, and examples of technical adjustments are only scarce.

Recommendations:

The state is recommended to develop measures to promote the employment of persons with disabilities in the open labor market, including providing reasonable workplace adjustments and promoting employers as well as creating better economic and technological conditions for the employment of persons with disabilities under special conditions and to take measures to improve the competitiveness of persons with disabilities in the labour market and encourages development of companies employing persons with disabilities and other good practices of their employment within the state aid rules and other limitations preventing free competition from being skewed.

It is recommended to collect data broken down by age, sex and type of disability of employees in segregated and open labour markets, to separately collect data for the public sector and data on measures to increase the inclusion of women with disabilities, in order to evaluate the effects of these measures. It should separately monitor progress and dismissal information, in particular of women with disabilities and to collect data on compliance with the quota for the employment of persons with disabilities and ensure adequate sanctioning in case of non-compliance.

The state is recommended to increase the necessary quota for the employment of persons with disabilities in the public sector and tertiary activities and ensure greater employment of persons with disabilities in the public sector and the sphere of its influence.

It is recommended to prepare an updated list of bodily disorders and occupational diseases and ensure the rights deriving from existing legislation.

¹⁰⁹ Tabaj, A. et al. (2009) Implementation of the concept of reasonable accommodation in the field of employment, Soča.

Article 29 Participation in political and public life

We have already stressed certain problems of access to information and public services as a prerequisite for participation in political processes. We particularly highlight the issues of voting rights, the right to participate in the management of public affairs and the right to petition.

Persons with disabilities can be stripped from active and passive voting rights at the same time as their business ability is withdrawn, which is contrary to the obligations under the CRPD. In these cases, it is automatically or only indirectly impossible to exercise the right to participate in the management of public affairs, for example, to pass a vote in a referendum, etc. The right to petition is not automatically limited, however, it is doubtful whether in these cases, in accordance with the aforementioned, the authorities would not insist on the approval of the will by the guardians.

An important issue is the problem of a customized way of exercising political rights, in particular the **right to vote**. The Referendum and Persons's Initiative Act¹¹¹ stipulates that a voter who is in a hospital, institution for persons with disabilities or similar institution during the expiration of the deadline for collecting signatures, can express his support for the request to call a referendum by confirming his/her signature on the support form by an authorized person of this institution, while there should also be the possibility of voting electronically. Likewise, a voter who, due to an extended period of serious illness or disability, cannot personally come before a competent authority, may express his or her support before an official person of the competent authority who must visit such a person at his or her home, on the basis of a prior request and agreement. The same applies to collecting support for candidates in the elections in accordance with Article 47 of the National Assembly Elections Act¹¹² (ZVDZ-C), except that in this case electronic support is not possible. It is also problematic to insist on the constricting interpretation of the right to vote by post, as well as at the architecturally accessible poles or in an appropriately accessible electoral procedure in elections and referendums. The long-term failure to comply with the judgment of the Constitutional Court in case U-I-156/11, which marked as deplorable the long-term inaccessibility of the vast majority of the polling stations, was overcome by the Act Amending the Election Law of the National Assembly - ZVDZ-C¹¹³ which requires access to all polling stations for all persons with disabilities.

Most problems are solvable with an appropriate and correct interpretation of the law. The Advocate pointed to the communication barriers, namely that the web pages and information brochures, not even in terms of content (transparency, restrictive interpretation of the beneficiaries for postal voting, access to rights-based titles ...), nor by the form (pdf form of forms for exercising rights, tables in tables, maps) did not provide and partly still do not provide sufficient, timely, transparent and easy to read information on all possible, particularly adjusted ways of exercising the right to vote for persons with disabilities and their accessories. This information should be accessible (also) in personalized forms for persons with intellectual disabilities. In the meantime, the NSIOS constantly alerted to the problems, and in particular offered initiatives for the amendment of the ZVDZ and its alignment with the Constitutional Court decision.

¹¹¹ Official Journal of the Republic of Slovenia, no. 26/07 – UPB, see Article 16b.

¹¹² Official Journal of the Republic of Slovenia, no. 109/06 – UPB in 54/07 – ord. CC and 23/17.

¹¹³ Official Journal of the Republic of Slovenia, no. 23/17.

As negative "examples", we should highlight the headquarters of political parties that are inaccessible to person with disabilities. The number of persons with disabilities involved in political parties is very low. We do not dispose of data on the employment of persons with disabilities and (non-)compliance with the quotas for employment of persons with disabilities (excluding substitute fulfillment!) by ministries, government, National Assembly, Council of State, courts and Slovenian municipalities, but they would definitely be telling, especially if they could be compared with information on the representation of persons with disabilities in decision-making positions, particularly in elected positions (deputies, ministers, top state officials, judges, municipal councilors, mayors, state councilors).

Due to the blocking of the acquisition of legal personality, NSIOS has greater difficulty in performing its tasks and tasks that are necessary for the systematic implementation of the human rights of persons with disabilities, although there is no real need for such hindering, as well as the promotion of their full equality and inclusiveness, especially in the field of political and public life. In this way, the association of the representative and other disability organizations which operate at the state level are prevented from acting and representing persons with disabilities, prevented from operating in a normal and independent way, as well as prevented from acquiring funds necessary for the protection of the interests of persons with disabilities and the development of disability protection. With the ratification of the CRPD, the Republic of Slovenia committed itself to guaranteeing the rights of persons with disabilities and the possibility of creating an environment in which they can participate effectively and fully in the management of public affairs, including participation in non-governmental organizations and associations, as well as the establishing and joining disability organizations representing persons with disabilities, both at international and national level. The regulation of legal status is also foreseen in the Action Program for Disabled 2014-2021, in measures under item 11.2, where the regulation of legal status is determined. For the independent functioning and operating of the association required by the CRPD and other regulations, the form of legal personality is thus an indispensable necessity. This is also supported by the opinion of the Financial Court of the Republic of Slovenia¹¹⁴ stating that NSIOS should acquire legal personality. The Disability Organizations Act provides for the possibility of bringing together representative and other organizations of persons with disabilities operating at the national level. Even though it does not specify in concrete terms that the National Council can register under the provisions of the Societies Act, it is clear from the individual provisions that it is a federation of societies, since societies and associations are jointly organized within the NSIOS, while the establishment and operation of the National Council was in accordance with the basic principles specified for societies by the Societies Act, therefore, this status and legal form for the National Council of Disabled People's Organizations of Slovenia society is the only one suitable. The NSIOS also obtained the opinion of the Ministry of the Interior and the Ministry of Labour that the name National Council of Disabled People's Organizations of Slovenia, in accordance with the provisions of Articles 25 and 26 of the ZInvO as the legal basis, can be considered as an exception to the rule laid down in Paragraph 2 of Article 10 of the Societies Act. In addition NSIOS acquired two opinions of the Government Council for the Disabled, that only the National Council of Disabled People's Organizations of Slovenia meets all requirements arising from the Disability Organizations Act and on this basis the National Council is an association in the sense of legal provisions, as well as the opinion of the Directorate for persons with disabilities, that the National Council of Disabled People's Organizations of Slovenia acts in accordance with Articles 25 and 26 of the Disability Organizations Act. It is also a fact that no regulation prohibits the legal personality of the National Council of Disabled People's Organizations of Slovenia, and that

¹¹⁴ Opinion of the Financial Court of the Republic of Slovenia no. 1218-2/2007-24 ([http://www.rs.si/rsrs/rsrs.nsf/I/KAF9E6AEA88A2096AC12574A500244508/\\$file/Drustvo_Distروفиков.pdf](http://www.rs.si/rsrs/rsrs.nsf/I/KAF9E6AEA88A2096AC12574A500244508/$file/Drustvo_Distروفиков.pdf)).

the latter is in the public interest and interest of Slovenian persons with disabilities, and at the same time, due to the adopted regulations it also represents the commitment of our country.

Recommendations:

The state is recommended to take the legal and other measures necessary to enable the political and public participation of all persons with disabilities, including with respect to their right to vote and stand for elections, ensure that voting procedures, facilities and materials are accessible for all persons with disabilities and promote the participation of persons with disabilities, in particular women, in political life and public decision-making.

The state is recommended to enable NSIOS to acquire legal personality, which it needs to effectively participate and represent the disabled in political and public life.

Article 30 Participation in cultural life, recreation, leisure activities and sport

Sport and recreation facilities are generally physically accessible, but related sanitary facilities are mostly inadequately equipped or inaccessible for persons with disabilities. There are cases of inaccessibility of individual tourist services and related transport.¹¹⁵ These are practices that imply indirect discrimination on grounds of disability and at the same time unacceptable rejection of the requirement for a reasonable adjustment. The state should ratify the Marrakech Treaty, which will enable or facilitate blind persons and persons with a visual impairment as well as organizations representing their interests the production of literary works in accessible formats.

Recommendations:

The state is recommended to take steps to ensure that persons with disabilities have equal access to sporting and leisure activities, in particular measures for their provision in the private sector.

It is recommended to take measures to increase the capacity of transcribing cultural goods into accessible formats, including textbooks and other documents.

The state is recommended to provide for a greater quantity of accessible content and more information related to and for persons with disabilities in public service broadcasting and the incentives for their provision in private media.

The state is recommended to ratify the Marrakech Treaty.

The state is recommended to ensure the smooth and autonomous financing of the implementation of specific programs implemented by disability organizations for participation in cultural life, recreation, leisure activities and sport.

Article 31 Statistics and data collection

¹¹⁵ An example of the inaccessibility of tourist services: one provider of thermal services prevents disabled people who are accompanied by guide dogs and escorting dogs from using superior hotel accommodation services (e.g. superior rooms). At the same time, he also blocked the access in the company of guide dogs to the pool complex.

The system of collecting relevant data is deficient and does not allow for comparable and parsed analysis. While the Statistical Office of the Republic of Slovenia monitors individual indicators, these are insufficient, both in quantitative and qualitative terms, in order to correspond to the CRPD. Separate data are also collected by disability organizations and other institutions (ZPIZ, ZRSZ, MDDSZ, URI Soča ...). There is no complete system for collecting and processing data. In 2011, the Financial Court issued the Employment of Persons with disabilities in the Republic of Slovenia Audit Report with summarized data from the MDDSZ, the Employment Service of Slovenia, the Fund of the Republic of Slovenia for the Promotion of Employment of Persons with Disabilities, SURS and others, in which data for the employment of persons with disabilities¹¹⁶ were processed and analyzed for the period audited, while statistical publication of SURS entitled Disabled, elderly persons and other persons with special needs in Slovenia¹¹⁷ originates from 2007.

The Law on Healthcare Databases (Official Journal of the Republic of Slovenia, No. 65/2000) stipulates that a register of blind and visually impaired persons should be kept. There is no such registry. Only the ZDSSS data, which keeps a register of members of the blind and visually impaired persons, are available. Since membership is voluntary, the data do not reflect the full state of the population. The situation is similarly disorganized also in the case of other groups of persons with disabilities, while the situation is only satisfactory for workers with disabilities, which are managed by ZPIZ and ZRSZ databases.

Recommendations:

The state is recommended to collect data and keep statistics on comparable and disaggregated statistic data and their use, broken down by income, gender, age, race, ethnicity, residence, educational structure, health, access to justice, legal and business ability, family violence, employment, institutionalization, housing, participation in political life, type of disability, geographical and other characteristics in accordance with the requirements for the protection of personal data.

The state is recommended to introduce a register of blind and visually impaired persons, as defined by the Law on Healthcare Databases.

It is recommended that the state collect and analyze data on the use of legal remedies in cases of impingements of the rights of persons with disabilities, especially when abuse, forced accommodation or forced medical treatment is suspected as well as monitor the success rate of prosecuting such violations.

Article 32 International cooperation

NSIOS and disability organizations are joining European and other international organizations, where they summarize modern disability policies and at the same time provide specific Slovenian disability interests and topical content for the creation of new system solutions that are by their nature typical and obligatory for our country.

Due to the blocking of acquisition of the legal personality of the NSIOS, the latter cannot perform all the works and tasks necessary for full international cooperation. This also makes it difficult to obtain funds from the

¹¹⁶ [http://www.rs-rs.si/rsrs/rsrs.nsf/I/KCCA6596C1FC2D20FC125786C003CFE01/\\$file/ZAPINV_RSP06-09.pdf](http://www.rs-rs.si/rsrs/rsrs.nsf/I/KCCA6596C1FC2D20FC125786C003CFE01/$file/ZAPINV_RSP06-09.pdf).

¹¹⁷ <http://www.stat.si/doc/pub/invalidi-2007-SLO.pdf>.

European Cohesion and Structural Funds and other resources needed for the full systematic realization of the human and social rights of persons with disabilities and the promotion of their full equality and inclusion.

Recommendations:

The state is recommended to enable NSIOS to acquire legal personality, which it needs in order to operate effectively at the international level, as required by international documents.

The state is recommended to provide funding for international cooperation of NSIOS and disability organizations.

Article 33 Implementation of the Convention and monitoring of its implementation in individual countries

One major obstacle to the implementation of CRPD and the monitoring of its implementation is the absence of an autonomous and independent body for the monitoring of the implementation of the CRPD, while in defining or establishing of such a body, the principles relating to the status and functioning of national human rights institutions for the safeguarding and promotion of human rights must be complied with (Paris Principles). This task is performed independently solely by NSIOS and disability organizations which do not have the necessary resources for this purpose. The RS Disability Council, which promotes and monitors the implementation of the CRPD, as a body that initially operated within the Government of the Republic of Slovenia but which now operates under the MDDSZ, is not autonomous and independent in its work, and it does not have the necessary support services, experts Special attention should also be given to the human rights of persons with disabilities by the Ombudsman, who should carry out these tasks comparably to the neighboring countries.

In accordance with the purposes and objectives of the CRPD (Official Journal of RS, No. 10/08) and in accordance with the Paris Principles on the Status of State Institutions for Human Rights (1993), in order to extend the mandate of the Ombudsman and ensure pluralism operation and inclusive approach in terms of ensuring cooperation with civil society, and in particular with a view to protecting the human rights and fundamental freedoms of persons with disabilities, it is necessary to extend the composition of the Human Rights Council with an expert in the field of the protection of human rights and fundamental freedoms of persons with disabilities, which in accordance with the principles of participation and the representation of persons with disabilities, Articles 25 and 26 of the Disabled Organizations Act (Official Journal of the Republic of Slovenia, No. 108/02), the provisions of the CRPD and other regulations are to be proposed by the National Council of Disabled Organizations of Slovenia, as an organization representing the interests of more than 100,000 Slovenian persons with disabilities, from experts with knowledge of the protection of human rights and fundamental rights and freedoms of persons with disabilities.

Implementation and monitoring of the CRPD is also carried out by the NSIOS and the disability organizations (the present Alternative Report), but as mentioned above, it cannot fully and systematically monitor the implementation due to the blocking of the acquisition of the legal personality of the NSIOS. In addition, the NSIOS and disability organizations are also prevented from implementing the above due to the lack of funds. As noted above, the lack of or inexistence of the necessary statistical data also represents a major problem in monitoring the implementation of the CRPD.

Recommendations:

The state is recommended to form an autonomous and independent body or several bodies and provide all the necessary means for their independent functioning in order to effectively monitor the implementation of the CRPD

It is recommended to take measures to appoint focal points to implement the CRPD in individual ministries and at the local level. and a mechanism that coordinates strategies, policies and programs for persons with disabilities

It is recommended to take measures to ensure the systematic involvement of persons with disabilities, disability organizations and their representatives in the monitoring and implementation of the CRPD and the development of their professional competence for these tasks, including financial support.

The state is recommended to ensure the smooth and autonomous financing of the activities of disability organizations for being involved and consulted in the implementation and monitoring of the CRPD as required under article 33, 3 CRPD and article 4, 3 CRPD.

The state is recommended to systematically integrate the participation of an expert in the field of human rights of persons with disabilities in the Human Rights Ombudsman's Council, thus ensuring the proper functioning of the national institution for the protection of human rights also in terms of implementing and monitoring the CRPD.

The state is recommended to enable NSIOS to acquire legal personality which it needs to implement the CRPD and monitor its implementation.