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REVISED EUROPEAN SOCIAL CHARTER

Fourth report on the implementation of
the Revised European Social Charter

submitted by

THE GOVERNMENT OF SLOVENIA

(for the period 1 January 2001 to 31 December 2002:
Articles 8, 11, 14, 17, 18, 23, 25, 27, 30 and 31)

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CYCLE 2005



REPUBLIC OF SLOVENIA

**EUROPEAN SOCIAL CHARTER
(REVISED)**

Fourth Report of the Republic of Slovenia

for the reference period

1st of January 2001 - 31st of December 2002

(Articles 8, 11, 14, 17, 18, 23, 25, 27, 30 and 31)

FORM FOR REPORTS

For the period **1 January 2001** to **31 December 2002** made by the Government of **the Republic of Slovenia** in accordance with Article C of the Revised European Social Charter and Article 21 of the European Social Charter, on the measures taken to give effect to the accepted provisions of the Revised European Social Charter, the instrument of ratification or approval of which was deposited on **7 May 1999** .

This report also covers the application of such provisions in the following non-metropolitan territories to which, in conformity with Article L, they have been declared applicable: /

In accordance with Article C of the Revised European Social Charter and Article 23 of the European Social Charter, copies of this report have been communicated to:

Trade Unions:

- Trade Union Confederation '90 of Slovenia
- *Neodvisnost* (Independence) Confederation of New Trade Unions of Slovenia
- Confederation of Trade Unions of Slovenia - PERGAM
- Association of Free Trade Unions of Slovenia
- *Alternativa* – Slovenian Association of Trade Unions

Employers' organisations:

- Association of Employers of Slovenia
- Association of Employers of Craft Activities
- Employers' Organisation of Slovenia

For Information:

- Chamber of Commerce and Industry of Slovenia
- Chamber of Craft of Slovenia

The reports drawn up on the basis of this Form should give, for each accepted provision of the Revised European Social Charter, any useful information on measures adopted to ensure its application, mentioning in particular:

1. any laws or regulations, collective agreements or other provisions that contribute to such application;
2. any judicial decisions on questions of principle relating to these provisions;
3. any factual information enabling an evaluation of the extent to which these provisions are applied; this concerns particularly questions specified in this Form.

The Parties' reports should be accompanied by the principal laws and regulations on which the application of the accepted provisions of the Revised Charter is based. These may be sent in their original language and translation in one of the official languages of the Council of Europe may be asked for in exceptional circumstances.

The replies of the governments should, wherever appropriate, specify explicitly:

- a. whether they are only concerned with the situation of nationals or whether they apply equally to the nationals of the other Parties (see Appendix to the Revised Charter, points 1 and 2);
- b. whether they are valid for the national territory in its entirety, including the non-metropolitan territories if any to which the Revised Charter applies by virtue of Article 34;
- c. whether they apply to all categories of persons included in the scope of the provision.

A state bound by obligations under certain International Labour Conventions may find it sufficient to supply a copy of the relevant reports submitted to the ILO on the application of these conventions in so far as the latter cover the same field of application and the same reference period as the relevant provision of the Charter.

The information required, especially statistics, should, unless otherwise stated, be supplied for the period covered by the report.

Where statistics are requested for any provision, it is understood that, if complete statistics are lacking, governments may supply data or estimates based on *ad hoc* studies, specialised or sample surveys, or other scientifically valid methods, whenever they consider the information so collected to be useful.

The report should as far as possible be submitted by E-mail to the address *social.charter@coe.int* or be appended by a diskette *in Word format*. If this is not possible, the Parties are requested to submit their reports in five copies and the appendices in two copies.

PARTIES ARE REQUESTED:

- as far as the first report is concerned:
to reply to all questions appearing in this Form;
- as far as subsequent reports are concerned:
to update the information given in the previous report.

The secretariat is invited to distribute with this form a working document - that will be regularly updated - indicating the provisions of the United Nations, the ILO, the WHO, the European Union and the Council of Europe corresponding to the different articles of the Charter and a summary presentation of the different control mechanisms.

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Article 8: THE RIGHT OF EMPLOYED WOMEN TO PROTECTION OF MATERNITY

8:1

The content refers to the previous report.

Additional clarification in relation to Conclusions 2003; page 29:

Use of maternity leave

The Employment Relations Act that was in force in the reporting period from January 2001 to 31 December 2001 determined in Article 80 that a worker has the right during pregnancy and after giving birth to maternity leave and leave for the care and protection of children to a total duration of 365 days. A worker used the right to maternity leave in the form of absence from work for 105 days, and after the completion of maternity leave, the right to leave for care and protection of the child in the form of absence from work for 260 days. The method of applying leave for care and protection of a child is specified in the Regulations on applying leave for care and protection of a child (Official Gazette RS, no. 2/97), which specified in the second paragraph of Article 2 that a mother must start maternity leave 28 days before the envisaged date of birth or, on the basis of a diagnosis of a competent physician–gynaecologist, 45 days before the envisaged date of birth. If a mother did not start maternity leave within the stated time limits, the unused part of the maternity leave could not be enforced after the child's birth, unless the birth occurred prior to the envisaged date.

It follows from the aforementioned that the Employment Relations Act required that a mother had to use part of the maternity leave (28 or 45 days) before the birth, except in the case of a premature birth.

In the reporting period from 1 January 2002 to 31 December 2002, the provisions of the Employment Relations Act that regulated protection of motherhood were replaced by the Parental Protection and Family Benefits Act (Official Gazette RS, no. 97/01), which determines that a mother has the right to maternity leave lasting 105 days. One of the parents has the right to leave for care and protection of the child lasting 260 days immediately after the completion of maternity leave. A mother must commence maternity leave 28 days, and may commence it 42 days before the envisaged date of birth, which is determined by a gynaecologist. If a mother does not commence maternity leave within this time limit, the unused part of the maternity leave cannot be used after the child's birth unless the birth was premature. If a mother has not started maternity leave on the day of birth, she starts maternity leave on the day of birth of the child.

It is clear from the aforementioned that the Parental Protection and Family Benefits Act did not change the method of using maternity leave and that a mother is bound to use maternity leave 28 or 42 days before the birth.

8:2

The content refers to the previous report.

Additional clarification in relation to the Conclusions 2003; pages 29-30:

Prohibition on terminating an employment contract

The new Employment Relations Act (ZDR) determines legal protection against notice being given to pregnant women, women breast feeding and parents. Pregnant women, mothers breast feeding and workers using parental leave are subject to special protection from being given notice, since terminating an employment contract for reasons connected with their condition would risk have harmful consequences for their mental and physical condition. Special protection for the cited categories of worker starts with the onset of pregnancy and lasts until the end of parental leave. The father of the child is also subject to special protection during the use of parental leave. Protection from being given notice applies in cases when parental leave is being used in the form of full absence from work.

In connection with special protection from being given notice, two situations need to be distinguished. Under the first paragraph of Article 115, an employer may not dismiss a pregnant worker, a breast feeding worker and a parent during use of parental leave, while the second paragraph of Article 115 determines that employment relations of the cited categories of worker may not be terminated because of dismissal by the employer. This could happen in a case when an employer hands a worker ordinary dismissal, and during the period of notice the worker conceives, which means that the employment relation would be terminated during a period of pregnancy, which the law explicitly forbids. In the event of the employer, despite the specified protection dismissing a pregnant worker because of not having been aware of her condition, the special protection also applies provided that the worker immediately, or immediately after the cessation of any obstacles that had not occurred through her fault, she submits to the employer a medical certificate by which she proves her pregnancy.

ZDR only exceptionally allows the termination of an employment contract of a worker under the first paragraph of Article 115. The employment contract may only be terminated if reasons are given for exceptional notice (reasons of serious culpability on the part of the worker which do not allow continuation of employment) or because of the initiation of liquidation of the employer, and in both cases the prior consent of a labour inspector is required.

If the employer terminates an employment contract in conflict with or without respecting the provisions of Article 115, he commits an offence in accordance with point 15 of the first paragraph of Article 229. An employer – legal person - shall be fined at least 1,000,000 tolar if he dismisses a worker in conflict with the provisions of Article 115 ZDR. The responsible person of the employer – legal person – shall also be fined not less than 80,000 tolar.

Consequences of illegal dismissal

In the case of legal remedy against the invalidity of an employment contract, in the event of a finding of illegality of dismissal, a court normally orders the reinstatement of the worker in employment. However, ZDR provides the possibility in Article 118 of a court, on the basis of a suitable request by the worker, deciding in favour of termination of the employment contract and not ordering the reinstatement of the worker.

In the first paragraph of Article 118, ZDR thus determines that in the event of a court finding that the dismissal of a worker is illegal, and the worker not wishing to continue employment, on the proposal of the worker the court ascertains the duration of employment, though not beyond the date of the decision of the court of first instance, recognises the worker's period of employment and other rights from employment and awards compensation to the worker under the rules of civil law. The third paragraph of Article 118 further determines that if a court, taking into account all the circumstances and the interests of both parties to the contract, finds that continuing employment would no longer be possible. It can decide similarly as in a case referred to in the first paragraph of Article 118, even without a proposal from the worker.

In the provisions of Article 118, ZDR thus establishes the general principle of the reinstatement of the worker, which is also encouraged by the International Labour Organisation in Convention no. 158. The intention of the legislator was to enable the right to reinstatement as a basic principle, taking into account the principle of protection of employment and the principle that the loss of employment is an extreme remedy. Only if the worker does not wish the continuation of employment or reinstatement is impossible for objective reasons, the court can decide otherwise (award damages).

Additional clarification in relation to Conclusions 2003; page 30:

Case law

In 2001, there were 288 reviews submitted to the Labour and Social Department (hereinafter: DSO) of the Supreme Court of the Republic of Slovenia (hereinafter: VS RS), and 22 disputes on jurisdiction were also submitted for resolution and 12 delegations of jurisdiction (Source: Report on the Work of the DSO in 2001, ref. no. IX R 3/2001 of 10th January 2001, hereinafter: Report 2001).

In 2002, there were 331 reviews, 22 disputes on jurisdiction and two delegations submitted to the DSO (source: Report on the Work of the DSO in 2002, ref. no. IX R 9/2002 of 14th February 2002, hereinafter: Report 2002).

DSO VS RS decides on reviews in individual labour disputes (hereinafter: IDS) and collective labour disputes, and in social disputes. Disputes relating to questions of the rights of employed women in connection with the protection of motherhood, or on violations of these rights, are not taken into account in these reports because the subjects of dispute do not belong within collective labour disputes, nor in social disputes.

It is clear from Report 2001 that 256 IDS were dealt with. The subjects of the disputes were: dismissal (56.80% of all IDS), financial claims (29.96 %), assignment of workers (7.00 %), concluding employment (3.11 %) and the demands of workers with special authority and responsibility (3.11 %).

In the context of none of the cited subjects of dispute were violations of the rights of employed women in connection with maternity dealt with. The same applies to disputes about jurisdiction and delegation.

In 2002, DSO dealt with 290 IDS (Report 2002). The subjects of the disputes were: dismissal (44.90 % of all IDS), financial claims (44.04 %), assignment of workers and working time

(5.74 %), judgement of legality of employment contracts (2.11 %), demands of workers with special authority and responsibility (1.80 %) and other disputes (1.40 %).

In none of the cited cases was the subject a violation of the rights of employed women in connection with maternity. The same applies to dispute about jurisdiction and delegation.

The legal basis for making decisions was not the new Employment Relations Act (Official Gazette RS, no. 42/2002), which entered into force on 1.1.2003.

8:3

The content refers to the previous report.

Right of a breast-feeding mother to a break for breast feeding during working time

Additional clarification in relation to Conclusions 2003; page 30:

The provision of Article 193 ZDR on the rights of a breast feeding mother is an innovation in Slovene labour law legislation. The first paragraph of Article 193 determines that a worker breast feeding a child and working full-time has the right to a break for breast feeding during working time, lasting at least one hour a day. This time is counted in working time. The second paragraph of Article 193 further determines that the right to compensation of pay for the time of the break for breast feeding shall be realised in compliance with regulations regulating parental leave.

8:4

The content refers to the previous report.

Control of night work

Detailed clarification in relation the Conclusions 2003; page 30:

The provision of Article 190 ZDR guarantees protection in connection with night work and overtime to a worker caring for a child up to three years of age, a worker during pregnancy and for one year after the birth or during breast feeding and to one of the parents with a child under seven years, a sick child or a child with a physical or mental disability.

The first paragraph of Article 190 ZDR thus determines that a worker caring for a child aged up to three years may only be ordered to perform overtime or work at night after they have given their prior written consent.

The second paragraph of Article 190 ZDR determines that a worker may not perform overtime or night work during pregnancy and for a further year after giving birth if from the risk assessment of doing such work follows a danger to her health or the health of the child.

The third paragraph of Article 190 ZDR determines that in a case when a worker – parent has a child under seven years of age, a seriously ill child or a child with a physical or mental disability, and the worker lives alone with the child and provides care and protection, such a worker may only be required to perform overtime or night work after they have given their prior written consent.

In the event of violation of legal provisions in connection with night work and overtime during pregnancy and parenthood, a worker has the possibility of enforcing legal protection in

accordance with Article 204, which determines in paragraph one that if a worker believes that an employer is not meeting his obligations under employment relations or is violating any of his or her rights under employment relations, she or he has the right to demand in writing that the employer rectify the violation or that he fulfils his obligations. If the employer within a further time limit of eight working days after delivery of the letter of demand of the worker does not fulfil his obligations under employment relations or does not rectify the violation, the worker may within a time limit of 30 days from the expiration of the time limit for fulfilling obligations or rectifying a violation on the part of the employer, demand legal protection from the court of jurisdiction (second paragraph of Article 204). The worker may in accordance with Article 33 of the Safety and Health at Work Act (Ur.l.RS, no. 56/99 and 64/01) decline such work and also has the possibility of informing the labour inspector about violations who, after carrying out inspection supervision, orders the employer by decision to comply with the law (second paragraph of Article 227). In addition, an employer in the case of violation of the provisions of Article 190, may commit an offence for which a fine is envisaged that may be levied immediately at the place of the violation (point 13 of Article 231).

8:5

The content refers to the previous report.

Prohibition on performing specific work during pregnancy and breast feeding

Detailed clarification in relation to Conclusions 2003; page 31

ZDR determines in Article 189 absolute and relative bans on performing work during pregnancy and when a worker is breast feeding a child, and rights connected with the cited protection.

The first paragraph of Article 189 determines that a worker may not during pregnancy and throughout the period of breast feeding a child perform work that could threaten her health or the health of the child because of exposure to factors of risk or working conditions specified by executive regulations. The Regulations on protecting the health at work of pregnant workers, workers who have recently given birth and workers breast feeding, were issued on 9.7.2003 (Ur.l.RS, no. 017-01-029/03).

Regulations on protecting the health at work of pregnant workers, workers who have recently given birth and workers breast feeding

The Regulations determine in Article 3 that an employer must assess the type and degree of risk of injury and health impairment and determine and implement suitable safety measures for all work with which a risk exists of exposure to factors that could have a negative impact on the health of pregnant workers, workers who have recently given birth and workers breast feeding. In the risk assessment, the impact of night work and overtime on the health of the worker and the health of the child during the time when the worker is pregnant and for one year after the birth or throughout the time when she is breast feeding the child, shall in particular be checked.

The Regulations furthermore explicitly specify in the first point of Article 5 factors to which a pregnant worker may not be exposed (absolute prohibition):

- physical factors (hyper-pressurised atmosphere and ionising radiation),
- biological factors (toxoplasma and German measles virus, unless the woman has been inoculated against German measles),
- chemical factors (substances marked with the standard warning signs: R61, R63 and lead and its compounds that can be absorbed into the body),
- working conditions (underground mining work).

Point 2 of Article 5 of the Regulations specify factors to which a breast feeding worker and a woman who has recently given birth may not be exposed:

- physical factors (open sources of ionising radiation)
- chemical factors (substances marked with the standard warning sign R64 and lead and its compounds that can be absorbed into the body),
- working conditions (underground mining work).

The Regulations determine in Article 6 that a pregnant worker, a worker who has recently given birth and a breast feeding worker may not be exposed to the following factors if it follows from the risk assessment that there is a hazard to the health of the worker or health of the child:

- physical factors (noise above 80 dB, non-ionised radiation that could cause damage to fertility, general low frequency vibrations, vibrations directly acting on the stomach, blows and sudden movements and extreme cold or heat),
- biological factors (viruses, bacteria, protozoa etc.),
- chemical factors (substances marked with the standard warning signs R46, R40, R45, R46, R48 and R49, production processes, of mercury and mercury compounds, medicines against mitoses, carbon monoxide and chemical factors with known and dangerous absorption through the skin),
- working conditions (transferring burdens heavier than 5 kg, work performed with an explicitly non-physiological position of the body, business trips and work with major psychic burdens that could harm the foetus),
- organisation of work (night work and overtime).

The Regulations further determine in Article 7 that a worker has the right to paid absence from work for the time of preventive examinations in connection with pregnancy, giving birth and breast feeding that cannot be performed outside normal working time.

In the second paragraph of Article 189, ZDR determines that in the event of a worker performing work during the period of pregnancy and throughout the time when she is breast feeding the child, by which she is exposed to factors of risk, procedures and working conditions which are specified in detail in the Regulations on protecting the health at work of pregnant workers, workers who have recently given birth and breast feeding workers, the employer must adopt suitable measures for the temporary adaptation of working conditions or adaptation of working time, if the risk assessment shows a danger to her health or the health of the child.

If it is not possible to avoid hazards to the health of the worker or the health of the child by means of adaptation of working conditions or adaptation of working time, the employer must provide the worker with other suitable work and pay as if she was performing her own work, if this is more favourable for her (paragraph 3 of Article 189).

If the employer cannot provide the worker with other suitable work, in the time when the worker is absent from work for this reason, he must provide compensation pay in accordance with the first, seventh and ninth paragraphs of Article 137 ZDR. Thus, except in cases when ZDR, other laws or special regulations specify otherwise, a worker is entitled to compensation pay at the level of her average monthly pay for the last three months or from the period of work in the last three months. The employer is obliged to pay the worker compensation pay for the days and for the amount of hours that the worker is obliged to work per day when she does not work for justifiable reasons (ninth paragraph of Article 137 ZDR).

If a worker believes that an employer is not fulfilling his obligations referred to in Article 189 ZDR or violates them, she can demand legal protection in accordance with Article 204 ZDR and she also has the possibility of informing the labour inspector who, after carrying out an inspection, has the right and duty to order the employer by decision to guarantee implementation of the law (second paragraph of Article 227 ZDR). In addition, the employer is liable to an on-the-spot fine for the violation if he orders the worker to perform work in conflict with the law and special regulations issued on the basis of law. The potential fine is 300,000 tolar (point 13 of the first paragraph of Article 231 ZDR).

Article 11: THE RIGHT TO PROTECTION OF HEALTH

11:1

The content refers to the previous report.

Additional clarification in relation to Conclusions 2003; page 45-47:

Data on traffic safety and injuries

In June 2002, the National Assembly adopted the National Programme of Safety of Road Traffic RS, which defines the purpose, aims, projects, measures and those responsible and resources for carrying out programmes.

The basic strategic aim of the programme is significantly to reduce the number of fatalities on Slovene roads, so that by 2005 the number of road deaths will not be higher than 210. The aim of the programme is also to set up systematic, professional, coordinated, effective and on-going work in the sphere of traffic safety in the RS and coordinated implementation of activities for increasing the safety of road traffic between government ministries and on the level of local communities.

In 2002, traffic safety was already better than in past years, since the number of fatalities had been reduced by 3.9% and the number of persons seriously injured by 26.7%. In 2003, no children were killed on Slovene roads, and the number of pedestrians and cyclists was also reduced. We consider that the aims of the national programme are being successfully achieved.

Programmes for reducing high mortality because of accident and injury

In 2001 and 2002, the Institute of Health Protection of the Republic of Slovenia (IVZ RS) introduced various programmes for preventing injuries, based on epidemiological data and verified preventive measures and deriving from the fact that the majority of injuries can be envisaged and prevented with proper behaviour and changes in the environment. In planning

the activities of the Programme of Preventing Injuries in Slovenia, priorities were decided in relation to epidemiological assessments of the extent and seriousness of problems and identification of groups at risk. The accessibility and amenability of a problem for prevention was taken into account and the availability of effective measures for prevention. Carrying out preventive activities was planned in such a way that they embrace entire generations of the target populations through various target publics. Activities were carried out in the health and education sectors to the extent dictated by tenders for obtained funds.

a) Preventing injuries and poisoning in the pre-school period

Aims of the programme

1. To encourage parents of newborns to provide automobile safety seats from group 0 (for ages up to 9 months or to 10 kg weight) and to start to use them immediately after the birth of the child.
2. To evaluate the need for organising the loan of car safety seats from group 0.
3. To make parents aware of the problem of deliberate injuries to babies and how to prevent them.
4. To educate parents of children aged 2 to 9 years of the dangers of injury and poisoning that threaten children at home and in traffic and on possibilities of preventing them.
5. To educate health workers of the importance of prevention of injuries and train them to advise parents.
6. To make pedagogic workers in kindergartens aware of the dangers of asphyxiation of children aged up to 3 years.

b) Preventing injuries with school children and young people

Aims of the programme

1. To encourage pedagogic workers in kindergartens (pre-school) and in the first year of nine year primary school to include in their teaching content also health training for preventing injuries to children in traffic.
2. To educate parents of children in pre-school and the first class of nine year primary school in what way they should teach children how to behave safely and to behave in traffic.
3. To make parents aware of the problem of head injuries with cyclists, the importance of wearing a bicycle helmet and main instructions in the purchase and use of a helmet.
4. To encourage school children always to wear a helmet when cycling.
5. To make schoolchildren and parents and the entire public aware about safe swimming and diving into water and the possibilities of preventing serious injuries because of improper or ill-considered jumping into water.

c) Preventing injuries to elderly inhabitants

Aims of the programme

1. To make elderly inhabitants aware of the problems of injury to pedestrians in traffic and remind them of some rules of safe behaviour and measures by which risks to pedestrians of injury in traffic can be reduced. A range of material was produced within the framework of the programme. The programme is being systematically extended each year to selected target groups.

Maternal mortality

Between 1985 and 1995, the average level of maternal mortality was 4-5 maternal deaths per 100,000 live born children (in absolute terms this means one case of maternal death a year), which was comparable with the Scandinavian countries. Analysis of the data for the five-year

time period from 1995 shows a rising trend of the phenomenon of maternal death, which needs to be carefully analysed and the causes rectified. The statistically high jump in maternal deaths must be interpreted carefully, since the absolute numbers are very low. Normatively, the rights of women and the quality level of health protection of women have not been reduced, since all women have the right to free preventive and curative healthcare during pregnancy and birth. In discussions, gynaecologists draw attention to the observation that women who have been advised against pregnancy for health reasons also decide on pregnancy and they thus accept a high risk of morbidity and mortality.

Share of income (after tax) that self-employed persons pay as contribution for health insurance

Self-employed persons pay a total of 13.45% of after tax income for health insurance.

Waiting lists and periods

Waiting periods are increasing together with demand of the population, which is a result of the ever larger number of older persons, the chronically ill, a better informed population and the introduction of new methods of treatment. In relation to waiting periods, certain operations stand out, which is also conditioned by the method of allocating money to hospitals used until recently. Cardiovascular operations are a typical example. The number of heart operations has increased two and a half times in the last six years. Since the extent of diagnosis has also increased, by three times, in the same period, a similar number of persons are waiting for heart operations as six years ago. With the exception of heart operations, where waiting lists are kept centrally for the entire country, such lists not exist for other operations, they are kept by hospitals and even criteria for being placed on a waiting list were not uniform in the past, although they have now been produced.

In order to improve the situation, the Ministry of Health has carried out an in-depth analysis of waiting lists and periods with individual providers of health services in Slovenia, which is also computer supported. A project on national waiting lists for the main priority areas has been set up:

- orthopaedic operations, cataract operations, heart operations and blood vessel operations and diagnostics of cardiovascular disorders. Relevant working groups have been set up, which are working according to the recommendations of the Council of Europe R (99)21 and professional guidelines of experts of the National Project of Development of a Management System of Healthcare. Criteria have been produced for placing patients on waiting lists, entry will also be computer supported (e-national waiting lists). Introducing a changed method of payment for health services (according to the DRG system) will also enable prospective planning of services in relation to data on realisation of programmes and in relation to waiting lists. It is envisaged that the waiting period in 2005 will be under 6 months; urgent cases are already being dealt with on a priority basis, and the waiting period for these should in no case be longer than one month, and the longest waiting period for a specialist examination in secondary healthcare for a first examination should in no case be longer than one month. Criteria of urgency of examination for referral to a specialist will be introduced, which the referring physician will specify with each referral. In some institutions triage operates for individual activities, whereby physicians make a framework examination within a short space of time (seven days envisaged) and decide the level of urgency for further treatment.

Share of the private sector in providing services

The number of providers of healthcare (physicians and dentists) in the private sector is constantly rising. In 2000, there were 866 private providers of health services, in 2001 the number was 903 and in 2002 it was 907. Comparison of the number of providers in the public sector shows that the share of private providers is growing. In 2000, this share amounted to 21.8%, in 2001 it had increased to 23% and in 2002 to 23.2%.

Number of employed private individuals with concessions:

2000: 747

2001: 778

2002: 779

Number of employed private individuals without concessions:

2000: 119

2001: 125

2002: 128

11:2

The content refers to the previous report.

Additional clarification in relation to Conclusions 2003; pages 47-48:

Health education in schools

In the process of reform of primary education, the Republic of Slovenia has introduced nine-year primary education. One of the twelve aims of the modernised primary school is education for a healthy lifestyle and encouraging a responsible attitude to the natural environment. The modernised curriculum is based on the principle that health education must be an inter-subject content that is present in the teaching programmes of various subjects and not an independent subject. Health is an inter-subject curricular field, the aim, activities and content of which are linked to the teaching plans of various subjects. A positive approach to health, inter-subject linkage and a combination of knowledge from various subject fields and the involvement of the school in the wider social space is thus necessary for introducing contents from the health field into the school space. Health as an inter-subject field must take place in association with parents, with specialised services in the community, with the local community and various governmental and non-governmental organisations that provide programmes in the area of preserving and developing a healthy way of life. In the organisation of the concept of including health protection in the curriculum, a school must respect the principle that each pupil has the right to education in a healthy environment that ensures an overall approach to health. Education in the health field is not just in the domain of medicine but we look on health in the school system as a whole. One of the most important aims of including contents from the health field in the curriculum in addition to the communication of knowledge about health, is the creation of a school climate that offers the individual the possibility of healthy living. Through the process of education or socialisation, it is necessary to acquaint the individual with knowledge of all the factors that can threaten health, about their impact on the individual and society. It is necessary to offer her or him the possibility on the basis of their knowledge and own experience to study and critically judge how to reduce the problems that can emerge because of unhealthy choices and the possibility of discussing these themes with their peers and adults that they trust. It is necessary to provide them with the capacity to solve problems and design strategies that lead to the solution of these problems. Among contents or knowledge in the health field within the framework of an inter-subject curricular field we rank: personal hygiene and a healthy living environment,

healthy food, psychological and sociological aspects of health, education in healthy sexuality, physical movement as an element of health, safety, first aid, use and abuse of various substances such as medicines, legal and illegal drugs, solvents, varnishes and cleaning substances, and various forms of relational attitudes of the individual in school, the family and other environments. All the mentioned contents are dealt with in an interdisciplinary way.

In 2001 and 2002, the Institute of Public Health (IVS) RS implemented a programme of Promotion of Health in the School Environment, with which it is cooperating in the European Network of Health Promoting Schools. The European Network of Health Promoting Schools is the first common project in the field of health promotion of three European organisations: SZO – Office for Europe, Council of Europe and the Commission of the European Communities. On the basis of agreement between the ministries of health and of education, the Republic of Slovenia has been a member of the European Network since 1993 (11 primary and one secondary school became members). The programme is coordinated by IVZ RS, which was appointed national support centre in 1992. In 1998, a further 118 schools (the majority primary, but also some secondary schools and student homes and the Institute for Deaf and Hard of Hearing) were accepted into the Slovene Network of Healthy Schools. Schools that promote health follow 12 European measures for the promotion of health in the school environment. Those implementing the programme try in various ways to influence the provision and choice of a healthy way of life in all groups attending school. They develop environments favourable to health. They offer the possibility and persevere in providing a safe social and natural environment that enables health. All who attend school are enabled and encouraged to influence their own health and improve their physical and mental health in such a way that they introduce changes in leading and managing, they create internal and external links, they introduce new ways of teaching and studying, methods of work etc. It is essential that schools respect and operate to the benefit of health in everyday life.

Work in the framework of healthy schools is organised non-hierarchically. IVZ RS has already been providing professional support and coordination of the network (inter-state, within the state) in a systematic and coherent manner since 1993, whereby it is guided by the conclusions of the national advisory council. In schools that have joined the network of healthy schools, school project teams take care of implementation of the project. The majority of the work of IVZ consists of professional support for school teams or schools, organisation of intensive training of associates of the project in schools, assessing, planning and evaluation of tasks performed, monitoring and analysing activities in schools and feed back information for implementers of the programme in schools, while certain activities are left to coordination on the international level (participation at professional meetings, exchange of experience, support for other countries, linkage and cooperation, organisation of professional meetings, writing publications etc.).

School teams plan and evaluate their own work in two annual planning-evaluation periods (September – December, January – June). Members of the school teams and the national team meet at regular evaluation meetings (at least three annual meetings).

Within the framework of regular professional support of the Slovene network of healthy schools, IVZ RS:

- prepares the annual programme of work;
- holds at least three planning-evaluation meetings with representatives of all 130 schools (March, beginning of July and end of November- six meetings at each dates) annually;

- cares for the inclusion of education in the field of health promotion in the system of regular professional training of professional workers in education of the Ministry of Education, Science and Sport (MŠZŠ);
- organises a range of education courses and takes care of all the necessary documentation for MŠZŠ, participants and implementers;
- advises and guides individual schools or teams;
- produces an annual content analysis of planning and evaluation of the work of school teams and presents the results at national and international meetings.

The aim of the health promotion programme in schools is that it extends the trial methods of work to all Slovene schools. To date, Slovenia has successfully passed through two phases in the development of efforts:

- pilot (12 schools)
- extension (130 schools).

The phase of preparation of a national strategy of health promotion in the school environment began in 2000, but work on curricula or on the concept of including a health content into the curricula of primary schools is not yet entirely completed.

Health protection of mothers and children

Women and young people to the age of 19 have the right in the RS to a choice of personal gynaecologist, paediatrician and school physician, who are specialists in individual fields and operate within the framework of medical care on the primary level. The Republic of Slovenia guarantees for insured persons the right to overall preventive health protection for women in connection with reproductive health, pregnancy and childbirth. The aim of such examinations is to reduce the risks from illnesses connected with reproduction, unplanned and undesired pregnancy, early discovery of cancerous diseases and the enforcement of reproductive rights and promotion of reproductive health. Preventive programmes embrace the following:

- examinations and advice in family planning, the use of contraceptives, against sexually transmitted infections and consequential infertility;
- preventive examinations in pregnancy, a total of 10 systematic examinations, two ultrasound examinations and individual consultancy;
- screening test for Dawn's syndrome for pregnant mothers aged between 35 and 37, and amniocentesis after 37 years;
- examinations and consultancy after childbirth, spontaneous and permitted terminations of pregnancy and extra-uterine pregnancies;
- preventive activities for protecting health in home care activities (preventive visits during pregnancy, in the first six to eight weeks after birth and newborns at home);
- preventive examinations for cervical cancer. All women aged from 20 to 74 are invited to an examination with a PAP test every three years;
- examinations for the early discovery of breast cancer. Women aged between 20 and 50 have the right to a clinical examination of the breasts every three years, and after 50 to a mammograph every two years. In 2004, we plan to establish in Slovenia organised screening for breast cancer for all women after the age of 50 with a written invitation and a central register.

Health protection of babies and pre-school children

In the RS, medical coverage for pre-school children amounts to 808 children aged from 0 to 6 per physician. Babies and pre-school children have the right to the following preventive examinations:

- systematic examination of children at the age of one month,

- systematic examination of children at the age of three months,
- systematic examination of children at the age of six months,
- systematic examination of children at the age of nine months,
- systematic examination of children at the age of twelve months,
- systematic examination of children at the age of eighteen months,
- systematic examination of children at the age of three and five years,
- implementation of the compulsory immunisation prescribed in programmes
- implementation of programmed health education and individual consultancy.

Health protection of school children and young people

Medical coverage for children between 7 and 19 years amounts to 2056 children per physician. School children and young people up to 19 years have the right to the following preventive examinations:

- systematic preventive examination prior to starting school
- systematic preventive examination in the first year of primary school
- systematic preventive examination in the third year of primary school
- systematic preventive examination in the fifth year of primary school
- systematic preventive examination in the seventh year of primary school
- systematic preventive examination in the first year of secondary school
- systematic preventive examination in the third year of secondary school
- specifically targeted examinations
- implementation of compulsory immunisation according to programmes
- implementation of programmed health education during each systematic examination
- additional treatment of children and young persons with developmental and behavioural disturbances.

Screening programmes

Systematic and organised screening programmes are carried out in Slovenia for:

- discovery of cervical cancer for all women between 20 and 74 years of age
- discovering those at high risk of cardiovascular diseases for women between 45 and 70 and men between 35 and 65.

In 2004, an organised programme of screening for discovering breast cancer for women over 50 will also be established. Currently the possibility of a mammograph exists because of the presence of risk factors or at the wish of individual women aged over 50.

11:3

The content refers to the previous report.

Additional clarification in relation to Conclusions 2003; pages 48-50:

Preventing illness

Data on target air qualities and values of pollution thresholds

Legal basis are harmonised with the *Acquis*. Relevant legislation was adopted in 2002: Decree on measures for preserving and improving outside air, Decree on sulphur dioxide, nitrogen oxide, particles and lead in the atmosphere and on benzene and carbon monoxide in the atmosphere (for all, Ur.l.RS no. 52/02), Instructions on the manner of carrying out

measurement supervision of standards in use (Ur.l.RS, no. 59/02), which determines the manner of carrying out measurement supervision of standards in use.

In relation to monitoring air pollution and regulating this field, Rules on monitoring the atmosphere have been adopted (Ur.l.RS, no. 127/2003), which specify the number of measuring places, methods, target air quality and other matters. The legislation, system, procedures, target values and thresholds are thus fully harmonised with the requirements of EU Directives. There are eight automatic measuring points and two points for background measurement in Slovenia. Major sources of pollution have their own additional networks. They organise emission measurements themselves, measurements are carried out by authorised institutions and controlled by the environmental inspectorate, which also reports to the Agency of the Republic of Slovenia for the Environment (ARSO). This provides overall supervision of quality systems.

Data on physical and chemical pollution of drinking water and suitable measures

Legislation regulates the chemical state of surface waters and underground waters. 1. Decree on the chemical state of surface waters, which determines the chemical and general physical and chemical parameters of surface waters, limit values, measurements for establishing the chemical state of surface waters, the content and method of preparing programmes of regular measurements of monitoring the chemical state of surface waters and measures for the excessive burdening of surface waters (Ur.l.RS, no. 11/2002). 2. Decree on the quality of underground waters, which regulates the chemical properties (parameters) of ground waters which are important for establishing the chemical state of ground waters, limit values of parameters for ground waters of a good chemical state, measurements for establishing the chemical state and long-term trends of pollution and measurements for establishing excessive pollution (Ur. l. RS 11/2002).

The provisions of the Regulations on the health conformity of drinking water (Ur.l. SRS, no. 46/97, 52/97, 54/98 and 7/00) are implemented by regional public health institutes (ZZV) and IVZ RS. Data that we cite have been obtained within the framework of regular and occasional physical and chemical studies of professional supervision of the system of drinking water supply in Slovenia (for 2002), which the Institute for health Protection of the Republic of Slovenia (IVZ RS) prepares each year in cooperation with regional public health institutes (ZZV).

In the overall interpretation of the results of investigations in 2002, we must take into account the importance of detection and assessment of the appearance of a number of unsuitable parameters in terms of temporal and spatial dynamics. Data do not embrace those parameters the values of which do not exceed the requirements of the regulations.

According to data from the Central Register of the Population of the Republic of Slovenia (Ministry of Internal Affairs, Office for the Administration of Internal Affairs), on 30.6.2002, there were 1,995,718 inhabitants of Slovenia. It is evident from the Database on Systems of Drinking water Supply in 2002 that 1,882,624 or 94.3% of the population were supplied with drinking water from a total of 1,149 registered public systems for drinking water supply,. Regional ZZV and IVZ did not carry out professional supervision of all these systems as determined in the regulations. This is supervision whereby IVZ and regional ZZV establish the health conformity of drinking water and the safety of water supplies. Professional supervision is provided by contract between administrators and regional ZZV or IVZ.

Processing of data for 2002, as in previous years, covers those systems for which institutes performed professional supervision. There were 1,080 such systems (94% of 1149 systems), and they supplied 1,871,624 or 93.8% of the population of Slovenia. All large systems had professional supervision, 98% of medium sized systems and 93% of small systems. Systems that supplied at least 5 households or 20 people were covered.

Public systems for drinking water supply, in terms of the number of inhabitants that they supplied, are divided into three size classes:

- large systems → supply 10,000 or more inhabitants,
- medium systems → supply 1,000 to 9,999 inhabitants,
- small systems → supply 20 to 999 inhabitants.

Regular physical and chemical investigations of the water, according to the Regulations on the health conformity of drinking water (Ur.l.RS, no. 46/97, 52/97, 54/98 and 7/00), cover the following parameters:

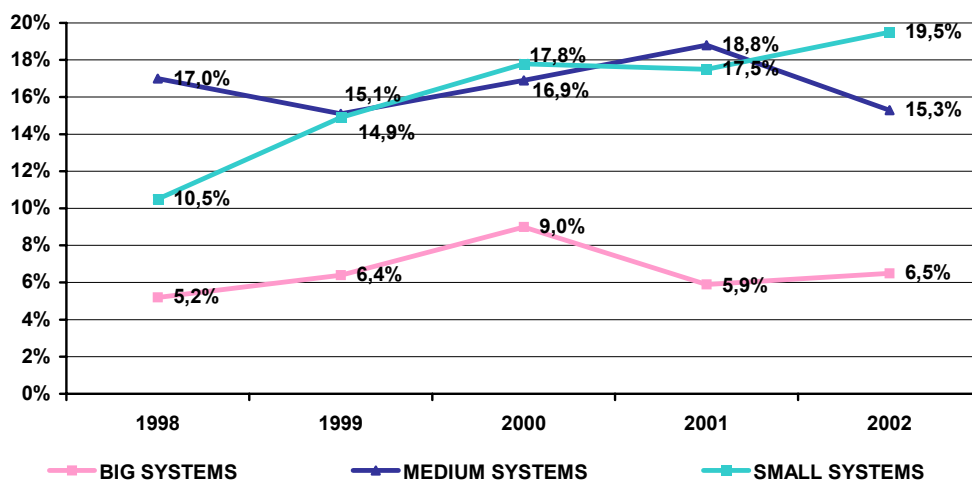
- temperature
- colour
- visible impurities
- taste
- smell
- opacity
- pH
- electric conductivity (20⁰ C)
- use KMnO₄
- TOC
- ammonium
- iron
- aluminium
- chlorine - free residual

In the evaluation, all parameters are dealt with as indicators, which means that their values are not determined on the basis of direct health hazard; they have an indicative, i.e., a warning function. Raised values require investigation of the cause and a search for the presence of other pollutants.

Table : 1 REGULAR PHYSICAL AND CHEMICAL INVESTIGATIONS: NUMBER OF SAMPLES TAKEN AND NUMBER AND SHARE OF UNSUITABLE SAMPLES, BY INDIVIDUAL SIZE CLASSES OF THE SYSTEM, IN 2002

SIZE JSO-O	REGULAR PHYSICAL AND CHEMICAL INVESTIGATIONS		
	SAMPLES TAKEN	UNSUITABLE SAMPLES	
	NUMBER	NUMBER	%
LARGE	4,833	313	6.5
MEDIUMI	1,358	208	15.3
SMALL	2,351	459	19.5
TOTAL	8,542	980	11.5

In relation to the reduction in the share of unsuitable samples with large and small systems in 2001, in 2002 we recorded new increases: with large systems by 0.6% and with small systems by 2%, while with medium systems the share of unsuitable samples fell, by 3.5% (Fig. 1).



(1) share of unsuitable samples is the percentage of unsuitable samples of all samples taken

Fig 1: SHARE OF UNSUITABLE SAMPLES BY INDIVIDUAL SIZE CLASSES OF SYSTEMS, 1998 - 2002

Table 2 shows the number of samples taken and the number of unsuitable samples by regions of ZZV supervision. In the presentation of results of physical and chemical investigations, the results of measurement of free unsuitable chlorine in drinking water are not included because of non-uniform criteria in classifying samples with unsuitable concentrations of free remaining chlorine.

Table 2 REGULAR PHYSICAL AND CHEMICAL INVESTIGATIONS
NUMBER OF SAMPLES TAKEN AND NUMBER AND SHARE OF UNSUITABLE SAMPLES,
BY REGIONS OF ZZV SUPERVISION, IN 2002

REGIONS OF ZZV SUPERVISION	REGULAR PHYSICAL AND CHEMICAL INVESTIGATIONS		
	NO. OF SAMPLES TAKEN	NO. OF UNSUITABLE SAMPLES	% UNSUITABLE SAMPLES
CELJE	1,258	200	15.9
KOPER	519	35	6.7
KRANJ	1,050	19	1.8
REGION OF LJ (ZZV LJ + IVZ)	2,140	209	9.8
ZZV LJUBLJANA	613	60	9.8
IVZ	1,527	149	9.8
MARIBOR	1,246	73	5.9
MURSKA SOBOTA	671	214	31.9
NOVA GORICA	609	62	10.2
NOVO MESTO	856	154	18.0
RAVNE NA KOROŠKEM	193	14	7.3
TOTAL:	3468,221	1189	11.5

OCCASIONAL PHYSICAL AND CHEMICAL INVESTIGATIONS

According to the Regulations on the health conformity of drinking water (Ur. I. RS, no. 46/97, 52/97, 54/98 and 7/00), in addition to the parameters for regular investigations, the following parameters are included in occasional physical and chemical investigations of drinking water (Annex D of the Regulations):

- | | | |
|--|--|--|
| <input type="checkbox"/> acrylamide | <input type="checkbox"/> epichlorhydrine | <input type="checkbox"/> PAH - amount |
| <input type="checkbox"/> antimony | <input type="checkbox"/> fluoride | <input type="checkbox"/> benzo(a)pyrene |
| <input type="checkbox"/> arzene | <input type="checkbox"/> cadmium | <input type="checkbox"/> selenium |
| <input type="checkbox"/> copper | <input type="checkbox"/> chrome | <input type="checkbox"/> lead |
| <input type="checkbox"/> barium | <input type="checkbox"/> molybdenom | <input type="checkbox"/> tetrachloromethane |
| <input type="checkbox"/> benzene | <input type="checkbox"/> nickel | <input type="checkbox"/> tri- in tetrachlorethene - amount |
| <input type="checkbox"/> boron | <input type="checkbox"/> nitrates (NO ₃) | <input type="checkbox"/> THM - amount |
| <input type="checkbox"/> bromates | <input type="checkbox"/> nitrites (NO ₂) | <input type="checkbox"/> vinylchloride |
| <input type="checkbox"/> cyanide | <input type="checkbox"/> PCB - amount | <input type="checkbox"/> mercury |
| <input type="checkbox"/> 1,2 dichlorethane | <input type="checkbox"/> pesticides | |
| <input type="checkbox"/> 1,1 dichlorethene | <input type="checkbox"/> pesticides - sum | |

At the discretion of IVZ or the regional ZZV, occasional investigations additionally include:

- | | | |
|---|--|---|
| <input type="checkbox"/> dissolved oxygen | <input type="checkbox"/> chloride | <input type="checkbox"/> mineral oil |
| <input type="checkbox"/> manganese | <input type="checkbox"/> surf. active substances | <input type="checkbox"/> organohalogene compounds |
| <input type="checkbox"/> sulphate | <input type="checkbox"/> phenol index | <input type="checkbox"/> other volatile. hal. aliph. hydrocarbons (sum) |
| <input type="checkbox"/> zinc | <input type="checkbox"/> total phosphorous | |

Some of the substances from the lists are carcinogenic. The introduction of such substances must be as low as possible. Normative values still represent a risk of the occurrence of cancer. We do not talk about safe introduction but about risk. Some substances can have a direct effect on people's health with the intake of excessive values. Excessive values of substances demand immediate measures for rectifying the situation or reducing the values.

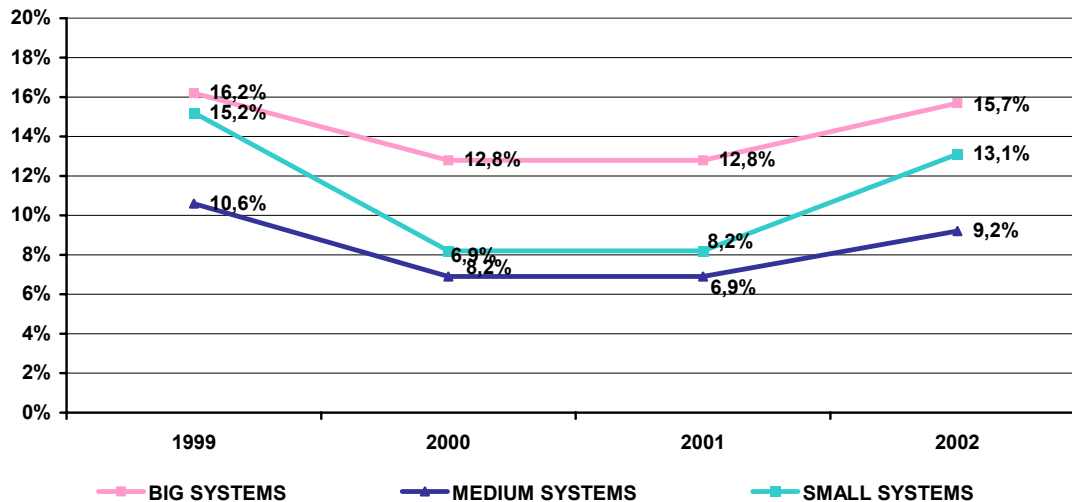
According to Regulations amending and supplementing the Regulations on the health conformity of drinking water (Ur. I. RS, no. 7/00) because of the most recent results of research, from 2000 we changed the requirements in relation to some parameters for occasional chemical investigations, namely: acrylamides, epichlorhydrine, PAH – sum and trihalomethanes – sum; the parameters trichloroethene and tetrachloroethene were replaced by the parameter trichloroethene in tetrachloroethene – amount. We believe that nevertheless we can compare some results with the results from previous years.

In 2002, of a total of 589 samples taken, 13.4% were unsuitable. According to individual size classes of systems, the share of unsuitable samples ranged from 9.2 to 15.3% (Table 3). We would draw attention in this that the cause of unsuitability can be any of the parameters that are tested within the framework of occasional physical and chemical investigations, thus including those included in regular physical and chemical tests. In the majority of cases, the cause of the unsuitability was trivial or it was one of the parameters from the range of regular physical and chemical tests. Mainly with large and medium systems, the most frequent cause of unsuitability was too high or too low a concentration of free remaining chlorine after disinfection.

Table 3: OCCASIONAL PHYSICAL AND CHEMICAL TESTING
NUMBER OF SAMPLES TAKEN AND THE SHARE OF UNSUITABLE SAMPLES, BY
INDIVIDUAL SIZE CLASSES OF SYSTEMS, IN 2002

SIZE OF SYSTEM	OCCASIONAL PHYSICAL AND CHEMICAL TESTING		
	SAMPLES TAKEN	UNSUITABLE SAMPLES	
	NUMBER	NUMBER	%
LARGE	249	39	15.3
MEDIUM	119	11	9.2
SMALL	221	29	13.1
TOTAL	589	79	13.4

In 2002, there was again an increase in the number of unsuitable samples with all systems of all size classes: with large systems by almost 3%, with medium systems by 2.3% and with small systems by almost 5%.



(1) share of unsuitable samples is the percentage of unsuitable samples of all samples taken

UNSUITABLE SAMPLES BY CAUSE OF UNSUITABILITY

Presentation of causes of unsuitability of samples by parameters from Annex D of the Regulation on the health conformity of drinking water (Ur. l. RS, no. 46/97, 52/97, 54/98 and 7/00), which were taken for occasional physical and chemical testing.

Parameters are shown that were ascertained, irrespective of whether they appeared individually or in combination with other parameters. The parameters of unsuitability were: pesticides 72x, nitrates, manganese (4x – all ZZV Murska Sobota), iron (3x – all ZZV Murska Sobota), nickel (1x – IVZ), phosphates (1x - ZZV Murska Sobota). We only show in more detail pesticides and nitrates because of the regularity of appearance.

Pesticides

The problem of pesticides is connected to systems that use groundwater as sources of drinking water. The recommended value is 0.1 µg/l. In 2002, the most often exceeded recommended value was for the pesticide desetilatrazine. In 2001, it was atrazine.

Presentation of systems with exceeded recommended values of pesticides and measured values by regions of supervision ZZV, which were found with occasional testing within the framework of professional monitoring in 2002.

Values were exceeded in nineteen systems, of which five were large systems (Ljubljana-part, Maribor, Slovenska Bistrica-part, Ptuj and Murska Sobota). Through the drinking water in these systems 344,200 inhabitants were exposed to excessive values of pesticides permanently or occasionally. With the supply system for the city of Ljubljana, values of pesticides were only exceeded in part of the network supplying approximately 60,000 inhabitants. Similarly for the Slovenska Bistrica system, around 3,000 inhabitants were supplied with water exceeding the recommended values of pesticides.

Atrazine was found in Ljubljana, Maribor and Ptuj, Slovenska Bistrica, in the systems of Stična and Zagorica (ZZV Ljubljana), Trnje in Tropovci (ZZV Murska Sobota) and Ledine nad Spodnjo Idrijo (ZZV Nova Gorica). The established values of atrazine in most cases ranged between 0.11 µg/l and 0.16 µg/l. Only the systems of Slovenska Bistrica with 0.21µg/l to 0.86 µg/l and Ledine nad Sp. Idrijo with 0.27 µg/l stand out.

Desetilatrazine was exceeded in the water in 15 systems: Stična, Šmarje Sap, Podmolnik, Ljubljana, Ptuj, Murska Sobota, Beltinci, Odranci, Turnišče, Krajna, Melinci, Petanjci, Trnje, Tropovci and Žižki. The values measured were between 0.11µg/l and 0.27µg/l.

The established concentrations, in view of the requirements of the Regulation (hazarding health), do not require acute measures, but again draw attention to the known fact of pollution of ground waters with pesticides. The standard of 0.1 µg/l for atrazine and 0.5µg/l for the sum of all pesticides was not adopted on the basis of criteria of known health effects, but based on the EU decision that pesticides do not belong in drinking water. In the guidelines of the World Health Organisation (WHO) (1993), a concentration of atrazine in drinking water of 2 µg/l is permitted and it is set on the basis of findings of tests in animal and epidemiological studies. According to the WHO recommendations, a daily dose of atrazine into an organism of 0.5 µg/kg for an adult person is permissible.

The cited results were found with samples taken for occasional testing within the framework of professional monitoring as communicated by Public Health Institutes. However, these are far from being the only known data on the presence of pesticides in drinking water in Slovenia. Pesticides are additionally monitored within the framework of other programmes

(systematic, targeted). So different processing can give different results, depending on which data are included in the processing.

Table 4: NUMBER OF SAMPLES WITH PESTICIDE VALUES EXCEEDING THOSE RECOMMENDED AND MEASURED VALUES – BY ZZV REGIONS OF SUPERVISION, IN 2002

ZZV	SYSTEM	ATRAZINE		DESETIL-ATRAZINE		METHOLA-CHLORINE		2-6-DICHLORO-BENZAMIDE		PESTICIDE - TOTALS	
		no. of sm.	values	no. of sm.	values	no. of sm.	values	no. of sm.	values	no. of sm.	values
CELJE	0										
KOPER	0										
KRANJ	0										
LJUBLJANA	Stična	1	0.11	1	0.13						
	Šmarje Sap			1	0.1						
	Podmolnik			1	0.12						
	Zagorica	1	0.14								
IVZ	Ljubljana	1	0.15	5	0.11 do 0.17			3	0.11 do 0.28	1	0.54
MARIBOR	Maribor	1	0.11								
	Ptuj	5	0.11 do 0.13	9	0.11 do 0.17						
	Sloven. Bistrica (3,000 preb.)	14	0.21 do 0.86							11	0.5 -1.58
MURSKA S.	Murska Sobota			1	0.11						
	Beltinci			1	0.16						
	Odranci			1	0.24						
	Turnišče			1	0.11						
	Krajna			1	0.12						
	Melinci			1	0.12						
	Petanjci			1	0.16						
	Trnje	1	0.11	1	0.27						
	Tropovci	1	0.16	1	0.23	1	0.3			1	0.69
Žižki			1	0.26							
N. GORICA	Ledine nad Sp. Idrijo	1	0.27			1	0.17			1	1.5
NOVO MESTO	0										
RAVNE NA K.	0										
TOTAL		26		27		2		3		14	

Nitrates

Too high a concentration of nitrates is connected to water supplies that are drawn from the groundwater, especially in agricultural regions. The thickness of the earth layer, the use of nitrogen fertilisers and the type of crops, the farm method of raising animals, unregulated cleaning and final disposition of communal waste have an impact on the concentration of nitrates. According to the Regulation, 50 mg/l as NO₃ is the permissible value for nitrates.

The presence of nitrates in samples of drinking water taken from networks of public systems for drinking water supply, has been systematically traced since 1995. The number of systems in which excessive concentrations appear relatively regularly and the number of inhabitants supplied from these systems has been falling in this period. So of 22 systems in 1995, it fell to 3 systems in 2001 (Apače, Odranci, Trnje) and rose to 5 systems in 2002 (Apače, Odranci, Trnje, Fokovci, Rožički vrh). The number of inhabitants exposed in 2002 was 3,716, while in 2001 it had been 3,530.

Data on progress in the field of ionizing radiation, EU Directive 96/29/Euratom

The content of Directive 96/29/ EURATOM (basic safety standards for the protection of the health of workers and the general public against the dangers arising from ionizing radiation) is or will be transferred to the legal order of the Republic of Slovenia with the following regulations:

1. Protection against Ionizing Radiation and Nuclear Safety Act (ZVISJV-UPB1) (Ur.l. RS, no. 67/02, 24/03 and 50/03 – officially consolidated text). (61%)
2. Regulation on conditions and methodologies for assessing doses in the protection of workers and the population from ionizing radiation (Ur.l. RS, no. 115/03). (11%)
3. Regulation on the obligations of implementers of radiation activities and title holders to sources of ionizing radiation (Ur.l. RS, no. 13/04). (8%)
4. Regulation on implementing health supervision of exposed workers (Ur.l. RS, no.2/04). (2%)
5. Decree on limit doses, radioactive contamination and intervention levels. (16%)
6. Regulation on the method of keeping records. (2%)

The Act was prepared by the Ministry of the Environment, Spatial Planning and Energy and the Ministry of Health and it takes over 61% of the content of the Directive. In 2003, the Ministry of Health prepared the regulations numbered 2, 3 and 4 above, which together take over a further 21% of the content of the Directive. The Ministry of the Environment, Spatial Planning and Energy is responsible for preparing the decree (no. 5), which takes over 16% of the Directive and it is envisaged that it will be issued in the first quarter of 2004. The regulation (no. 6), which takes over 2% of the content of the Directive and is being prepared by the Ministry of Health, will also be prepared in the first quarter of 2004.

Date on restrictions on the sale and use of asbestos

Legislation regulating this field has been adopted and is harmonised with the *Acquis*.

1. Prohibition on the Manufacture and Trade in Asbestos Products and on Providing Funds for Restructuring Asbestos Production into Non-asbestos Act (Ur. l. RS 56/1996, 35/98), which

determines the ending of the manufacture, use and trade in asbestos products in RS, irrespective of the type of asbestos fibre used in their production.

2. Decree on prohibitions and restrictions on the manufacture, placing on the market and use of asbestos and asbestos products (Ur.l. RS no. 20/98, 49/2001), which determines prohibitions and restrictions on the manufacture, placing on the market and use of asbestos and asbestos products. It is fully harmonised with Directive 76/769/EEC.

3. Regulation on treatment of waste containing asbestos (Ur. l. RS 105/2000).

4. Regulation on conditions under which, in the reconstruction and removal of objects and maintenance works on objects, installations or devices, materials containing asbestos may be removed (Ur. l. RS 72/2001).

5. Regulation on protecting workers from risks because of exposure to asbestos at work (Ur. l. RS 33/2001).

6. Decree on asbestos emissions into the atmosphere and in draining away waste water (Ur. l. RS 75/1997).

7. Regulation on determining professional illnesses because of exposure to asbestos (Ur. l. RS 26/1997).

8. Regulation on requirements for ensuring safety and health of workers in workplaces (Ur. l. RS 89/99).

Smoking

The share of smokers among the adult population of Slovenia amounts to 23.8% which ranks us among countries in Europe that have successfully confronted the pandemic of smoking. Data that the incidence of lung cancer among men is stagnating and even falling is also encouraging, although unfortunately the same does not apply with women.

The high share of smokers among the young and very young is worrying.

Legislation regulates advertising of tobacco products and sponsorship by the tobacco industry fairly strictly in comparison with other European countries, since this is entirely prohibited by the Amending Act to the Restriction on the Use of Tobacco Products Act (Ur.l. RS, no. 119/02). The sale of cigarettes from self-service devices is also prohibited. The Republic of Slovenia has already introduced into its legal order the EU directives in relation to the content of harmful substances in cigarettes, and on marking.

The Ministry of Health is the initiator and co-financer of a number of domestic and international projects and programmes that have the aim of reducing harm connected with smoking (the campaign QUIT AND WIN, the WHO project "Adopt a smoker" and others).

In 2001 and 2002, IVZ RS implemented the following programmes for reducing the number of smokers in Slovenia:

a) National campaign on the occasion of the World No Tobacco Day, with the slogan: "Tobacco smoke kills – let's clean the air and lungs". Within the framework of the campaign, we carried out a series of media activities (press conferences, information stalls in larger

towns) and produced interesting material (large and small posters, articles and translations of WHO material in the journal »Health Protection«).

b) Programme »Let's Encourage Non-smoking«

Purpose and aims of the programme

Experts at home and throughout the world have established in various studies that the percentage of smokers among the young is increasing, and the age at the start of smoking is falling (data of the international research ESPAD 1995, 1999). Since we are aware of the extent of the problem, the Institute for Health Protection RS has created a preventive programme for the young entitled Let's Encourage Non-smoking. The programme is created on the basis of a Dutch preventive programme, in cooperation with experts from the Society of Lung Patients – authors of individual chapters from the handbook – and various experts from the Institute for Health Protection RS.

The programme aims are:

- creating a positive attitude to non-smoking,
- creating a positive self-image of non-smokers,
- creating opportunities that students recognise critical moments for deciding on (non)smoking,
- teaching suitable responses to pressures of the environment (assertiveness, resolving disputes, advocating one's own point of view etc.) such as advertising, peer pressures, conflicts etc.

Description of the content, target population

The elements of the programme are: handbook for teachers/implementers, training for teachers/implementers, monitoring the effects of the programme and worksheets for pupils from classes 3 to 8. The worksheets are divided into two parts: Don't play with fire (classes 3 to 5) and Do you smoke? Why me? (from classes 6 to 8).

The following themes are described in more detail in the handbook: Healthy habits and customs; Smoking hazards our health; Tobacco smoke is also an environmental polluter; About advertisements, tobacco products and smoking; Smoking brings many costs; Advantages of not smoking; Have a cigarette? Why?; Data on the spread of smoking; Annex (Restriction on the Use of Tobacco Products Act; Did you know?).

Eight-hour training for teachers/implementers is arranged so that they gain an insight into the problem and the most recent understandings and necessary directions for carrying out the programme.

The worksheets for pupils with a range of exercises which are adapted to the age level of the pupil and their previous knowledge follow the chapters of the handbook.

IVZ RS monitors the programme's impact on the basis of questionnaires for pupils included in the programme before and after each year of implementation of the programme (test – retest).

Implementing the programme

In the school year 2000/01, 12 schools registered for implementing the programme (1st round of Healthy Schools), who began implementation in third class and continued the programme in 2001/02 in fourth class, and introducing it again in third class.

In the 2001/02 school year, a further 43 primary schools were included in the programme (2nd round of Healthy Schools).

Training teachers/implementers of the programme

Before the programme is introduced in a school, we provide training (8 hours) at a Public Health Institute for all teachers implementing the programme, at which we highlight the more important themes, most recent information and communicate our own experience in implementing the programme. The participants have the opportunity to have possible obscurities in relation to implementation of the programme explained to them.

Each participant at the seminar receives a complete handbook for teachers and folders with worksheets for pupils from classes 3 to 5 and 6 to 8.

Before starting to implement the programme, the teachers at each school taking part make a record of the state among third year pupils, which serves as a basis for implementation. At the end of each year of implementation, the state, values, pupils' knowledge on the question of smoking are again established with the same questionnaire. The questionnaires are then summarily processed at schools, and summaries sent to the Public Health Institute. Evaluation serves for improving the programme.

c) Giving up smoking

In 2001 and 2002, a programme of giving up smoking took place at IVZ RS, which was implemented in cooperation with family or general physicians and within the framework of other organised forms of health education activities (course for patients with high blood pressure, other workshops for dealing with CVD risk factors etc.).

We are following two aims with the programme:

- to encourage as many smokers as possible to give up smoking with the help of support from their general physician
- to sensitise general/family physicians and their teams to the problems of smoking.

Monitoring health education activities for giving up smoking in selected general surgeries of general medicine and analysis of data on the implementation of the programme, publishing health education materials for target populations, promotion and spread of the health education programme for stopping smoking are also part of the programme.

d) Programme Adopt a Smoker (2002)

Aims:

- The campaign was aimed at health workers, in order that they should be more committed to patients-smokers and try more actively to encourage them to stop smoking.
- Sensitising the public to the problems of smoking.
- Recording 21 November 2002 – World No Tobacco Day (UICC)

Activities

1. workshops for health workers – in cooperation with CINDI (in October and November)
2. presenting a TV spot
3. round table on methods of giving up smoking, support therapy (21.11.02), IVZ: preparation of content of media campaign, content of messages

4. cooperation of non-governmental organisations, schools, hospitals (Oct., Nov., 21.11.02),
5. training for teachers
6. Production of proposals for activities in schools and health institutions: drawing symbols of a healthy way of life on posters in hospitals or health centres, for exhibitions in schools, production of visiting cards, leaflets with messages, ideas: cooperation with non-governmental organisations (presentation of activities on posters, inauguration of book imprints with messages).

In the programme, which was coordinated by the Office for Cooperation with WHO at the Ministry of Health, the following took part in addition to IVZ RS: regional coordinators of health institutes at public health institutes, in health centres, hospitals, non-governmental organisations, schools.

e) Activities in support of changing tobacco legislation (December 2001)

At the start of December 2001, a meeting was held in Ljubljana of national coordinators for the WHO programme Europe without Tobacco. On this occasion, IVZ RS carried out a series of activities by which we wished to draw attention to the problem of smoking in Slovenia. We presented TV advertisements that encourage giving up smoking; in Ljubljana, medical students at a stall measured the concentration of CO in the exhaled air of passing volunteers. On this occasion, they distributed a variety of health education materials and advice in connection with giving up smoking.

f) World No Tobacco Day 2002

The campaign, Quit & Win, took place this year. On the occasion of World No Tobacco Day a press conference was organised, themes and data on the extent of smoking in Slovenia presented, and awards were given to those who had given up smoking.

Alcohol

The harmful effects of alcohol use in Slovenia appear as a serious public health problem. The Ministry of Health initiated preparation of the Restriction of the Use of Alcohol Act, which was adopted by the National Assembly in 2003 (Ur. l. RS 15/2003). The Act determines measures and methods of restricting the use of alcohol and measures for preventing the harmful effects of the use of alcohol, especially among young persons. In the coming decades, the Act will:

- contribute to reducing the per capita use of pure alcohol,
- increase the number of young people who do not take alcohol and
- increase the share of adults who enjoy alcohol in a way that does not represent a risk to the drinker and the environment.

The purpose of the Act is to achieve:

- a reduction in the negative effects of alcohol use, such as mortality and illness from disorders, injuries and poisoning that are directly and indirectly linked to alcohol,
- a reduction in the number of traffic accidents in which alcohol is present, and
- a reduction in the social and economic burden alcohol causes to the individual and the entire society.

The Act determines measures and methods of restricting alcohol use and measures for preventing the damaging effects of alcohol use.

Among the measures for preventing the harmful effects of alcohol use are informing, educating and making aware the public and vulnerable groups of the population about the harmful effects of alcohol use, introducing and assessing preventive programmes and similar. The Ministry of Health is obliged under the Act that in cooperation with competent ministries, institutions and experts and non-governmental organisations to prepare an overall strategic programme RS for the field of alcohol policy and two-year implementing programmes of measures for limiting alcohol use and reducing the harmful effects of alcohol use, which it will submit to the Government of the Republic of Slovenia for adoption and its implementation will be monitored by the Health Council. Preventive and educational programmes and measures should create the conditions for professional and financial support of preventive work on the population level.

Among the measures and methods for limiting alcohol use or its availability are:

- obligation to mark the alcohol content on the packaging of foodstuffs containing alcohol, and a warning that the foodstuff is not suitable for children,
- a ban on the sale and offer of alcoholic drinks and drinks to which alcoholic drinks are added to persons younger than 18 and persons who show clear signs of inebriation from alcohol,
- a ban on the indirect sale or offer, since alcoholic drinks may not be sold or offered, if there are grounds for suspecting that it is intended for a person under 18 and in a catering facility also to a person who shows clear signs of inebriation from alcohol,
- a ban on the sale of alcoholic drinks in sales places at night between 2100 and 0700 the following day,
- a ban on the sale of hard alcohol in catering facilities before 1000, since the consumption of alcohol at that time is the most hazardous for the health of an individual. The ban also includes adding hard alcohol to non-alcoholic drinks and other drinks,
- a ban on the sale and offer of alcoholic drinks in places where education or health activities take place,
- a ban on the sale and offer of alcoholic drinks in sports facilities in which sporting events take place, one hour before the start and during the sporting event and during working time at the workplace.
- The law imposes on a seller of alcoholic drinks the obligation to include at least two non-alcoholic drinks in the offer, which are the same price or cheaper than the cheapest alcoholic drink in the offer of the seller.

Preventive programmes

In the 2001/2002 school year, IVZ RS in cooperation with regional health protection institutes began to carry out the programme “Alcohol? Adults can have an impact!” in primary schools in the regions of Nova Gorica and Kranj. We planned the programme within the framework of a project that IVZ RS carried out in 2000 and 2001 within the framework of the project “Ljubljana – a Healthy City”, and with the support of the Ministry of Health we began gradually to extend it throughout Slovenia.

a) Description and aims of the programme
The health-education programme embraces:

- One day training and instructions for implementation for teachers and school health teams – the programme implementers. The training takes place in the form of workshops, it is devoted to teachers and school health teams who then communicate their knowledge to parents and pupils. Adults are thus those who, with their own attitudes and behaviour towards alcohol, by encouraging healthy and creative activities, with the help of young people in creating and strengthening their own positive self-image, strongly bound to the family and school and by communicating, significantly influence the use of alcohol among the young.
- Booklets and leaflets for the parents of children and young people entitled »*Alcohol? Parents can have an impact!*«
- Handbook »*The young and alcohol*« for teachers and other programme implementers.
- Booklet of the Red Cross of Slovenia »*Alcohol? The less the better, and for children and young people not at all!*« for 7th year pupils of primary school.
- *Bulletin of the Slovene Network of Healthy Schools- 1/01*, which was entirely devoted to problems connected with consuming alcoholic drinks; in the bulletin were published contributions which had been created on the basis of experience in the project “Message in a Bottle” (connecting link within the healthy schools project in the 2000/2001 school year).

The programme is meant for parents of primary school children and primary school children themselves. It is implemented by teachers and school health teams, who we are gradually training at courses in individual regions.

The basic aims of the programme are:

- to equip primary schools with basic health education materials for implementing a preventive programme in the field of the harmful use of alcohol among children and the young: booklets for parents, booklets for pupils, leaflets for parents, handbooks for teachers, Bulletin, with cases of good practice;
- to organise training for teachers and school health teams (nurses, school doctors) of primary schools and prepare them for work with parents and pupils in the field of preventing alcohol use among the young;
- to inform other teachers and members of school health teams about the preventive programme in the field of harmful alcohol use among children and the young
- to encourage adults to start thinking about questions of drinking alcohol, to form a more realistic opinion of drinking alcohol and to control their own drinking
- to influence a reduction of the availability of alcoholic drinks in the domestic environment.

b) Organisation of the programme

The programme is established on two levels. Representatives of schools and health teams obtain knowledge at teaching workshops and then communicate it to colleagues. These then discuss with parents within the framework of parent meetings (each parent receives a leaflet with the basic messages, other materials circulate from family to family during the school year) or provide health education for pupils. The programme at class level takes place within the framework of lessons (third year pupils) and at subject level (seventh year classes). The aim of discussion and activities is to put across a positive message, values and knowledge by which involvement with alcohol is avoided.

The health education material which »circulates« among families during the school year with the aid of the school. Each department of all classes receives a folder with material (two

booklets for parents, leaflets for all parents, Bulletin; departments at subject level also receive one Red Cross booklet each for pupils).

c) Health education material

Health education material is based on the results of polling parents of children in class 3 or parents of subject level and cases of good practice of the Healthy Schools Project. Experts from the Psychiatric Clinic, Janko Kersnik Primary School in Brdo pri Lukovici, regional public health institutes, representatives of the Office for the Prevention of Addiction MOL and others assisted in the preparation/content of the materials.

d) Extending the programme

In the school year 2002, we implemented the programme to the same extent in the city of Ljubljana and in two regions, and in 2003 extended it to other regions – so throughout Slovenia.

Data on the supervisory system in monitoring noise levels

The field is regulated by relevant legislation harmonised with EU provisions.

Decree on noise in natural and living environments (Ur. l. RS 45/95)

Decree on noise from road and rail traffic (Ur. l. RS 45/95)

Regulation on first measurements and operational monitoring of noise, for noise sources and on conditions for their implementation (Ur. l. RS 70/96, 45/02)

Instructions on the method of implementing measurement control of standards in use (Ur. l. RS 59/02).

Owners of noise sources are obliged to carry out measurements. Measurements are performed by institutions authorised by the Ministry of the Environment, Spatial Planning and Energy for carrying out measurements. The owner of a noise source orders measurements for a specific period from an authorised measuring body and concludes a contract with such. The Environmental Inspectorate carries out supervision. ARSO collects reports on noise measurements and produces collected reports and monitors the field as a whole. The legislation is harmonised with the EU, from 2005 onwards, accredited institutions for such measurements will be set up and appointed, in compliance with EU requirements.

Epidemiological monitoring

INFECTIOUS DISEASES IN SLOVENIA IN 2001 and 2002

The Centre for Infectious Diseases of the Public Health Institute RS is responsible for epidemiological monitoring in Slovenia. In accordance with the Infectious Diseases Act (Ur. l. RS 69/95), 75 infectious diseases and syndromes are notifiable. Notifications of infectious diseases and deaths from these diseases are sent by the physician who makes the diagnosis, in accordance with the Regulation on notifying infectious diseases and special measures for their prevention and control (Ur. l. RS 16/1999) to nine regional public health institutes. With the aid of a computer programme, they communicate them to the Centre for Infectious Diseases of the Public Health Institute RS, where the epidemiological data are collected and analysed and an assessment of the state and risks on the territory of the entire country is prepared.

Some diseases (influenza, diseases against which inoculation is carried out, diseases caused by invasive bacteria etc.) in addition to systematic monitoring are also monitored with laboratory supported sensitive epidemiological monitoring which enables additional information of needs for creating programmes of control of infectious diseases or evaluating their effectiveness to be obtained.

Data on tuberculosis, HIV/AIDS and other sexually transmitted infections (STI) are collected separately from other infectious diseases.

Inoculation

Inoculation against tuberculosis, diphtheria, tetanus, whooping cough, childhood paralysis, measles, mumps, scarlet fever and haemophilus influenzae b is compulsory for children in Slovenia.

Share of inoculations in Slovenia from 2001 to 2002

Year	whooping cough		diphtheria and tetanus		childhood paralysis and influenzae b		haemophilus	
	3 doses	4th dose	3 doses	4th dose	3 doses	4th dose	3 doses	4th dose
2001	92.28	86.64	92.39	86.74	92.64	86,44	93,35	94,96
2002	93.13	87.32	93.24	87.45	93.17	87,08	93,41	93,24

Year	measles	mumps	scarlet fever
2001	93.97	93.96	93.95
2002	93.48	93.47	93.48

Measures for reducing the number of traffic accidents, accidents and injuries

A National Programme for the Safety of Road Traffic RS (2002) has been adopted, which specifies the purpose, aims, projects, measures and those responsible and sources for carrying out programmes, as stated among data in paragraph 1, which improved data in relation to traffic safety.

Article 14: THE RIGHT TO BENEFIT FROM SOCIAL WELFARE SERVICES

14:1

The content refers to the previous report

Additional clarification in relation to Conclusions 2003; pages 51-52

Types of social welfare services

Social welfare services in the Republic of Slovenia are devoted to preventing and rectifying social pressures and difficulties, and they are provided within the framework of a network of

public services provided by the state and municipalities.

On the basis of Article 43 of the Social Protection Act (Ur.l. RS, no. 54/92, 56/92, 13/93, 42/94-decision US RS, 1/99, 41/99, 36/00, 54/00 and 26/01; hereinafter ZSV) *the state provides*: a network of public services for social prevention, for first social assistance, home help services for families, for institutional care in institutions, in other families or in other organised forms and for direction and protection and employment under special conditions. A municipality provides a network of public services for personal assistance and for help to families at home.

First social assistance under this act covers help in recognising and defining social pressures and difficulties, an evaluation of possible solutions and acquainting beneficiaries about all possible forms of social welfare services and benefits that they can claim and about obligations connected with forms of services and benefits, as well as acquainting beneficiaries about the network and programmes of providers offering social welfare services and benefits (Article 12 ZSV).

Personal assistance under this act covers counselling, arranging and guidance with the aim of enabling the individual to develop, supplement, preserve and improve social capacities (Article 13 ZSV).

Family assistance under ZSV covers home family assistance, domestic care and social services.

Home family assistance covers expert counselling and help in arranging relations between family members and in caring for children and training families for fulfilling their role in everyday life..

Domestic care covers social care of the beneficiary in the case of disability, old age and in other cases, when social home care can replace institutional protection.

Social service covers help with household and other tasks in the case of childbirth, illness, disability, old age, in the event of accident and in other cases when such help is needed for including the person in everyday life (Article 15 ZSV).

Institutional protection under ZSV covers all forms of help in an institute, in another family or other organised forms, by which the functions of the home or own family of a beneficiary are replaced or supplemented, especially accommodation, organised food and protection and medical care.

Institutional protection of children and young persons deprived of normal family life covers under ZSV in addition to services referred to in the previous paragraph also education and preparation for life.

Institutional protection of children and young persons with moderate, serious or very serious disturbance in mental development embraces in addition to services referred to above also training under special laws, care and direction (Article 16 ZSV).

Direction and protection under ZSV cover organised total care for adult physically and mentally handicapped persons, developing individuality and harmonious inclusion in the community and environment.

Employment under special conditions according to ZSV covers such forms of work that enable persons with disabilities the retention of obtained knowledge and development of new capacities (Article 17 ZSV).

The non-public sector (other legal and natural persons) can provide services determined by this Act as public services, within the framework of the public service and under the same conditions as the public social welfare institutions, when they obtain a concession for performing a public service at public tender. Services of social welfare outside the network of the public service are performed by legal and natural persons who obtain a work permit, issued and revoked by the ministry responsible for social welfare.

No. of beneficiaries of social welfare services under ZSV is shown in the table below:

Table 5: No. of beneficiaries of social welfare services under ZSV for 2001 and 2002

A) CHILDREN AND YOUNG PERSONS (no. of persons)	2001	2002
a) social preventive	8539	9112
b) first social assistance	17937	10610
c) personal assistance	6286	3773
d) home family assistance	6537	3060
e) domestic care		
- social care	150	220
- mobility assistance	135	16
TOTAL A (a+b+c+d+e)	39584	26791
B) ADULTS (no. of persons)	2001	2002
a) social preventive	3855	5122
b) first social assistance	51685	55867
c) personal assistance	9993	9580
d) home family assistance	5563	4369
e) domestic care		
- social care	4738	4168
- mobility assistance	140	229
TOTAL B (a+b+c+d+e)	75974	79335

Accessibility of social services

In accordance with ZSV, rights to services and financial social assistance are enforced on the principle of equal accessibility and free choice of forms for all beneficiaries under conditions specified by SZV (Article 4 ZSV). Beneficiaries to services specified by the act and to financial social assistance are entitled *ex lege*.

Beneficiaries under ZSV are citizens of the Republic of Slovenia, with permanent residence in Slovenia and aliens with a permanent residence permit in Slovenia. Citizens of the Republic of Slovenia without permanent residence in Slovenia and aliens without a permanent

residence permit in Slovenia enforce rights to individual services and financial social assistance in cases and under conditions determined by this Act (Article 5 ZSV).

In view of the relative ethnic homogeneity of the population of the Republic of Slovenia and in view of the strategic guidelines of the state in the area of the fight against poverty and social exclusion, together with the questions of equal access to services and equal treatment, it is important to stress that more than discrimination against members of other nationalities etc. it is a matter of them being informed about their rights, which in turn is more a result of lack of basic education, knowledge, skills and low level of functional literacy and different life destinies and experiences.

The network of social services in the Republic of Slovenia is relatively well developed, and in recent years it has been developed in particular by adapting to the needs of its users, in extending the range of services, in offering a greater choice of services and pluralisation of the network of services. The network has been extended most in recent years in the area of providing care for the elderly (homes for the elderly, home help, day centres), to persons with mental health difficulties, victims of violence and drug addicts. Nevertheless, the extent of services and accessibility to programmes is still below the required level, so that extending the services will still be necessary in the future, especially for the most vulnerable groups.

In recording data on deciding in administrative matters at first instance according to the Administrative Procedures Act, which takes place at social work centres, we do not keep data on national affiliation.

Professional supervision

Performing professional supervision is defined in Articles 102 to 108 ZSV. The Act determines the extent of supervision and the payee of costs. Matters of implementation are regulated by the Regulation on professional and administrative supervision in the area of social welfare (Ur. L. RS no. 105/2000) issued on the basis of the Act. With the pluralisation of social welfare services and providers of services, which is defined in the National Programme of Social Welfare to 2005, professional supervision is provided not only for existing social welfare institutions, but also for providers of social welfare services to whom a concession has been awarded for performing such activities, and other private persons. Professional and administrative supervision is performed as regular supervision according to a programme adopted by the minister responsible for social protection. The programme of regular supervision is determined each year individually with an annual plan. In accordance with the provisions of the Act, regular supervision must be performed at least once every three years with each provider of a public service, and the ministry is also responsible for organising and carrying out extraordinary supervision at the demand of those authorised to propose such, who are specified by the Act. In addition to supervision of providers of public services, the ministry also carries out supervision of the implementation of programmes that supplement the network of public services and which the ministry co-finances on the basis of public competitive tenders.

Supervisory procedures are directed at establishing the conformity of specific professional behaviour of providers with regulations, contract obligations, professional starting points and ethical principles for work in the area of social protection. Annual professional meetings are held for training and supplementing the knowledge of those performing supervision.

Table 6: Number of providers with whom supervision (regular and extraordinary) has been carried out

Provider (public institutes or concession holders)	Number of providers	2000	2001	2002
Social work centres	62	8	9	17
Homes for the elderly*	65	6	7	10
Social protection service for adults*	3	1	1	1
Occupational activities centres**	37	3	5	8
Social protection service for training	5	/	2	2
Maternity homes	1	/	1	/

* the same provider carries out activities DSO and SVS for adults (Prizma, Tisje, Grmovje)

** 15 - independent, 5 – units at CSD, 5 – units at SPP, 3 – unit SVS for training, 9 concession holders

On the basis of the findings of the supervision reports, in 2002 the ministry ordered measures in all cases or with all providers with whom regular or extraordinary supervision was carried out. This included various degrees and types of measure of course. Most measures were devoted to the field of professional work in implementing services, fewer organisational activities or other matters of implementation. Directors, councils of institutes, professional leaders and professional councils of providers were responsible for the implementation of measures.

In addition to measures, the ministry also imposed a deadline on providers by which time they must report on the implementation or on the plan of implementation of the measures ordered. Deadlines depended on the type of measures and on the procedures required for implementation (e.g., changes of legal acts, introduction of new forms of work etc.) of the individual measure. The commonest deadlines for implementation of measures were 60 and 90 days. Providers must in addition to the report also submit written documentation from which it is evident that the measures have actually been carried out.

Types of measures ordered

a. fields of organisation of work and business

- harmonisation and supplementing individual general legal acts, especially implementing acts, or adopting those that are lacking,
- adjusting the status of the director or professional leadership,
- supplementing the rules of reception procedures,
- preparation of programmes for improving living standards,
- proposal to the council of an institute for the introduction of a procedure for dismissing the director.

b. implementing services and conducting procedures

- supplementing the agreement on the content, type and duration of services with contents relating to user rights to an answer and appeal
- production of more precise and understandable description of individual services,
- supplementing procedures by which all possible solutions are presented to users,
- introduction of individual planning of work,
- production of professional criteria as a basis for taking measures,
- supplementing the system of direct cooperation of users in planning aims and measures,
- introduction of models for monitoring user satisfaction,
- additional measures for providing greater privacy of users,
- supplementing the programme of work of the professional council of an institute,
- improving the content of work with persons with dementia,

c. improving professional work

- ensuring teamwork in demanding procedures,
- ensuring the minimum extent of supervision,
- directing individual professional workers and professional associates to further practical training,
- directing professional workers to re-sit professional examinations,
- instructions to the council of an institute to commence a procedure for assessing the suitability or a procedure for the dismissal of the director.

In addition to the measures cited that were ordered by the minister, in 2002 a further five proposals for taking measures were made to other inspection services or supervisory bodies. Two of the proposals were sent to the Market Inspectorate RS, which took appropriate measures (ban on performing activities), two proposals to the Administrative Inspection Service and one to the Ministry of Health.

According to data collected at the Ministry of Labour, the Family and Social Affairs, there were a total of 9,159 persons employed in all public social welfare institutes in December 2002. Their structure is shown in the table below:

Table 7: Number of employees by social protection institutes, December 2002

working post		institute	total
management body	directors	CSD	62
		DU	56
		MD	1
		VDC	13
		ZU	5
working post in the area of social welfare (requiring professional exam in the field of social welfare)	professional staff	CSD	714
		DU	117
		MD	1
		VDC	88
		ZU	220
	professional associate	CSD	415
		DU	3,558
		MD	1
		VDC	231
		ZU	561
accompanying working post (not requiring professional exam in the field of social welfare)	professional staff	CSD	84
		DU	116
		VDC	20
		ZU	9
	administrative staff	CSD	99
		DU	90
		VDC	11
		ZU	7
	other professional technical staff	CSD	17
		DU	2.407

	VDC	57
	ZU	200
Total		9.159

Source of data: MDDSZ, own calculations, February 2003

Legend:

CSD – social work centres

DU – homes for the elderly

MD – maternity home

VDC – occupational activities centre

ZU – training institute

Financing services

As was already stated in the introduction to the explanation of Article 14 RESL, social welfare services under ZSV, more specifically: the network of public services for social prevention, for first social assistance, home family assistance, for institutional protection in institutes, in other families or in other organised forms of assistance and for guidance and protection and employment under special conditions, are financed from the state budget, while the network of public services for personal assistance and domestic care are financed from municipal budgets. In past years, the ratio between state and municipal financing has been approximately 80:20.

More detailed data by individual services and benefits is shown in the three tables (attached):

- **Table 8: Social welfare services and other programmes of social welfare for 2001 and 2002** and
- **Tables 9 and 10: Social welfare benefits, disability benefits and subsistence payments for 2001 and 2002.**

Funds for social welfare benefits are provided on the basis of ZSV, disability benefit under the Social Protection of Mentally and Physically Handicapped Persons Act (Ur. L. RS, no. 41/83) and subsistence payments under the Protection of Family Members of Persons in Compulsory Military Service Act (Ur. l. RS, št. 8/78). Because of amendments to ZSV (Ur.l. RS, no. 26/01) data on the level of funds for 2001 and 2002 are shown separately. From 1st September 2001, namely, instead of the social welfare benefits to date (cash benefit, assistance as the only source of subsistence and one-off cash benefit), financial social assistance, the institution of minimum income etc. were introduced.

Table 8: Social welfare services and other social welfare programmes 2001 in 2002

		Value of services in 000 SIT (2001)	Value of services in 000 SIT (2002)	Administrative costs in 000 sit	Notes
1	Activities of social work centres	4,527,954	4,965,532		Public authority for preventive work, first social assistance, MDDSZ financed help for families for home. Personal assistance and help for families at home financed by municipalities.
2	Institutional protection in social welfare institutions for training	2,215,620	2,446,594		Funds for training and basic care of children and young persons with moderately, seriously or severely disturbed mental development provided by MDDSZ. Medical activities, which cover medical care (specialist medical and healthcare) and medical rehabilitation, financed by ZZSZ. Funds for training and basic care of adults provided by municipalities.
3	Fostering allowance	675,834	697,714		Included are postal costs, and deducted are parental contributions. Fostering allowances consist of material costs for the child and recompense for the work of foster parents. Under valid legislation, the Government of the Republic of Slovenia determines the level of the fostering allowance by decision.
4	Health and pension insurance of foster parents	54,312	63,607		Foster parents who perform fostering as an independent and sole profession are paid social security contributions (foster parents with such a status)
5	Institutional protection – adults in special social welfare institutions		Municipal budgets.
6	Institutional protection – general social welfare institutions		Payment and subsistence payments in homes for the elderly – municipal budgets.
7	Day care of occupational activities centres	2,149,168	2,521,438		Funds are devoted to covering activities of public institutes for implementing services of direction, protection and employment under special conditions for adult disabled persons.
8	Concessions for occupational activities centres	364,513	504,921		Day care for adult persons. Funds are devoted to financing permanent forms of activity relating to the care of people with disturbed mental and physical development.
9	Transport for the blind	8,089	9,257		The right to subsidy is recognised for blind persons and persons with neural and muscular disorders on the basis of the self-management agreement on the rights of the blind and their escorts to reduced or free tickets in internal passenger transport, from 1986.
10	Intervention services of social work centres	22,188	20,369		Intervention services are established for covering intervention matters in the field of social welfare outside regular working time and they are arranged regionally.
11	Social rehabilitation of addicts	188,699	249,267		Funds are devoted to co-financing existing programmes in the area of social welfare and programmes co-financed on the basis of regular annual public tenders.
12	Crisis centres	90,465	113,445		Crisis centres are intended for resolving serious social problems of the young in the most difficult social pressures, violence and other difficulties.
13	Maternity homes and shelters for children and women victims of violence	134,337	178,933		Funds are devoted to co-financing the operation of maternity homes and shelters, accommodation for victims of violence in such facilities and programmes of psycho-social help for women and children who are victims of violence.

14	Mental health programmes	81,628	255,430	Funds are devoted to programmes that include users, thus persons with long-term mental health difficulties and they include day centres, offices for informing and counselling users, programmes of advocacy and various self-help groups and programmes for their families.
15	Other¹:			
	- Experimental and developmental programmes of social welfare	255,267	263,350	Funds are devoted to the development and implementation of programmes which are not implemented within the framework of public services, but are important for reducing the extent of social problems. Funds are allocated on the basis of public tender, for one year and multi-year programmes in the field of problems of the disabled, specialised preventive programmes for children and the young, telephone counselling, programmes for the elderly, programmes of shelters for the homeless. The majority of funds are received by non-governmental organisations.
	- Computer support for the needs of the disabled	1,573	5,052	Funds are devoted to financing access of the disabled to the internet, as a medium that enables them better communication and thus greater integration in society. The first contract with the Academic and Research Network of Slovenia (ARNES) for the individual access of the disabled to the internet was concluded in November 1996.

Source: Ministry of Labour, the Family and Social Affairs

Notes:

¹ In addition to the cited programmes under the heading 'Other' we includes others paid from the state budget which are not devoted to the immediate user.

- Social Protection Institute RS
- professional supervision
- Social Chamber of Slovenia
- recognitions of social protection
- research and development
- investments and investment maintenance of providers in the field of social welfare

Table 9: Social welfare benefits, disability benefit and subsistence for 2001

		Funds (in 000 SIT)	Notes
1	Financial assistance as the only source of subsistence	313,658	Including financial assistance in functional form received by a beneficiary once a year
2	Attendance allowance for outside help	8,322	
3	Rent allowance	...	Municipal budget
4	Health insurance	52,828	
5	Cash allowance	7,548,249	Cash allowance for bridging current material threat is included.
6	Attendance allowance for outside help	7,407	
7	Rent allowance	...	Municipal budget
8	Subsistence of family members of persons doing compulsory military service¹⁾	5,842	
9	Disability benefit²⁾	3,632,211	Attendance allowance for outside help and payment costs are included
10	Health insurance of mentally and physically handicapped persons	247,815	

11	Financial social assistance³	4,817,173	
12	Attendance allowance for outside help	6,019	
13	Rent allowance	...	Municipal budget

Source: Ministry of Labour, the Family and Social Affairs

Notes:

1) Protection of Family Members of Persons Doing Compulsory Military Service Act (Ur.l. RS, no. 8/78)

2) Social Protection of Mentally and Physically Handicapped Persons Act (Ur.l. RS, no. 41/83)

3) From 1 September 2001, the Amending Act of the Social Protection Act took effect (Ur. l. RS, no. 54/92, 56/92, 13/93, 42/94-decision US RS, 1/99, 41/99, 36/00, 54/00 and 26/01), which introduces financial social assistance instead of the then social welfare benefits (financial assistance as the only source of subsistence, cash benefit and one-off cash benefit).

Table 10: Social welfare benefits, disability benefit and subsistence for 2002

		Funds (in 000 SIT)	Notes
1	Financial social assistance¹	17,887,586	Of the amount of 17,887,586 thousand SIT, 936,849 thousand SIT was devoted to exceptional financial social assistance, which is awarded to single persons or families who for reasons over which they have no control find themselves in a position of material threat, as a special form of financial social assistance.
2	Attendance allowance	64,581	Financial social assistance is increased by an attendance allowance for beneficiaries of financial social assistance who because of age, illness or disability are unable to work and who need the help of another person to perform the basic life needs, and do not receive attendance allowance for outside help.
3	Health insurance²	24,604	Insurants are persons with permanent residence in the Republic of Slovenia who receive long-term financial social assistance as the only source of subsistence under social welfare regulations
4	Subsistence for family members of persons serving compulsory military service³	4,820	Family members of persons serving compulsory military service are entitled to subsistence if together with their family members they do not have regular income that would exceed the legally guaranteed pay per family member.
5	Disability allowance⁴	4,080,798	Included are also attendance allowance for outside help and payment costs. Under the Social Protection of the Mentally and Physically Handicapped Persons Act are paid the following material rights: disability allowance, attendance allowance for outside help, difference to disability allowance, which is the difference between the share of the relevant family pension and the level of disability allowance
6	Health insurance of mentally and physically handicapped persons	286,162	In addition to the right to invalidity allowance under the Social Protection of Mentally and Physically Handicapped Persons Act, the state is also bound under the Health Protection and Health Insurance Act to pay the health insurance of recipients who are not insured under another heading (as family members or recipients of a family pension)

Source: Ministry of labour, the Family and Social Affairs

Notes::

¹ Social Protection Act (Ur. l. RS, no. 54/92, 56/92, 13/93, 42/94-decision US RS, 1/99, 41/99, 36/00, 54/00 and 26/01)

² Health Protection and Health Insurance Act (Ur. l. RS, no. 9/92)

³ Protection of Family Members of Persons Serving Compulsory Military Service Act (Ur. l. SRS, no. 8/78)

⁴ Social Protection of the Mentally and Physically Handicapped Persons Act (Ur. l. SRS, no. 41/83)

14:2

The content refers to the previous report

Additional clarification in relation to Conclusions 2003; page 53:

In February 1998, the Ministry of Labour, the Family and Social Affairs published a public tender for awarding a concession for performing services of directing, protecting and employment under special conditions and institutional protection for adults with disabilities, which was also the first public call for tenders for the award of a concession in the area of social protection (a decision on this was published in Ur. l. RS, no. 13/98 of 20.2.1998).

Since February 1998, up until the end of 2002, a total of four public tenders have been published in the area of **services of guiding, protection and employment under special conditions and institutional protection for adults with disabilities**, on the basis of which concessions have been awarded to 9 concession holders. According to the situation for December 2002, the Republic of Slovenia (as concession awarder), the network of public services has been extended in the aforementioned period to 321 places for the service of directing, protecting and employment under special conditions and 38 places for the institutional protection of adults with disabilities, which are included in the service for directing, protecting and employment under special conditions. For this purpose, in the period since February 1998 to the end of December 2002, funds have been provided to a total amount over 1,393 billion SIT. Experiences to date have also shown that those tendering for performing services of directing, protecting and employment under special conditions also register a larger number of places than called for in the tender, but that this has been precisely the opposite with those tendering for providing institutional protection: the number of places for this service called for in the tenders have never been awarded in full.

In the area of the **service of institutional protection in homes for the elderly**, in the period from 1. 1. 2001 to 31. 12. 2002 concessions were awarded to 8 concession holders (two providers with 125 places in 2000 and 6 providers with 549 places in 2001), so that at the end of 2002, a total of 674 places of institutional protection in private homes for the elderly were available. In the period in question, implementation of one concession was not started and one concession was terminated by agreement.

The Ministry of Labour, the Family and Social Affairs encourages the development of non-governmental organisations, arranges legal opportunities for their operation, takes care of determining places of operation of the non-governmental sector in providing activities of social protection, provides and allocates funds for their operation and implements public tenders for co-financing programmes, granting permits and concessions for work and care for quality and supervision of the implementation of activities. The ministry has been supporting non-governmental organisations through co-financing the implementation of programmes in the area of social protection since 1993, and more seriously since 1996, when essentially more funds (136.1 billion SIT) have been devoted to supplementary programmes of social protection.

Since some programmes and their implementers have proved themselves in past years with the professional manner of operation and achieved results, in 1998 the ministry began, in addition to the already established one-year financing, also co-financing programmes on the basis of a decision on multi-year co-financing (in 1998, 13 such contracts were concluded). In

the period in question (from 1.1.2001 to 31.12. 2002), an even greater number of these was concluded. According to data, in December 2001, 45 multi-year contracts and in 2002 a further 9 such contracts were concluded. In 2002, on the basis of public tender for those programmes which had already expired in the first five year period, co-financing was extended for a further five years. In total in December 2002, the ministry, on the basis of contracts on multi-year financing, was co-financing 54 providers, whereby stable co-financing was ensured. All the selected programmes significantly improve the offer of the network of public services and because of the high professional exposure of the work urgently needed a more stable form of co-financing. By concluding co-financing contracts in the longer term, the ministry encouraged and ensured employment for more than 155 professionals in individual fields.

Table 11: Level of funds used for programmes of non-governmental organisations in the area of social protection for the period 2001-2002

Year	Level of funds (in million SIT)
2001	678.03
2002	872.75

These are programmes of:

- a) social rehabilitation of addicts – these are programmes that include preventing the hazards and difficulties in connection with drug abuse and other addictions, reducing social damage caused by drug abuse and reducing the number of addicts. The programmes took place in day centres, therapeutic communities, communes or advice and counselling offices;
- b) experimental and development programmes of social protection – these are programmes of centres for short-term or day treatment and care of children and the young, deprived of normal family life; programmes of specialised preventive programmes devoted to children with already acknowledged difficulties, telephone counselling programmes for children and the young; programmes of inter-generational and other groups for self-help; escort programmes or shelters for the homeless and other programmes devoted to removing social pressures;
- c) mental health – these are programmes that involve users – persons with long-term mental health difficulties. These programmes include day centres, consumer information and advisory offices, programmes of advocacy and various self-help groups and programmes for the families of persons with long-term mental health difficulties;
- d) maternity homes and shelters – these are programmes of networks of maternity homes and shelters and programmes of psycho-social help for women and children victims of violence.

As concerns **other ways of advising individual users of social protection services and in relation to highlighting and maintaining social protection services** it must be said that under Article 55 ZSV, a social protection institute is managed by the council of the institute. Representatives of workers, the state and local communities and representative of groups for which the institute cares are appointed to the council of the institute (Article 55 ZSV).

Article 17: THE RIGHT OF CHILDREN AND YOUNG PERSONS TO SOCIAL, LEGAL AND ECONOMIC PROTECTION

17:1

The content refers to the previous report

Additional clarification in relation to Conclusions 2003; page 63:

Primary school education

- Duration of compulsory education

In the 2003/2004 school year, the programme of nine year primary school was extended to all primary schools in Slovenia (compulsory primary education lasts nine years). To date, compulsory primary education has lasted eight years, and a child was obliged to attend a one year preparation for school programme.

Parents must enrol a child in the first class of nine year primary school, who will be six in the calendar year in which the child starts school. A child may defer the start of school for one year if it is found that the child is not ready for entry to school.

Anyone who does not successfully complete primary school in nine years has the possibility of continuing education for a further two years and thus retains the status of pupil.

- Level of inclusion

Primary school education is compulsory for all children. The ministry responsible for education keeps records of school age children and every year before enrolment sends to primary schools a list of children from the school area that the school is obliged to enrol in 1st class.

- Organisation of primary school education

Primary school education is divided into three education periods:

1st period lasts from classes 1 to 3

2nd period lasts from classes 4 to 6

3rd period lasts from classes 7 to 9.

The school year starts on September 1 and ends on 31 August, lessons in the school year last 38 weeks at 5 days a week. The distribution of lessons, free days and holidays is decided by the minister, with the school calendar.

The programme of primary school education includes compulsory and extended programmes. The compulsory programme includes compulsory and chosen subjects and hours of class communities. The extended programme includes morning care (care of children before the start of lessons), prolonged stay (programme for children after completion of lessons before going home), additional and supplementary lessons, interest activities, school in nature. The extended programme is voluntary for pupils.

In classes 4, 5, 6 and 7 work in lessons for mother tongue, mathematics and a foreign language is organised as basic and differentiated instruction for one quarter of the study hours devoted to this subject. In classes 8 and 9 study in these subjects takes place as differentiated

instruction (external differentiation) – on three levels of difficulty. A pupil decides her or himself on the differentiated group and can change it during the course of the year.

A pupil in the 3rd education period must choose three subjects in addition to compulsory subjects, from those offered as subjects of choice.

At the end of educational periods, the knowledge of pupils is tested by a national test of knowledge. After the 1st and 2nd educational periods, testing of knowledge is voluntary, but after 9th class, testing of knowledge is compulsory (in the subjects: mother tongue, mathematics and a subject chosen by the pupil). The final assessments in the certificate are composed in equal shares of assessments that the pupil gets in the final test of knowledge and the teachers' assessments in class 9.

A pupil successfully completes primary school education if she or he has a positive assessment in all subjects in class 9 and successfully passes the final test of knowledge.

- **Public and private primary schools**

In the Republic of Slovenia, 448 public primary schools and 32 primary schools with adapted programmes (lower educational standard) operate. A private Waldorf school also operates, which provides a publicly valid programme.

- **Geographic distribution of primary schools**

A public network of schools is organised for providing the public service in the area of primary education, which consists of public primary schools. The public network of primary schools provides all children with the opportunity of primary school education and the proximity of a school to their place of residence. Insofar as a school is more than 4 km from a child's place of residence, the pupil has the right to free transport to and from school. The standard for setting up the public network of schools, which the Government RS determines, takes into account the number and age of children in specified regions, the specificity of settlement and the development particularities of the region. There are 361 subsidiary schools attached to the 448 primary schools.

- **Average class size**

In the 2002/2003 school year, the average number of pupils in a class in main or independent primary schools was 20.7, and in subsidiary schools 13.6.

- **Number of teachers**

In the 2002/2003 school year, there were 13,800 teachers in primary schools, which is an average of one teacher for every 12.7 pupils. In addition, 510 advisory workers, 420 librarians and 180 computer specialists are employed.

- **Supervision of primary school education**

Supervision of respect for legality and thus ensuring the rights of pupils is carried out by the schools inspection. Schools inspection is performed by the Inspectorate RS for Education and Sport, which carries out regular, extraordinary and re-inspection of schools. Supervision relates to:

- fulfilling conditions for performing educational activities and meeting standards and norms for implementing programmes,
- realising the rights and obligations of pupils,
- realising the rights and obligations of professional staff,
- organisation of educational work,

- keeping pedagogic documentation and issuing public documents,
- proper use of public funds,
- use of textbooks and teaching aids.

The Institute RS for Education performs advisory work for schools and organises regular professional further training and education of professional staff, monitors testing and introduction of new programmes and other tasks for primary schools.

A project has been taking place in the Republic of Slovenia since 1998 of ascertaining and ensuring quality, by which schools can themselves evaluate educational work and in this way seek their own path to higher quality.

Teenage pregnancies and teenage mothers

There are relatively few teenage pregnancies or teenage mothers in the Republic of Slovenia. They can be educated in »ordinary« programmes for the young (go to school) or complete their education by examination.

Youngsters with special needs

There are 205 children included in 47 development classes which provide adapted programmes of preschool education.

There are 1159 children included in programmes of primary schools with adapted implementation and additional expert assistance, which are provided in 388 ordinary primary schools.

There are 1516 children included in adapted programmes of primary schools, in 33 schools. Classes with adapted programmes are organised in 17 ordinary primary schools and 333 children are included.

There are 963 children included in 17 institutes for the care and education of children with special needs (Institutes of Education).

On fulfilling general enrolment conditions, all pupils with special needs may be enrolled in educational programmes (on all levels of secondary school education) in any ordinary secondary school. Programmes are provided in an adapted form for these pupils (organisation of study, method of testing and assessing knowledge, advancement and temporal distribution of studies can be adapted to them), and they are also provided with additional expert help either by professional staff – teachers at the school – or specialist pedagogues, depending on their needs. In secondary school programmes with adapted implementation and additional professional assistance, 201 pupils are included in 67 ordinary schools, for which 715 hours of additional professional assistance was provided and 14 mobility handicapped pupils had constant escort for providing physical assistance.

The majority of these pupils with special needs (just as other pupils) can attend a school in the vicinity of their place of residence. Those pupils who do not have a secondary school in the vicinity of their place of residence or a secondary school that provides the programme in which they wish to be educated can reside in pupil hostels.

The head of a school in which a pupil with special needs is enrolled appoints a professional group which produces an individual programme for each specific pupil and during the school year (or the years of education) monitors the implementation of individualised programmes, the results of additional professional assistance and, as necessary, also proposes changes in the adapted implementation of the programme, the extent and type of additional professional assistance or even the orientation itself of the programme).

The National Commission for Modernisation of Education of Children with Special Needs has prepared for each group of pupils with special needs Instructions for the Adapted Implementation of Programmes, which are for the assistance of teachers, the Institute of Education and Centre for Vocational Training and within regular professional training they organise numerous seminars for teachers.

A specific number of pupils with special needs who wish this are enrolled or, because of the type and level of deficiency, handicap or disturbance, are directed into adapted education programmes with equal educational standards. (For the current schools year, 18 new adapted secondary school programmes were adopted). Adapted programmes (for mobility handicapped pupils, and pupils with sight or hearing disabilities) are provided by specialised institutes for the education of children with special needs (Institutes of Education). These pupils can also reside in the aforementioned institutes.

All pupils with special needs have the right and opportunity to perform final examinations – the ‘matura’ – under special, adapted conditions. In accordance with the Use of Slovene Sign Language Act, they also have the right to an interpreter.

Young offenders

Up until September 2003, 46 young persons were placed in a correctional institution on the basis of a court sentence of correctional measures.

Education of members of the Romany community

When in the seventies the state began to devote attention to the education of Roma, the creation of special classes for Roma appeared to be the most effective manner of including Roma in primary schools.

Classes that included only Romany pupils appear only exceptionally in primary schools today. In the majority of primary schools, a trend of integrating Romany pupils in normal classes has prevailed. Such a method of including Romany pupils, in association with occasional work in smaller groups, has been giving good results in recent years, since the number of Romany pupils completing school obligations in class subject level is growing and the number of those who are included in further education after completing primary school or completion of primary school obligations is also increasing. The ministry therefore decided to change norms and standards, which from the 2003/2004 school year no longer permit the creation of classes that include only Romany pupils.

We consider that the aforementioned measures have brought positive results, despite a range of unresolved questions remaining: how to ensure real integration of children, to reduce the prejudices of the non-Romany (and also Romany) population, to increase the number of pupils and apprentices finishing secondary school or even university studies, to provide suitable staff from the Romany population in kindergartens and schools, and not least, the question of the Romany language.

The content modernisation of the school system has also brought new demands. So in December 2002, the ministry founded a special working group for preparing a strategy for including Roma in the education process. The working group has the following long-term tasks:

- assessment of conditions
- preparation of proposals of measures for more effective inclusion of Roma in education from pre-school to adult education,

- preparation of starting points for subjects of choice or content of choice about Romany culture and language,
- preparation of proposals for training teachers,
- preparation of proposals for linkage with parents,
- preparation of proposals for including Romany children in after-school activities,
- linkage with study groups,
- linkage with the Romany community,
- performing other tasks.

The working group includes experts from areas from pre-school education to adult education and representatives of the Ministry of Education, Science and Sport, the Romany Association and the Institute of Education RS.

The working group is currently preparing a strategic document, which must be adopted by the Expert Council RS for General Education as the highest professional body in the area of education. The document will be the basis for an action plan of further measures in this area.

From this year, the ministry is also co-financing a development research project entitled “Ensuring equal opportunities for educating Romany children and their families», which is being carried out by the Pedagogic Institute (duration: 2003-2005). The project is focused mainly on the integration of Romany children in schools, increasing school success, suitable training of professional workers and work with parents. A major stress of the project is also reducing intolerance towards Roma. On the basis of an evaluation at the conclusion of the project, we will try to transfer solutions to schools that are not involved in the project.

Monitoring dropout

A legal basis is in preparation (Records Act), on the basis of which it will be possible to monitor the individual path of each individual. This will provide an adequate basis for monitoring 'dropout'.

17:2

The content refers to the previous report

Additional clarification in relation to Conclusions 2003; page 66:

Only primary school education is compulsory in RS, although more than 98% of the population that completes primary school continues education at secondary school.

Although primary school education in RS is free (no tuition fees) it is necessary to pay for textbooks. However, according to Article 68 of the Organisation and Financing of Education Act (Ur. l. RS, no. 115 – consolidated text), on the level of primary education schools must, and on the level of secondary education schools may create textbook funds. The state provides funds for students, apprentices and pupils who, because of their social position, cannot pay a contribution for the loan of textbooks from this fund.

National programme for preventing school failure and alleviating its consequences

Within the framework of the Development Programme of the Ministry of Education, Science and Sport for Implementation of the Starting Points for Educational Programmes of Lower and Secondary Vocational and Secondary Professional Education, a project, **Creating a National Programme for Preventing School Failure and Alleviating its Consequences** has been running since 2002 at the Centre for Vocational Education. The aims of the project are:

- setting up a transparent and effective system of preventing dropout and alleviating the consequences of the phenomenon, from both educational and social aspects,
- raising the educational level and functional literacy of the young,
- increasing the capacities of the young for successful social and economic integration,
- to reduce costs caused to the state by high numbers of the young without initial vocational education on the labour market.

In relation to the aims, the project has four content groups (sub-projects):

- methodology of monitoring dropout,
- preparation of instruments for preventing the phenomenon of dropout,
- introduction of effective monitoring and informing pupils who have dropped out of the education system,
- creating standards for programmes devoted to the young population with completed primary education or less, within the framework of active employment policies.

Working groups within the framework of individual sub-projects have already prepared draft materials and proposals. The overall programme will be presented to the wider public at a thematic conference in June 2004.

A proposal has already been formed within the framework of the project for re-establishing systematic monitoring of dropout and completing missing data for the last five school years.

Article 18: THE RIGHT TO ENGAGE IN A GAINFUL OCCUPATION IN THE TERRITORY OF OTHER PARTIES

INNOVATIONS IN THE LEGISLATIVE SPHERE:

On 27.9.2002, the National Assembly of the Republic of Slovenia adopted an Amending Act to the Aliens Act, which was published in the Official Gazette of the Republic of Slovenia no. 87/02 of 17.10.2002 and entered into force thirty days after publication, i.e., 16.11.2002. The Amending Act to the Aliens Act introduced some innovations, important for realising the right to perform activities for profit on the territory of other signatories under Article 18 of the Revised European Social Charter (ESC), to wit:

The conditions that an alien must fulfil to obtain a residence permit are redefined. In comparison with the conditions specified before the amending act, the condition of ensuring suitable accommodation in the Republic of Slovenia is abandoned, and meeting conditions for health insurance is also made easier. Under the amended act, namely, an alien must have suitable health insurance, while under the previous act, suitable health insurance covering all risks was specified.

Furthermore, the Amending Act to the Aliens Act determines that if in a procedure of issuing a permit for first residence it is found that the alien is already actually living in the Republic of Slovenia, this is a reason for the competent body being obliged to reject the issue of a permit to this alien.

The Amending Act to the Aliens Act retained the basic principle that a request for the issue for first residence shall be submitted to the diplomatic consular representative body of the Republic of Slovenia abroad, but it widened the circle of persons who may also submit an application for the first temporary residence permit with the competent administrative unit in the Republic of Slovenia. Thus, under the new Act, an employer may submit an application for the issue of a first temporary residence permit with the competent administrative unit in the Republic of Slovenia when applying for the issue of a permit for first residence for reasons of seasonal work for his seasonal workers. We draw attention that also in a case when the law allows the submission of an application for the issue of a first residence permit with an administrative unit, a permit for the first residence of a foreigner which is issued is still handed over abroad, since they must still obtain it prior to their arrival in the Republic of Slovenia.

Five years after the entry into force of the Amending Act to the Aliens Act, the sticker for the residence permit will also have to contain a photograph of the alien to whom the permit is issued. Because of this, the alien will also have to enclose a photograph with the application for the issue of a permit. This change is a result of harmonising with the new *Acquis*, which regulates the content and form of residence permits.

18:1

The content refers to the previous report

Additional clarification in relation to Conclusions 2003; pages 67 - 69:

Statistical data

- **Temporary residence permits issued to citizens of state signatories of ESC between 1.1.2001 and 31.12.2002**

State member	32	36	34	37	35	33	40	41	38	39	42	total
ALBANIA	57	14	17	11	0	10	2	0	2	0	0	113
ANDORRA	0	0	0	0	0	0	0	0	0	0	0	0
ARMENIA	0	1	0	0	0	0	0	0	0	0	0	1
AUSTRIA	144	34	15	41	51	24	15	27	0	2	9	362
BELGIUM	13	4	0	5	0	6	0	2	0	0	0	30
B&H	22598	2966	2091	920	16	486	700	821	150	6	0	30754
BULGARIA	159	9	35	7	0	11	15	0	0	0	0	236
CROATIA	4691	852	2003	835	3178	446	613	577	24	52	4	13275
CYPRUS	0	0	0	2	0	0	0	0	0	0	0	2
CZECH REP.	110	13	9	22	0	47	1	5	0	0	0	207
DENMARK	11	3	0	2	0	2	0	0	0	0	0	18
ESTONIA	1	3	0	0	0	3	0	1	0	0	0	8
FINLAND	4	0	0	0	0	16	0	0	0	0	0	20
FRANCE	128	56	9	20	0	20	3	4	4	0	1	245
GEORGIA	14	6	0	0	0	0	0	0	0	0	0	20
GERMANY	137	53	11	95	1	13	56	12	0	10	22	410
GREECE	3	0	0	3	0	4	0	0	0	0	0	10

HUNGARY	50	9	32	16	0	26	2	1	0	0	1	137
ICELAND	2	0	0	0	0	0	0	0	0	0	0	2
IRELAND	7	2	1	2	0	1	3	0	0	0	0	16
ITALY	158	22	55	64	62	74	57	32	1	3	18	546
LATVIA	5	0	3	1	0	0	0	0	0	0	0	9
LIECHTENSTEIN	0	0	0	0	0	0	0	0	0	0	0	0
LITHUANIA	9	0	0	2	0	4	0	0	0	0	0	15
LUXENBURG	1	0	0	1	0	0	0	0	0	0	0	2
MALTA	0	0	2	0	0	0	0	0	0	0	0	2
MOLDAVIA	421	22	76	17	0	3	0	4	0	0	0	534
NETHERLANDS	22	11	0	16	0	5	5	0	0	1	0	60
NORWAY	0	0	4	1	0	1	1	1	0	0	0	8
POLAND	28	12	84	7	0	25	1	1	0	0	0	158
PORTUGAL	4	0	1	2	0	7	0	0	0	0	0	14
RUMANIA	193	15	193	41	1	21	0	27	0	3	0	494
RUSSIA	368	130	18	106	0	64	3	0	2	0	0	691
SAN MARINO	0	0	0	0	0	0	0	0	0	0	0	0
SERBIA & MONTENEGRO	6740	1905	1382	671	3	211	219	17	157	6	2	11313
SLOVAKIA	74	10	233	17	0	16	0	232	0	0	0	582
SPAIN	14	5	0	4	0	20	4	0	0	0	0	47
SWEDEN	21	13	1	3	0	7	5	5	0	0	0	55
SWITZERLAND	9	1	0	17	0	0	6	7	0	4	2	46
MACEDONIA	7304	1212	1327	326	0	170	54	30	47	0	0	10470
TURKEY	18	2	7	4	0	3	0	0	0	0	0	34
UKRAINE	1892	105	95	117	0	29	6	12	2	0	0	2258
UNITED KINGDOM	61	13	7	25	0	3	12	6	1	4	0	132

Explanation:

- 32 – temporary residence permits issued for reasons of employment or work,
- 36 – temporary residence permits issued for reasons of uniting families,
- 34 – temporary residence permits issued for reasons of seasonal work,
- 37 – temporary residence permits issued to a close family member of a Slovene citizen who is an alien,
- 35 – temporary residence permits issued to migrant day labourers,
- 33 – temporary residence permits issued for reasons of study,
- 40 – temporary residence permits issued for other justified reasons,
- 41 – temporary residence permits issued to a worker on assignment,
- 38 – temporary residence permits issued to the children of aliens born in the Republic of Slovenia
- 39 – temporary residence permits issued for reasons of settlement,
- 42 – temporary residence permits issued to an alien who is of Slovene origin.

The Amending Act of the Aliens Act which was published in the Official Gazette of the Republic of Slovenia no. 87/02 of 17.10.2002 and entered into force thirty days after publication, i.e., 16.11.2002, no longer recognises a temporary residence permit for reasons of settlement (point 39).

- **Permanent residence permits issued to citizens of state signatories of ESC between 1.1.2001 and 31.12.2002**

state	Number of permits issued
Albania	2
Andorra	0
Armenia	0
Austria	12
Azerbaijan	0
Belgium	2
B&H	4254
Bulgaria	0
Croatia	1021
Cyprus	0
Czech Republic	7
Denmark	0
Estonia	0
Finland	2
France	6
Georgia	0
Germany	26
Greece	0
Hungary	5
Iceland	0
Ireland	0
Italy	15
Latvia	0
Liechtenstein	0
Lithuania	1
Luxemburg	0
Malta	0
Moldavia	0
Netherlands	3
Norway	0
Poland	5
Portugal	1
Rumania	2
Russian Federation	18
San Marino	0
Serbia and Montenegro	967
Slovak Republic	3
Spain	1
Sweden	2
Switzerland	7

Macedonia	369
Turkey	0
Ukraine	35
United Kingdom	9

European Committee for Social Rights (ECSR) found during discussion of the Second Report of the Republic of Slovenia that two kinds of residence permit exist in the Republic of Slovenia for foreigners who wish to be employed and work in the Republic of Slovenia, to wit: a temporary residence permit and a permanent residence permit. In this connection, we would like to explain that, in accordance with Article 30 of the Aliens Act, employment or work is one of the purposes for which a temporary residence permit may be issued to an alien in the Republic of Slovenia. A temporary residence permit is thus issued for a specific purpose and for a specific time. The Aliens Act regulates specifically the issue of a temporary residence permit for employment or work in Article 32, and in Article 34 specifically the issue of a temporary residence permit for performing seasonal work and for cross-border performance of services by workers on assignment. A permanent residence permit is issued without any limitation in relation to duration and purpose of residence in the Republic of Slovenia, whereby the basic condition for the issue of the aforementioned permit is an alien's unbroken eight-year residence in the Republic of Slovenia on the basis of a temporary residence permit.

ECSR additionally finds in the material that a temporary residence permit may be issued to a foreigner on condition that the permit is within the specified quota of residence permits. In this connection, we wish to explain that the Aliens Act, in the second paragraph of Article 5, gives the Government of the Republic of Slovenia the right in accordance with a resolution on migration policy to specify each year the number (quota) of residence permits in the Republic of Slovenia that may be issued to aliens in the current year, but the Government of the Republic of Slovenia has not for the moment specified any quota. In the area of issuing residence permits, therefore, the Republic of Slovenia has not for the moment decided on specifying the number (quota) of residence permits that may be issued to aliens in the current year. Conditions for issuing temporary residence permits to aliens in the Republic of Slovenia are thus, in accordance with Article 27 of the Aliens Act, the following: a valid passport, the validity of which must be at least three months longer than the intended residence in the Republic of Slovenia, suitable health insurance and sufficient means for subsistence during the period of residence in the country, and in addition to the cited conditions, an alien who comes to the Republic of Slovenia for the purpose of employment or work must also have a work permit or other required permit under the law regulating employment or the work of aliens, or fulfil conditions determined by laws and other regulations of the Republic of Slovenia for performing individual activities.

EOSP also finds in the material that legislation in the area of entry and residence of foreign workers in the Republic of Slovenia is very strict. The valid Aliens Act (Ur.l. RS, no. 108/02), which determines conditions and methods of arrival, departure and residence of aliens in the Republic of Slovenia is entirely harmonised with the *Acquis*, thus also with documents of the European Union regulating the reception of citizens of third countries on the territory of Member States for the purpose of employment and for the purpose of performing self-employed activities. Of course, from May 1, 2004, when the Republic of Slovenia will become a full member of the European Union, the provisions of the Aliens Act will cease to apply for citizens of the European Union and the Republic of Slovenia from that date will

start to implement in entirety all the regulations of the European Union in relation to free movement, entry and residence of citizens of EU Member States in the Republic of Slovenia.

ECSR finds that termination of employment is one of the reasons for annulling a temporary residence permit already issued. The Amending Act to the Aliens Act introduced no innovations in this area, so that under Article 32 of the Aliens Act, a temporary residence permit issued to an alien for the purposes of employment or work is annulled because of the termination of employment.

Finally, we would like to stress again that the valid Aliens Act is entirely harmonised with the *acquis communautaire* and that the arrangement in the area of arrival, departure and residence of aliens in the Republic of Slovenia is a consequence of adapting and adjusting to the Acquis in the area of migration.

Article 23: THE RIGHT OF ELDERLY PERSONS TO SOCIAL PROTECTION

The content refers to the previous report

Additional clarification in relation to Conclusions 2003; page 74:

Adequate funds

In 2001, average pay in Slovenia amounted to 134,856 SIT (gross wage 214,561 SIT), and average old age pension 98,712 SIT (ratio 73.2 %).

In 2002, average Slovene pay was 147,946 SIT (235,436 gross wage), and average old age pension 107,640 SIT (ratio 72.8 %).

Services and facilities

Additional clarification in relation to Conclusions 2003; page 75:

Benefit

In the area of social protection, two services are payable, namely:

- home help and
- institutional protection

Beneficiaries pay for both services in relation to their social position. If the beneficiary cannot pay, a person who is obliged to support the beneficiary must pay. This is usually a spouse or children. If there is no such person, or they cannot pay, the municipality in which the beneficiary has permanent residence is the payee of these services. The user is in this way partially or even in entirety excused payment, depending on the payment capacity of the user. Payment capacity is calculated as the difference between ascertained income and the limit for social security. The limit for social security is determined as the sum of minimum income and 30% of the ascertained income of the beneficiary or as 1.5 minimum income. The higher amount is taken into account. Minimum income is the income specified by the Social Protection Act as the most essential funds for subsistence.

Centres for social work decide about benefits.

An integral system is in preparation which, among other things, will also enable a review of the number of people receiving benefits, as well as the level of benefits and similar. The system should come into operation this year.

Those entitled to the service of home help are: the over 65, the disabled, chronically sick persons as well as seriously ill children or children with severely disturbed mental development.

Those entitled to institutional protection are: the over 65 who do not need assistance, need minor assistance or constant assistance, persons suffering mental illness and also the disabled.

According to currently known data, the number of persons receiving assistance excused payment is around 1000. The number of recipients of this service is around 4,200 according to a rough assessment.

Calculating the cost of services of home help and day care

Since the beginning of 2003, new Rules on the methodology of forming prices of social protection services has been in force in Slovenia. The Rules determine the basic elements for forming prices of all social protection services. They also determine particularities in forming the prices of individual social protection services.

The service of **home help** is in municipal competence.

In accordance with the aforementioned Rules, the costs of the service of help to families at home consist of:

- costs of direct social care of the user
- costs of conducting the service

In accordance with the Social Protection Act, municipalities are obliged to contribute a subsidy of at least 50% of the total costs of the service of home help. The costs of this service are also subsidised by the state, through funds for active employment policy. The share of state subsidies amounts to an average of 15% of the total costs of the services. The difference between the total costs of the service and the municipal and state subsidies is the price that the user must pay.

Cultural, sports and spare time activities

The elderly are included in various cultural, sports and spare time programmes that are provided in this sphere by non-governmental organisations for the elderly, including the numerically strongest Society of Pensioners of Slovenia, and the University for the Third Life Period, and they are also active in numerous other organisations. Their achievements in this field are presented at the traditional annual »Festival of the Third Life Period«.

Additional clarification in relation to Conclusions 2003; page 75:

Financial attendance allowance for outside help

Elderly persons can obtain an attendance allowance for outside help because of long term reliance on the assistance and care of another person, which is paid by the Pension and Disability Insurance Institute. The allowance is paid at three levels. The allowance is also received by persons who need care and supervision because of senile dementia or related conditions. In the second half of 2004, on the basis of changes to the Social Protection Act, a family assistant will begin to operate.

At the end of 2003, an Amending Social Protection Act was adopted by the Slovene parliament, which among other things also introduces the right to a family assistant, which will gradually be applied in 2004.

A **family assistant** is a person who provides help to a disabled person (an adult person with serious mental development disturbance or adult persons with serious motor disability – including elderly persons who need help in performing all the basic living needs), in accordance with their needs and interests, and in particular:

- accommodation, care, food and household tasks,
- medical care through the selected personal physician,
- accompaniment and participation in various social activities (cultural, sports, religious, educational),
- enabling a legal representative, if the disabled person has one, to perform their functions,

but is not obliged to cover the material costs of living of the disabled person.

A family assistant may be a person who has the same permanent residence as the disabled person, or one of the family members of the disabled person and who can be considered an unemployed person under regulations on employment and insurance against unemployment or who, for the purpose of becoming a family assistance, is removed from the records of unemployed persons or leaves the labour market. A family assistant may also be a person who is in part time employment. A family assistant has the right to part pay for lost income to the level of minimum pay or a proportionate part of pay for lost income in the case of being in part time employment. Partial pay for lost income is adjusted with the growth of minimum pay.

In the case of a choice of family assistant, a disabled person retains the right to an attendance allowance which she or he receives for performing all the basic living needs under other regulations, but during the time that the family assistant is providing help, this right is in abeyance. A disabled person exercises the right to selection of a family assistant at a social work centre, which in accordance with regulations has jurisdiction for disabled persons. The competent social work centre issues a decision in which it is found that a chosen family assistant will provide the disabled person with the help needed in performing all the basic living needs, and at the same time it decides on the right of the family assistant to partial pay for lost income.

Additional clarification in relation to Conclusions 2003; page 75:

Possibilities of appeal

A user or individual has the following possible paths of **objection** in exercising rights in the area of social protection:

- to demand information or an explanation from the professional worker or professional associate who provided the service or conducted the hearing;
- to demand a discussion with a responsible person – director, head of a home, medical care head, professional head, representative of users on the council of an institute and similar;
- to demand an apology from a professional worker or director on behalf of the institution in the event of a mistake or misunderstanding;
- to propose to the Ministry of Labour, the Family and Social Affairs that it assess the professional work and current procedures of the provider;
- to propose to the Social Chamber of Slovenia that it assess possible violations of the Code of Ethical Principles in Social Protection

If, after this, the difficulty has not been solved, a user has the following **paths of appeal** available:

- Whenever her or his application (demand, request) has been decided by decision , s/he may lodge an appeal in accordance with the legal caution which must by law be attached to any administrative decision or administrative resolution. An appeal may also be lodged in a case of a competent body not deciding on a complete application within the legal time limit,
- If s/he is not satisfied with an individual service, s/he may file an objection against the work of the professional worker or professional associate. An objection under Article 94 of the Social Protection Act must be filed within eight days of the service being performed. When the service is carried out by a public social protection institute, an objection is filed with the council of the institute, and if the service is provided by a private provider, an objection is filed at the Social Chamber of Slovenia.
- If an objection did not succeed or if s/he is still not satisfied with the service or with the work and procedures of the provider, under the first paragraph of Article 103 of the Social Protection Act, a demand may be lodged for extraordinary professional and administrative control. The demand is sent to the Ministry of Labour, the Family and Social Affairs, Ljubljana, Kotnikova 5.

The valid law determines that the state shall ensure the quality of implementation of services in the field of social protection by providing regular professional and administrative controls of the work of providers of social security services. The ministry devoted particular attention to this in 2000 and established a special department for this activity. The annual reports of implementation of work have shown that the ministry is exercising the supervisory function as an important element of ensuring the quality of services and respecting the rights of users, but that the existing system of organisation and implementation of supervision of the legal arrangement is nevertheless insufficiently effective. Pluralisation is being very much introduced in the country in the sphere of social protection, and the network of social protection programmes, which are being mainly carried out by non-governmental organisations and predominantly financed by the state, is also being extended. Because of this, the need has appeared for the establishment of a more transparent, frequent and independent inspection supervision of all providers of services, programmes or other activities of social protection. The ministry has prepared a proposal of an amending act by which the state would introduce instead of professional and administrative control, inspection control in the sphere of social protection, which would be implemented by authorised workers of a body within the ministry. The purpose of introducing inspection control was to ensure a faster response to appeals, initiatives and complaints of users, and it would enable also the ordering of more effective measures by which it would be possible more quickly to remove possible irregularities found.

Additional clarification in relation to Conclusions 2003; page 75:

Housing

The National Programme of Care for the Elderly in Slovenia envisages the development of an institutional network and the development of organised services in the residential neighbourhoods. The development of a network of institutional care will include the

establishment of new capacities in public institutions as well as the introduction of concessionary forms of housing care. The programme emphasises especially the organised services within the residential neighbourhood and the encouragement of private initiative. The aim of the organisation of housing care services in the residential neighbourhood is to keep, within the familiar environment, as many elderly persons as possible.

Institutional care

Until recently, the various types of the classic old people's homes (home for the aged) represented the most common institutionalised form of housing care for the elderly in Slovenia. Slovenia at present has a developed network of homes for the aged in nearly all larger communes. The goal is to reach the standard of giving at least 4,5 % of population elder than 65 years the possibility to live in homes for the aged.

Corresponding to the 4,5 % standard Slovenia should need at least 14 500 beds in homes for the aged. Currently (2003) there are 66 homes with 13 300 beds for the elderly and approx. 2 200 beds for the people with special needs.

According to the Slovenian norms the concept of a home for the aged (a combined type: residential and nursing) should follow certain guidelines and norms concerning the purpose and surfaces of the building and its cost. It should consist of: living area (housing and nursing unit), health service station, service facilities, administration.

The activity of combined type of the home for the aged should include social and health care.

Demand has always been exceeding supply, especially in the urban areas (average waiting period in the urban areas is approx. 6 to 12 months).

Second most important type of care for the elderly are dwellings for the elderly owned by the Real Estate Pension Fund of Slovenia, founded and owned by Pension and Disability Insurance Institution of Slovenia, which owns and rents nearly 3,000 dwellings to the elderly. Dwellings were purposely built for the elderly. However, recently dwellings are under the process of refurbishment (adaptations) to comply with the special needs for the elderly.

The Fund is the main investor in this area and is currently in process of preparing an investment programme for the period from 2004 to 2008. The Fund as an investor build the apartments, in particular with the aim to rent them, but depending on the demand, also to sell them; as a co-investor to build the apartments in partnerships with other legal persons, particularly regional and local funds. To a smaller extent, the Fund will also acquire apartments by buying and, furthermore, promote such constructions that are in conformity with the special needs of the elderly. In future the Fund would like to develop consulting for elderly, especially concerning the buying and selling of real estate, trading on their behalf, informing on different ways of accommodation for elderly and consultation as regards the adaptation of living areas to the specific needs of the elderly.

Owner occupied dwellings - adaptations

Slovenia is characterised with very high share of private (mostly owner occupied dwellings) which accounts for 92% of the total housing fund. Therefore, also the major part of Slovenian elderly population lives in this types of dwellings /houses/. As recent survey on "Present living conditions and future housing needs of the elderly in Slovenia" has shown majority of those people live in their dwellings for more than three decades and are very reluctant to

move to new environments. The survey revealed that the majority of those who indicated their choice would stay in the same place, notwithstanding inappropriate housing, rather than move to a different place for better housing. The National Housing Programme and future programmes of the institutions that are in charge of housing (the National Housing Fund; the Municipal Housing Funds; the Real Estate Pension Fund etc.) are giving special attentions to the possibilities to develop financial instruments to enable the elderly to obtain loans and grants to improve their dwellings to the needs.

Sheltered Homes

Among the new forms of housing for the elderly are so-called ‘sheltered homes’ which currently appear to be the most popular. They are funded by public-private partnership ventures and some funded entirely by private investors. The standards for sheltered homes are currently in the process of legislation i.e. the “sheltered home” is to become a trademark, technical standards as well as proximity (availability) of services for the elderly will have to be secured in order for the investors to market dwellings as sheltered homes.

Lifetime adoptable housing

The concept of “*lifetime adaptable housing*” has been indeed given consideration, especially under the condition of above described high home ownership. The concept has been developed and proven as appropriate at the universities as well as at the research institutions and it has also been recognised by public administration and by developers, but up to now it only partially resulted in practice.

Additional clarification in relation to Conclusions 2003; page 75:

Medical care

1. The proportion of the cost of medicines to be born by elderly persons

Rights under compulsory and voluntary health insurance are the same for the entire population. Elderly persons who have voluntary health insurance do not have additional costs for medicines on the positive list. This list includes all the necessary medicines for treatment in accordance with recommended professional standards. However, there is not very high cover of voluntary insurance in Slovenia. Additionally, the Health Protection and Health Insurance Act determines in Article 25 that payment of services in the case of urgent treatment for persons over 75 years of age who are not covered by voluntary insurance shall be guaranteed. For such persons, the Institute of Health Insurance may also approve the entire payment of orthopaedic, orthotic and other devices on conditions specified by general acts. Uninsured persons also have the right to treatment of home care services since this is health protection of themselves and other insurants. The Health Insurance Institute of Slovenia keeps records individually of the costs of medicines for retired persons, on the basis of invoices realised.

2. Health care programmes and services (in particular primary health care services) specifically aimed at the elderly

We reported in the previous period about services and preventive programmes, and there have been no essential changes or progress in this connection. Treatment at home and medical care is provided in the network of health care services. Normally health centres are responsible for

treatment and medical care at home and they represent part of the general medicine and nursing care and are part of the network of public health services (non-private and private). The national programme establishes a uniform system of long-term care which should enable elderly people, physically handicapped persons and other individuals the necessary long-term care, quality health, social and other services. The Ministry of Health and the Ministry of Labour, the Family and Social Affairs are in process of preparing a joint strategy for the overall protection of elderly persons, including the setting up of a system of palliative protection. Suitable services are being developed and linked within local communities including with the cooperation of the non-governmental sector and families. Special attention is devoted to care of the incurably ill and dying, programmes of assistance for families of the dying are produced, which take place well within the framework of the non-governmental sector.

Programmes of treatment, rehabilitation and care by carers at homes for elderly citizens and individual social welfare institutes are provided. The further development of hospitals for extended hospital treatment is envisaged. The setting up of uniform compulsory insurance for long-term care is planned.

The Instructions for the provision of primary preventive health care have been supplemented (Ur.l. RS no. 19/98, 26/00, 67/01, 33/02, 37/03) as well as the Regulation of the same name. Preventive health protection of adults in the sphere of cardiovascular diseases on a primary level has been defined for the target population of the persons most at risk, i.e., men aged from 35 up to and including 65 and women aged 45 to 70 inclusive, and preventive examinations are carried out every five years. Preventive examinations for cervical cancer are also included, which are carried out every three years for women from 20 to 64 actively by invitation, and between 65 and 74 passively, without invitation, also every three years. If the result of the smear is negative, rights under the programme to the age of 74 apply for them. After 75 years of age, women are enabled access to curative examinations. For the early discovery of breast cancer, after 50 years of age a clinical examination of the breasts together with a mammograph is carried out every two years in breast centres on a primary level. Home nursing visits for insurants over the age of 65 are determined for the purpose of maintaining health and offering help to the elderly and their families for the highest possible quality of life in the domestic environment. The content of visits is defined by general tasks which contain professional preparations for fieldwork, care anamnesia of the elderly and their families, planning and implementing care interventions and evaluating work carried out. Specific tasks are defined as physical examination of the elderly, suitable food and care of the elderly, health education work with families and the elderly, providing medical care and individual tasks on the basis of individual needs and problems of the insurant. An important part of home nursing care is programmed health education in the family and in the local community. The aim is the treatment of families in the domestic environment and support for families in pivotal periods. A positive attitude, standpoint and conviction about health, strengthening and maintaining health is thus ensured and activity for providing the unique function that a family has is encouraged.

3. Guidelines on health care for elderly persons

Special guidelines on health care for elderly persons have not been produced, health care is defined in framework by the National Programme of Health Care of the Republic of Slovenia – Health for All by 2004 (Ur.l.RS no. 49-2333/2000), sub-section 4.2.4. devoted to protecting the health of elderly persons. The following measures are stated:

- Enabling the longest possible independent life in the environment to which they are accustomed, mainly within the circle of the family

- Providing suitable health care
- Organising non-institutional forms of life for the elderly
- Care for the incurably ill and the dying
- Setting up uniform compulsory insurance for long-term care.

4. Mental health programmes for persons with dementia and related illnesses

An association for help with dementia called Spominčica (Forget-me-not) is a non-governmental organisation whose aim is to help patients and their families in alleviating the consequences of dementia and related illnesses caused by age. It brings together various experts that deal with these problems, each in her or his own field. The purpose of the association is:

- Counselling and education of family members and lay carers for successful help in the care of wards with dementia.
- Training various professional workers for up-to-date and varied help for wards with dementia and their families.
- Commitment to preventive activities, earlier discovery of the illness and possible treatment.
- Publishing informative booklets, leaflets and other aids.
- Producing adapted exercises for training mental capacities.
- Informing the public and responsible organisations of difficulties the illness causes both to patients and their families and society in general.
- Cooperating with similar organisations in Slovenia and abroad.

Additional clarification in relation to Conclusions 2003; page 76:

Institutional protection

- **Qualifications of care personnel**

Special institutes and homes for the elderly employ staff from the area of social protection and healthcare. Requirements in relation to education and qualifications of staff are determined by standards defined in the Regulation on Standards and Norms for Implementing Social Protection Services and standards specified by norms for the area of healthcare activities of social welfare institutes under health legislation. Altogether there were 6,632 persons employed in such institutions in 2002. Salaries of employees are regulated by relevant laws and branch collective contracts for the area of health and social protection. They are used both in public institutes in state ownership and in private institutes operating on a concession basis.

- **Care of persons with dementia and related illnesses**

Currently, homes for the elderly and special social institutes use various doctrinal approaches to work with persons with dementia and related illnesses. In 2003, MDDDSZ commissioned from the Faculty of Social Work the production of a project »Work with persons with dementia – preparation of a model of treatment of persons with dementia«. It is envisaged that the project will be completed by 30.6.2004 and will become the starting point for work with such persons in social welfare institutions.

- **Cooperation in the administration and management of institutes**

The Social Protection Act, adopted in 1992 is based on principals of equal access and right to chose the appropriate service. The Act specifically lays down, among other things, institutional care services for the elderly, and sets forth the details relevant to the operations of public institutions in this area, sets out that social assistance services must be provided in such a manner as to ensure data confidentiality, and the personal integrity and dignity of the users, that residential home councils must include a representative of the users, that the provider must reach agreement with the users on the duration, type and method of provision of the service, and also laying down the instruments and procedures available to users if they are not satisfied with the provision of services.

Statutes of residential homes set forth in detail the composition of home councils and the method of organisation of residents' cooperation with the provider's staff. Cooperation is normally pursued via residents' meetings and councils, and possibly via various working bodies and commissions responsible for addressing issues in individual spheres (a typical example being a food commission) of life in the home.

- **Compulsory placing**

It is not possible to place anyone in a home for the elderly or special social institute against their will. Persons suffering from serious mental or psychiatric illness must have a specific guardian and can only be placed in such an institution with the guardian's permission.

- **Organisation of spare time activities in institutions**

The organisation of spare time activities, entertainment, cultural and sports life in any institution is under the jurisdiction of the social service, work therapy and organisers of spare time activities, who are linked in this with various non-governmental organisations, societies and groups. Society does not prescribe special standards or determine guidelines in this area. Individual institutions determine them in their annual programme documents.

[Additional clarification in relation to Conclusions 2003; page 77:](#)

Commercial activities of homes for the elderly

Commercial activities of homes for the elderly relate mainly to the preparation and sale of food to externale users, cleaning and washing linen and clothing for external users, providing transport, leasing out premises for various purposes and the sale of various catering services for visitors to the homes (food and drink). In 2002, commercial activities of homes for the elderly and special institutes provided approximately 4.04% of all income of homes.

Article 25: THE RIGHT OF WORKERS TO THE PROTECTION OF THEIR CLAIMS IN THE EVENT OF THE INSOLVENCY OF THEIR EMPLOYER

The content refers to the previous report.

Additional clarification in relation to Conclusions 2003; page 79:

Assets that are insufficient even for the costs of the bankruptcy procedure

In the case of assets coming into the bankrupt's estate being insufficient even for the costs of the procedure or being of insignificant value, the bankruptcy panel, in compliance with Article 99 of the Enforced Settlement, Bankruptcy and Liquidation Act, issues a resolution by which it commences and immediately concludes the bankruptcy procedure. Workers whose employment in such a company ceased because of the bankruptcy have rights under the heading insolvency of an employer, which they enforce with the Guarantee Fund.

The Financial Business of Companies Act (Ur.l. RS, no. 54/99) determines in the third paragraph of Article 27 that workers whose employment ceases from the day of removal of a business concern from the court register, have the same rights as workers whose employment ceases because of the commencement of a bankruptcy procedure, including rights under the Guarantee Fund of the Republic of Slovenia Act (hereinafter ZJSRS).

In view of the experience of the Fund in the years of operation, for companies where there are neither funds nor assets for the payment of creditors, there are similarly insufficient funds for the procedure. The Fund deals with applications of these workers and recognises their rights under ZJSRS.

Additional clarification in relation to Conclusions 2003; page 79:

Protection under ZJSRS for workers employed in companies with head office abroad

Article 559 of the Companies Act, Ur. l. RS, no. 30/1993 (hereinafter ZGD) determines that a foreign company is a physical or legal person who performs an activity for gain and has residence or head office outside the Republic of Slovenia. The position of a foreign company is judged according to the law of the country to which the company belongs, unless determined otherwise by law.

Article 560 further determines that a foreign company doing business in the Republic of Slovenia is equated with a domestic company in relation to its rights, obligations and responsibilities, unless otherwise determined by law. A foreign company may perform activities for gain in the Republic of Slovenia through a subsidiary. In accordance with Article 568 ZGD, a foreign company is responsible for obligations created by the business of a subsidiary, with all its assets.

In all the time that the Guarantee Fund has been operating in Slovenia, thus since November 1997, we have not come across a situation that would raise this problem. It has thus not happened in all the years of operation that workers who have lost their jobs with a subsidiary of a foreign company have enforced rights under the heading insolvency with the Guarantee Fund. The business of foreign companies through subsidiaries is regulated in the Companies Act in accordance with the 11th Directive of the Council of the EEC, which refers to opening subsidiaries and agencies that companies falling under the legislation of other Member States open in Member States (Directive 89/666/S).

Additional clarification in relation to Conclusions 2003; page 80:

Level of payments to claimants

In accordance with Article 19 ZJSRS, the following are the rights under this act:

- right to payment of unpaid salary for the period of the last three months prior to the date of ceasing employment,
- right to payment of unpaid compensation pay for paid absence from work in the period of three months prior to the date of ceasing employment,
- right to payment of compensation pay for the period of unused annual leave to which the claimant is entitled in the current calendar year,
- right to payment of redundancy pay to the level and under conditions specified for redundant workers by regulations regulating employment.

The level of payment to claimants amounts to:

- for rights under the first and second indents of the previous paragraph, a maximum of the amount of three minimum salaries determined by law on the day of issuing the decision, reduced by taxes and contributions,
- for rights under the third indent of the previous paragraph a maximum of the amount of one half of a minimum salary determined by law on the day of issue of the decision, reduced by taxes and contributions,
- for rights under the fourth indent of the previous paragraph a maximum of the amount of one minimum salary determined by law on the day of issue of the decision, reduced by taxes and contributions.

In view of the provisions of the act, a beneficiary from the Fund can receive a total of a maximum of four and a half minimum salaries. This is in a case that s/he proves claims against the debtor in bankruptcy or employer for each of the rights, at least to the level guaranteed by the Guarantee Fund.

Additional clarification in relation to Conclusions 2003; page 80:

Average period for payment

The time from submitting an application to the Fund to payment by decision of recognised rights generally amounts to between 90 and 100 days. This is the actual time which passes from the first communication of the worker with the Fund to actual payment.

Additional clarification in relation to Conclusions 2003; page 80:

Percentage »cover« of the claims of workers on the part of the Fund

The Guarantee Fund has available data on the level of claims under headings that the worker enforces with the Fund. Thus in 2003, under the heading pay and compensation pay for paid absence from work, for the last three months prior to the ceasing of employment, 91.6% of claims under this heading were paid, under the heading compensation pay for unused annual leave 57% of claims and under the heading redundancy payments, 30% of claims. Altogether in 2003, the Fund paid workers 66% of their claims under headings that are enforced with the Fund.

Article 27: THE RIGHT OF WORKERS WITH FAMILY RESPONSIBILITIES TO EQUAL OPPORTUNITIES AND EQUAL TREATMENT

27:1

The content refers to the previous report.

Additional clarification in relation to Conclusions 2003; page 84:

Employment, professional guidance and training of citizens of ESC signatories.
See Article 18 of the Report 8 (pages 46 to 51).

Additional clarification in relation to Conclusions 2003; page 84:

Conditions of employment, social security

In the third paragraph of Article 187 of the new Family Relations Act (ZDR - in force since 1.1.2003) the obligation of employers to enable workers easier adjustment of family and professional obligations is explicitly stressed.

ZDR determines in Article 66 that a worker working part time in accordance with regulations on pension and disability insurance, regulations on health insurance or regulations on parental leave, has the rights from social insurance as s/he would have if working full time. Special cases of the rights of workers – parents – to work part time are regulated by the Parental Protection and Family Benefits Act (Ur.l. RS, no. 97/01 and no. 3-122/2004).

In the first paragraph of Article 191 ZDR, it is also specified that an employer is bound to guarantee a worker the right to absence from work and part time working because of the use of parental leave, determined by the act. A worker is obliged to inform an employer about the start and method of use of rights within a time limit of 30 days from the start of the use of rights, unless the law regulating parental leave determines otherwise (second paragraph of Article 191). A worker using parental leave has the right to compensation pay in accordance with regulations regulating parental leave.

In the reporting period from January 1 to December 31 2001, the Family Benefits Act was in force (Ur. l. RS, no. 65/93, 71/94, 73/95, 26/99), which regulated benefit for maternity leave. Maternity benefit under that law covered refund of pay for the period of leave on the birth of a child, leave for care and protection of a child and extended leave for care and protection of a child (Article 3).

The right to maternity benefit is held by a mother who, under regulations on health insurance, is insured for the right to benefit for the time of being off work, on condition that she was insured before the day of compulsory commencement of maternity leave.

A mother is also entitled to financial benefit who, during pregnancy or in the period of maternity leave, leave for care and protection of a child or extended leave for care and protection of a child, against her will and through no fault of her own ceases employment that was concluded for an indefinite time; which was concluded for a definite time longer than nine months; which was concluded for a definite time up to nine months when against her wish and through no fault of her own employment concluded for a specific time is terminated.

It is considered that the condition that employment was concluded for a specific time longer than nine months is fulfilled also in a case when the mother consecutively and without a break concludes employment for a specific time to a total duration longer than nine months.

The right to financial benefit is also held by a father of a child, another person who cares for and protects a child and a person who takes a child into care and protection because of adoption, in cases when, in accordance with regulations on employment, the right to maternity leave can be transferred to this person, on condition that they are insured under regulations on health insurance for the right to compensation for a period off work (Article 4).

Beneficiaries have the right to financial benefit for the length of time determined in regulations on employment in connection with the right to absence from work because of childbirth, and care and protection of children (Article 5)

The basis for financial benefit is the average monthly pay of the beneficiary or the average basis from which a beneficiary pays contributions for maternity protection in the previous 12 months prior to the month of compulsory commencement of maternity leave.

If the beneficiary received pay or paid contributions for maternity protection for a shorter period, guaranteed pay is taken into account as a basis for the missing months (guaranteed pay in the Republic of Slovenia in 2001 amounted to 47,570 SIT; source: data of the Statistical Office RS).

For a father or other person who protects and cares for a child in the case of the mother dying, the basis for the financial benefit is the average monthly pay or average basis on which the person paid contributions in the previous 12 months or shorter period before the commencement of maternity leave.

For a beneficiary who received compensation pay in the period referred to in the previous paragraph, the basis on which compensation was calculated is taken into account (Article 6).

Bases are recalculated with an index that expresses the ratio between average pay of all employed persons in the Republic of Slovenia for the month which is the last month for the beneficiary prior to the month of compulsory commencement of maternity leave, and the average pay of all employed persons in the Republic of Slovenia for the period of those twelve months which represent the basis for financial benefit (Article 7). (Average monthly pay of all employed persons in the Republic of Slovenia in 2001 was 214,561 SIT; source: data of the Statistical Office RS).

Financial benefit amounts to 100% of the basis. Financial benefit is adjusted to the movement of average pay in the Republic of Slovenia. A beneficiary is entitled to the adjusted financial benefit from the first day of the month for which the last official data on the movement of pay in the Republic of Slovenia was published. Financial benefit may not be lower than the lowest monthly pay paid and not higher than the highest pay, determined according to regulations on pay policy (Article 8).

A period for which a beneficiary did not work because of family duties and received financial benefit under the Family Benefits Act is counted in the pension period of the beneficiary.

The Parental Protection and Family Benefits Act, which replaced in entirety the Family Benefits Act and was in force in the reference period from 1 January 2002 to 31 December 2002 (Ur. l. RS, no. 97/01) regulates the right to parental benefit, which covers maternity benefit, paternal benefit, benefit for care and protection of a child and adopter's benefit.

The right to parental benefit is held by persons who have the right to parental leave and were insured under this act prior to the day of commencement of individual types of parental leave. The right to parental benefit is also held by persons who do not have the right to parental leave if they were insured under this act at least twelve months in the last three years prior to the commencement of individual types of parental leave (Article 39).

The basis for individual types of parental benefit is the average basis from which contributions for parental protection were calculated in the last twelve months prior to the commencement of parental leave. If the insurant in the period referred to in the previous paragraph received compensation pay, the basis is taken into account on which the compensation was calculated. If contributions for parental protection were calculated for the insurant for a shorter period than specified in the first paragraph of Article 39, 55% of minimum pay is taken into account as the basis for the missing months. For an insurant referred to in the second paragraph of Article 39, 55% of minimum pay is taken into account as the basis. The basis so determined is increased by 2%, but a maximum of 50%, for each month of insurance for parental protection which was paid in the last three years prior to the commencement of an individual type of parental leave.

The basis may not be higher than two and a half times the average monthly pay in the Republic of Slovenia (average monthly pay in the Republic of Slovenia in 2002 was 235,436 SIT; source: data of the Statistical Office RS) on the basis of the last known official data on monthly pay at the time of calculating benefit. The basis may not be lower than 55% of minimum pay (Article 43). (Minimum pay in the Republic of Slovenia in 2002 was 94,675 SIT; source: data of the Statistical Office RS).

Parental benefit for full absence from work amounts to 100% of the basis. Parental benefit for partial absence from work is the same proportionate part of absence from work (Article 44).

In accordance with Article 48 of the Parental Protection and Family Benefits Act, one of the parents that cares for and protects the child up to three years of age has the right to work part time. In such a case, the employer guarantees the right to pay for actual working obligations, and the Republic of Slovenia guarantees payment of social security payments based on minimum pay to his full obligation. Part time work must embrace at least half of the weekly working obligations.

Periods in which a beneficiary does not work because of family obligations and receives parental benefit under the Parental Protection and Family Benefits Act count towards the pensionable service of the beneficiary.

Additional clarification in relation to Conclusions 2003; page 84:

Reduction or cessation of performing vocational activity because of the serious illness of a child

The Parental Protection and Family Benefits Act determines in the fifth paragraph of Article 26 that leave for the care and protection of a child at the time of the birth of a child that needs special care and protection is extended for an additional 90 days on the basis of the opinion of a medical commission.

One of the parents who cares for and protects a child with seriously disturbed mental development or a child with a serious motor handicap, in accordance with Article 84 of the Parental Protection and Family Benefits Act has the right to work part time. In such a case, the employer guarantees the right to pay for actual working duties, and the Republic of Slovenia guarantees payment of social security payments based on minimum pay to his full obligation. Part time work must embrace at least half of the weekly working obligations (Article 48). A Social Work Centre decides on rights guaranteed by the Republic of Slovenia, on the basis of the obtained right to part time working with an employer (Article 49).

The Parental Protection and Family Benefits Act also determines the right to part pay for lost income. Part payment for lost income is a personal benefit which one of the parent's receives when employment is terminated or s/he starts to work part time because of care and protection of a child with seriously disturbed mental development or a child with serious motor handicap. The monthly level of part pay for lost income is the minimum pay on which the beneficiary pays social security contributions. If one of the parents starts to work part time, s/he is entitled to a proportionate share of pay for lost income (Article 84).

The right to part payment for lost income is held by one of the parents if s/he is a citizen of the Republic of Slovenia and has permanent residence in the Republic of Slovenia and the child is a citizen of the Republic of Slovenia and has permanent residence in the Republic of Slovenia. The right is enforced on the basis of the opinion of a medical commission. Part payment for lost income can be enforced by one of the parents if s/he decides to leave the labour market in order to care for a child that needs special care and protection. It is considered that the person has left the labour market if s/he terminates employment for an indefinite time or requests removal from the register of unemployed persons. It is not considered that the person has left the labour market if s/he ceases to perform an independent or agricultural activity (Article 85). The right to part payment for lost income determined by the Parental Protection and Family Benefits Act has been recognised since 1.1.2003.

27:2

The content refers to the previous report.

Additional clarification in relation to Conclusions 2003; page 85:

Parental leave

ZDR determines in the first paragraph of Article 191 that an employer is obliged to guarantee a worker the right to absence from work or part time working in order to use parental leave determined by law. A worker is obliged to inform the employer about the start and the method of using the right within a time limit of 30 days before the start of using the right, unless otherwise determined by the law regulating parental leave (second paragraph of Article 191).

The Parental Protection and Family Benefits Act determines that one of the parents has the right to leave for care and protection of a child lasting 260 days immediately after the end of maternity leave of the mother. On the birth of twins, the leave for care and protection of the children is extended by an additional 90 days. On the birth of more than two simultaneously live born children, the leave for care and protection of a child is extended by an additional 90 days for each further child. On the birth of a premature baby, the leave for care and protection of a child is extended by the number of days that the pregnancy was shorter than 260 days. On

the birth of a child that needs special care and protection, leave for care and protection of a child is extended for an additional 90 days on the basis of the opinion of a medical commission of the Paediatric Clinic in Ljubljana, which is appointed by the minister responsible for protection of the family. Leave for care and protection of a child is extended for 30 days in a case in which the parents at the time of the birth already protect and nurture at least two children up to the age of 8, for three children 60 days, and for four or more children for 90 days. The cited rights are composite (Article 26).

If a disturbance in the physical or mental development or long-term serious illness of the child is ascertained when the parents have already returned to work, after the expiry of leave for care and protection, and the child is not yet eighteen months old, one of the parents has the right to leave for care and protection of a child for 90 days from the day of recognition of the right (Article 28).

Part of the leave for care and protection of a child, lasting at most 75 days, may be transferred and used at most until the child is 8 years old (Article 26). Parents who have transferred part of the leave for care and protection of a child may use this in a continuous string in the form of full or partial absence from work or by days in the form of full absence from work. When the parents use the leave for care and protection of a child by days, the duration of the right is determined in working days in such a way that it takes into account 70% of the relevant calendar days of the transferred leave for care and protection of a child.

The maximum length of parental leave in the case of it not being used continuously with maternity leave is 455 days (sum of maternity lasting 105 days, leave for care and protection of a child lasting 260 days and leave because of later finding of the health state of the child lasting 90 days). One of the parents uses the maximum length of parental leave lasting 455 days in a case in which a disturbance in the physical or mental development of the child or long-term serious illness of the child is found when the parents have already returned to work, after the expiry of leave for care and protection of the child and the child is not yet 18 months old. The aforementioned arrangement applies for all categories of worker. In view of the fact that the Parental Protection and Family Benefits Act entered into force on 1 January 2002, the Ministry of Labour, the Family and Social Affairs does not have data available on the number of beneficiaries that have made use of the maximum length of parental leave lasting 455 days, since in the cited case it is a matter of extending leave for care and protection of a child which is established after the expiry of leave for care and protection of a child and is thus not included in the reporting period to 31 December 2002.

27:3

The content refers to the previous report.

Additional clarification in relation to Conclusions 2003; page 85:

Prohibition of terminating an employment contract for reasons relating to family obligations

The new ZDR regulates protection of parents from dismissal in Article 115. The first paragraph of Article 115 thus determines that an employer may not terminate an employment contract of a worker during pregnancy and throughout the time of breast feeding a child, or parents when they are using parental leave in the form of full absence from work.

The employment of these categories of workers may not be terminated by the employer during the period of pregnancy, breast feeding and use of parental leave in the form of full absence from work. If an employer did not know about the pregnancy of the worker at the time of making the dismissal, legal protection from dismissal applies if the worker immediately, or immediately after the cessation of obstacles that have not been created through her fault, submits to the employer a medical certificate proving her pregnancy (second paragraph of Article 115).

An employer may only exceptionally terminate an employment contract and employment cease for a worker, after the prior consent of a labour inspector, if reasons are given for exceptional dismissal (serious culpability of the worker which prevents further employment) or because of the initiation of a procedure of closure of the employer.

However, ZDR explicitly enumerates reasons in Article 88 and 111 because of which an employer may legally terminate a worker's employment contract (ordinary or extraordinary termination). The reasons for ordinary termination of an employment contract are:

- business reason (cessation of the need for performing specific work)
- reason of incapacity (failure to achieve expected working results)
- reason of culpability (violating contract obligations or other obligations from employment).

Reasons for extraordinary termination of a worker's employment contract under Article 111 are exclusively serious culpability on the part of the worker that prevents further employment.

Among reasons that are not grounds for termination of an employment contract by an employer, ZDR explicitly also stresses in Article 89 temporary absence from work because of care of family members under regulations on health insurance or absence from work because of the use of parental leave under regulations on parenthood.

Article 30: THE RIGHT TO PROTECTION AGAINST POVERTY AND SOCIAL EXCLUSION

The content refers to the previous report.

Additional clarification in relation to Conclusions 2003; pages 89 - 92:

In February 2000, the Government of the Republic of Slovenia adopted a programme of the fight against poverty and social exclusion (hereinafter: Programme 2000), and defined guidelines and tasks for its realisation as one of the priorities of government policy. The purpose of the programme was to adopt inter-ministry coordinated measures that will reduce the number of the poor, with suitable assistance to those who have found themselves in poverty, as well as those who are in danger of slipping into poverty.

The Ministry of Labour the Family and Social Affairs, which is responsible for monitoring and coordinating activities within the framework of the established programme, after two years prepared the first extensive report on its implementation. It created a document entitled »Strategy of Social Inclusion with a Report on the Realisation of the Programme of the Fight

against Poverty and Social Exclusion« (hereinafter: Strategy 2002), which the Government RS discussed and adopted in April 2002 and from which it is clear which measures of those adopted in the Programme 2000 the government has realised in two years and which it has not. Thus, as in 2000, also in the preparation of the strategy, the findings of the Statistical Office of the Republic of Slovenia were taken into account, which cooperated in the preparation of Programme 2000.

Strategy 2002 is the basis for the further policy of the Government in all areas of social security, and with its adoption, the ministry was additionally charge with: *first* that they accelerate preparation of legal documents required for the realisation of the strategy of social inclusion and measures envisaged in it and *second* that in preparation of measures from their own working areas that affect the social position of the population, they study particularly carefully the effect on income of the weakest groups, and do not adopt measures that would worsen their position.

On the basis of findings from Strategy 2002, it is clear that the majority of legal and programmatic measures have been adopted and their realisation has begun, and many of the adopted measures have in the short term had a significant influence on improving the social position of the weakest strata of society. It is particularly worth mentioning the introduction of a new state pension and some new family benefits such as: large family allowance, care allowance and paternal leave; a rise in existing financial benefits of the population and introduction of the institution of minimum income and introduction of the right to reduced non-profit rents.

The results of other measures are also important, to wit:

- the number of unemployed has begun to fall, on which measures of active employment policy have had a significant impact,
- for the first time for a long time we are recording an increase in the number of social and non-profit housing units being built,
- the social network of various programmes of home help, homes for the elderly, sheltered working centres for the disabled, shelters for the homeless, programmes for drug addicts, etc. has been extended
- free legal aid has been introduced.

It is clear from research by the Institute of Economic Research that unemployment is still the basic cause of poverty and social exclusion and that social transfers are ever more selectively directed at groups with the lowest incomes and they significantly reduce the level of poverty in Slovenia. Without them, this would be around 4-6 percentage points higher. It was also found that although the current system of awarding social transfers effectively reduces even higher poverty, it cannot remove the causes of it and social exclusion. The latest statistical data show that the level of risk of poverty in RS has been reduced, in 2000 it amounted to 12.9%; data is comparable with data from the Strategy 2002, by which the level of risk of poverty calculated for the reference year 1999 amounted to 13.6% (Statistical Information SURS, no. 133 of 18 November 2002).

The Government of the Republic of Slovenia is aware that employment is most important for reducing social exclusion, so in measures on the basis of amendments to ZSV, entering into force in September 2001 (Ur. l. RS, no. 26/01) and amendments to the Employment and Insurance against Unemployment Act (Ur. l. RS, no. 67/02), it further stimulated the employment of recipients of financial social assistance.

In the 2001-2002 period and later, in addition to the measures already mentioned, amendments to certain other laws were discussed and adopted, or new laws adopted:

- new Equal Opportunities Act (Ur. l. RS, no. 59/02);
- new Use of Slovene Sign Language Act (Ur. l. RS, no. 69/02);
- new Implementation of Fostering Activities Act (Ur. l. RS, no. 110/02)
- new Housing Act (Ur. l. RS, no. 69/03);
- new Parental Protection and Family Benefits Act (Ur. l. RS, no. 97/01);
- amendments to the Execution of Judgements in Civil Matters and Insurance of Claims Act (Ur. l. RS, no. 75/02).

Amendments to some acts are waiting for treatment in the National Assembly (such as the Income Tax Act, Training and Employment of Disabled Persons Act) and some envisaged measures are already in working variants (such as insurance for long-term care).

The Statistical Office of the Republic of Slovenia, on the basis of a government decision of April 2002, already this year began work on indicators of social linkage, which the Commission of the European Union determined (18 indicators) in December 2001 at the European Council in Laeken. In mid-November 2002, the Statistical Office published partial indicators from the aspect of income and poverty (Source: the aforementioned statistical information)

In relation to the financing of measures adopted within the framework of Programme 2000 and Strategy 2002 and partially but not entirely realised in 2001 and 2002, we stress that in the current national budgets and also in the future no specific budget item is evident for this purpose, i.e., realisation of the strategy of social inclusion, but funds for realising individual measures are shown horizontally by activities in relation to budget users.

Already in the preparation of Programme 2000 and later Strategy 2002 there was twofold planning and realisation, namely:

- realisation of Programme 2000 and Strategy 2002 was monitored by the National Council for the Fight against Poverty and Social Exclusion, founded for this purpose, and
- the Institute RS for Social Protection is responsible for monitoring the effects of envisaged activities and measures, which regularly prepares a report each year at the end of December with data on implementation of Programme 2000. To date, this institute has issued four reports (December 2000, 2001, 2002 and 2003).

The National Council for the Fight against Poverty and Social Exclusion was founded in January 1999 by decision of the Minister of Labour, the Family and Social Affairs; 23 members were appointed to the council, namely: representatives of ministries and government services in the competence of which belong tasks in connection with the fight against poverty and social exclusion; non-governmental organisations, the media, local communities and the professional public (including trade unions and employers). The tasks of the council were: acquainting the public with actions of the Council of Europe in this area and conditions in Slovenia and encouraging activities for improving these conditions.

To be more specific, the council contains in addition to representatives of the Ministry of Labour, the Family and Social Affairs, in whose competence are the majority of tasks (employment, the family, social matters, protection of the disabled, the sphere of pay etc.)

also representatives of the Ministry of Health, the Ministry of Finance, the Ministry of the Environment, Spatial Planning and Energy, the Office of the RS for Education. From non-governmental organisations, there was one representative each from the Red Cross of Slovenia, Slovene Karitas, Janez Smrekar Institute, the Society for Developing Preventive and Voluntary Work Ljubljana and Novo mesto; from the professional public there were active representatives from the Social Security Institute, Institute of Economic Research, Institute of Social Sciences and the then High School for Social Work and the Social Chamber of Slovenia; from the media journalists or correspondents from Radio Maribor, the newspapers Dnevnik and Večer; from local communities, the mayors of the municipalities of Kočevje, Šalovci and the deputy mayor of the municipality of Lovrenc na Pohorju; representatives from the Association of Free Trade Unions of Slovenia and the trade union Neodvisnoszt KNSS and representatives of employers. In the composition of the national council we made sure that both women and men were represented, as representatives of urban and rural regions. Within the framework of the council, three working groups were founded: the first for information and preparation of promotional campaigns; the second for preparation of the national programme and the third for coordination of the shaping and implementation of measures on various levels.

In order to inform and enlighten professional and lay publics as much as possible about activities within the framework of the fight against poverty and social exclusion, a whole series of very diverse activities were implemented in 2001 and 2002, ranging from working meetings, presentations, lectures to round tables in various professional bodies and other interested centres. Press conferences of the Ministry of Labour, the Family and Social Affairs were also devoted to these themes (the first about the initiative for the founding of the National Council in January 1999, another two at the time of the adoption of the aforementioned documents).

In the period in question, a large number of various informative brochures and leaflets were prepared and printed in all fields, as well as broadcasts on television and radio, which informed the population about their rights and the procedures for enforcing these.

Both documents were published in Slovene and English, and were sent to municipalities and implementers (social work centres, homes for the elderly etc.) and some public specialist libraries. Information about activities in this field and other material was and is also always available on the website of the Ministry of Labour, the Family and Social Affairs.

The Ministry of Labour, the Family and Social Affairs, in cooperation with the European Commission, in June 2002 organised and implemented a one-day seminar on social inclusion, in which more than 80 participants took part. The purpose of the seminar was to acquaint those taking part with the activities and aims of the EU in the area of the fight against poverty and social exclusion, to inform them about the development of the strategy and open methods of coordination of social inclusion after meetings in Lisbon and Nice and preparation of the then candidate countries for full inclusion and cooperation in European processes after their accession in 2004. Representatives of all institutions that had cooperated in the preparation of Programme 2000 and Strategy 2002 gave presentations at the seminar, in addition to guests from abroad (representatives of the General Directorate for Employment and Social Affairs from Brussels). Their proposals and comments, some very critical, especially those from the non-governmental sector, were taken into account in the preparation of the already mentioned Joint Memorandum on Social Inclusion.

It is not an exaggeration to stress again that events in the Republic of Slovenia, just as elsewhere, in the area of the fight against poverty and social exclusion have throughout been very diverse and dynamic, and at the same time harmonisation with policies in the European Union is taking place. On the basis of the Memorandum of Agreement between the European Commission and the Republic of Slovenia on the cooperation of Slovenia in the Action Programme of the Fight against Social Exclusion 2002-2006, signed in September 2002, the Republic of Slovenia is even more actively committed to EU policies and activities in this area. The result of these activities is not least the Joint Inclusion Memorandum between the Republic of Slovenia (together with the other 10 accession countries) and the European Union signed in December 2003, which is the normative basis for preparation of the national action plan in this area on the model of EU Member States.

Article 31: THE RIGHT TO HOUSING

31:1

The content refers to the previous report.

Additional clarification in relation to Conclusions 2003; page 93:

Suitable accommodation

The definition of suitable housing as introduced by the new Housing Act is an essential improvement in that the new Act determines in Article 10 that suitable housing is housing:

- which is in a single or multiple apartment building constructed in compliance with minimum technical conditions for the construction of residential buildings and housing;
- a permit for use has been issued for it in compliance with regulations on the construction of objects;
- it has separate living and sleeping parts (except when it is a bedsitter); and
- it must satisfy the housing needs of the owner or tenant and her or his immediate family members, which means that it must correspond to the standards of area defined by regulations.

The regulation mentioned above – the Regulation on Minimum Technical Conditions for the Construction of Residential Buildings and Housing (Ur. l. RS, no. 45/2000) – already ensures that housing satisfies all sanitary and health aspects. This regulation determines not only that each housing unit must have hot and cold water, heating, separate bathroom and WC, a bell, house post box, basement and other auxiliary premises, garage area, balcony, sound and fire protection, etc., but also determines minimum the size of individual areas in the housing, the light height of areas, width of doors etc.

In order that tenant housing satisfies the standards of area for the needs of the owner or tenant and his or her immediate family members, the regulation will prescribe the standards of area for a one, two, three etc. member household.

In order that housing is also suitable from the point of view of maintenance, the new Housing Act determines that an owner of rented accommodation must maintain the accommodation in accordance with standards prescribed by the regulation on the maintenance of housing. The old regulation dating from 1983 and still valid, will be replaced in the autumn of this year

with a new regulation. The housing inspection service (which was founded by the Housing Act of 1991 for precisely this purpose) may by decision order an owner who is not carrying out his obligations in connection with maintaining his housing or the shared parts, to carry out specific maintenance work in his housing or contribute a suitable amount for maintenance work in shared parts, so that the housing and shared parts are fit for normal use.

Housing Act (Article 103) enumerates »reasons of culpability« because of which an owner (landlord) may terminate the contract of lease of a tenant. A contract of lease may not be terminated if the owner did not previously in writing warn a tenant who is violating the contract of lease and send her or him a written reminder which states the violation of the contract of lease and the way of rectifying the reasons for termination – the time limit for rectifying the reasons for termination may not be shorter than 15 days. If within this time limit the tenant does not rectify the reasons for termination, the owner of the housing must file suit before a court to terminate the contract of lease and demand the departure of the tenant. The entire procedure in connection with eviction is regulated by the Execution of Judgements in Civil Matters and Insurance of Claims Act (Ur.l. RS, no. 5/98).

31:2

The content refers to the previous report.

Additional clarification in relation to Conclusions 2003; page 94:

Measures for reducing homelessness

These measures are also brought by the new Housing Act, which determines that municipalities shall build residential buildings for the temporary solution of housing questions of persons at social risk, intended precisely for those who do not have even the most essential housing conditions assured. Such »temporary shelters« should temporarily, for a specific time until suitable housing is assured, solve the problems mainly of the homeless and people who are suddenly left without a roof over their heads. A regulation on minimum technical conditions for the construction of residential buildings intended for the temporary solution of housing questions of persons at social risk is also being adopted for the construction of these »temporary shelters«.

In addition, numerous measures have been adopted for increasing the supply of rented and owner-occupier housing. The Strategy of Investment of the Housing Fund of the Republic of Slovenia, a public fund in housing construction, is considered the central measure of an operative nature, which has as its aim in the period to 2007 obtaining 5,200 units of housing and building land within the framework of target prices determined in the strategy (on the territory of the Urban Municipality of Ljubljana, a final price per m² of housing area up to 1,300 EUR, to 1,250 EUR in coastal municipalities, to 1,150 EUR in the surroundings of Ljubljana, up to 900 EUR in other urban municipalities and up to 800 EUR in other settlements). It should be mentioned that the Ministry of the Environment, Spatial Planning and Energy, together with the Housing Fund of the Republic of Slovenia, public fund, has signed with the Urban Municipalities of Ljubljana, Maribor and Koper (thus where demand for housing is highest) letters of intent of cooperation in providing housing and encouraging cheaper and higher quality housing construction on the territories of the aforementioned urban municipalities. The aim of the cooperation is to ensure as much rental housing as possible and

providing owner-occupier housing for savers in the national housing savings scheme, in which to date around 83,000 savings contracts have been signed.

The Housing Fund of the Republic of Slovenia, which was founded by the Housing Act of 1991 for implementing housing policy, has also entered into a project of co-investment with municipalities in building social and non-profit housing and thus increasing the provision of rental housing. Similarly, the Housing Fund RS, public fund, each year approves favourable loans to non-profit housing organisations and municipalities and public funds for the construction of non-profit and social housing. The National Housing Savings Scheme, which was adopted in 1999 and by which the state will provide housing savers with an annual premium to the level of one month's savings amount, and at the end of the saving will enable the saver to take a favourable housing loan will essentially influence an increase in the provision of owner-occupier housing.

With private rental housing, or market housing, the possibility is given with the new law that an owner and tenant agree with the rental contract on additional reasons for termination, in addition to those enumerated in the law itself, which is expected to encourage the renting out of such housing, and thus increasing the provision of such housing and consequentially the rents for such housing formed freely on the market should also fall.

The average waiting period for the rental of non-profit housing is seven years.

As the Commission itself established, there is still in Slovenia a major gulf between supply of and demand for all types of rental housing, so the right to rent so-called social and non-profit housing (under the new Act, there is only one type – non-profit rental housing) is still restricted to citizenship RS. However, the new Act has in Article 160 a provision which equates citizens of EU members with Slovene citizens in the right to rent housing, obtain favourable loans from SSRS and to saving in the national housing saving scheme.

One of the aims of the National Programme of Social Protection to 2005 is that the network of reception centres and shelters for the homeless be extended to five different locations. The framework capacity of 150 places in shelters envisaged by the National Programme by 2005 would thus be achieved. Accommodation and other forms of help for the homeless, whose numbers have dramatically increased in recent times, would thus be enabled. The need appears for the construction of at least 5 new facilities (an additional 100 places) for the operation of the programme of shelters for the homeless in Ljubljana, Kranj, Koper, Nova Gorica and Novo mesto.

Measures for preventing the loss of housing

The Act determines that a tenant's contract of lease may not be terminated if, because of exceptional circumstances in which s/he finds herself or himself and persons who additionally use the housing, and which s/he could not have anticipated or influenced (death in the family, loss of employment, serious illness, elementary accident etc.) s/he cannot settle rent and other costs which are paid in addition to rent (heating, water, electricity, telephone etc.), if s/he has initiated a procedure for subsidised rent and has informed the owner about his or her situation (Article 104 of the new Act).

31:3

The content refers to the previous report.

Additional clarification in relation to Conclusions 2003; page 97:

Access to suitable accommodation

Subsidising rents is arranged in a new and more favourable way by the new Act. The Act thus determines in Article 121 that a tenant is entitled to a subsidised rent if her or his income and the income of persons cited in the contract of lease, does not exceed the level of her or his minimum income, increased by 30% of her or his established income and the amount of the rent. The subsidy is determined at a maximum of 80% of a non-profit rent.

There is currently a need for 5600 non-profit housing units in Slovenia.

The state devotes budget funds in a number of ways for the housing area. Each year the state should budget funds for the recapitalisation of the Housing Fund RS, public fund, but there has been no recapitalisation of the fund for some years now since the funds for recapitalisation should be obtained from the sale of state assets which have not yet been sold. The state devotes an annual premium from the budget for savers in the national housing savings scheme, subsidies for the construction of housing by municipalities, funds for subsidising rents (municipal budgets) but all this represents only 0.12% of GDP for 2003.

Tax relief for the housing field appears in a lower level of VAT for total housing construction (8.5%) and recognition of tax relief in income tax for funds invested in the purchase, construction or maintenance of housing.