

Social Services of General Interest

Questionnaire

Introductory Remarks

In the White Paper on Services of General Interest (SGI) the Commission has announced a special Communication on social SGI including health services. A close co-operation with the Member States via the SPC and the High level group on health services and medical care (hereafter "High level group") was explicitly envisaged. This questionnaire aims at collecting input from the SPC and the High level group for the preparation of the Communication.

It has to be recalled that the preparation of the Communication to which this questionnaire contributes cannot replace the work already ongoing in special fields at different levels. Therefore the position of social SGI in relation to

- the planned Directive of Services in the Internal Market must be taken care of in the relevant Council formation;
- the planned package on State aid after the Altmark-decision of the ECJ must be taken care of in the consultation process started by the Commission;
- the evolution of the public procurement provisions with regard to Public-Private-Partnership-Models must be taken care of in the framework of the procedure of consultation started by the Commission in the Green Paper on this topic.

As this exercise is only a first step it will not be possible – especially taking into account the very vast field of different SGI in the Member States – to achieve on the basis of the replies to the questionnaire an overall description of all social SGI in the EU. **Member States are therefore invited to choose the fields which seem to be the most important with a view to their national organisation and in particular the fields that contain "grey zones" not clarified within the EU legal framework and where there may be an impact of Community rules (e.g. on the instruments for the delivery and financing of these services).**

The following sectors¹ could be relevant for replying to the questionnaire:

- Statutory social protection schemes
- Supplementary social protection schemes: income protection;
- Health and social care services;
- Support for families: child care;
- Services to promote social integration and to support people in difficulties (e.g. homelessness, drug dependence, disability, mental or physical illness);
- Social housing
- Other services which could be relevant in the framework of the current questionnaire (i.e. services with similarities to social and health services or linked to these like employment: access to placement services or education and training)

A “Background Document – Legal Framework” is sent out together with this questionnaire. This document describes the different legal aspects of EC rules which might affect social SGI or could affect these in future following evolutions in the organisation of service provision. These elements, as well as future developments (e.g. the need to adapt services to the changing needs of users, budgetary constraints) could be taken into account by the Member States when replying to the questionnaire.

Member States are invited to provide only one coordinated reply to the questionnaire. Every Member State is entirely free to decide on the way the answers to the questionnaire are prepared and coordinated. Nevertheless it should be taken into account that social partners and NGOs play an important role in this area. Member States might therefore want to envisage an involvement of these partners at national level.

The following questionnaire aims to assist the Member States in providing all relevant elements of information and of concern in this area. It is therefore more a guidance for national statements than a strict obligation to answer all the questions. The questions in the different “Fields” moreover do not preclude additional remarks not directly linked to one of the questions, when this is felt important by the Member State. Member States are invited to provide the information as much as possible in a comprehensive way.

Member States are requested to send their replies to this questionnaire at the latest by 15 December 2004 to Raymond.Maes@cec.eu.int (fax: 0032-2-2998085)

¹ It is clear that some of these fields go beyond “social protection” in the narrow sense. But nevertheless e.g. also education and training or access to placement services could form part of the social services (e.g. vocational training, training of handicapped persons) or have similarities to social protection which could justify a discussion in the reply to the questionnaire. It is entirely at the discretion of Member States to decide which areas they want to cover in their reply to the questionnaire.

Questionnaire

Field 1 – Overview of the national SGI

The Slovene Constitution states that it is a country under the rule of law and a social welfare state. Its citizens have the right to social care under conditions determined by law. The state arranges and implements mandatory health care, retirement, disabled persons and other forms of social welfare. The right to health care financed from public funds is universal under conditions determined by law. Pursuant to the law, disabled persons are guaranteed social care and vocational training. Children with physical or mental developmental disabilities and other severely disabled people have the right to co-financing from public funds for both education and training for active living in society. The state protects families, motherhood, fatherhood, children and youths and creates the necessary conditions for such protection. The rights, protection and status of children are determined by law. Elementary school education is mandatory and is financed from public funds. The state creates opportunities for citizens to obtain suitable education. State universities and state schools of higher education are autonomous. The method of their financing is determined by law.

From the above summary it can be seen that on the basis of constitutional provisions and legislation in the field, Slovenia has organised several areas of social policy. For this reason we estimate that social SGI are already well-organised and sufficiently transparent, and that they should be exempted from the Directive on Services on the Internal Market, since social SGI have their own qualities and particularities (they are carried out in the public interest, are non-profit, must be accessible to everyone who needs them, require a high level of social sensitivity in their implementation, are regulated and co-financed by the state, the principle of solidarity is applied to their co-financing etc.). It is precisely these qualities which are used to attempt to separate social SGI from other services. Thus we estimate that their transparency is ensured through precise regulation using the legislation on social services in this field, and the concessions system enables them to be carried out in the private sector as well.

1. What are the general characteristics of the national social SGI² with regard to e.g. the following points?

1A	Services of management, care and employment under special conditions for disabled adults
Organisation, design and structure (geographical, market structure, administrative level);	The groundwork is given in the Social Security Act, which prescribes that the Republic of Slovenia shall provide a network of such public services. The ensuring of conditions at Republic level (before 1993 these services were provided by the municipalities) brought about positive qualitative and quantitative changes, as the basic orientation to ensure the most equal opportunities for the treatment and care of disabled adults regardless of the geographical or economic possibilities in the places where these people live. The services are intended for people above 18 years of age, who owing to their physical or mental developmental disability are unable to live

² This is the field where it is impossible to give an overview covering all different aspects. So it might be useful to place the services in comparable groups and treat these groups together. Member States are invited to concentrate on those services which seem most important or where the biggest uncertainty is noticeable.

	<p>and work independently, and thus are unable to ensure their own social welfare through their own work and are permanently dependent on the help of others. The services are organised on the level of administrative units in order for them to be as close as possible to the clients.</p> <p><u>-Management:</u> Management includes designing, carrying out and monitoring individual programmes, preserving acquired knowledge and abilities and learning new material and skills, maintenance and development of social contacts and cognitive abilities of clients, preserving acquired and developing greater independence. Management also includes co-operating with clients and their family members, co-operating with other professional associates and institutions, organizing creative activities and active inclusion into the social environment.</p> <p><u>-Care:</u> Care includes monitoring, support and ensuring a feeling of safety, offering assistance in maintaining personal hygiene and performing physiological necessities, assistance in getting up, dressing and undressing, assistance in movement and walking, assistance in communications and orientation, care during arrivals and departures and accompaniment during transport.</p> <p><u>-Employment under special conditions:</u> Employment under special conditions includes such forms of work which enable clients to preserve acquired knowledge and develop new abilities. It also includes ensuring conditions for safe work, adapting machines and work accessories to the capabilities of clients, introduction to work, developing work abilities and skills, monitoring the work process, purchase of apparatuses and accessories, delivery of material for work and sales of products. Funds obtained through the sale of products are intended for symbolic awards for clients and for a higher quality of work and residence.</p> <p>From this description of employment under special conditions it can be seen, and this requires special emphasis, that this refers <u>exclusively to occupations which can in no way be compared with employment under ordinary conditions</u>. For this reason the products which appear as the product of these occupations are not manufactured for sale and do not represent competition on the market. The sale of various items is conducted on special opportunities (holidays, at special stands, on open house days etc.), and proceeds from these sales are intended for awards, the purchase of materials and the covering of costs of social, cultural and sports activities.</p>
<p>financing (e.g. contributions, direct funding via government budget, payment of remuneration for the service, charity donations);</p>	<p>As a non-profit activity it is financed in its entirety from the state budget. Financing is performed on the basis of the conclusion of annual financing agreements which define the labour costs of employees, material costs and premiums for collective additional retirement insurance. It is free of cost for clients.</p> <p>If a provider performs these services and also ensures all-day (24 hour) home care, it is financed using the clients' funds and funds provided by the municipalities where the disabled persons have their permanent residence. In the framework of home care these people are also provided with health care, which is covered by funds from mandatory health insurance.</p>
<p>service provider (e.g. state and local authorities, public enterprises, public-private partnership, voluntary non-profit organisations, role of volunteers, private enterprises);</p>	<p>These services are performed by independent public social care institutions (Care and Work Centres) and Care and Work Centres as units of other public institutions and other legal entities or physical persons ((NGO (associations), private individuals, private institutions)), who obtain concessions for performing these services on the basis of public competitions.</p>
<p>definition of tasks/obligations (what are these tasks/obligations and how are these laid down, i.e.</p>	<p>Management, care and employment under special conditions is an organised form of care which fulfils the basic human, constitutional and legal rights of disabled adults to services which give clients, in accordance with their capacities, the possibility of <u>active inclusion in social life and the work environment, and the performance of work which is useful but appropriate to their abilities</u>.</p> <p>It is organised and carried out in such a way that it enables clients to preserve their acquired knowledge and to obtain new knowledge and</p>

contract, law or other);	work skills, acquire new social and work habits, put their own ideas and creativity into practice, to stimulate a feeling of usefulness and self-affirmation. The services also allow other forms of care, which enable clients and their families to perform work and social activities. They also enable clients to receive symbolic awards in accordance with the work performed and in accordance with the current internal bylaws of the provider. Their operations are regulated by the Social Security Act, statutes, regulations and individual agreements.
quality standards.	<p>The standard determines the minimal extent of services which a provider must provide in the framework of the public service and is defined in the Regulations on standards and norms for social care services.</p> <p>The actual extent of these services is determined by individual agreements which the providers conclude with the clients. The agreements include additional offers by the providers which the clients or their legal guardians can select, and a part of services which are performed above standard. Longer periods of service, the performance of leisure-time and creative activities outside of the services, and holidays, sport and cultural activities are not performed in the framework of the standard.</p> <p>In addition to the already described management, care and employment under special conditions, the standard also includes residence, nutrition, technical care and transport.</p> <p>The direct performance of the services begins in the morning and lasts 8 hours per day, 5 days a week, while activities outside of the standard are dependent on the agreements between the clients and the providers.</p>

1B	Services for people over 65 – institutional care
Organisation, design and structure (geographical, market structure, administrative level);	The organisation of the public network of providers is within the competency of the state, which ensures as equal and accessible as possible regional coverage. The basis for the performance of the services is the Social Security Act.
financing (e.g. contributions, direct funding via government budget, payment of remuneration for the service, charity donations);	The services are paid for by the clients (so-called basic and social care). In the case that they do not have sufficient personal funds the services are paid for by relatives or guardians, and if they also do not have sufficient funds the local community enters as the payer – either the municipality or the Republic of Slovenia. The setting of prices and the system of additional payments is arranged by a special regulation which determines the price range for the services. In the framework of obtaining a permit for performing the services, each service provider is also obliged to obtain consent for prices from the Ministry of Labour, Family and Social Affairs. Health care which is provided in the framework of these services is covered by mandatory health insurance.
service provider (e.g. state and local authorities, public enterprises, public-private partnership, voluntary non-profit organisations, role of volunteers,	The services are provided by public institutions or private providers who have concessions, or private providers who have work permits.

private enterprises);	
definition of tasks/obligations (what are these tasks/obligations and how are these laid down, i.e. contract, law or other);	The tasks of the providers are defined by laws and bylaws, the state or municipality signs contracts for a defined period of time with the concession-holders. Providers and clients agree on the actual content of the services in a contract/agreement.
quality standards.	The quality standard is defined by a special bylaw which determines the content of the services, determines the clients and the form of the services, the number of providers and the education needed by the providers, and work methods and documentation. Supervision of the quality is performed by the social inspectorate.

1C	Services for people over 65 – home care
Organisation, design and structure (geographical, market structure, administrative level);	The organisation of the public network of providers is within the competency of the local community/municipality. The basis for the performance of the services is the Social Security Act.
financing (e.g. contributions, direct funding via government budget, payment of remuneration for the service, charity donations);	The services are paid for by the clients. In the case that they do not have sufficient personal funds, relatives or the local community make supplemental payments for the services. 50 percent of the value of the services is guaranteed from the beginning by the municipality from their own budget (principle of solidarity). The setting of prices and the system of supplemental payments is determined by a special regulation.
service provider (e.g. state and local authorities, public enterprises, public-private partnership, voluntary non-profit organisations, role of volunteers, private enterprises);	The services are provided by public institutions or private providers who have concessions, or private providers who have work permits.
definition of tasks/obligations (what are these tasks/obligations and how are these laid down, i.e. contract, law or other);	The tasks of the providers are defined by laws and bylaws. Providers and clients agree on the actual contents of the services in a contract agreement.
quality standards.	The quality standard is defined by a special bylaw which determines the content of the services, determines the clients and the form of the services, the number of providers and the education needed by the providers, and work methods and documentation. Supervision of the quality is performed by the social inspectorate.

ID	Institutional care of children, youths and people up to 26 years of age with physical and mental developmental disabilities in training institutions
Organisation, design and structure (geographical, market structure, administrative level);	<p><u>Description:</u> Institutional care is a form of treatment in an institution, other family or other organised form, which substitutes or supplements the function of the client's home or own family.</p> <p>It includes basic care, social care and health care pursuant to health-care regulations. For children and youths with moderate, serious and severe physical and mental developmental disabilities, institutional care also includes training, care and management.</p> <p>Basic care includes residence, provision of nutrition, technical care and transport.</p> <p>Social care is a professionally managed activity intended for carrying out the contents of social preventive policies, therapies and management of clients. It includes the performance of care tasks, special forms of care, training and preparation for life, and management.</p> <p>For children, youths and adults up to 26 years of age with moderate, serious or severe physical and mental developmental disabilities who are placed into the training programme, institutional care also includes training which is carried out according to the regulations in the field of education.</p> <p><u>Types of service:</u> Institutional care services may be provided in institutes of social care, other families or other organised forms.</p> <p>The institute type of institutional care is performed at training institutes which fulfil the legal regulations for carrying out such activities. The institute type of institutional care can be performed as all-day (24-hour) care, day care (up to 10 hours per day) or other organised types of care.</p> <p>Day care is a type of institutional care intended for individuals who do not require all-day, stationary care and who want or require assistance, supervision or an organised form of residence only for a certain number of hours per day.</p> <p>Other organised forms of institutional care services can be provided in residence groups, residential units, flats with care provided, nursing homes and residences outside of institutions on the basis of individual service packets for adults placed into special care and training programmes.</p> <p><u>Duration:</u> The services may be permanent or temporary (whereby they are performed only for a certain period of time) or periodical (whereby they are performed for a short period of time and are repeated periodically) and last as long as there are reasons for including the client in institutional care and while they are prepared to accept the services.</p>
financing (e.g. contributions, direct funding via government budget, payment of remuneration for the service, charity donations);	From Article 16 of the Social Security Act and pursuant to Article 98 of the Social Security Act, institutional care is financed from the budget of the Republic of Slovenia. Annual contracts are concluded with social care institutes (providers of social care services) on the financing of the performance of programmes of social care services, institutional care and training and education programmes. These cover employee salaries, costs of materials and premiums for collective additional retirement insurance.
service provider (e.g. state and local authorities, public enterprises, public-private partnership, voluntary non-profit organisations, role of volunteers, private enterprises);	The providers of social care services are social care institutes in which services are performed directly by employees of various profiles, from the general, technical, social, pedagogical, health care and other fields.
definition of tasks/obligations	The procedure of carrying out services includes the initial providing of information, performance of the acceptance procedure, preparation of

(what are these tasks/obligations and how are these laid down, i.e. contract, law or other);	content for the acceptance of the client, signing of an agreement on the performance of the services and the preparation of an individual plan, placement, performance of the services and their conclusion. The client participates in all processes within the procedure as the primary participant in the planning, whereby he/she can be assisted by guardians, family members or key personnel from the institute where he or she receives care. Normative arrangements are regulated by the following documents: Social Security Act, Placement of Children with Special Needs Act, Organisation and Financing of Education Act, Elementary School Act, National Social Care Programme and bylaws and regulations: on standards and norms, on the organisation and work methods of commissions for placing children with special needs and on criteria for defining the types and levels of deficiencies, impediments or disturbances of children with special needs etc.
quality standards.	The personnel norm for the services is expressed with respect to the number of clients per employee, the number of employees per department or institute, or is determined in accordance with the appropriate regulations. In the case that the services are performed as day care, the personnel norm is calculated with respect to the number of hours the service is performed.

1E	Services of general interest in the field of care of disabled persons
Organisation, design and structure (geographical, market structure, administrative level);	<p>a) The Vocational Rehabilitation and Employment of Disabled Persons Act (passed in June 2004) with supported employment – i.e. professional and technical support to disabled persons and employers in the introduction to work and on the job, and enabling disabled persons services such as: consulting and training, personal assistance, work supervision, development of personal work methods and evaluation of their success, and technical support for adjustment to work and equipment.</p> <p>b) The Disabled Persons Organisations Act (passed in December 2002) prescribes that disabled persons' organisations (associations or union of associations) are those which operate in the public interest with the tasks of planning, organising and carrying out programmes which enable disabled persons to participate more actively and to have more independent lives, e.g.: training for active lives and work, transport, provision of technical accessories, personal assistance, nursing, physical assistance, day care centres, clubs, programmes for children and youths with special needs, programmes for parents and family members, interpreting and chaperoning, programmes for maintaining health and rehabilitation programmes. Disabled persons' organisations may create special social programmes for performing these tasks which supplement the public service and the rights which are determined by law in the field of care of disabled persons.</p> <p>c) The Act on the Use of Slovene Sign Language (passed in November 2002) enables deaf persons who use Slovene Sign Language to communicate, to use that language both for public services and for all life situations in which deafness would represent an obstacle to the satisfying of their needs, in accordance with individualised plans. Deaf persons have the right to be informed of techniques which are adjusted to them in accordance with special regulations.</p>
financing (e.g. contributions, direct funding via government budget, payment of remuneration for the service, charity donations);	<p>a) The payment of support funds is provided from the state budget, the Fund for the Stimulation of Employment of Disabled Persons and other sources.</p> <p>b) Programme financing: the Foundation for Financing Disabled Persons and Humanitarian Organisations of Slovenia, the state budget through public calls for co-financing of programmes, the budgets of local communities through public calls for co-financing of programmes, gifts, bequests, donations, membership fees, other sources.</p> <p>c) Financing of interpreters for Slovene Sign Language comes from the state budget.</p>
service provider (e.g. state and	a) The Vocational Rehabilitation and Employment of Disabled Persons Act prescribes that support services shall be performed by

<p>local authorities, public enterprises, public-private partnership, voluntary non-profit organisations, role of volunteers, private enterprises);</p>	<p>professionals who are required to have appropriate education and experience in the field of care of disabled persons. b) Services are provided by disabled persons' organisations (pursuant to the Disabled Persons Organisations Act), which are part of the non-government sector. The law determines only their status as a form of operations (the status of association in the public interest in the field of care of disabled persons). c) The Association of Interpreters of Slovene Sign Language performs interpreting as a public authorisation, funds for the performance of interpreting are provided annually on the basis of a contract.</p>
<p>definition of tasks/obligations (what are these tasks/obligations and how are these laid down, i.e. contract, law or other);</p>	<p>a) In order for a disabled person to be employed in supported employment, they have to be qualified to perform work in a particular job, they have to be motivated to perform the work and have other qualities which guarantee successful work. An individualised support plan has to be worked out for the disabled person and the employer, the employer must be prepared to co-operate, and it is also necessary to adjust the job in accordance with the individualised plan. Supervision of professional services is performed by professional commissions, and financial supervision by the Court of Audit. In addition to these two types of supervision, administrative supervision is performed by the founder of the institution which performs the professional services. b) Supervision of the performance of special social programmes is performed by the competent bodies of disabled persons' organisations and by professional bodies who are authorised by legal entities and physical persons who allocate funds for disabled persons' organisations. c) Supervision: in connection with the performance of interpreting services, interested parties may submit written complaints to the Association of Interpreters of Slovene Sign Language.</p>
<p>quality standards.</p>	<p>a) The Vocational Rehabilitation and Employment of Disabled Persons Act prescribes that support services shall be performed by professionals in accordance with the Code of Ethics. b) The Disabled Persons Organisations Act prescribes standards for acquiring the status of disabled persons' organisation – but not for performing the services of disabled persons' organisations. c) The standard prescribes: the right to an interpreter may be exercised up to 30 hours annually on their own recognisance, or up to 100 hours if the person has the status of a student or secondary school student.</p>

<p>1F</p>	<p>Educational services and the holding of various seminars and continuing education</p>
<p>Organisation, design and structure (geographical, market structure, administrative level);</p>	<p>Public education is free of charge at the initial level of education. Elementary school education is mandatory and is financed through public funding (Article 57 of the Constitution of the RS) regardless of the age of the person who enters into such education. Elementary school is uniform (9 years) and includes children from 6 to 15 years of age. Public secondary schooling and higher education is also free of charge at the initial level of education. The holding of various seminars and continuing education, either at secondary schools, faculties or other educational institutions, which is an additional activity of these institutions, has a tradition of many years, since properly educated personnel, suitable equipment and work conditions enable the holding of high-quality seminars which are of benefit to the participants, the holders and the wider society. It is important that moneys obtained in this way, to the extent that pay is needed and determined, be used exclusively for the improvement and updating of equipment and work conditions. Life-long learning has become a part of our everyday lives, as has the continuous professional training and qualification of teachers, which the ministry competent for education puts special effort into, as it has been systematically assuring the transparency of and access to seminars, as well as the possibility of holding such seminars, for over a decade.</p>

<p>financing (e.g. contributions, direct funding via government budget, payment of remuneration for the service, charity donations);</p>	<p>Funding is assured by the ministry competent for education on the basis of expressed and approved needs, either directly (paying for seminars) or indirectly (providing money to schools so that teachers can participate), but also in this case the money so acquired, which public educational institutions acquire for the holding of seminars, is used exclusively for improving work conditions or purchasing new, more modern or additional equipment.</p>
<p>service provider (e.g. state and local authorities, public enterprises, public-private partnership, voluntary non-profit organisations, role of volunteers, private enterprises);</p>	<p>Education is provided by public and private institutions (with concessions) in the field of education and training, their operation is regulated by the Organisation and Financing of Education Act and the Higher Education Act. Providers of education and various seminars must fulfil certain conditions of the call for applications, as they must be registered for educational activities, and have appropriate personnel, facilities and equipment, since through this we wish to ensure a certain level of quality of the seminars. The call for applications may be responded to by all who fulfil these conditions, including public educational institutions (schools, faculties, kindergartens etc.)</p>
<p>definition of tasks/obligations (what are these tasks/obligations and how are these laid down, i.e. contract, law or other);</p>	<p>The entire system is precisely defined (Regulations on Continuing Education and Training of Education and Training Professionals Off. Gaz. RS no. 64/2004), as they define the fields and the conditions for the approach to the carrying out of programmes (public call for applications) as well as participation at seminars (public notification of seminars). Institutions of higher education are registered to perform educational activities and do perform educational activities. The basis for their operation is the Annual Work Plan of the institution, in which a certain number of educational activities (including seminars) are planned. All tasks must be defined/evaluated in terms of personnel and materials (i.e. financially). The Annual Work Plan is approved by the board of directors of the institution, as is the work report, which is a component part of the operation of the public institution and also includes a financial report which must be submitted to the board of directors of the institution, which must include members of the founding body and which ensures the effecting of the public interest, and in addition must also send a report to the founder, which has the possibility to review it. The board of directors of the institution also includes representatives of employees and parents such that a mechanism of supervision is ensured. The founder also has the possibility to conduct appropriate inspections.</p>
<p>quality standards.</p>	<ul style="list-style-type: none"> - limits on the size of groups, depending on the work methods (from 6 to 36) - appropriate education and qualification of the lecturers - evaluation at the end of the seminar

1G	Social services in the field of housing
Organisation, design and structure (geographical, market structure, administrative level);	<p>The state's social policy in the field of housing is defined in the National Housing Programme and worked out in further detail in the Housing Act, and establishes three social correctives in the field of housing:</p> <ol style="list-style-type: none"> 1. non-profit rental housing – intended for renters in the lower up to and including the middle income level; 2. non-profit rents (arising from the principle of actual costs of construction and maintenance) for non-profit rental housing, the highest level of which is limited by state regulations; 3. subsidised rents 4. Housing Fund of the RS (HFRS) is a public financial and real estate fund established for financing National Housing Programme (promoting of construction, reconstruction and maintenance of new and existed housing). In the last years, the HFRS became more important for ensuring cheaper and quality flats, especially as direct investor or co-investor in cooperation with municipalities.. We want to point out, that HFRS contributes to the increased supply of flats, introduces the highest single price according to the location) and tries to improve the accessibility of the flats in the whole country. <p>Co-financed construction housing programmes ensure non-profit housing mainly for people who live in families with more members with bad housing and social and health circumstances.</p> <p>Till now, the HSRS' flats were assigned to a purpose of savers into National Savings Scheme and tenants of non-profit flats. on the municipalities level.</p>
financing (e.g. contributions, direct funding via government budget, payment of remuneration for the service, charity donations);	Funds for financing the residential units in question are provided by the municipalities (municipal budget and depreciation funds for non-profit housing), with credit from the Housing Fund of the RS and commercial bank credits.
service provider (e.g. state and local authorities, public enterprises, public-private partnership, voluntary non-profit organisations, role of volunteers, private enterprises);	Non-profit rental housing is usually provided by municipalities and various other subjects at municipal level (non-profit housing organisations).
definition of tasks/obligations (what are these tasks/obligations and how are these laid down, i.e. contract, law or other);	Non-profit housing organisations are obliged to allocate most (70%) of any profits created through other registered activities to the acquisition of non-profit rental housing. A supervisory mechanism is assured. The founder also has the possibility to conduct suitable inspections. Approved renters in non-profit housing, purpose-built rental housing and residential units are entitled to subsidies of non-profit rents. On the basis of approved municipal housing programmes, municipalities can also subsidise rents in free-market housing units.
quality standards.	Quality standards and norms are clearly defined in bylaws (ordinances and regulations).

IH	Health care
Organisation, design and structure (geographical, market structure, administrative level);	<p>The main organisational features of the Slovene health care system, the key actors and the relationship among them are derived from the historical development of the system and are further based on legislation introduced in 1992, which has been later on amended.</p> <p>The <i>Health Care and Health Insurance Act</i> laid the basis for the present system of compulsory and voluntary health insurance, permitted the privatisation of health care and transferred some administrative functions to the professional chambers. The state and its legislative and executive bodies (ministries, state agencies and offices) have administrative and regulatory functions. These are carried out by preparing and adopting legislation, standards and other acts. The state is also responsible for the development of national health policy and for the development and implementation of disease prevention and health promotion programs. The state owns and administers public health facilities at the secondary and tertiary level, while the responsibility of the local communities and municipalities is to ensure conditions for implementing health care in their region in accordance with their rights and responsibilities.</p> <p>According to the <i>Health Services Act</i> the health services, performed as public services, are carried out within the framework of a network of public health services., for which the establishing criteria are defined in the health care plan of the Republic of Slovenia.</p> <p>Pharmacy services, regulated by the <i>Pharmacy Activities Act</i>, are as a part of health services, public services, performed by public institutions and on the basis of concessions by private persons.</p>
financing (e.g. contributions, direct funding via government budget, payment of remuneration for the service, charity donations);	<p>The Health Care and Health Insurance Act forms the legal basis for the current system, where a centralized compulsory health insurance system is administered by the Health Insurance Institute of the Republic of Slovenia (HIIS). By statute, the HIIS is the sole provider of compulsory health insurance, operating autonomously and being governed by elected representatives of employers and insured people. In its capacity as the founder of the HIIS, the state has retained some main levers to manage and control operation, such as involvement in determining the contribution rate, the scope of rights (benefits catalogue) and resolving other important issues arising from the provision of public health insurance. Contributions towards statutory health insurance constitute the major system of health care financing in the Republic of Slovenia, providing more than 85% of the health care funds.</p> <p>The state budget covers capital investment for all secondary and tertiary health care facilities, expenditures for the national public health programme, which includes the traditional national prevention programmes as well as some new health promotion programmes, medical education and training, research, the national health information system, cooperation between sectors, the national health sector management project and health care coverage for certain groups such as soldiers, prisoners and refugees.</p>
service provider (e.g. state and local authorities, public enterprises, public-private partnership, voluntary non-profit organisations, role of volunteers, private enterprises);	<p>Health services are performed with permission of the ministry of health by domestic and foreign legal entities and physical persons, if they comply with the conditions defined by the Health Services Act..</p> <p>Health services are performed as a public service under equal conditions by public health institutes and other legal entities and physical persons on the basis of concessions. The services of clinics and institutes, socio medical, hygiene, epidemiological and health ecological services, dispensary services, supply of blood, blood preparations and organs for transplantation and tissue examination services shall only be performed as public services.</p> <p>The community grants concessions for private health care providers at the primary health care level (based on the consent of the ministry of</p>

	health). Such a concession is a public contract, which ensures inclusion into the public health network (publicly financed health care providers). It is agreed for a definite period, and each party has the right to withdraw from it (with certain limitations and restrictions). A concession is the prerequisite for reimbursement of practitioner services within compulsory health insurance. Once a concession has been granted and the contract signed, the HIIS is approached to define the terms of the contract for the provision and scope of services as well as the reimbursement. The contract with the HIIS gives the private health provider the same rights as any public provider, with the exception of the private provider's possibility to apply for public funds for capital investment.
definition of tasks/obligations (what are these tasks/obligations and how are these laid down, i.e. contract, law or other);	The compulsory health insurance scheme, the personal scope and the rights to health services and cash benefits are defined by The <i>Health Care and Health Insurance Act</i> . The Health Insurance Institute of Slovenia (HIIS), is as a public institution, responsible for administration of compulsory health insurance. The HIIS, competent chambers, associations of health institutions and other health care organisations as well as the Ministry of Health within the framework of "partnership negotiations" agree each year on the programme of services for compulsory health insurance, define the capacities and determine the extent of financial resources.
quality standards.	The state prescribes requirements for the performance of healthcare services, plans the capacities, sets standards and defines parameters for such activities and is responsible for capital investments and substantive maintenance of the entire public network of healthcare services. Programs and manuals on self-assessment and accreditation together with the generic standards of healthcare for hospitals have been published recently. For 2005, a plan to engage hospitals in self-assessment and accreditation as well as education and trainings is envisaged. The first processes of hospitals self-assessment and accreditation are foreseen for the year 2006. A new legislation regarding quality, safety and accreditation has already been proposed to support mandatory participation of all providers in public health care.

II	Social services in the field of employment (Employment Service of Slovenia (ESS))
Organisation, design and structure (geographical, market structure, administrative level);	See text below, please.
financing (e.g. contributions, direct funding via government budget, payment of remuneration for the service, charity donations);	Funding for activities within the ESS sphere of responsibility is determined by the Act. Funding for unemployment insurance (unemployment benefits and unemployment assistance) is partly accrued through contributions by workers from their wages and by employers from the wages they pay, but mostly comes from other budget sources. Funding for programmes carried out by the ESS, its professional tasks and ESS operations in 2003 was determined on the basis of a contractual relationship with the Ministry of Labour, Family and Social Affairs.
service provider (e.g. state and local authorities, public enterprises, public-private partnership, voluntary non-profit	Employment Service of Slovenia is an independent legal entity with public institute status. It was founded on the basis of Article 61 of Employment and Unemployment Insurance Act. ESS operates on three levels: the main office, where the management and the head office are located, as well as regional and local offices throughout Slovenia. The basis cells of ESS are the local offices (LOs) which, through direct contact, provide clients with job placements and counselling.

organisations, role of volunteers, private enterprises);	implement the rights arising from unemployment insurance, carry out employment programmes, provide vocational guidance for schoolchildren and adults, and deal with scholarships. Regional offices (ROs) perform professional and operational tasks in their own areas, monitor and study employment and unemployment trends, and provide advice and professional and operational assistance to LOs, and to commercial entities and other local communities in the area. The Head Office (HO) is responsible for a uniform methodology for the professional and operational implementation of the basic activities of ESS. It provides all ESS organizational units with complete information, as well as analytical, legal, personnel, financial, accounting, development and organizational support. The management is responsible for organization, management and expertise in the implementation of Employment and Unemployment Insurance Act, and of other laws and regulations which define the tasks of ESS.
definition of tasks/obligations (what are these tasks/obligations and how are these laid down, i.e. contract, law or other);	Basic aims of the ESS are: to increase employment, to enable individuals' successful vocational development, to ensure social security to those entitled, to ensure equal service quality in Slovenia. The activities of the ESS were laid down in the 1991 Employment and Insurance Against Unemployment Act (the Act), and in a number of other implementing acts, rules and regulations. The tasks and powers of the ESS in the fields of employment, scholarships and unemployment insurance are regulated by several other laws. In addition to the laws directly regulating employment, the ESS also performs its activities on the basis of laws and regulations from related fields (e.g. the Pension and Disability Insurance Act; the Healthcare and Health Insurance Act; school legislation (vocational guidance, advice and education). The ESS performs specific tasks laid down in government documents and programmes (e.g. Active Employment Policy Guidelines and Programmes, the Public Works Programme, the National Programme for the Adoption of the Acquis Communautaire, the National Action Plan for employment).
quality standards.	

2. Please indicate whether and if so how these characteristics are likely to develop and change in the coming years. This with a view of the modernisation of these services (taking into account developing users' needs, quality standards and (financial) efficiency).

Ad 1B, 1C: New standards are being prepared for both services. The amount and method of financing of both services will be different if a law on insurance for long-term care is successfully prepared and passed.

Ad 1G: In future, SGI in the field of housing will certainly become more open to market influences, but the social policy of the state in the social field will have to preserve the basic instruments for assuring basic social rights in the field of housing, and to this end provide the majority of the necessary funding.

As an example of the combination of the role of the state and the housing market, we foresee the construction of non-profit rental housing, but private capital, to the extent that it will enter into such construction, will have to take into consideration certain rights and limitations determined by the state.

The role of the state will also have to be unchanged in future with regard to the competency for determining material and other censuses, which put the individual into the role of the recipient of social assistance in the field of housing (entitled to acquire non-profit housing without their own participation, entitled to non-profit rent, entitled to subsidies of non-profit rents).

To the extent which the actual costs of construction of rental housing are acknowledged, which would in consequence be reflected in higher rents, the latter would become out of reach for a large number of the users of these services due to their economic situations.

3. Are there examples of social SGI which use market mechanisms to fulfil their tasks; what could be learnt from these experiences?

Field 2 – Definitions of social SGI

4. Is there at national level a notion or definition of social SGI or social services generally?
5. It has been argued that social SGI are different to other SGI – Do you agree with this? Is a more detailed analysis of these possible differences –especially in relation to networks industries³ – a way forward to gain more certainty?
6. In case you feel that social SGI are different to other SGI please indicate what could then be the elements for a description at European level of these specificities of social SGI's, taking into account the diversity of general interest missions related to social services in the Member States and the general principles⁴?

Could the elements worked out in the “Key issues” of the Conference “Social Services of General Interest in the EU” (28 and 29 June 2004) be a good base for this description⁵ in the European context? Which elements have to be added; which have to be amended?

There is no general definition of the social services of general interest; there is only a general definition of public service in the Institutions Act, that regulates statutory questions of institutions, providing services in the field of education and training, science, culture, sport, health care, invalidity and social insurance and in other activities on non-profitable basis. Services, defined by law or decree of a community or a municipality, are performed as public services, if their continuous and undisturbed performance is provided in public interest by the State, a community or a municipality. Public service is performed by public institutions or by other legal or physical persons on the basis of concession. Legislation, regulating different fields of "non-economic" or "social" activities, defines these services as public services in greater details.

The extensive legal regulation of social services determines their nature as services in public interest, which shall be guaranteed within the framework of social protection system on principles of solidarity and universal and equitable accessibility and non-profit orientation, which makes them so very different from commercial services subjected to market logic and forces.

³ In this context reference has to be made to the Commission Staff Working Paper “Horizontal Evaluation of the Performance of Network Industries providing Services of General Economic Interest” (SEC(2004) 866), which gives a good overview of the different aims and the performance of these services.

⁴ These principles are *inter alia* quality, availability, equal access, universality, affordability, continuity, participation, transparency).

⁵ Document in Annex

Social SGI certainly are (or can be) a special segment of services of general interest which are marked by specific characteristics (being non-profit while the services have social components etc.). In the same way the viewpoint should be confirmed that it is difficult to identify this concept in the framework of the remaining economic services or economic services of general interest.

The main goals of the conference would seem to be a good starting point for further discussion of social services of general interest, but it should be again pointed out that the intention i.e. goals of the forming of definitions of social services of general interest have to be clear and defined at the very beginning.

7. Which of the different sectors outlined under Field 1 should have priority for the examination at European level

It is only possible to speak of the priority examination of individual sectors after the goals have been more clearly defined.

Field 3 – Experience with EC internal market or competition rules

8. Please indicate for the services identified under question 7 with regard to the EC rules listed below (see also background document) whether:

- a. it is established (in case-law or by way of Community law) that these services fall outside the scope of these rules
- b. it is established (in case-law or by way of Community law) that these services are falling within the scope of these rules
- c. it is unclear if these rules apply to these services, there is a need for clarification ("grey zone")

- Internal market rules;
- Art. 81 and/or Art. 82 EC;
- Art. 86 EC;
- Art 87;
- Public procurement rules;
- External trade negotiations.

European Commission Document no. 10865/04 of 25 June 2004 would seem to be very suitable basic material for the presentation of relevant examples from the EC court. It is true however that it faces above all the dilemma of harmonisation with the rules of the internal market.

9. Please describe experiences concerning the influence of these EC rules on social SGI (may be “good” or “bad” examples; e.g. have these rules enabled the efficient provision of certain services or have they limited the freedom to realise national social policy goals)?

Being a new Member State we have limited experience with the influence of the EC internal market rules in the field of social services. Nevertheless we have concerns on the implications of relatively free access to the health services in other Member States and related increased outflow of health care funds for reimbursement of costs

of the treatment abroad. Health services, provided within the public network and financed by public statutory health insurance, should not be treated on an equal footing as economic services, which are market driven.

10. Are there examples where the mentioned EC rules were taken into account in advance when planning or reforming national social policy?

Field 4 – Further steps at European level

11. Are there specific fields of European law and activities which necessitate further clarification with regard to their impact on social SGI (see also question 8), like e.g.:

- Internal market rules;
- Art. 81 and/or Art. 82 EC;
- Art. 86 EC;
- Art 87;
- Public procurement rules;
- External trade negotiations.

12. Should the work to be carried on only concern social services of general *economic* interest and concentrate on e.g. competition rules and certain internal market rules or should social SGI both of an economic or non-economic nature be subject for further work?

13. What should be the concrete aim (especially concerning further steps) of the Communication of the Commission on social SGI including health services?

14. Do you consider the use of the open method of co-ordination (existing or new) an appropriate means for further steps? If so, what should be the concrete task of this method? (e.g. common objectives, exchange of good practices, evaluation etc).

15. Could at some stage and without prejudging the right of initiative of the Commission, legislative acts be considered as an appropriate means for further steps (under the assumption that a valid legal base can be found), and if so what should be the concrete task of these instruments (Directives, Regulations, Recommendations)? The following additional questions seem to be possible:

- Should these legal acts limit the scope of EU rules and their application to social services?
- Should these legal acts establish common standards for social services, allowing EU rules, like the Internal Market rules, to be applied while taking into account fully the social policy goals?
- Should there be legally defined criteria, e.g. criteria concerning quality, affordability, accessibility or solidarity at European level?

Certainly, the dividing line between economic services of general interest and social services of general interest is not yet sufficiently clear, therefore further clarification of the influence on and conformance to internal market rules would certainly be welcome. An additional

element would be given by an assessment of the influences on and conformance to the rules of competitiveness and the rules for carrying out public orders.

The dividing line between economic and non-economic services seems especially important for an examination of e.g. the proposed Directive on Services on the Internal Market. Further examination of economic services would then be connected with the evaluation of their conformance with individual provisions of the *acquis* (a more precise designation of these services and a more clear determination of the dividing line between these and other (economic) services).

On the basis of an analysis of national regulations and general common characteristics of social services of public/general interest it is necessary to clearly demarcate or admit national competency for the legislative and organisational regulation of these services, especially in relation to the internal market, where the EU has defined competence.

Before a final judgement of the utility of open methods of co-ordination (OMC), it will be necessary to wait for findings from the evaluation of these methods, which is expected to be done in 2005. We otherwise support a 'soft' form of co-ordination, above all with the exchange of good practices and experience among the countries. We do not support OMC which would attempt to have too much influence on the competence of Member States in the field of social policy.