



Bsport+

Transnational Research Report on People with Disabilities' lifestyle & habits

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EXECUTIVE SUMMARY

Project Overview

B-SPORT+ project aims to engage and activate people with disabilities (PwD) and to assist them in adopting healthy habits through a Lifelong Sporting System starting at early age and continuing in their active life (workplace, professional activity, etc.). B-SPORTS+ project focuses on developing actionable and deployable mechanisms, for improving the engagement and activation of PwD in healthier lifestyles, and on creating new cooperation settings and synergies and supporting existing ones, across key organisations and existing networks.

Needs Assessment of PwDs' lifestyle and habits

A consortium of 9 countries (Albania, Belgium, Denmark, Italy, Spain, Slovakia, Slovenia, Sweden and Turkey) and 10 partners performed an in-depth assessment of 141 articles on the PwDs habits and lifestyle within their individual targeted communities. Desk research and primary data collected via online surveys were used to gain a comprehensive understanding of targeted PwDs communities' lifestyle, needs and sport participation. The performed extensive literature review empathised that PwDs are willing to adopt a healthy lifestyle but they face many internal and external barriers in doing so. The most frequent internal barriers are a lack of understanding and support which makes them feel uncomfortable. Consequently, PwDs demonstrate low self-esteem, motivation and participation in different sphere of life, including sport activities. Other factors inhibiting PwDs' active participation in sport activities are financial constraints, community support, and accessibility to sport facilities, better information and education background, legislative support, etc.

The collected primary data using an online survey tool supports these literature findings and non-significant variances were observed across countries. Most of the surveyed PwDs stressed that the main factors preventing them from active sport participation are lack of time, family and friends' influence, inappropriate facilities, transportation problems, financial constraints, lack of interest, lack of confidence, health condition, etc. According to the survey results, family and friends' support, personal assistive devices, facilities and infrastructure, mobile health devices and the role of the organisations and policies can make easier their participation in sport activities. Most of the respondents are motivated to do sport activities and many of them do at least one of the following physical activities: leisurely walking, bicycling, skating, swimming, light gardening and housework, dancing or other moderate exercises, running, weight training, etc. The current COVID-19 pandemic situation has challenged the life of surveyed PwDs both psychologically and physically, also impacting on sport participation

Data collection and quality assurance mechanism

A quantitative approach was followed in this study. Therefore, an online questionnaire was used to gather data. A total of 459 questionnaires were gathered from 9 countries. The questionnaires were open for more than three months, from July till to November. A purposive sample of PwDs was selected for the study. Each of the partners identified its target group into selected disabilities and identified people who suffered from that disability to fill the questionnaire. A descriptive analysis was used to analyse the data.

Key Conclusions

The study shows that most of the respondents (PwDs) indicated that their health conditions do not prevent them to participate in sport activities. Most of the respondents are motivated to do sport activities and they mostly do multiple sport activities, such as leisurely walking, bicycling, skating, swimming, light gardening and

housework, dancing or other moderate exercises, running, weight training and only a few of them do not practice any sport activities. They also mentioned that most of them are mostly motivated by intrinsic motivation factors and personal beliefs, family and friends influence, doctors and health professionals, adequate infrastructure and accessibility. While, others respondents, that had a lower participation in sport activities stated that some of the reasons for lower participation were lack of time, family and friends' influence, inappropriate facilities, transportation problems, financial constraints, lack of interest, lack of confidence, illness and other reasons. The pandemic has affected their lifestyle by affecting their psychological and physical state.

Key Recommendations

Literature review and online questionnaire stressed the importance of raising awareness on sports benefits and existing possibilities to participate on sports activities; Most of PwDs do not have the right information on sport' benefits and they are also not provided with the right information about sport activities that are organised by different organisations. Secondly, it is important to organize more sports activities and trying to be more inclusive. In the online survey PwDs stressed the importance of being accepted and supported by the community. Also, it is recommended to create better conditions in order to increase sport participations of PwDs. Finally, the government and different organisations should offer financial funding to support them and their participation in sport activities.

SECTION I:

Introduction to B-SPORT+ Project

1.1. Project Overview and specific objectives

B-SPORT+ project aims to raise PwDs participation in sport activities and lead them to a healthy lifestyle. The main objectives of the project are:

- PwD need to be motivated (activated) to adopt healthy habits and one of the best approaches is coaching and emulation, thus B-SPORT+ generate HL-Coaches;
- institutions and bodies need to be better equipped to assist PwD in adopting healthy habits, thus B-SPORT+ generate HL-Multi to train and generates HL-Coaches;
- PwD attitudes and habits need to be better understood so that activating mechanisms are aligned and result-oriented, thus B-SPORT+ generates a blockchain-based data mining open access web platform SPORT+ Active and Healthy Lifestyle (SPORT+LIFE) comparable to the EU-based “Active and Healthy Ageing” platform;
- to be effective, PwD must be in an ecosystem with facilitating information, motivation, access and practice towards *health-enhancing physical activity*, thus B-SPORT+ generates both cross-sectoral and sectoral mechanisms to create this ecosystem;
- policy adjustments are needed to facilitate the complete and active participation of PwD in HEPA, and to contribute to social inclusion through these activities, thus B-SPORT+ generates a HEPA Policy Lab to address, examine and recommend policy life cycles.

1.2. Project relevance, innovative character & target groups

B-SPORTS+ brings together leading bodies from an enlarged sphere of audiences and groups, including sports, physical activity, science and research, businesses, the civil society, education and training and government bodies. These bodies work together in a remarkable partnership of expertise to implement the project, aiming to:

- Activate actors in new roles promoting cross-sectoral cooperation
- Building cross-sectoral and sectoral capacity to equip resident facilitators
- Creating the user-driven digital social and Open Educational Resources (OER) platform “SPORT+LIFE” to support the individuals and organisations engaged in B-SPORT+ collaborative developments;
- Liaising with science and technology, linking with Knowledge and Innovation Communities to generate innovative strategies to raise awareness on the benefit of healthy lifestyles;
- Examining PwD specific needs related to assistive technologies to tackle obstacles in accessing HEPA;
- Addressing the policy life cycle within a HEPA Policy Lab to assess impact in real environments; realizing local events during the European Week of Sport and other similar events several times a year;

- Generating an actionable and deployable knowledge basis enhancing the dialogue across health and sport network through research and comparative studies, benchmarking good practices and gathering data on people's attitudes and habits;
- Contributing to data mining on healthy lifestyle indicators (interventions and actions, innovation) and to up-to-date country factsheets on health-enhancing physical activity (heap), and creating basis for a "HEPA Monitor";
- Contributing to the digital transformation of the sport and health sector with a specific focus on blockchain digital records and monetization towards funding innovation and SPORT+LIFE ecosystem;

1.3. Background of partnership: Organisations and activities

- Fundación INTRAS (INTRAS) (P1) is located in Valladolid (Spain) is a non-profit organization founded in 1994 that provides training, intervention and rehabilitation services targeting people with mental illness and/or other disabilities.
- Istanbul Avrupa Arastirmalari Dernegi (IAAD) (P2) is located in Istanbul (Turkey) recently engaged in the field of sport, physical activity and healthy lifestyle through two Erasmus+ Sport funded projects. IAAD's professional experts identify and collect existing good practices and concepts in the field of innovative approaches addressing motivation's pathways for children with special needs to engage in the sport activities.
- OZARA storitveno in invalidskopodjetje d.o.o. (OZARA) (P3) is located in Maribor (Slovenia) is an active partner in many sporting activities – all-inclusive approach is a constituent part of the organisation in general and is included in planning and performance of different activities that promote healthy lifestyle in private and occupational life.
- STICHTING WONCA EUROPE (WONCA) (P4) is located in Utrecht (Netherlands). WONCA is an acronym comprising the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians.
- Asociación de Psicología Evolutiva y Educativa de la Infancia (INFAD) (P5) is located in Badajoz (Spain) expert in PwDPwD-specific education, research and training brings a specific expertise in psychology and emotional intelligence, and has participated in different intervention programmes on the promotion of sport and healthy lifestyles in educational centers in the region of Extremadura (Spain).
- KUNGLIGA TEKNISKA HOEGSKOLAN(KTH) (P6) is located in Stockholm (Sweden) and is the oldest and largest technical university of Sweden and educates a large part of the engineers of the country, as well as a large number of international students.
- Topcoach (P7) is located in Bratislava (Slovak Republic) and gathers a remarkable experience in design of trainings and workshops to build capacities, empower and equip individual. Topcoach have also created its own products – an academy for future leaders – "New Leaders Academy" 8 and keynote concept to introduce soft-skills topics "leTalks".
- SINAPSI Athenaeum Centre (SInAPSi) (P8) is located in Naples (Italy) and gathers expertise in health and public health, social sciences and humanities. SINAPSI recognises that sport practise in school and family settings can be considered one of the main environments in which people develop identity and self-awareness.

- Trendhuis cvba (Trendhuis) (P9) is located in Mechelen (Belgium) and contributes as a Research Institute specialized in both quantitative and qualitative market research.
- The European University of Tirana U.E.T. SHPK (UET) (P10) is located in Tirana (Albania) and is a leading university and research centre in Albania. UET engages in high quality teaching and research as well as exchange programmes and capacity building projects with local and international partners.

1.4. Report overview

In the first section, it is briefly explained the aim and objectives of the projects, methodology and results.

The second section explains the best practices of each sample and country and the best practices in the world related to PwDs inclusion in sport activities. It provides a detailed description of the main aim and objectives of the best practices and what makes them a best practice.

The third section describes desk research and an online research survey for each partner.

The last section provides the general conclusion on PwDs involvement in sport activities. This section includes the most important reasons that affect their participation in sport activities.

SECTION II:

Best Practices Overview (National/International)

A good practice is considered to be a practice if it has proven to work well and produce good results and is therefore recommended as a model. It is a successful experience, which has been tested and validated, in the broad sense, which has been repeated and deserves to be shared so that a greater number of people can adopt it. Project partners identified national and international best practices with regard to people with disabilities and their access to sport activities at national and international levels. The identified best practices provide a good example of inclusion of PwDs, mainly children and people who suffer from diabetes, obesity, depression and mental health and chronic disease (migraine, psoriasis) in different sport activities and a healthy lifestyle. The identification of good examples of inclusion increases the exchange of good practices among partners' countries and beyond and facilitates the process of PwDs adaptation in sport activities.

Name of the organization	What makes it a best practice?	Description and key objectives	Website
Albania			
Olympic special Albania	Supporting PwDs and children to participate in sports activities	The main aim is to offer training and physical activity for people and children with disabilities.	https://www.specialolympics.org/programs/europe-eurasia/albania
European Week	To cultivate the sport inclusion to PwDs and not only by organising it every year.	Increase participation of people with disabilities in sport and physical activities by organising and raising the people awareness every year.	https://ec.europa.eu/sport/week/countries/albania_en
Getting Health together	Accessing and enjoying local opportunities to take part in sport	To create better sport and exercises facilities in the community and play sports and physical activity available and accessible for people with disabilities and children	https://www.togetheralbania.org/en/activities/
Belgium			
Sport at work	This organization helps companies in building up a plan for more movement and sports participation at the workplace.	The action plan 'Sport at work' wants to support SME's in improving the level of movement and sports participation of their employees at the workplace. This can be by organizing walks or yoga sessions during lunch break, installing sport facilities or providing dynamic office furniture (desk bikes, sit stand desk etc.) or by nudging for example.	https://www.sport.vlaanderen/sportophetwerk
Flemish Institute for healthy living	Organizes yearly in May the 'No steps, no glory' challenge to encourage employees to take 10 000 steps each day.	Challenge companies and organizations to participate in encouraging the employees to take 10 000 steps each day.	https://www.gezondleven.be/projecten/10-000-stappen/op-het-werk/no-steps-no-glory
G-Sport Flanders	They provide sport activities tailored for people with disabilities.	G-Sport Flanders is the platform to support and promote G-sport in Flanders and carries out the following assignments;	https://www.gsportvlaanderen.be/
Wellbeing@Work	This organization develops tailor-made initiatives to increase the level of physical and mental health of employees.	The objectives of Wellbeing@Workare: supporting the company; find a way to encourage and guide employees;	https://www.wellbeingatwork.be/

Curazón	With the program 'Sporten op het werk', Curazón wants to give companies the opportunity to let their employees sport more.	The program contributes to more productivity, less absenteeism, less staff costs and a more positive work environment. Practicing more sport activities can be achieved by sporting at the workplace during or after office hours and in team building activities.	http://www.curazon.be/sport-afslanken/sport-op-het-werk
Italy			
Guidelines for therapeutic education for Type 1 Diabetes- Type 1 Diabetes Group study (Gruppo di studiDiabetetipo 1), Italian Medical Society for the Study of Diabetes	The therapeutic education has been demonstrated to lead the patients to adopt an appropriate lifestyle, in terms of diet adherence and physical exercise.	The aim of TPE guidelines is to encourage and support therapeutic education (TPE) as a therapeutic measure for type 1 diabetes. TPE is intended to empower patients with the skills of self-managing or adopting treatment to their chronic disease.	https://aemmedi.it/wp-content/uploads/2019/03/PD-TA-Diabete-tipo-1.pdf
Diabetes Sport Training, a project promoted by AGD Italia in partnership with Marathon Sport Medical Centre	The results of this initiative have been presented at the XXI Conference of the Italian Society of Pediatric Endocrinology and Diabetology in 2017, showing the project's success in terms of involvement of target groups and achievement of the original objectives.	The project stands for equal access to sport for young persons with type 1 diabetes. The main goal was to let the participants realize that they could participate in all sport activities and reach the same standards of persons who don't have diabetes. The project aimed to involve children, adolescents and young adults (<30 years old) in sport activities, supported by a multidisciplinary equipe (doctors, nutritionists, psychologists, nurses, trainers).	http://www.diabetesporttraining.it/
Study and Research Centre for Motor Activity in Diabetes (Centro Studi e Ricerche per l'Attività Motoria nel Diabete)	This is a research centre devoted to the study of physical activity in Diabetes and Obesity as a crucial means of therapy.	The research centre provides numerous educational opportunities for all figures involved in the management of diabetes disease. It also provides specific training sessions for targeted groups under the supervision of diabetologists and sport doctors, psychologists and graduates in Motor Sciences. More in detail, the centre offers an educational and counselling service for people with diabetes, aimed to increase patients' motivation, responsibility and awareness.	http://www.biometec.unict.it/it/content/presentazione-cram

Italian Celiac Association (AIC)	The Scientific Committee has issued free guidelines to help stakeholders and target groups staying informed about the relationship between gluten-free diet and sports practice.	This guideline presents recommendations for encouraging the participation of people with celiac disease in sport and physical exercise. The guide documents a series of false myths that prevent people from engaging in such activities, also reporting the successful experience of famous athletes with celiac disease.	https://www.celiachia.it/assets/uploads/2020/10/Sport-e-Celiachia-Guida-Web.pdf
Italian Celiac Association (AIC) –Eating out program	Eating out is the AIC project that aims to promote the social life of people with celiac disease and their reception in public places.	AIC provides training and accreditation programmes for restaurants, hotels, etc. that offer coeliac consumers gluten-free meals.	https://www.celiachia.it/dieta-senza-glutine/alimentazione-fuori-casa/ricerca-esercizi/
Denmark			
Organization of diabetes	The Organization of diabetes works in three focus areas: prevent diabetes, live well and cure diabetes;	They focus on improving the living conditions of people with diabetes and put diabetes on the political agenda. They establish activities to PWDS to improve their lifestyle;	https://diabetes.dk/diabetesforeningen.aspx
Aarhus University – Research Unit for General Practice – “MOVE” project	The latest research about social prescribing and physical activity.	The research project is focused on producing evidence-based knowledge that can be used to implement in the real world.	https://feap.au.dk/forskning/move/
DGI	Together with the local sports associations, DGI develops concepts and activities based on people's needs.	DGI works to strengthen Danes habits to exercise and doing sports in Denmark.	https://www.dgi.dk/
Folkesundhed Aarhus	Has developed several interventions for people with diabetes.	They work with health in a broad sense. They will guide and support all citizens in Aarhus municipality who want more health into life and everyday life	https://folkesundhed.aarhus.dk/om-os/
Bevæge dig for livet	They provide best fitness offers to the danish associations.	Move for life – fitness works to spread the joy and opportunity to practice fitness in an association.	https://www.bevaegdigforlivet.dk/fitness

Slovakia			
IPEčko	They connect the latest psychological knowledge with technology and use it for the benefit of young people's mental health.	IPEčko is an online counseling for young people regarding their mental health. The team of counselors helps young people in difficult situations and for this they undergo extensive 370 hours of accredited training and work under expert supervision.	https://ipcko.sk/
Pozitívnediskusie	It provides the best psychologist, psychiatrist and professionals in the field of mental health to the general public for free to discuss the most important topics to educate the Slovak society.	As a part of an online coaching platform, there were offline discussions with mental health professionals organized to provide deeper knowledge of topics including depression, burn-out and manipulation.	https://www.facebook.com/media/set/?vanity=pozitivnamysel.sk&set=a.571079079762632
Mental health in the workplace	Focuses on the mental health issues of people in the workplace in the context of medicines.	The research project is focused on the multidisciplinary investigation of interrelated issues of mental health of employees in the context of knowledge of behavioral and social medicine and law.	https://dusevnezdravie.upjs.sk/o-projekte/
Debates about mental health	Professionals from different fields and sectors across all Slovakia discussed the issues people are facing in the field of mental health	National project, which combines professionals from medicine, psychology, but also from the culture, art and business to educate the Slovak nation about mental health issues and its importance.	https://dusevnezdravie.sk/project/debaty-o-dusevnom-zdravi/
Liga za duševné zdravie	Is the largest national project to support mental health from different perspectives and via different intervention activities.	The League for Mental Health is a non-political, charitable, humanitarian, non-professional, independent interest association of citizens and legal entities and its goal is to actively promote mental health. It is financed mainly through approved projects from grant schemes of the Ministries of the Slovak Republic, grant calls of companies and foundations, public collection in the streets and donations through the donor portal.	https://dusevnezdravie.sk/

Slovenia			
OZARA d.o.o.	encouraging and promoting healthy diet;	Health promotion at the workplace in the disability company OZARA d.o.o. and employment centre OZARAZC d.o.o.	http://www.ozara.si/
ZAPOSLOTIVNICENTERAVANTUS d.o.o. (Employment center)	Inclusion of pre-work PA for all employees as a common decision process including variety of actions and individual wishes.	PA within regular -working hours and encouraging healthy lifestyle;	https://www.facebook.com/Zaposlitveni.center.AVANTUS/
Project: "Care for the health of employees through targeted management of psychosocial burdens"	A special tool for managing psychosocial risks and absenteeism named OPSA was developed and community surrounding the questions of employees' health are listed as contact points in one spot.	The OPSA tool consists of: handbook aimed at acquiring with issues of psychosocial risk management and absenteeism;	https://dmi.zrc-sazu.si/sl/programi-in-projekti/skrb-za-zdravje-zaposlenih-skozi-usmerjeno-obvladovanje-psihiolosocialnih#v
OMRA -a special program titled "With Greater Mental Health Literacy to Mood Disorder Management"	A wide variety of specialists in the fields of psychiatry, psychology, psychotherapy, anthropology, and sociology with many years of experience in research and education in the field of mental health care offer professional knowledge within different workshops.	-Informing the public on different types of mental health problems	https://www.omra.si/
Spain			
CLUB DUERO	Duero Sport Club leads a pioneering inclusive soccer initiative by creating a team integrated by people with and without disabilities to compete in standardized environments where there are not barriers and everyone is part of the team regardless their personal conditions.	Duero Sports Club has over 66 members with psychosocial disability, they practice different sports from basketball and soccer to athletics, swimming, fencing, table tennis, paddle tennis, badminton or mountain hiking together with people without disability in a natural environment where the most important is to practice sports	Club Duero Facebook page:@CDduero
Centro Regional de Medicina Deportiva de Castilla y León (CEREMEDE)	CEREMEDE has been developing since 2015, in collaboration with other healthcare centers, programs for the prescription of physical exercise aimed at patients with chronic pathology	Programme for the evaluation and prescription of physical activities to patients with chronic diseases. It is also involved in the research of psychological aspects related to the self-perception by these patients on their own situation.	https://www.saludcastillayleon.es/investigacion/es/proyectos-investigacion-gerencia-regional-salud/evaluacion-programa-prescripcion-ejercicio-fisico-pacientes

SPORT2LIVE	SPORT2LIVE is a community integration platform, through physical activity, exercise and sport that facilitates the recovery and rehabilitation processes of people with health, mental health and / or drug problems and other addictions	SPORT2LIVE Proposes a personalized program and a customized plan obtaining the best results in each situation for each person based on their needs and their own rehabilitation and reintegration program. They establish a multidisciplinary work in collaboration with the professionals of reference each person (psychiatrist, psychologist, educators, social workers, therapists, etc ...) to achieve the best and most effective rehabilitation and reintegration program	https://www.sport2live.org/
LIGASAME	It is a mental health futsal league in the Community of Madrid in which 14 teams that belong to Centers of the Social Care Network for people with serious and lasting mental illness of the Ministry of Social Policies and Family participate.	Within the framework of LIGASAME, the tournaments 'Kick the Stigma' and 'A Goal for Inclusion' are organized every year since 14 years ago; it also facilitates the meeting and coexistence of network users with other athletes outside the world of mental health. LIGASAME also has Mental Health benefits: Group participation, feeling of being part of something; An opportunity to show PwD's skills; Doing physical activity provides PwD's well-being. Improves quality and quantity of social relationships.	http://www.ligasamemadrid.es

Sweden

Motion och idrottsföreningen för synskadade, Göteborg	Exercise activities for people with visual impairment that have lived "well" in Gothenburg since the 1960s	The overall purpose of the project is to promote independent exercise and sports for mainly people with visual impairment.	https://misgbg.se
Handikappidrott	They are the main contributors for sports activity in Sweden for people with disabilities	Main page for Sweden's association regarding sport for people with disabilities	http://www.handikappidrott.se
ParaME (beta)	The page contains several inspiring examples of successful meetings that led to a more active life	website of Parasport Sweden that informs people with disabilities about the possibilities for parasport	www.para-me.se

DBFK Stockholm	Exercise activities for people with visual impairment in Stockholm	The overall purpose of the project is to promote independent exercise and sports for mainly people with visual impairment.	www.dbfk.se
Nacka HI	parasport associations that was formed in 1963	One of the biggest parasport associations situated just outside of Stockholm	www.nackahi.se
ParaPepp	Example of a new activity created during corona.	Digital training aimed at people with disabilities established during corona	https://www.facebook.com/SpecialOlympicsSweden/video/1234567890
Turkey			
Türkiye Sakatlar Konfederasyonu	One of the most vulnerable groups observing child/Youth obesity because of obstacles to access HEPA and healthy, nutritious, and culturally appropriate diets. CSO in Turkey are engaged to change this context and offers a vast number of adjusted platforms.	Adjusted HEPA programmes for disabled individuals especially practicing traditional games combined with access to healthy, nutritious, and culturally appropriate diets, especially for communities with migrant/asylum seekers backgrounds, socio-economic and educational barriers.	Türkiye Sakatlar Konfederasyonu
Engelsiz Yaşama Derneği- Ey-Der	Same observations than for best practice	Same observations than for best practice	Engelsiz Yaşama Derneği- Ey-Der
Türkiye Bedensel Engelliler Spor Federasyonu	Same observations than for best practice	Same observations than for best practice	Türkiye Bedensel Engelliler Spor Federasyonu
TÜRKİYE BEYAZAY DERNEĞİ	Same observations than for best practice	Same observations than for best practice	TÜRKİYE BEYAZAY DERNEĞİ
İstanbul EngelliDernekveVakıfları	Same observations than for best practice	Same observations than for best practice	İstanbul EngelliDernekveVakıfları

Name of the organization	What makes it a best practice?	Description and key objectives	Website
National Centre for development of sport (France)	Promoting and encouraging sport activities to PwDs.	The development of sport offers to people with disabilities notably by encouraging equal access to sport and adopted sports.	https://www.edf.fr/en/the-edf-group/taking-action-as-a-responsible-company/foundation-and-patronage-heritage-sport/PARIS2024/disabled-sport
Activity Alliance (Belgium)	Accessing and enjoying local opportunities to take part in sport.	Increase the number of people with disabilities who are able to access and enjoy local opportunities to take part in sport	https://sport.leeds.ac.uk/health-wellbeing/get-out-get-active/
Swedish Sport Confederation	Involving children in sport activities.	It aims to get children to try out sport activities, as well as encouraging older youngest to continue with sports.	https://www.aspiresport.eu/partner/swedish-sports-confederation

Sport Ireland	Supporting PwDs to participate in sports activities	Increase participation of people with disabilities in sport and physical activities.	http://www.dlrspartnership.ie/disability-sports/sido#:~:text=The%20Sports%20Inclusion%20Disability%20Programme,a%20disability%20in%20the%20County.&text=Providing%20training%20programmes%20to%20volunteers,sport%20for%20people%20with%20disabilities
KidSport	Facilitating their participation	To create better sport and exercises facilities in the community and play sports and physical activity available and accessible for children with disabilities	https://www.dlgsc.wa.gov.au/funding/sport-and-recreation-funding/kidsport
#BeActive Workplace Award	This award celebrates exemplary activities in the workplace that encourage employees to be active.	Activities may include setting up a staff taskforce responsible for promoting physical activity, provision of showers for cycling/running commuters, standing meetings, lunchtime walks and other creative solutions to form an active working environment.	https://ec.europa.eu/sport/about/initiatives/beactive_en
Björn Borg	At Björn Borg, they insist on having a sporty lifestyle and practice sport together with colleagues during office hours.	Every Friday from 11.00-12.00 the employees at Björn Borg have a sports hour together. All workers passionately throw themselves towards bold new goals, challenge each other and are who they want to be.	https://corporate.bjornborg.com/en/working-at-bjornborg/
Walk with a doc	A model based on sustainability and simplicity.	A doctor gives a brief presentation on a health topic and then leads participants on a walk at their own pace- the reach of Walk with a Doc now extends all around the globe with over 500 chapters worldwide, including Walk with a Future Doc chapters led by medical students.	https://walkwithadoc.org/

Jennie Brown, Helen Thornton - St Helens and Knowsley NHS Trust	Evidence-based guidelines and a training package for gym staff to improve opportunities for young people with diabetes to participate in physical fitness programmes	It incorporated education on the following subjects: The importance of physical activity for health in young people with diabetes. The successes of athletes with type 1 diabetes. This was to demonstrate that type 1 diabetes should not be a barrier to exercise or performance. Development of a training programme and guidelines for local gyms regarding type 1 diabetes in young people.	https://www.diabetesonthenet.com/resources/details/facilitating-physical-activity-young-people-type-1-diabetes-development-training-programme-and-guidelines-local-gyms
DAFNE, UK	DAFNE stands for Dose Adjustment for Normal Eating. It aims to help adults with type 1 diabetes lead as normal a life as possible, whilst also maintaining blood glucose levels within healthy targets, to reduce the risk of long-term diabetes complications.	DAFNE is an educational course for managing type 1 diabetes. The aim of the DAFNE course is to improve health outcomes for type 1 diabetics, by providing well-structured information and guidance.	https://dafne.nhs.uk/
Stability training	Participants learn about tools to deal with symptoms through better understanding and body awareness.	The objective of Stability Training is to educate immigrants suffering from traumatic experiences to learn understand, recognize and manage PTSD and its symptoms.	https://mieli.fi/en/support-and-help/support-and-help-foreigners
Mental Health First Aid in Finland	MHFA's focus is on e-mental health and training. MHFA is aimed at all adult citizens in Finland and focuses on a wide range of mental health issues and well-being.	The program was initiated by the health sector, the health and social sector, the education sector and the labor sector.	https://mhfainternational.org/international-mental-health-first-aid-programs/
Sport in Mind	Sport in Mind's programmes have supported the recovery of over 10,000 people experiencing mental health problems. The charity's work is endorsed by the National Health System and has proven to have a positive impact on participants mental, physical and social health.	Delivering innovative programmes in partnership with the NHS and are co-designed by people with personal experience of mental health problems and healthcare professionals. Development of a training programme and guidelines for local gyms regarding type 1 diabetes in young people. Believing that everyone should have the opportunity to take part in sport and physical activity.	https://www.sportinmind.org/
ALL>>IN	camps for athlete development to establishing clear pathways, both to achieve Paralympic success and to motivate and provide the opportunity for more people with a disability to be physically active	Developing Pathways of Lifelong Physical Activity for People with a Disability in Europe	https://www.parasport.nu/globalassets/svenska-parasportforbundet-och-sveriges-paralympiska-komite-svenska-parasportforbundet/bilder/all-in/all-in_press-release_december-2018_en_hh_181219.pdf

European paralympic committee	They are part of multiple projects to inspire everyone to be more physically active	EPC mission is to promote and contribute to the development of Sport opportunities and competitions for European Athletes with a disability	https://www.europaralympic.org
Karolinska Institutet and the Centre for Epidemiology and Community Medicine in Stockholm County Council.	The intervention aimed to promote healthy behaviours, i.e. physical activity and healthy diet among people with mild to moderate ID living in community residences in Stockholm County, as well as staff work routines by targeting both residents and staff.	The intervention is based on the Social Cognitive Theory and involved activities both to strengthen the individual and to influence the social and physical context, through three components: 1) appointment of a health ambassador in each residence and network meetings; 2) a 10 session study circle for caregivers; and 3) a 10 session health course for residents.	https://openarchive.ki.se/xmlui/handle/10616/42084
FitforKids	FitforKids offers a 100% free diet guidance, training, coaching, a motivational program and fun events, in addition to a supportive cozy online community.	FitforKids is a nationwide voluntary association that offers free weight loss courses in Denmark to children between 7-15 years and their families.	http://www.fitforkids.dk/
The OCARIoT Consortium consists of 12 partners from 3 different European countries, namely Greece, Portugal and Spain, and Brazil	The proposed approach has been designed to serve two over-arching goals namely – openness and interoperability. Openness involves the definition of component interfaces in such a way that allows the easy integration of open platforms such as UniversAAL and the utilization of a plethora of services and applications targeting obesity and eating behaviour.	OCARIoT develops on three key steps: finding information, making decisions, taking action /	https://ocariot.eu

SECTION III:

COUNTRY REPORTS ON PwDs' LIFESTYLE AND HABITS

3.1. Albania

3.1.1. Desk Research Overview

Part 1: Overview on disabilities perception, definition and statistics in Albania.

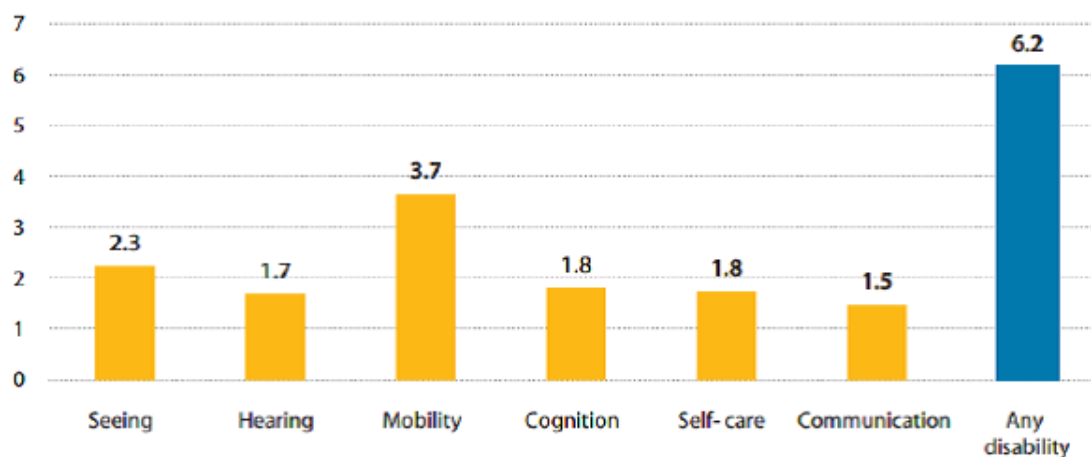
a. *How are the above-listed disabilities perceived/defined in your country?*

Over the past few decades, the definition of disability has changed radically, by changing the focus from the notion of "handicap" straight to the notion of environmental barriers that individuals face during their experience, therefore considering a disability as a *"negative interaction between the person with a disability and the environment"*. Under the Convention on the Rights of People with Disabilities (2008) as "individuals with physical, mental, intellectual impairments or sensory ability which in interaction with various barriers can hinder the participation of their complete and effective in society just like the other part of society.

- In Albania, disabilities are perceived as follow:
- Mental& Psychological disability – permanently reduced mental abilities causing impaired exchange of information with the environment, problems with self-service activities, or certain situations in society and incurable mental illnesses affecting the emotional side, experience, behavior, while the intellect of the disabled remains intact.
- Digestive, metabolic and endocrine systems related disorders- incurable diseases such as diabetes, celiac disease, hemophilia, sclerosis multiplex, etc.
- Visual & Hearing impairment - permanent visual failure (blind, tender-eyed, partially blind people and people with bipolar vision disorders; partially or completely deaf)
- Cardiovascular, haematological, immunological and respiratory systems related disorders- (- incurable diseases such as anemia; asthma; arthritis);
- Physical disability- people with reduced mobility.

b. *Which are the most common (pressing) disabilities in your country? Please provide statistics for each type of disability (including their health indicators and implications to the lifestyle of PwDs).*

There is not a latest national statistic on number/percentage of how many PwDs live in Albania. According to FIMITIC (2011) there are about 32.000 Labor Invalids, 33 000 children (one on five) suffer a deficiency (of which 14 000 of a mental or sensory deficiency), 35 000 disabled persons benefit from state allowance (mostly labor invalids). People with disabilities in Albania are a sizeable vulnerable population group. The 2011 Census provides that 137,435 people of the age 15 years old and over, of which 75,239 women, live with disabilities (TELESEICT, 2016).



Note: sample restricted to the population aged 15 years and above. The last column shows people with at least one of the six disabilities displayed in yellow.

Source: 2011 Census.

c. Please provide quantitative data on the number of PwDs that participate in sport activities in your country.

There is no official data on PwDs sport inclusion in Albania but there are some activities that are organised for PwDs. ADP Albania partnered with Genuine Effect to organise “BITT 2016 – Tribute to Mati” where disabled people participated not only as professional players but also as professional referees. Burreli International Table Tennis (BITT) is an international competition that is organised every spring in a small city in the north of Albania. This year’s event, on 27-29 May, was part of the European Move Week.

Our partner in this sport event is Active Disabled People (ADP) Albania, a sport organisation for people with disabilities. It is the third year that people with a disability in Albania have competed as professional players in this international competition. However, this year they were not only represented as players but also as professional referees. Through this event, Move Week in Albania promoted more social inclusion and an increase in self-esteem for people with disabilities (ADP, 2016).

d. Is there any support from public authorities or other relevant stakeholders to promote healthy lifestyle and inclusion to sport activities for PwDs?

The ratification from the Albania Government of the Convention on the Rights of People with Disabilities (2012), provides new obligations for the Albania Government in terms of legal changes, administrative practices, approaches towards disability, standards of a higher level for the protection and a better life for people with disabilities.

• Participate in Abu Dhabi Special Olympics World Games

On March 8-22, 2019 in Abu Dhabi, the United Arab Emirates hosted the “Special World Olympic Games 2019” United Arab Emirates from March 8-22 in Abu Dhabi. These games were also attended by a representative team of Albania, whose training took place 3 months before the development of the games. As a result, the duration of the project was divided into two parts. The first part was the development of training sessions

from December 1, 2018 to February 28, 2019. The second part is the participation of the team in the world games from March 8 to March 22, 2019.

The participation of the Albanian delegation in these games was made possible by the cooperation with the Municipality of Tirana which supported the delegation with the payment of travel tickets and the Ministry of Education, Sports and Youth (through RED), which enabled the relevant permits for physical education teachers were an essential part of the delegation.

• ***European Football Week and European Basketball Week***

“European Football Week 2019” and “European Basketball Week” are an annual event supported by “Special Olympics International” and “Special Olympics Europe and Eurasia”. It is attended by representative teams of several special schools in the country which are led by a group of volunteer trainers trained by the Association “Special Olympics Albania”

• ***“Getting Healthy Together” project***

This project instructs the creation of a healthy lifestyle through physical activity, nutrition and hydration.

• ***Ongoing planned activities***

This project offers training for coaches by experts for Unified Sports Special Olympics Europe and Euro Asia (SOEE) for teachers (coaches) from special and ordinary schools, as well as for sports coaches from the University of Sports of Tirana.

- a. Developing activities at least at 6 high schools and community centres, which include a presentation of concept of Unified Sports and its impact on inclusion, as well as very useful experiences for young people and coaches.
- b. Establishment of four Unified Basketball Teams (two women and two men's teams) and setting a schedule for their regular training.
- c. Organizing competitive activities (tournaments) in unified basketball and football teams within the European Basketball and Football Week of the Special Olympics.

◦ ***European Football Week and European Basketball Week***

“European Football Week 2019” and “European Basketball Week” are an annual event supported by “Special Olympics International” and “Special Olympics Europe and Eurasia”.

Part 2: Assessing the access of PwDs to health, education and other relevant services in your country:

a. Which are the main stakeholders facilitating the access of PwDs to health, education and other relevant services in your country?

- National Council on Disability Rights (National Disability Council), <https://shtetiweb.org/wp-content/uploads/2014/05/L2-National-Strategy-on-People-with-Disabilities-2005-2007.pdf>
- UNDP in Albania, <https://www.al.undp.org/>
- MEDPAK, <http://medpak.org/web/>
- Save the children, <https://www.savethechildren.net/>
- Caritas Albania, <http://caritasalbania.org/>
- UNICEF ALBANIA, <https://www.unicef.org/albania/>
- WORLD VISION, <https://vision4children.jimdofree.com/>
- FSHDPAK, <https://sherbimet-per-pak-al.jimdofree.com/fshdpak/>
- CRCA, <https://www.crca.al/sq/news-women-and-youth-politics/nga-sot-nje-rrjet-kombetar-te-rinjte-ne-shqiperi;>

b. Is there a well-defined legal framework in your country ensuring the inclusion of PwDs and protecting their rights?

Definition of people with a disability is based on legislation and on social protection programs. Law no.9355, article 4, with "People with disabilities" means the individual to whom it belongs disability, as a result of physical injury, sensory, intellectual, psycho / mental, by birth or acquired during life by accidents, temporary illness or permanent, which do not come from causes that related to employment.

Considering the limits of this definition, which considers disability, related to diseases and the person's inability to work, The National Strategy for Persons with Disabilities expands the definition towards a contemporary grounded notion in the barriers that individuals encounter in daily life as a result of restrictions. According to this strategy "People with Disabilities" are those individuals who physical functions, mental capacity or psychological condition tend to avoid apart or more than six months from the typical age condition, which in turn limits their participation in social life.

Law no. 93/2014 defines that: "Persons with disabilities" are individuals, who have long-term physical, mental impairments, intellectual or sensory, injuries which, in interaction with various obstacles, including environmental and residential ones, may impede full participation and efficient of these persons in society, unequal conditions with others.

c. Please list the health services provided to PwDs in your country?

Rehabilitation and treatment services offered in Albania are limited to number and varieties, inaccessible to most people with disabilities and / or dysfunctional, especially for children with disabilities. Most people with disabilities should be addressed to private service providers. People with Mental health disorders may have access to rehabilitation services and treatment in

- Community Mental Health Centres (MCCS), which provide service outpatient.
- National Centre for the Upbringing, Development and Rehabilitation of Children in the plant offers 0-6 years of service (NAP, 2015).

d. Which are the main community-based services, technical aids and assistive devices offered to PwDs in your country?

Medical Commission for Determining the Ability to Work

Medical Commission for Determining the Ability of Invalids is a medical and legal body that bases its activity on the provisions of the law "On Social Insurance in the Republic of Albania" and the criteria of the ability to work of disabled patients is based on medical assignment . It determines the degree of loss of ability to work for the disabled and the paths to be followed for his physical and professional rehabilitation. KMCAP operates at the Social Insurance Institute and is accountable to the Social Insurance Institute for the activity it performs.

Beneficiaries of disability payments are:

- a. Paraplegic people;
- b. People with disabilities, declared incapable of work by decision of The Medical Commission for Determining the Ability to Work;
- c. People with disabilities, declared such by a decision of the Commission Multidisciplinary Disability Assessment;
- d. People with Disability, declared by the decision of the Medical Commission of Determining the Ability to Work, who receive a disability pension and a monthly supplement on it, according to Work Invalid Status.

e. Which are the main educational services offered to PwDs in your country?

The right to education for all children in Albania, including children with disabilities, it is guaranteed by a variety of laws and regulations as well as objectives socially defined in the constitution. The law on pre-university education sets out principles that guide the education of children with disabilities, specifically for the development of their physical and intellectual potential, improving the quality of life and ensuring their full integration into society and the labour market. The law promotes the concept of inclusive education, emphasizing that involvement in specialized educational institutions it is temporary and that involvement in kindergartens and general schools is important primary.

There are reported 6 elementary schools for children with special needs in Albania. Special School for Children with Disabilities, Durrës

- Special School "Zëra jete", Elbasan
- 'Luigj Gurakuqi' Special School, Tiranë
- Special School, Vlorë

f. Are there any other public services (such as free/discounted public transportation, dedicated facilities at public environments) provided to PwDs in your country?

According to Law no. 93/201, Article 3, "On inclusion and accessibility of people with disabilities", "accessibility" "is the avoidance of obstacles of all kinds. According to this law, among other things, "obstacles" also mean infrastructural barriers, including those in housing, space and public services.

Article 20 of Law no. 10221, dated 04.02.2010 "On Protection from Discrimination" provides protection to individuals from discrimination in the field of goods and services. Article 20 provides specifically:

"People" who provides public and private services, for a fee or not, are prohibited to discriminate other people by:

- **refusing to provide PwDs services, as referred to in Article 1 of this law;**

It is prohibited for people, who provides public services, not to accept or oppose the implementation of necessary changes or adjustments and appropriate, which aim to enable the benefit of these goods and services from one a person with a disability, as long as these modifications or adjustments do not impose one disproportionate or illegal burden on the person providing the goods and services.

Part 3: External and internal barriers to participate into sport activities:

a. Which are the main internal barriers that prevent PwDs in your country from participating in sport activities?

Stigma and distrust seem to be the main dominant individual internal limiting factors for participation in sport activities. They feel misunderstood and not welcomed which might make them feel uncomfortable. This brings low self-esteem, motivation and low participation in different sphere of life, even in sport activities. Their disabilities bring a reduced quality of their life (Ferré, Galanxhi & Dhono, 2015).

b. Which are the main external barriers (accessibility, education, social barriers, motility, etc.) that prevent PwDs in your country from participating in sport activities?

According to Ferré, Galanxhi & Dhono, (2015), the main external barriers that prevent PwDs to participate in sport activities are:

- Financial situation
- Community support
- Accessibility to sport facilities.
- Better information and education of the general population on disabilities.
- Legislative support (simplification, improvement, participation of disabled people in the legislation).

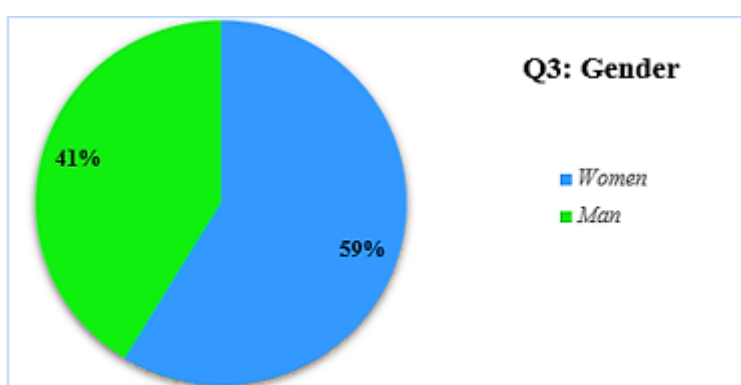
3.1.2. Online Survey Findings

DEMOGRAPHIC DATA

This section analyses the various demographic characteristics of the respondents by providing supporting figures (graphics). In the online research a total number of N=46 respondents from

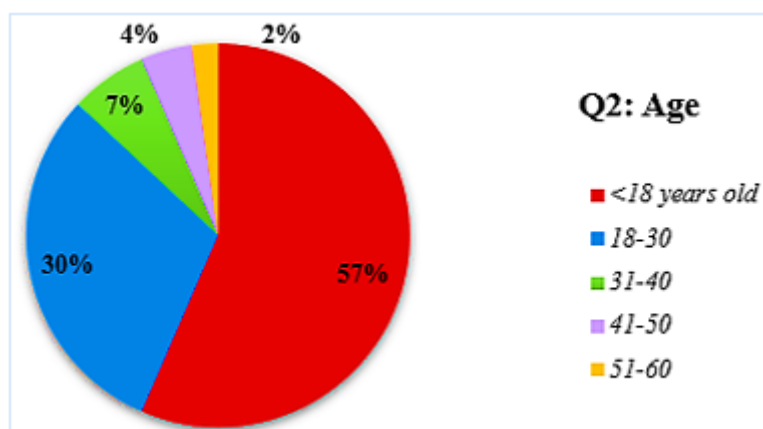
Albania completed the questionnaire.

a. Demographic data of research sample described by gender:



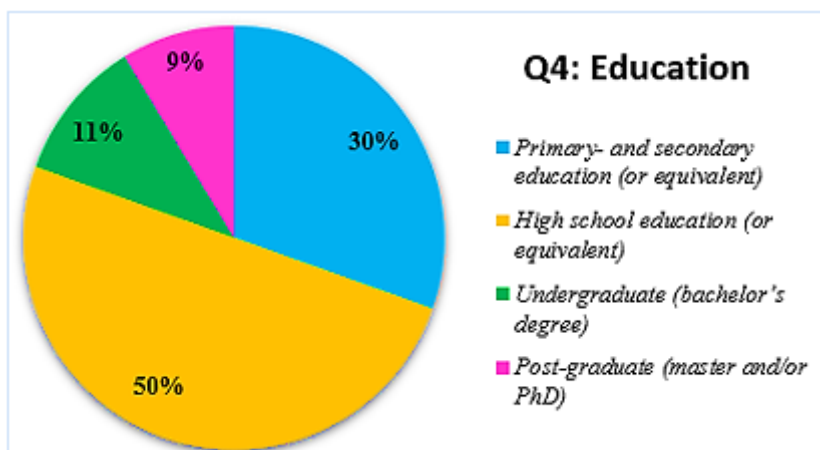
The Albanian research sample composed by 46 respondents includes the following gender characteristics: 27 females and 19 males.

b. Demographic data of research sample described by age groups:

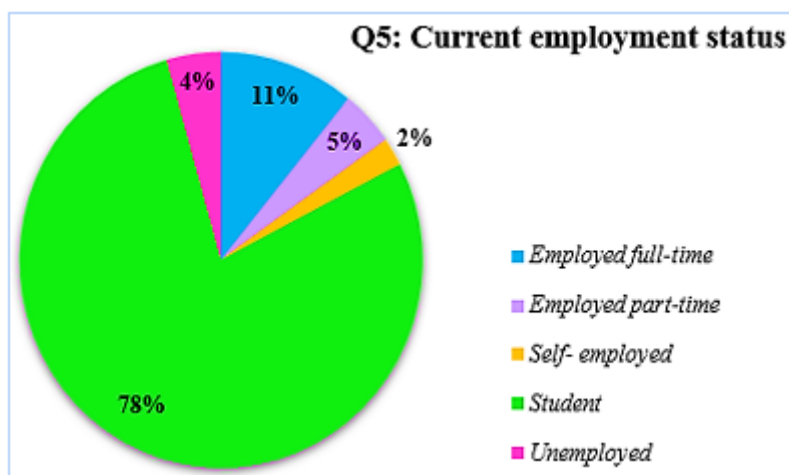


The respondents belong to the following age groups: <18 years (57%), 18-30 years (30%), 31-40 years (7%), 41-50 years (4%) and 51-60 years (2%). Most of the respondents (57%) are under 18 years as the target group is focused on children that suffer from diabetes.

c. Demographic data of research sample described by employment/education status:



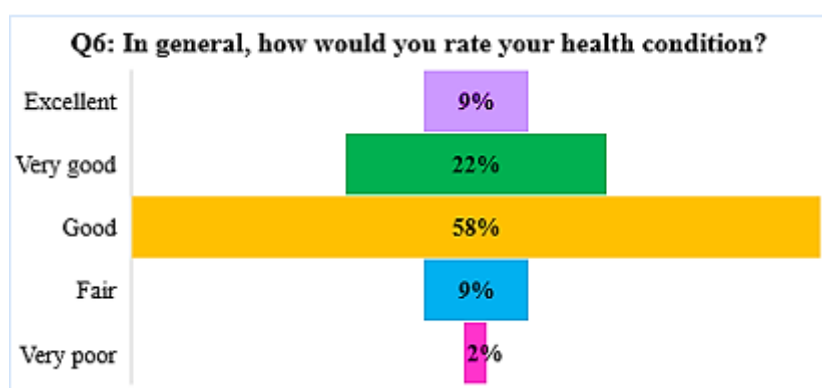
Based on the educational status, as it was shown even in the previous question, most of the respondents are in primary and secondary education (30%) and high school (50%)



Related to the employment status, the respondents are divided as following: employed full-time (+35 hours per week) (11%), employed part-time (less than 35 hours per week) (5%), self-employed (2%), Student (78%), Unemployed (either looking or not looking a job) (4%). As it shown most of the respondents 78% are students and do not work.

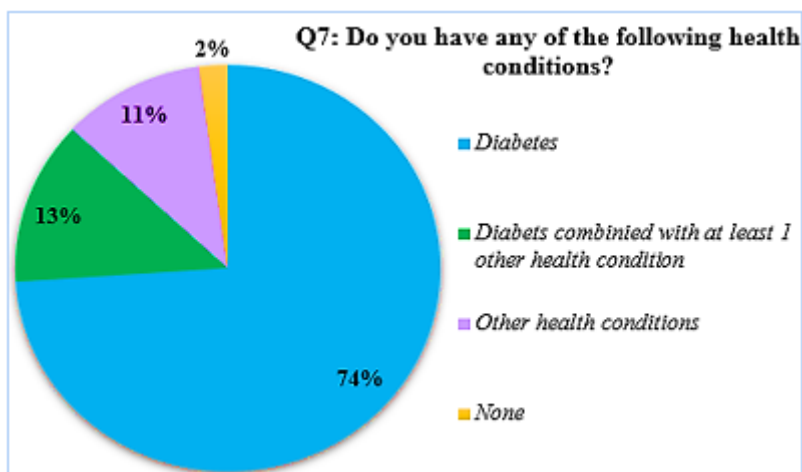
OVERVIEW OF GENERAL HEALTH ASSESSMENT

a. In general, how would you rate your health condition?



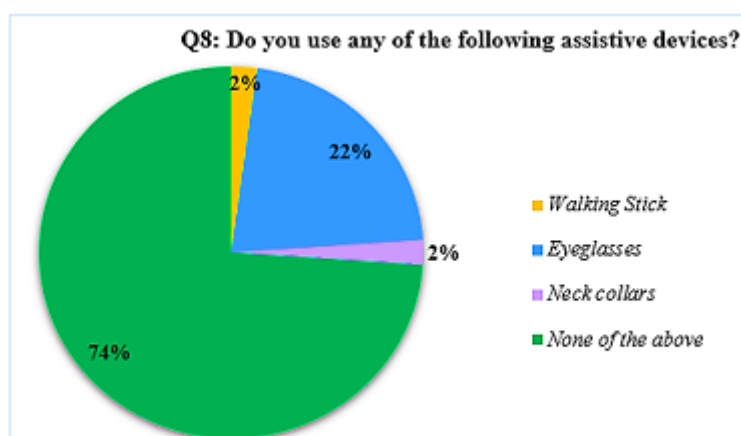
The first question investigates the general health conditions. Most of the respondents (58%) said that they have good health conditions, and only 11% of them reported fair (9%) and very poor (2%) health conditions.

b. Do you have any of the following health conditions and do you use any of the following assistive devices?

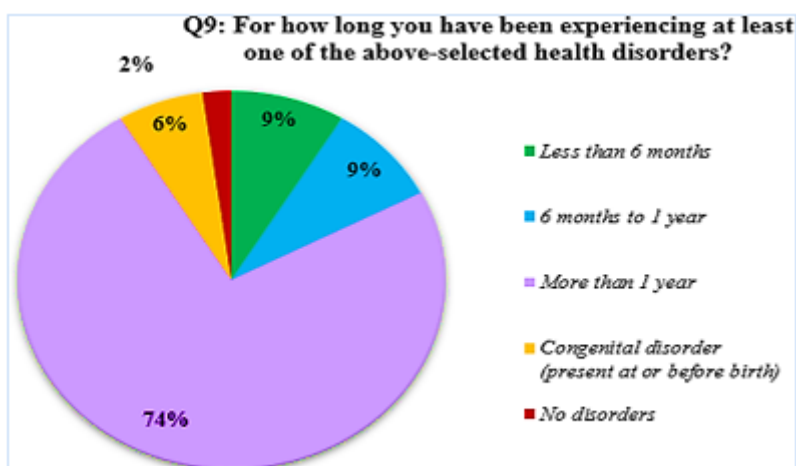


The second question shows that most of the respondents (74%) suffer only from diabetes. It also revealed that six respondents suffer from diabetes which is combined with other conditions, such as depression, low vision, post-traumatic stress disorder, migraine, obesity, psoriasis. Only 11 % suffered from other health conditions, such as anemia, arthritis, blood pressure disorder, tigger finger and only one does not suffer from others condition.

Related to the third question about the assistive devices, most of them do not use any of the above mentioned assistive devices. 22% of the respondents indicated that they use walking eyeglasses and only 4% of the respondents use either walking stick or neck collars.

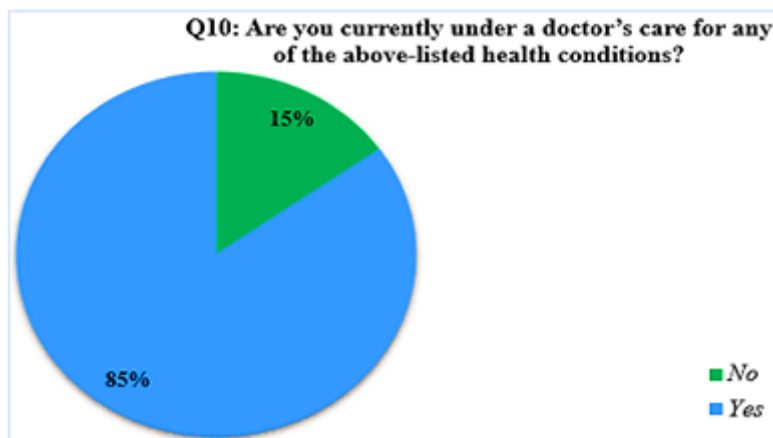


- c. For how long you have been experiencing at least one of the above-selected health disorders and are you currently under a doctor's care for any of the above-listed health conditions?

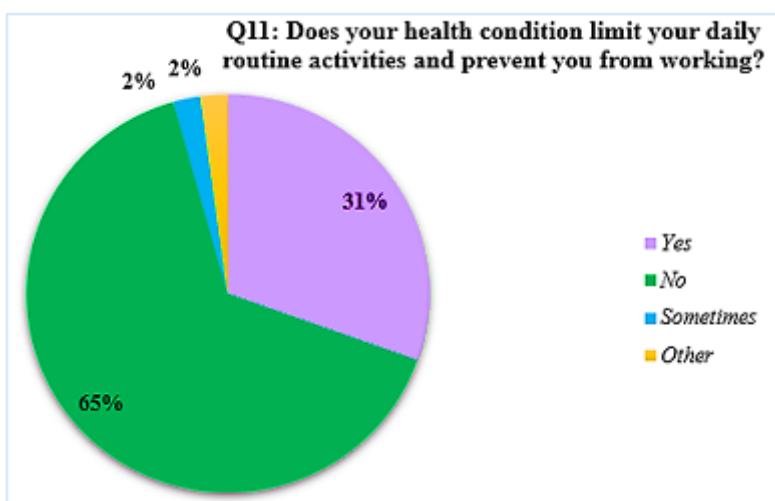


More than half of the respondents (74%) stated that they have been experiencing one of the above listed health disorders for more than a year while only 2 % of them stated that do not suffer from any of the above listed health disorder.

Most of the respondents (85%) stated that they were under the doctor's care.

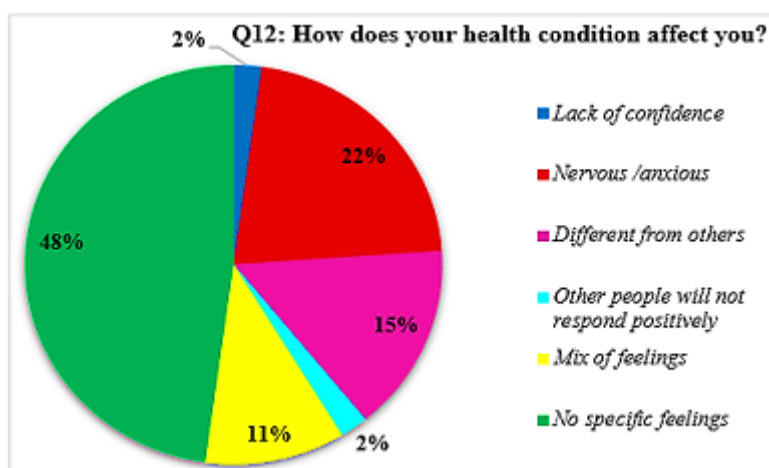


d. Does your health condition limit your daily routine activities and prevent you from working?



Most participants (65%) stated that their health condition did not limit their daily life activities or work, whereas (31 %) reported that their health condition prevented them from carrying out daily routine activities and working and only 2 % stated other reasons.

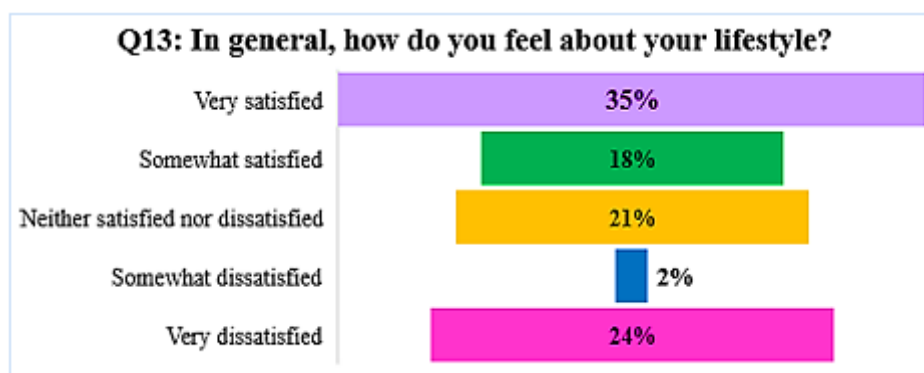
e. How does your health condition affect you? Does it make you feel any of below?



Participants reported experiencing several negative emotions due to their health condition, alone or in combination with others. They frequently reported to be nervous/anxious (22 %), different from others (15%), mix of feeling (11%) and lack of confidence (2%). 10 % of the respondents felt a combination of feelings, such as feeling nervous/anxious was associated with a lack of confidence, feeling different from others and Isolated and excluded.

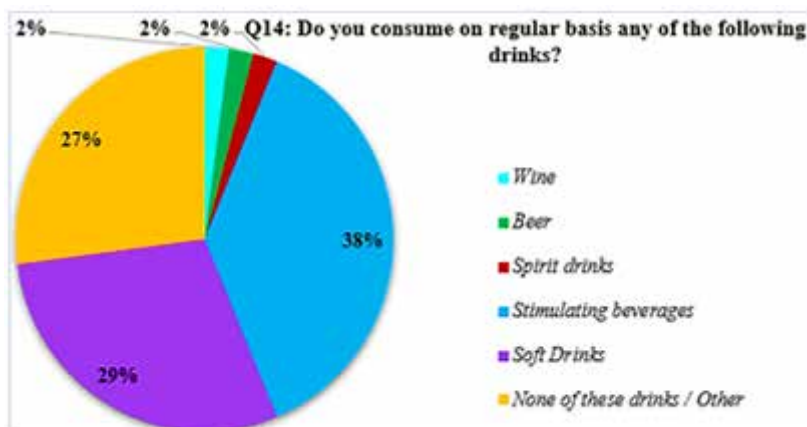
SPORTS PARTICIPATION AND HEALTH-RELATED QUALITY OF LIFE

a. In general, how do you feel about your lifestyle?

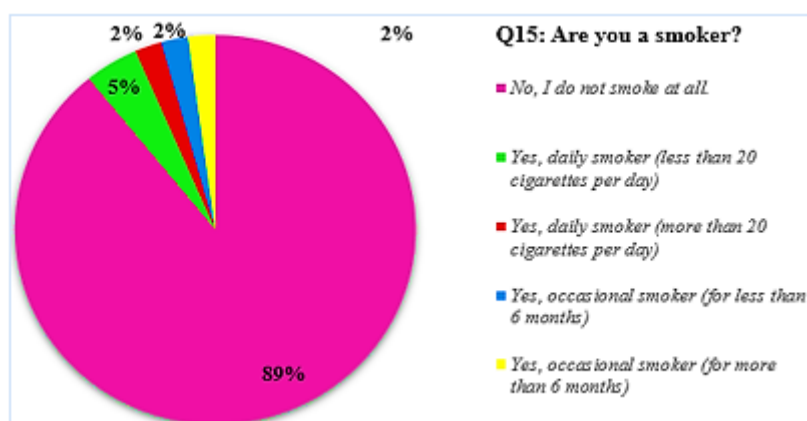


Most of the respondents (35%) stated that they were very satisfied with their lifestyle, but at the same time 24 % of the respondents reported to be very unsatisfied. 21% of the respondents had neutral feelings.

- b. Do you consume on regular basis (one per day on average) any of the following drinks and are you a smoker?

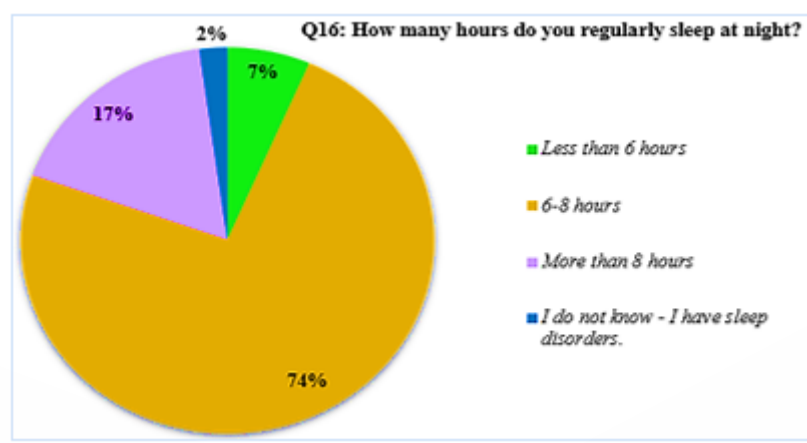


Most of the respondents reported to consume stimulating beverages (38 %) or soft drinks (29%).

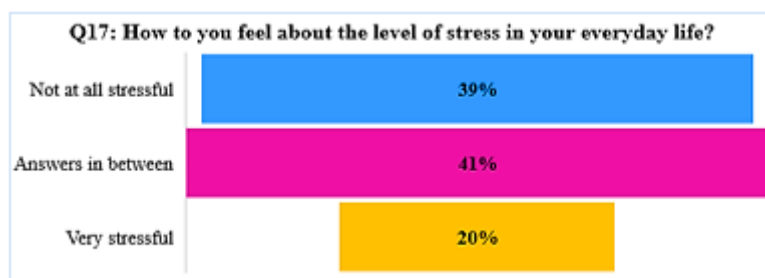


Results show that most of the respondents (89 %) reported not to be a smoker. 11% of them reported to be daily smoker (7%) or occasional smoker (4%).

- c. How many hours do you regularly sleep at night and how do you feel?

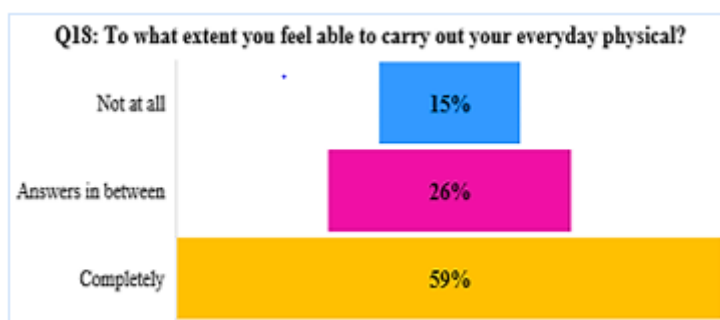


The results show that most of the respondents (74%), sleep 6-8 hours per day. 17 % of them do sleep for more than 8 hours, whereas 2% of them sleep for less than six hours. Only 2 % of them suffer from sleeping disorders.



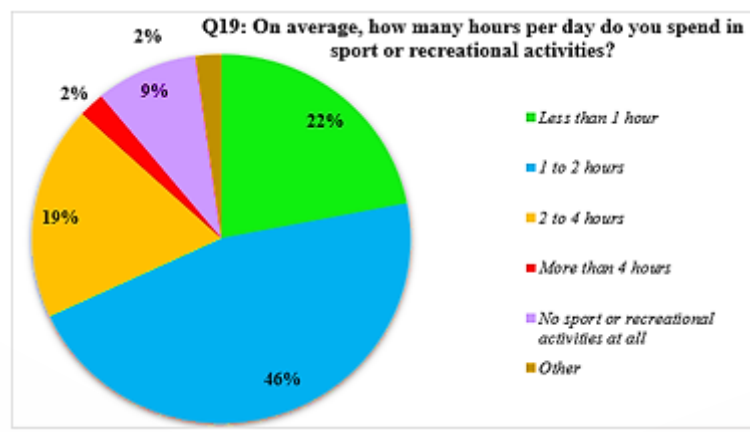
Most of the respondents (41 %) reported medium levels of stress in their daily life. 39 % of them answered that they feel not at all stressed, whereas 20 % of the respondents stated that they feel very stressed.

- d. To what extent you feel able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, and going to work?

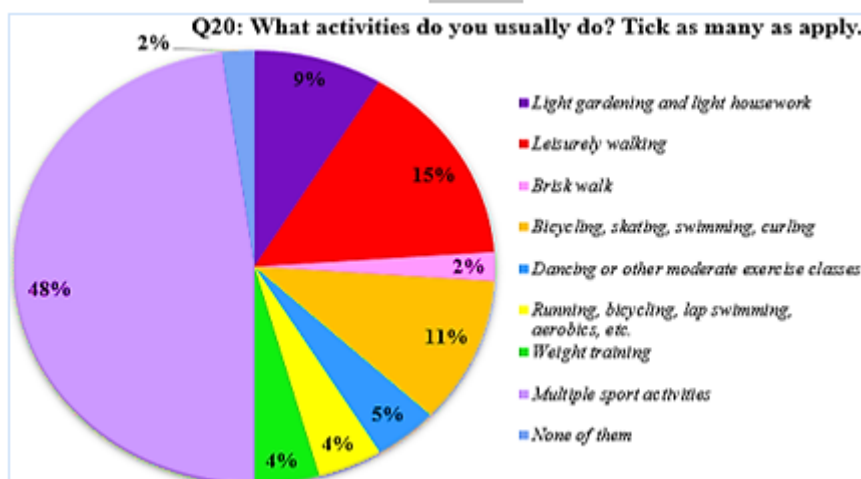


More than half of the respondents stated that they feel completely able to carry out their everyday physical activities (59 %), whereas 15 % of them do not feel able to carry out her/his everyday physical activities.

- e. On average, how many hours per day do you spend in sport or recreational activities and what activities do you usually do?



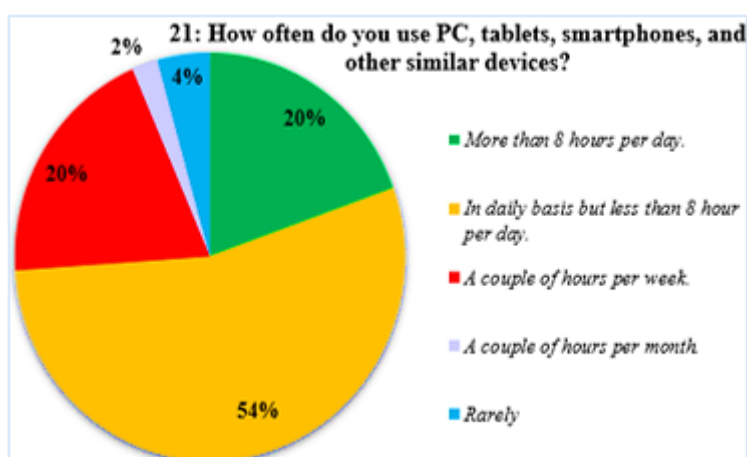
The results show that most of the respondents (68%) spend 1-2 hours per day (46%) and less than 1 hour per day (22%), whereas 4% of them do not spend time on sport or recreational activities (2%) at all or do something else (2%).



The results show that most of the respondents do multiple sport activities (48 %), where they mostly combined leisurely walking with bicycling, swimming, skating, curling and light gardening. 15 % of the respondents do leisurely walk, 11 % bicycle, 9 % of them light gardening and light housework. Only 2 % of them do none of the above-mentioned sports activities.

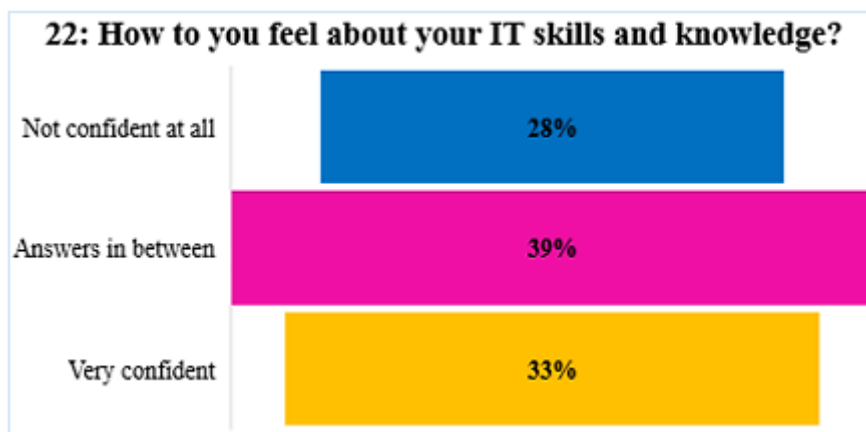
LITERACY AND INTERNET USE

a. How often do you use PC, tablets, smartphones, and other similar devices?



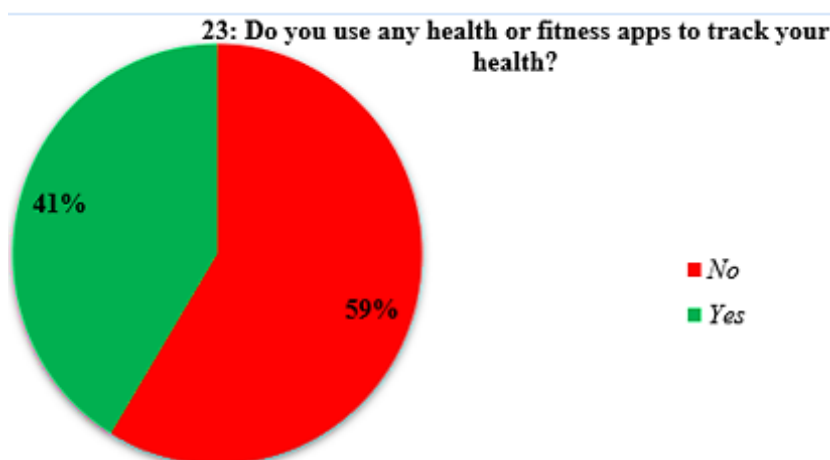
Participants reported to use technology devices on a regular basis. Most of them (54%) use technology for less than 8 hour per day, whereas 20 % of them for more than 8 hours per day. Only 2% of them stated that they rarely use technology.

b. How to you feel about your IT skills and knowledge?



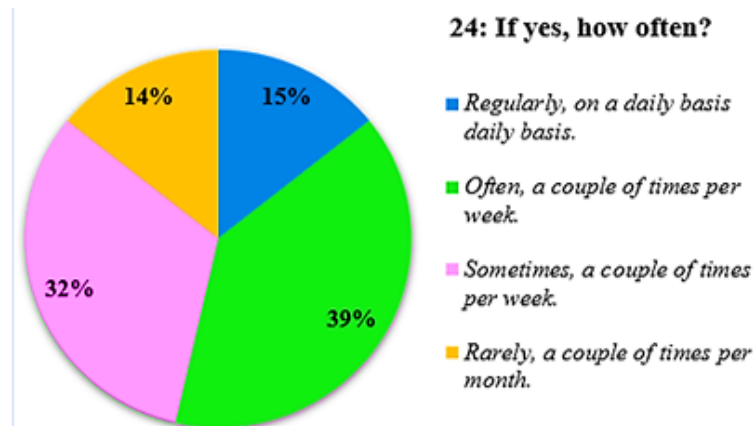
Related to the confidence on IT skills, 33 % of the respondents felt very confident, whereas 28% of them felt not confident at all. 37 % of the respondents indicated a moderate level of confidence on IT skills.

c. Do you use any health or fitness apps to track your health? If yes, how often?



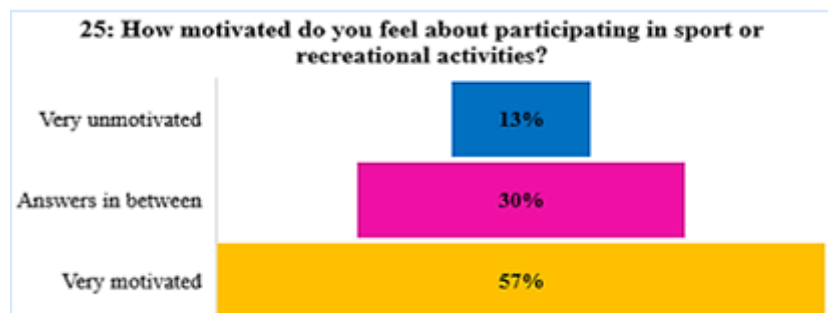
More than half of the respondents stated that they did not use health or fitness apps to track their health condition (59 %).

Most of the respondents that stated to use a health or fitness apps (39%) reported to use apps often, a couple of times per week whereas only 14 % of them stated to rarely use it.



PERCEIVED BARRIERS & INCENTIVES TO A HEALTHY LIFESTYLE

a. How motivated do you feel about participating in sport or recreational activities?



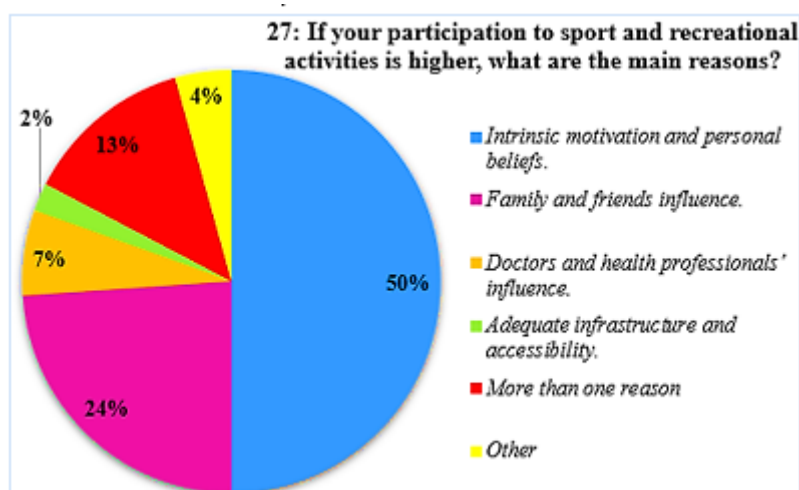
More than half of the respondents (57%) indicated a high degree of motivation in participating in sport or recreational activities. 30 % of the respondents reported moderate motivation, whereas only 13 of the respondents answered that they feel unmotivated in participating in sport and recreational activities.

b. How much time per day are you willing to devote to exercising?

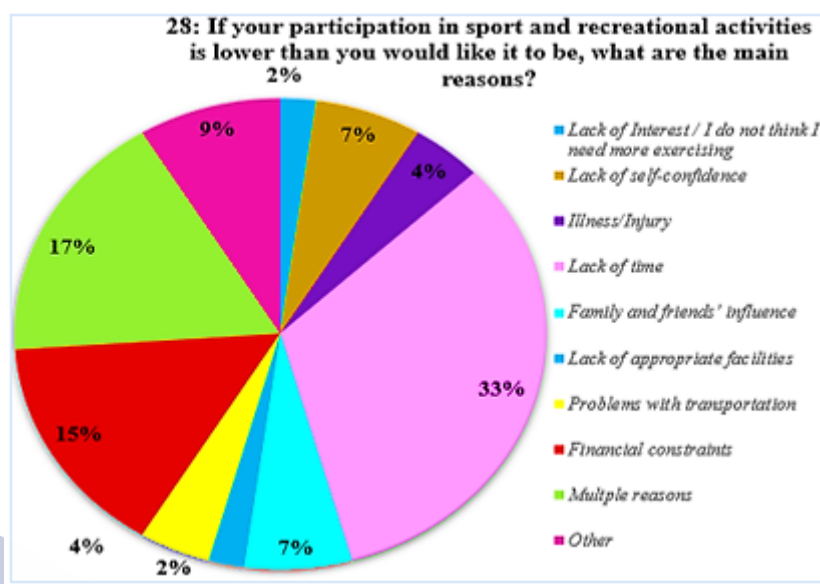


Most of the participants showed that they were involved in exercising. More than half of the sample spent from 1 to 2 hours in physical activities (61%) and only 4 % of them said they were not sure to have time for physical activity.

- c. If your participation to sport and recreational activities is higher or lower (than you would like it to be), what are the main reasons?

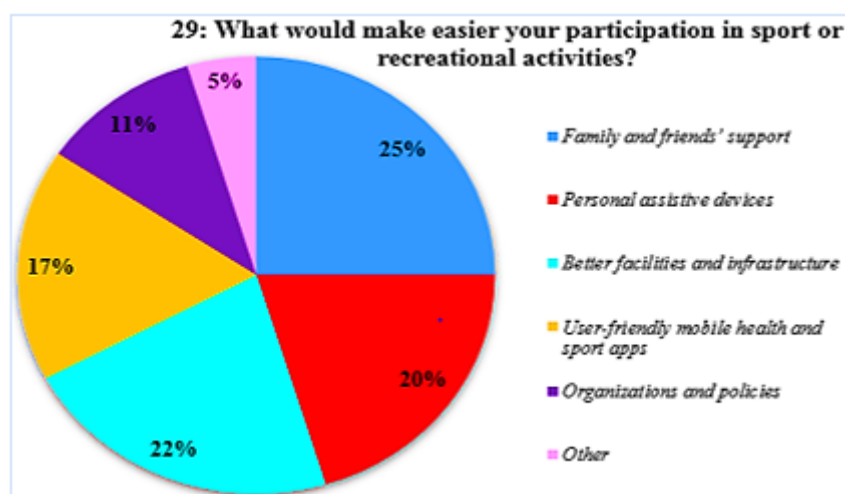


Most of the respondents (50%) reported that high participation is mostly influenced by intrinsic motivation and personal beliefs. 24 % of them stressed that family and friends' influences is another important factor that influenced on their participation to sport activities. Respondents also stressed the importance of the influence of doctors & health professionals (7%) and adequate infrastructure and accessibility (2%) in sport and recreational activities. 13 % of the respondents reported multiple reasons, where intrinsic motivation and personal beliefs was frequently associated with doctor influence and family and friends influence.



Related to the factors that prevent participation in sport and recreational activities, most of the respondents (33%) stressed the lack of time to participate in sport activities. 15 % of them stated that financial constrains was another factor that influenced their participation, followed by family & friends influence (7%), lack of self-confidence (7%). 17 % of them stressed multiple reasons that prevent their participation to sport activities, where 4% of them associated lack of time with illness and lack of confidence.

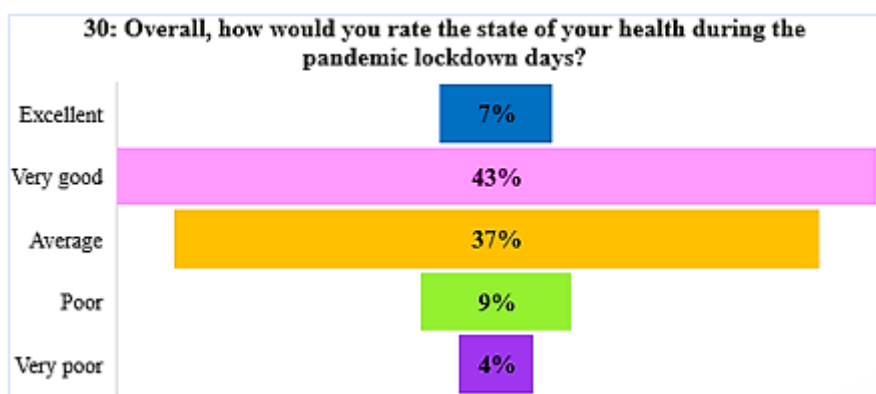
d. What would make easier your participation in sport or recreational activities?



Most of the respondents stated that family and friends' support (25%), better facilities & infrastructures (22%), personal assistive devices (20%), user-friendly mobile health and sport apps(17%) and organizations and policies (11%) were the main factors that can make easier their participate in sport or recreational activities. 18 % of the respondents reported that they participation were affected by more than a single reason.

COVID-19 PANDEMIC OUTBREAK & WELL-BEING

a. Overall, how would you rate the state of your health during the pandemic lockdown days?



Most of the respondents stated that they had very good health conditions (43%), whereas 4% of them stated poor health conditions.

- b. What would help you maintain a better level of physical and mental well-being during the COVID-19 pandemic?

Respondents expressed the importance of family and friends influence during these times. They also stressed the importance of the necessary infrastructure, psychological help, healthy diet and different activities (reading, meditating) help them to maintain a better level of physical activities during the pandemic.

- c. Do you have any other comments about how the COVID-19 pandemic is impacting upon your well-being and physical activity and what kind of support you would need?

COVID 19 has impacted the life of some recipients by raising their anxiety, fear and reducing their physical activity and social life and had not impacting some other recipients by continuing their life and their activities.

3.2. Belgium

3.2.1. Literature Review Overview

Part 1: Overview on disabilities perception, definition and statistics in your country.

a. How are the above-listed disabilities perceived/defined in your country?

There is no clear definition of disability in Belgium. The definitions of disability that are used in the different legislations and within the different authorities across Belgium are in line with the evolution from the medical to the social model and the cultural model towards PwDs, which means more emphasis is placed on participation problems. But it is clear that the paradigm shift- envisaged by the UN Treaty on People with Disabilities- has only partially integrated. In certain definitions, a medical thinking on disabilities is still central. **In Flanders**, the 'Vlaams Agentschap voor Personen met een Handicap' (VAPH, 2020) is the main Agency in the region of Flanders supporting PwD. It describes a disability as: *"any long-term and important participation problem of a person due to the interplay between functional disorders of a mental, psychological, physical or sensory nature, limitations in carrying out activities and personal and external factors."*

The VAPH definition has a clear relationship with international definitions, also with the definition in the [ICF](#) (International Classification of Functioning, Disability and Health), published by the World Health Organization (WHO). For the definition (severity and long-term) and for the classification of mental disability (including behavioural and emotional disorders), the VAPH also bases itself on the [DSM](#) (Diagnostic and Statistical Manual of Mental Disorders). For the determination of intellectual disability, the VAPH focuses on the definition of the [AAIDD](#) (American Association on Intellectual and Developmental Disabilities).

b. Which are the most common (pressing) disabilities in your country? Please provide statistics for each type of disability (including their health indicators and implications to the lifestyle of PwDs).

Persons with disabilities in Belgium are recognized on the basis of the impact of their disability on their daily lives (self-reliance). According to [Statbel](#) (2017), the Belgian statistical office, **9%** of the 15-64-year-olds have a disability or health problems that severely limit their daily activities (source: Labour Force Survey 2017). In 2018, **660.330 people in Belgium** received recognition. In addition to statistics on the number of recognised

PwDs, data on medical certificates are also available. Looking at the five main reasons, we note that women are primarily recognized for orthopaedic reasons, while men are primarily recognized for psychological disorders.

Pathology	Women	Men	Total
	%	%	%
Orthopedics	33,1%	20,6%	27,1%
Psychological disorders	23,7%	29,9%	26,7%
Nervous system	10,7%	10,5%	10,6%
Heart	6,1%	10,4%	8,1%
Neoplasia	7,9%	5,8%	6,9%
Trauma	3,4%	7,0%	5,1%
Lung conditions	3,9%	4,0%	3,9%
Endocrinology	3,4%	3,8%	3,6%
Vision problems	1,9%	2,2%	2,0%
Digestion	1,5%	1,2%	1,4%
Chromosome aberrations	1,3%	1,3%	1,3%
Urogenital	1,0%	1,2%	1,1%
Auditory problems	1,2%	1,1%	1,1%
Blood	0,5%	0,4%	0,5%
Infection	0,3%	0,4%	0,3%
Dermatological problems	0,2%	0,1%	0,2%
Perinatal	0,0%	0,1%	0,0%
Total	100,0%	100,0%	100,0%

Source: Federal Public Service: Social Security(2017)

c. Please provide quantitative data on the number of PwDs that participate in sport activities in your country.

Regarding quantitative data on sports participation for PwDs, no regular data exists on national/Federal level. The data used here, describes the situation in the Region of Flanders which is best recorded. In Flanders there are about 165.000 PwD, but barely **8.000 people practice sports**. There are also only **800 sport clubs** for PwDs (Gsport, 2018).

In 2018 the Catholic University of Leuven (KUL) published a regionwide quantitative research on the participation of PwDs in sports in Flanders. Some notable results from the scientific research are shown below:

- Persons with a **physical disability** make up the largest group of athletes with a disability (45.7%), followed by persons with an **intellectual disability** (19.9%), persons with an **autism spectrum disorder** (14%), persons with a **visual disability** (8.2%), persons with a **mental disorder** (6.7%) and **the deaf and people with hearing impairments** (5.5%).

- **35.9%** of the PwDs indicate that they did not exercise in the past year.
- **The most popular sports** among PwDs are successively swimming, recreational cycling, walking, fitness and football.
- **The main motives** for PwD who exercise regularly are: 'enjoy it', 'health considerations' and 'exercise with friends'.
- **The main barriers to sports are:** "the condition that is bothersome to the person in question", "the dependence on others to get to the sports location", "are too tired", "are not sufficiently skilled or have the extra help needed during exercising".

d. Is there any support from public authorities or other relevant stakeholders to promote healthy lifestyle and inclusion to sport activities for PwDs?

Participation in sports for PwDs falls under the jurisdiction of the two main regional authorities of Flanders and Wallonia. (EU, 2018). Programmes in **Wallonia-Brussels** are organised through the Administration of Physical Education and Sports (Administration de l'Education Physique et des Sports – ADEPS, 2020). ADEPS provide funding for disability sport through the following mechanisms:

- Funding for equipment for disabled and adapted sports. Sports clubs and public administration can request subsidies to buy new equipment for the practice of disabled or adapted sports up to 90% of the price per piece of equipment.
- Funding by ADEPS of sport camps for PwDs. Sport camps of more than three days dedicated to disabled people are entitled to subsidies depending on the number of specialised staff and the number of disabled attendees. ADEPS is also organising a series of sport camps for disabled people in partnership with the Francophone Disabled Sport League.
- Funding by ADEPS of sports club for disabled people. €130K of funding is allocated annually to sports clubs for disabled people.

In **Flanders**, 'Sport Flanders' (Sport Vlaanderen, 2020) manages different programmes and subsidy schemes to facilitate PwD participation in Sports:

- Sport organisations can apply for subsidies to meet a number of needs for PwDs: organising domestic and international sports events, starting up a new sports activity aimed at the inclusion of people with a disability, developing an existing sports facility or activity.
- Sports providers can lend materials free-of-charge for any sporting events for individuals with a disability
- In each province there is a designated consultant and reference person on all matters related to sports for individuals with a disability. They are the main contact point for organisations as well as individuals seeking information or coaching.

Furthermore, '**G-sport Vlaanderen**' is the main platform to support and promote sports for PwDs (G-sport, 2020) in Flanders This NGO carries out certain assignments under the governmental decree concerning 'G-Sports' in Flanders (Overheid, 2016):

- To be the point of contact for all involved G-sport actors in Flanders and who support G-sport actors through thorough cooperation;
- Carrying out a promotional activity for G-Sports in Flanders;
- Be a knowledge centre on themes relevant to G-sport;
- Raising awareness among the general population about G-sport;
- Guiding and activating G-athletes through transversal cooperation and networking with civil society;
- Conclude a cooperation protocol with the subsidized unisport federation G-sport;
- Expand, structure and manage the contact point in order to carry out the above assignments in a high-quality manner.

Part 2: Assessing the access of PwDsto health, education and other relevant services in Belgium:

a. Which are the main stakeholders facilitating the access of PwDs to health, education and other relevant services in your country?

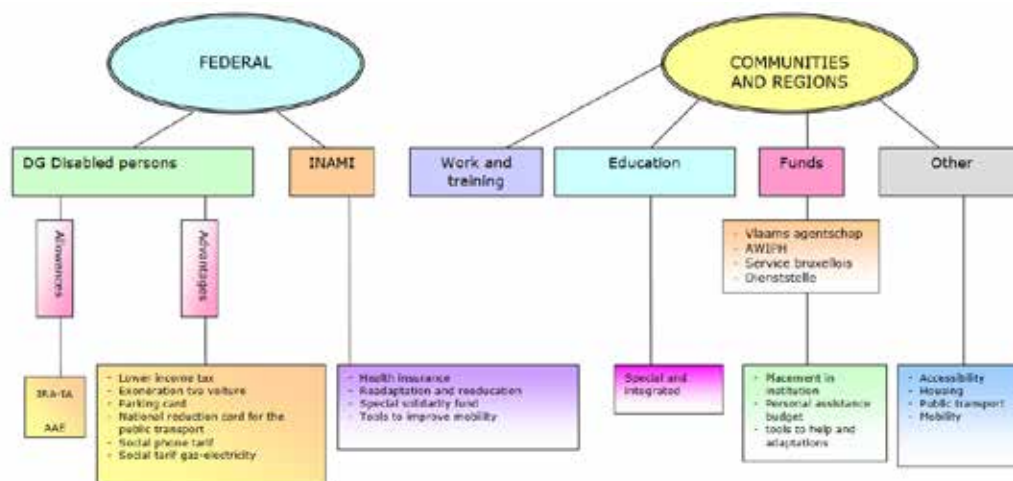
A number of areas of disability policy belong to social security, a domain that falls within the competence of the **Belgian Federal Government**. Here, the Directorate-General for People with Disabilities (2020) of the FPS Social Security forms the main body by:

- Granting different types of allowances:
- Evaluating the disability
- Providing mobility certificates

The **Flemish, French and German Communities** are mainly responsible for personal matters including education, vocational training and welfare for people with disabilities. Here, four institutions account for most of the competences in the field of disability policy:

- In Flanders: 'Vlaams Agentschap voor Sociale Integratie van personen met een handicap' (www.vaph.be)
- In Wallonia: 'Agence wallonne pour l'intégration des personnes handicapées' (www.awiph.be),
- In Brussels (for French-speaking community): 'Service PersonneHandicapéeAutonomierecherchée – Service Phare' (www.phare-irisnet.be),
- German Community: 'DienststellefürPersonenmitBehinderung' (www.dpb.be).

The below figure shows the division of competences between the Federal state and Regions/Communities supporting PwDs (FSP, 2020):



Besides governmental institutions there are many **associations and NGO's** in Belgium that represent and help people with disabilities. The below list is non-exhaustive:

Association	Description
AHOSA vzw	Association for people who in the course of their lives are confronted with a permanent hearing problem and communicate with spoken language. Its activities are based on 4 major pillars: awareness, information, conversation and relaxation.
ALS LIGA BELGIE vzw	provides ALS patients with psychosocial support, as well as free aids, care and care.
Belgian Disability Forum	The Belgian Disability Forum (BDF) unites 18 Belgian associations representing persons with disabilities. The BDF represents Belgian PwDs at European and supranational level.
BLINDENZORG LICHT EN LIEFDE vzw	Guidance for people with a visual impairment.
BRAILLELIGA vzw	Association for help to blind and partially sighted persons
GRIP vzw - Gelijke Rechten voor Iedere Persoon met een handicap	Civil rights organization that strives for equal rights and opportunities for everyone. GRIP is primarily aimed at PwDs.
Nationale Hoge Raad voor Personen met een handicap (NHRPH)	The National Supreme Council for People with Disabilities (NHRPH) is responsible for investigating all matters at federal level that affect the lives of PwDs. The NHRPH regularly issues advice on disability benefits, employment, access to public buildings, mobility, etc.
PARTICIPATE vzw	On the Participate website you will find detailed information about autism, strategies and tools to help your child with autism in its development.

b. Is there a well-defined legal framework in Belgium ensuring the inclusion of PwDs and protecting their rights?

An overall Belgian legal framework is based on the '**Fight Against Discrimination**' - codified by the Act of 10 May 2007 on combating certain forms of discrimination - which prohibits any discrimination on the basis of various criteria: *age, sexual orientation, marital status, birth, fortune, religion or philosophy, political beliefs, trade union beliefs, current or future health status, disability, physical or genetic characteristics, social origin or language*. Therefore, any discrimination is prohibited, whether direct or indirect.

By law, the Belgian **UNIA** ('**Centre for Equal Opportunities and Opposition to Racism, 2020**') is charged with dealing with discrimination based on various motives such as disability and health status. With regard to disability, the law does not give any clear-cut definition, but the centre uses a broad interpretation. The disability can be the result of different situations:

- physical and sensory health problems,
- chronic and degenerative diseases
- genetic diseases
- mental or mental limitations,
- physical or mental limitations as a result of an accident at work, an occupational disease, ...

Disabilities are often the result of an inadequate environment, so '**Reasonable Adjustments**' are needed in certain specific situations: for example, PwDs can also participate in an activity, access the labour market, or enjoy a service. A lack of reasonable adjustments for PwDs constitutes discrimination within the meaning of the law against discrimination (Anti-discrimination law, 2007). Further policy frameworks and measures protecting the rights of PwDs are specified on the level of the Regional (Flanders, Wallonia and Brussels) and Communal authorities (Flemish, French and German).

c. Please list the health services provided to PwDs in your country?

In Belgium, there are a number of legal provisions that define a disability. As a result, PwDs may benefit from different types of assistance on condition that he or she meets a number of specific criteria, usually assessed by a medical examination. In **Flanders**, PwD can benefit from a '**Care Budget**' (**Zorgbudget**). The care budget for PwD is a budget of € 300 per month. It goes to a fixed group of children and adults with a mental or physical disability who meet certain conditions. A care budget is therefore a monthly allowance for people who need a lot of care. Those who receive a care budget may spend it freely. This gives a person in need of the freedom to choose which care and help he or she wants to pay with it

d. Which are the main community-based services, technical aids and assistive devices offered to PwDs in your country?

On Federal level:

- **An Income Replacement Allowance (IRA)** may be granted to a disabled person if that person's disability restricts his or her ability to work and therefore his or her ability to earn an income by working (D-GPH, 2020).

- **Integration allowance:** Improving the day-to-day life of a disabled person often involves making costly arrangements: providing a motorised wheelchair, ergonomically design kitchen utensils, special bathroom equipment, etc. are just a few examples of this. To help pay for these additional costs, PwDs may be granted an integration allowance on certain conditions (IDEM, 2020).

On Regional/Community level:

In addition to the allowances paid by the Belgian Social Security, other measures in favour of PwDs have been implemented on Regional/Community level in other areas:

- In 2017, the demand-driven '**Personal Financing**' was implemented for adults with disabilities to support their daily living. The care system provides directly accessible care financed at the supply side. Non-directly accessible care on the other hand requires an approved personal budget, which is tailor-made at the level of each person with a disability. At the end of 2017, 24.200 adults with disabilities had a personal budget at their disposal (VAPH, 2017).
- To support their activities of daily living, PwDs living at home can also make use of a **personal assistant** for instance to be dressed, washed, fed, etc. In addition, a general support service combines counselling and personal assistance.
- PwDs can use their cash budget for other (non-licensed) **regular services**. These include for example service voucher organisations, employment agencies for contracts with individual assistants, initiatives within the own network (parents, elderly, etc.), regular transport organisations, charity organisations, home care organisations, etc.
- Adults with disabilities can also make use of a **flat-rate care budget** granted by the Flemish Care Fund, which can be combined with directly accessible care to support their daily living. The budget is designed for PwDs who are usually in need of other (than medical) services, such as service vouchers, cleaning services, etc. It is meant for those people who are on a waiting list and it is not compatible with the personal budget mentioned above.
- PwDs can apply for **financial support to buy assistive technology** to improve their communication, daily activities, and mobility or to do adaptations to their homes.
- The Flemish authorities on housing ('WonenVlaanderen') subsidize **social housing schemes** with adapted houses for PwDs. Next to the social housing schemes, there are also renting subsidies and social bank loans.

e. Which are the main educational services offered to PwDs in your country?

There are many ways for pupils and students with disabilities to give them the opportunity to learn and study as well as possible. Belgium's approach to education for PwD is one of inclusion and equality. There is a strong commitment to giving every child the right to an education which maximises their potential. Because Belgium has passed responsibility for implementing Federal policy to the individual language communities and their respective Ministries of Education, the exact approach used depends on where the child resides. In general, we can distinguish the following services (Flemish, 2020):

- **Specialist schools:** Specialist schools are classified in eight categories. Some schools will combine more than one category. There are schools especially for the physically disabled as well as schools for the visually impaired. Other schools cater for those with learning or behavioural difficulties. In some cases, they operate as specialist units attached to mainstream schools. Most of the special needs' categories are catered for with schools at pre-primary, primary and secondary level. Special education is available to children from two and a half to twenty-one years of age.
- **Special needs education in mainstream schools:** Some schools have a permanent member of staff who is a special needs expert. Schools can apply for funding to pay for additional staff, special equipment or teaching materials which will allow them to accommodate children with special needs.

Further services for educational support are:

- Every school has an internal 'educational care coordinator.
- Schools with a higher proportion of children coming from lower socio-economic status have a higher teacher/student ratio.
- Children with disability who are capable of following the mainstream curriculum (with minimal adaptations) is entitled to on-site support by special educational needs support teachers for maximum 2 h/week.
- Children with disability who cannot follow the regular school curriculum are entitled to an 'Individual Action Plan' and support by a special need's teacher coming from a special school, which is adapted to the specific disability of the child.
- Children with a more serious disability are entitled to support by a Multifunctional Centre during a limited.
- Children with disability are allowed to go out of school during maximum 1 half-day per week to have support in a rehabilitation service.
- The few children who have a Personal Assistance Budget use it to pay for support during school hours.
- Some parents organize private support by rehabilitation professionals (speech therapists, physiotherapists) to come to school at their own expense (with partial reimbursement by health care services).

Measures towards more inclusion:

On 12 March 2014 the Flemish Parliament approved a parliamentary act on measures for pupils with specific needs (M-decreet) with the aim to make education more inclusive. The act contains measures which allow pupils with specific educational needs to participate fully, effectively and an equal term in regular schools and classrooms.

f. Are there any other public services (such as free/discounted public transportation, dedicated facilities at public environments) provided to PwDs in your country?

At the federal level, the Public service of Social Security takes charge among others of allowances to disabled persons, of **certificates**, of **parking and reduction cards** and of **increased child benefits**.

Part 3: External and internal barriers to participate into sport activities:

a. Which are the main internal barriers that prevent PwDs in your country from participating in sport activities?

- The previous mentioned KUL study on PwD participation in Sports in Flanders gives us a clear insight into the main internal thresholds for PwD when participating in sport activities (Van Biesen&Cans&Lenaerts, &Meganck&Cornelissen, 2018):
- **“The condition bothers me”** is mentioned as the main barrier to sports participation, both for athletes and non-athletes. Nearly 80% indicate this as a threshold for non-athletes.
- The second most important barrier for all participants is **“being dependent on others to get there.”** Among non-athletes, 53.8% indicate that they are inconvenienced by this.
- The athletes (31% of regular athletes and 34.7% of non-regular athletes) indicate that they find the **offer in the area** too small, which prevents them from engaging in even more sports.
- **Too tired to participate in sports** is indicated as a threshold by 33.8% of the respondents. For regular athletes this threshold was not found in the top 5, but for all other groups, for the non-athletes even 50.4%.
- Of the non-athletes, there are also 48.5% who **‘do not find themselves sufficiently skilled to exercise’**.
- A common threshold in the literature, namely **not being interested**, is not addressed in the study as the most important threshold, even among non-athletes.

A comparison of the thresholds between people with different types of disabilities, also show some striking differences:

- For people with a **physical and visual impairment**, “the condition bothers me” is the most important threshold. This threshold is also the most important for people with autism.
- In the other restriction groups different threshold where the main barriers. For example, most people with a **hearing impairment** (32.9%) indicate that they consider sports too expensive, while most people with an **intellectual disability** (59%) find it annoying to be dependent on others. Most (55.2%) of persons with a **psychological disability** indicate that they are too tired to exercise.

b. Which are the main external barriers (accessibility, education, social barriers, motility, etc.) that prevent PwDs in your country from participating in sport activities?

The ‘*Concept note 2012-2020*’ of G-Sports Flanders already indicates some of the main external barriers for PwD in Flanders:

Sports offer:

- Imbalance between the demand for sports and the G-sports (Sports for PwDs) offer.
- Too few **volunteers** to support the sport activities.

- Difficulties in finding an appropriate **sports accommodation**. The accessible sports facilities are often busy and (small) sports clubs for PwDs have a limited choice depending on the training location, hours and frequency. Clubs cannot provide enough sports equipment to new athletes. They are dependent on raising their own funds.
- Project-based approach to sports **equipment** policy at club level does not offer a structural solution.

Mobility:

- A **lack of transport** is often the reason for not being able to do sports.
- There is no specific (VAPH) **compensation** regarding the transport of the athlete with a disability to the sports infrastructure.
- There are **too few adapted buses and bus stops**.
- It is not always possible to bring a **sportswheelchair**.
- There is **not enough information** about the accessibility of the bus stops and buses.

Accessibility:

- There is **no label** specific to PwDs in the sports sector.
- A clear **focal point** for information is missing.
- The rates for carrying out the **screening on accessibility** differ from province to province.
- The sports infrastructure in Flanders is **insufficiently screened for accessibility**, both in function of the athlete and the supporter.

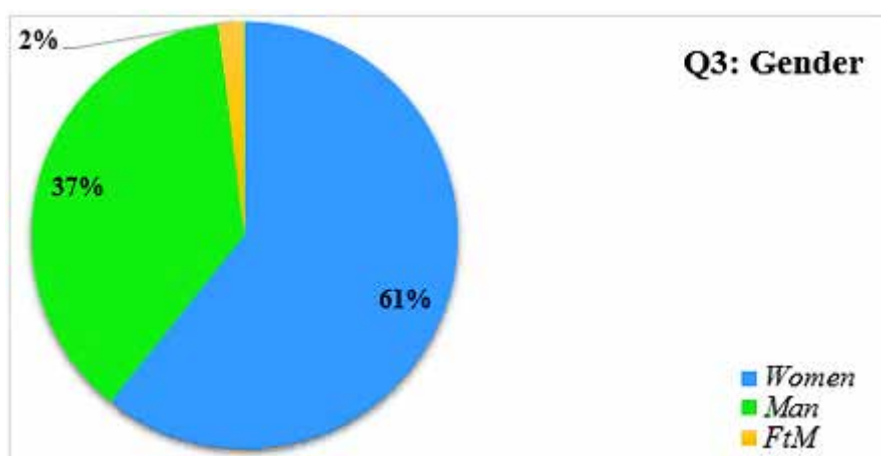
3.2.2. Online Survey Findings

The online survey is completed by 51 respondents in Belgium who all have lower health conditions like diabetes, depression, low vision, blood pressure disorders, obesity etc. The aim of the survey was to get more knowledge about the main attitudes, motivations, barriers and habits for PwDs when they practice sport activities, in order to improve their situation. The overall findings show that almost half of the Belgian respondents (45%) rates their general health condition as good, while 41% rates it as being fair. A big share of the respondents (76%) has been experiencing their health disorder for more than one year, another 12% of the respondents has a congenital disorder. Regarding participation in sport or recreational activities, more than half of the respondents (51%) spends less than 1 hour per day in these activities. Another 33% spends between 1 and 2 hours per day in sport or recreational activities. To make it easier for PwDs to participate in these activities, 19% of respondents think better facilities and infrastructure would be useful. This way, with the B-SPORT+ project, awareness about the needs and barriers of PwDs can be raised. In the end, a positive influence on PwDs participation in sport and recreational activities will hopefully be made. In what follows, more information about the online survey in Belgium can be found.

DEMOGRAPHIC DATA

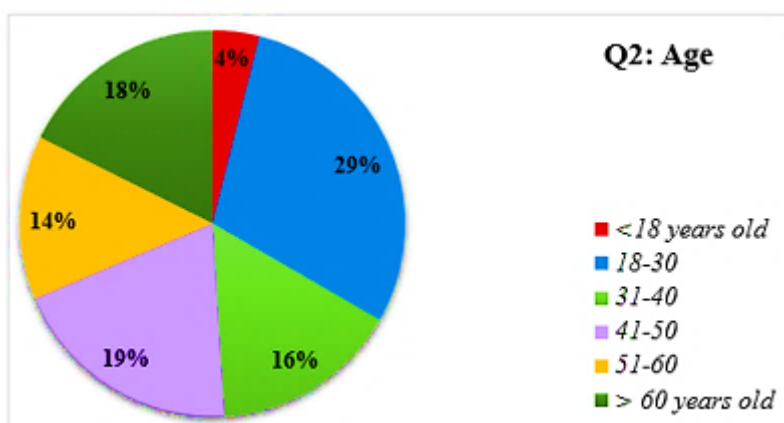
This section analyses the various demographic characteristics of the respondents by providing supporting figures (graphics). In the online research a total number of N=51 respondents from Belgium completed the questionnaire.

a. Demographic data of research sample described by gender:



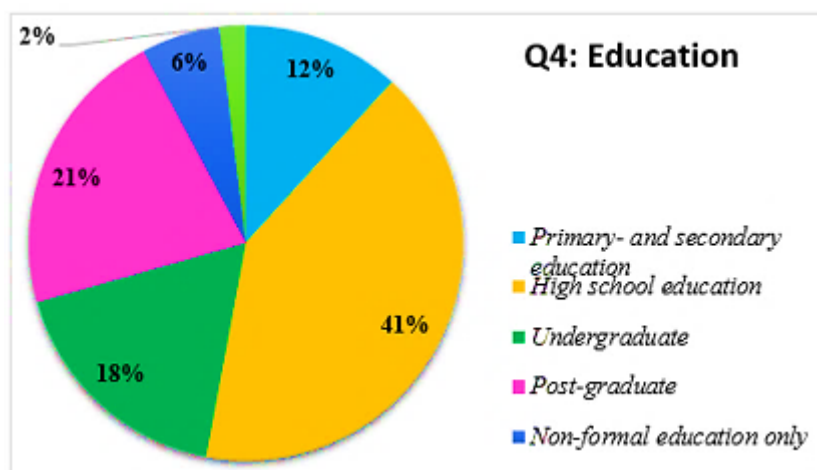
The Belgian research sample composed by 51 respondents includes the following gender characteristics: 31 women (61%) and 19 men (37%).

b. Demographic data of research sample described by age groups:

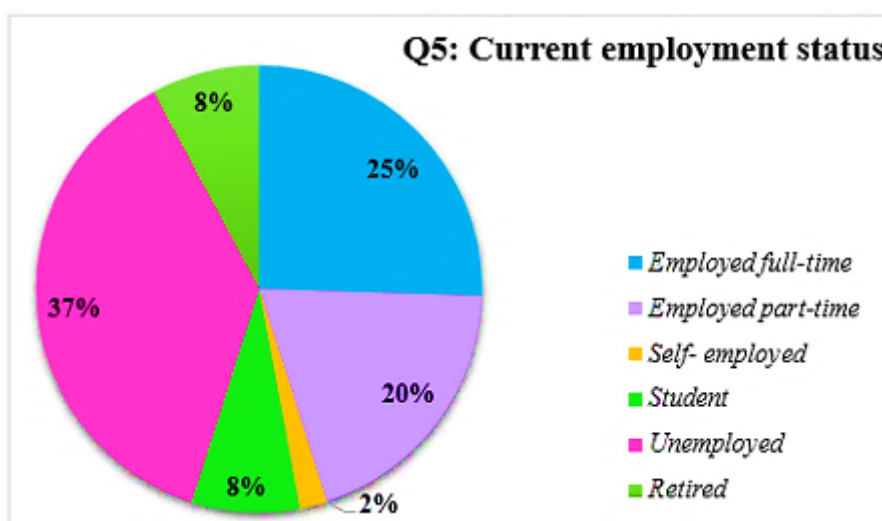


The respondents belong to the following age groups: <18 years (4%), 18-30 years (29%), 31-40 years (16%), 41-50 years (19%) and 51-60 years (14%).

c. Demographic data of research sample described by employment/ education status:



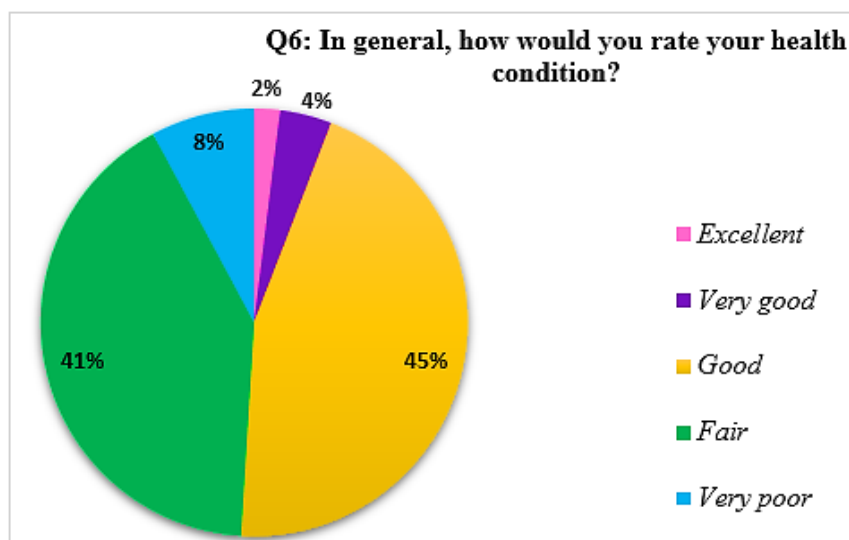
Most of respondents (41%) have a high school education level, 21% of respondents a post-graduate level.



Related to the employment status, the respondents are divided as following: employed full-time (+35 hours per week) (25%), employed part-time (less than 35 hours per week) (20%), self-employed (2%), Student (8%), Unemployed (either looking or not looking for a job) (37%) and retired (8%).

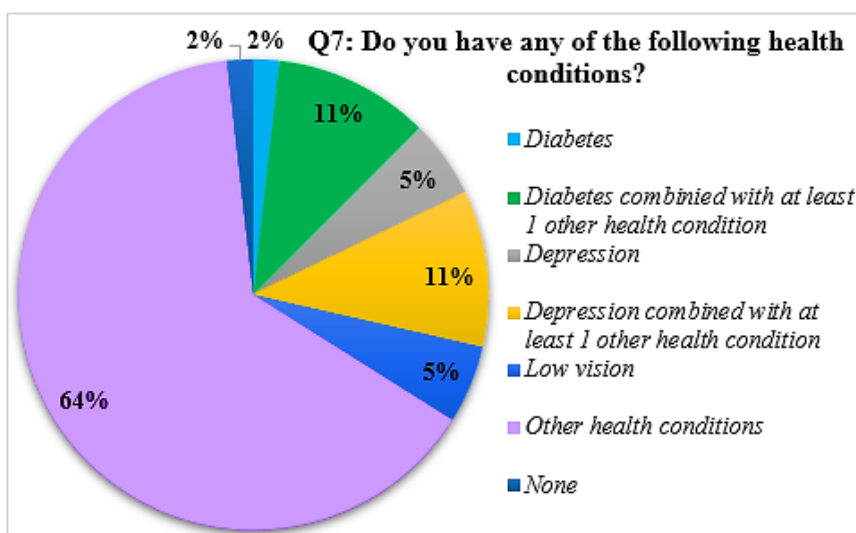
OVERVIEW OF GENERAL HEALTH ASSESSMENT

a. In general, how would you rate your health condition?



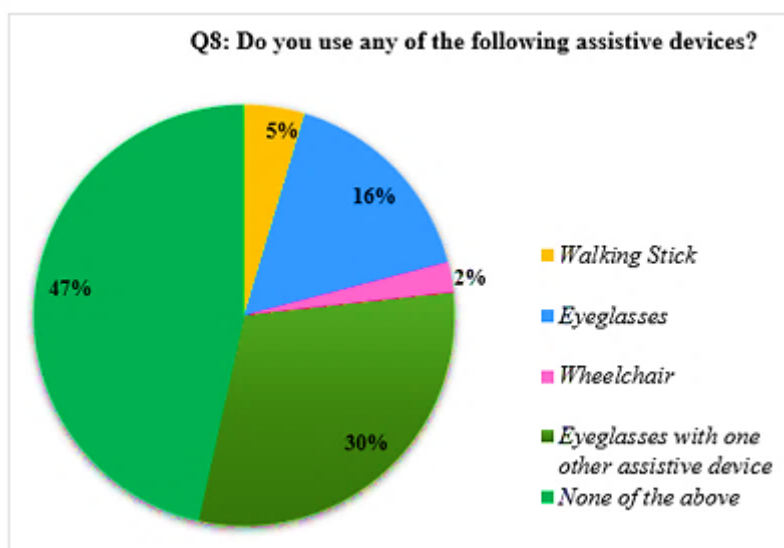
45% of Belgian respondents rates his or her general health condition as good, 41% of respondents rates it as fair. Only 8% of respondents stated his or her health condition is very poor.

b. Do you have any of the following health conditions and do you use any of the following assistive devices?

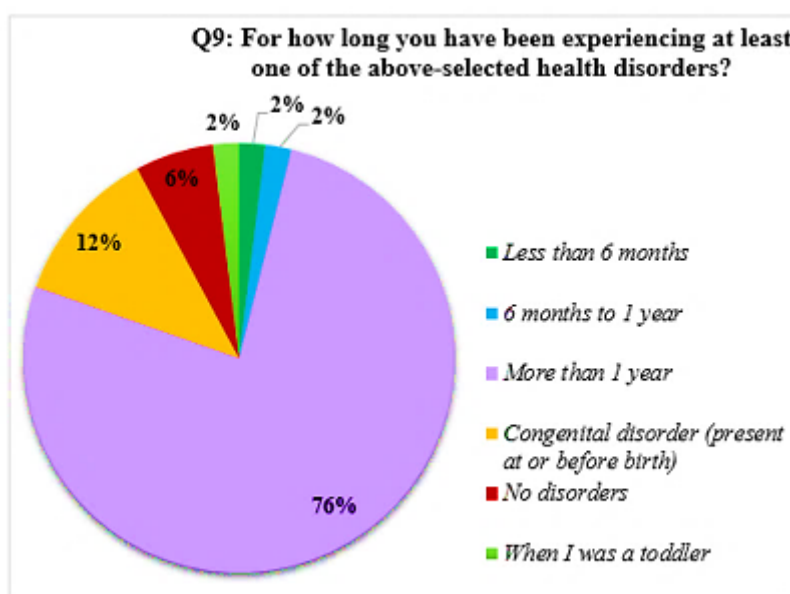


5% of respondents has a depression, 11% of respondents has a depression combined with at least 1 other health condition. 5% of respondents has low vision. Diabetes is a disease 2% of respondents have and 11% of respondents have diabetes combined with at least 1 other health condition.

Related to the use of assistive devices, most of them (47%) do not use any of these assistive devices: walking stick, eyeglasses, and wheelchair. 16% of the respondents indicated that they wear eyeglasses, 30% state they use eyeglasses with at least one other assistive device, 5% uses a walking stick and 2% uses a wheelchair.

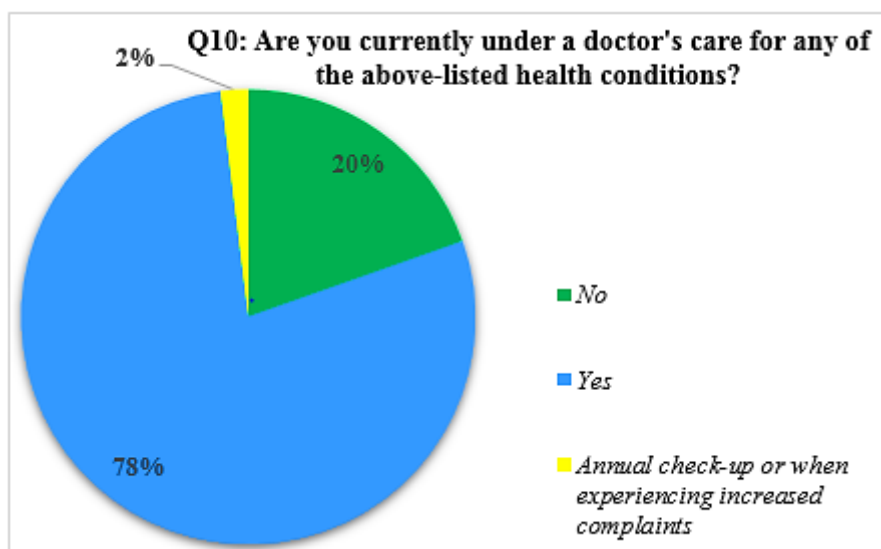


- c. For how long you have been experiencing at least one of the above-selected health disorders and are you currently under a doctor's care for any of the above-listed health conditions?

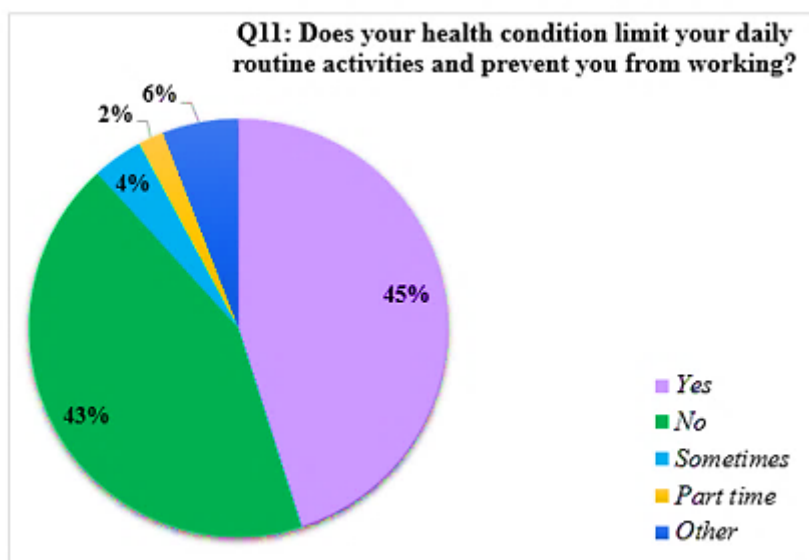


More than half of the respondents (76%) stated that they have been experiencing one of the above listed health disorders for more than a year while 6% of them stated that do not suffer from any of the above listed health disorder. 12% of respondents has a congenital disorder.

Most of the respondents (78%) stated they are under doctor's care for any of the above-listed health conditions.

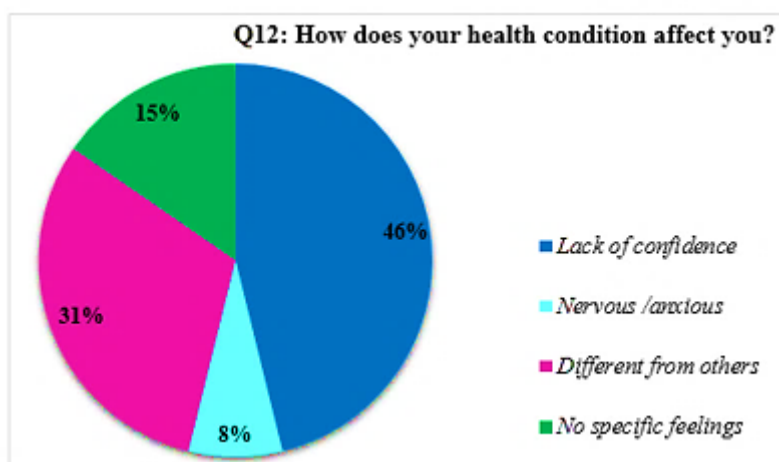


d. Does your health condition limit your daily routine activities and prevent you from working?



43% of respondents have no limit in daily routine activities or work because of their health condition. Another 45% does experience limits.

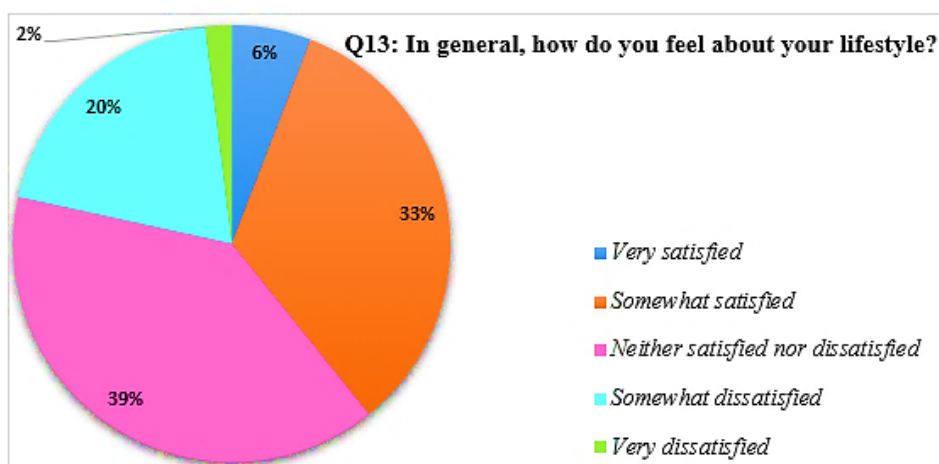
e. How does your health condition affect you? Does it make you feel any of below?



Participants reported experiencing several negative emotions due to their health condition, alone or in combination with others. They frequently reported to have a lack of confidence (46%), feel different from others (31%), be nervous/anxious (8%).

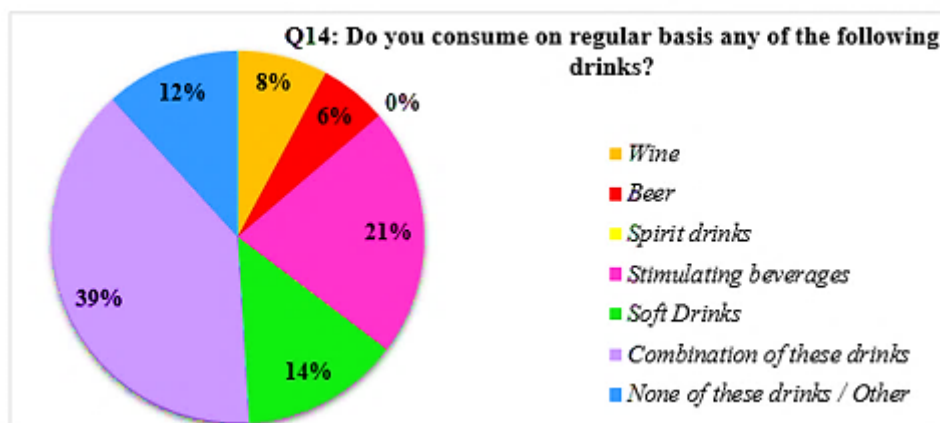
SPORTS PARTICIPATION AND HEALTH-RELATED QUALITY OF LIFE

a. In general, how do you feel about your lifestyle?

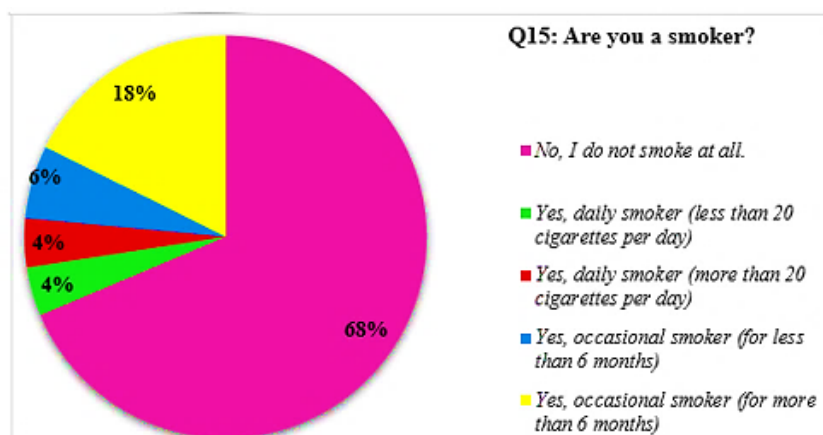


6% of respondents feels very satisfied about their lifestyle, 33% is somewhat satisfied. Only 2% of Belgian respondents are very dissatisfied.

- b. Do you consume on regular basis (one per day on average) any of the following drinks and are you a smoker?

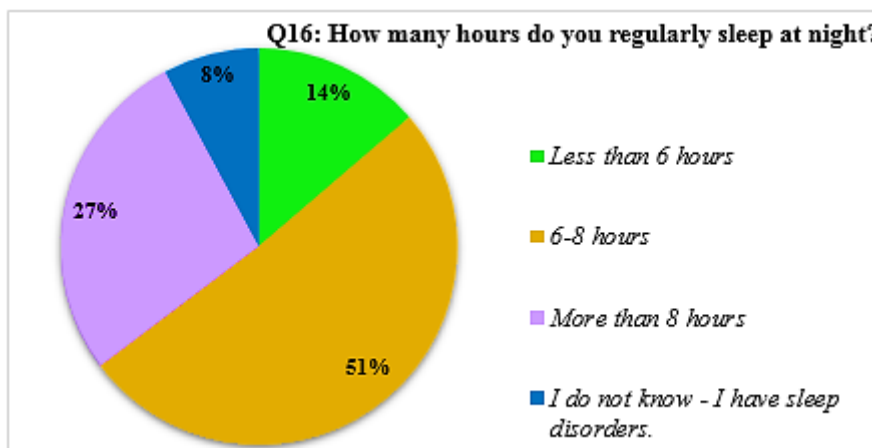


21% of respondents regularly drink stimulating beverages like tea and coffee, 14% regularly drinks soft drinks, 8% of respondents regularly drink wine and 6% beer. 39% of respondents consumes on regular basis a combination of these drinks.

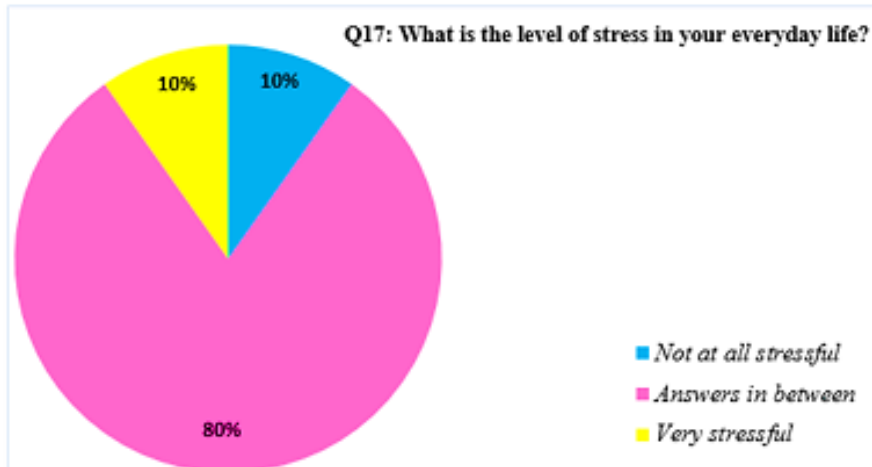


68% of respondents don't smoke at all, 18% is an occasional smoker (for more than 6 months), 6% is an occasional smoker (for less than 6 months).

c. How many hours do you regularly sleep at night and how do you feel? Required to answer. Single choice.

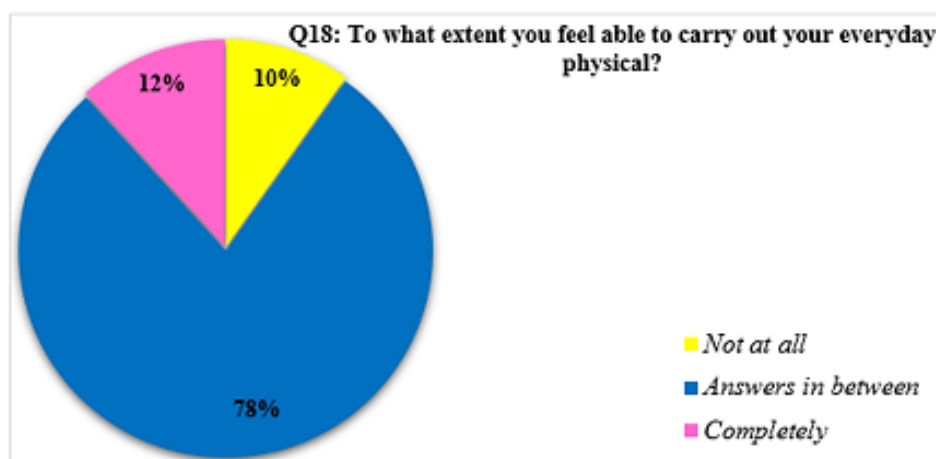


The results show that 51% of respondents sleep between 6 and 8 hours per night, 27% sleeps more than 8 hours. 14% of respondents sleep less than 6 hours per night.



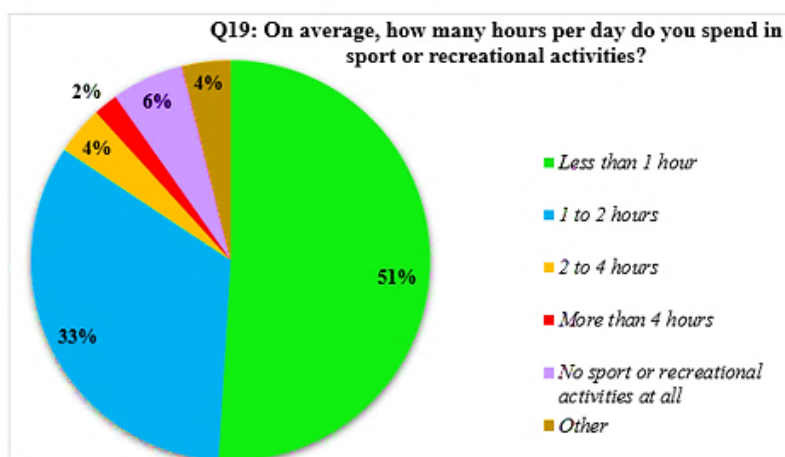
Most of the respondents (80%) reported medium levels of stress in their daily life. 10% of the respondents felt not at all stressed and 10% felt much stressed.

- d. To what extent you feel able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, and going to work?



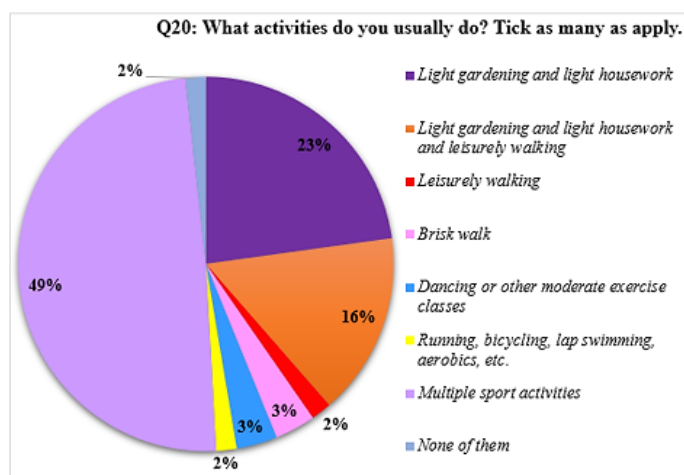
12% of respondents feel able to carry out everyday physical activities such as walking, climbing stairs, carrying groceries, and going to work etc.

- e. On average, how many hours per day do you spend in sport or recreational activities and what activities do you usually do?
Required to answer. Single choice.



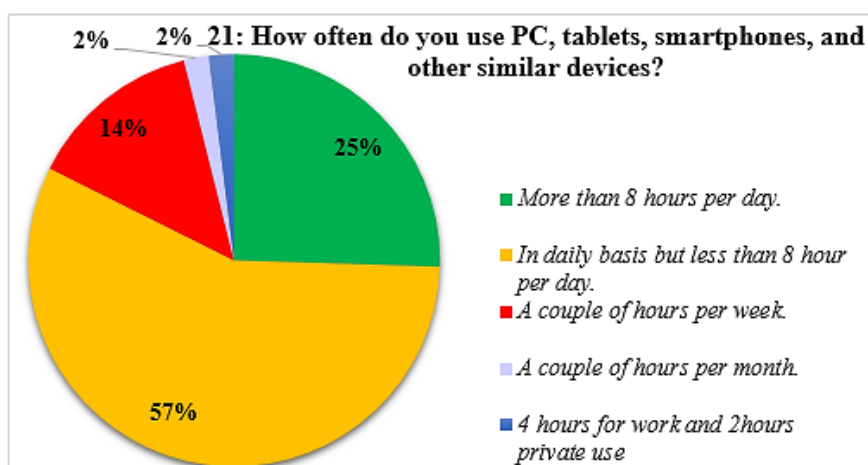
51% of respondents spends less than 1 hour per day in sport or recreational activities. 33% spends between 1 and 2 hours in sport or recreational activities.

49% of respondents does multiple sport activities, 23% does light gardening and light housework as sport activity.



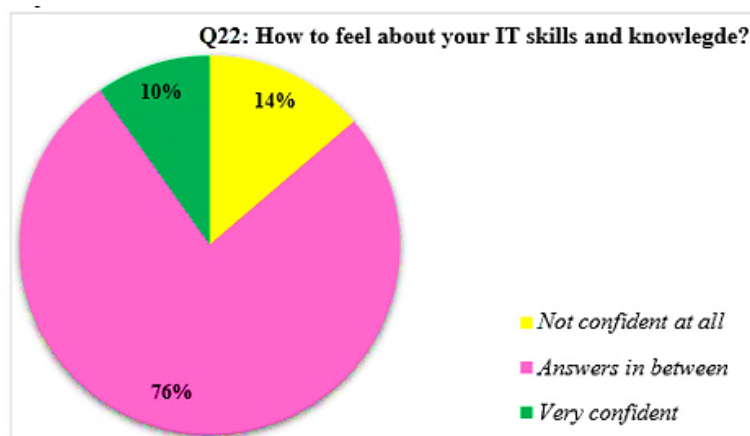
LITERACY AND INTERNET USE

a. How often do you use PC, tablets, smartphones, and other similar devices?



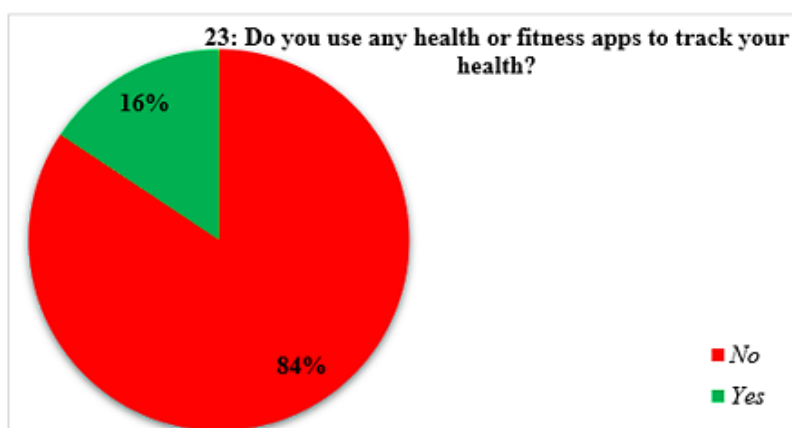
Participants reported to use technology devices on a regular basis. Most of them (57%) use technology for less than 8 hours per day, whereas 25 % of them for more than 8 hours per day. Only 4% of them stated that they rarely use technology.

b. How do you feel about your IT skills and knowledge?



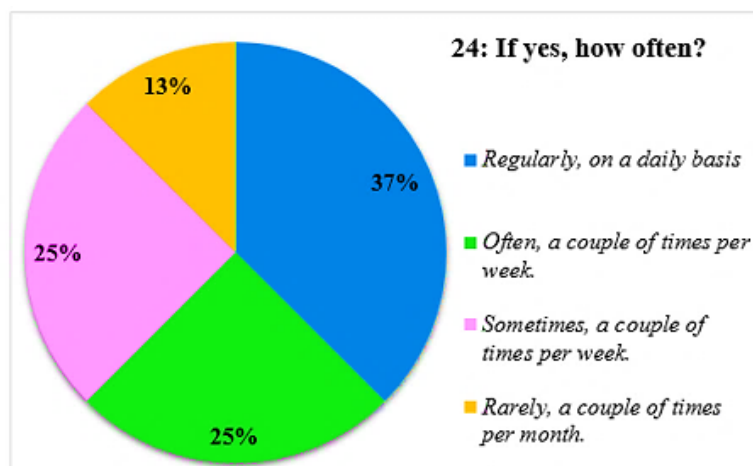
14% of respondents are not confident at all about his/ her IT skills and knowledge. Contrarily, 10% is very confident.

c. Do you use any health or fitness apps to track your health? If yes, how often?



84% of respondents stated they do not use any health or fitness apps to track their health condition, 16% does.

Within the scope of respondents who answered yes, 37% regularly (daily) uses the health or fitness apps. 25% of respondents uses the health or fitness apps often (a couple of times per week).



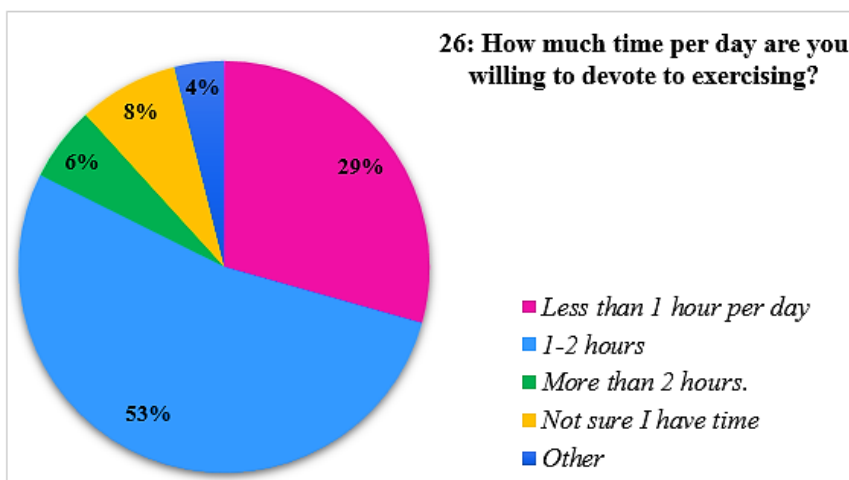
PERCEIVED BARRIERS & INCENTIVES TO A HEALTHY LIFESTYLE

a. How motivated do you feel about participating in sport or recreational activities?



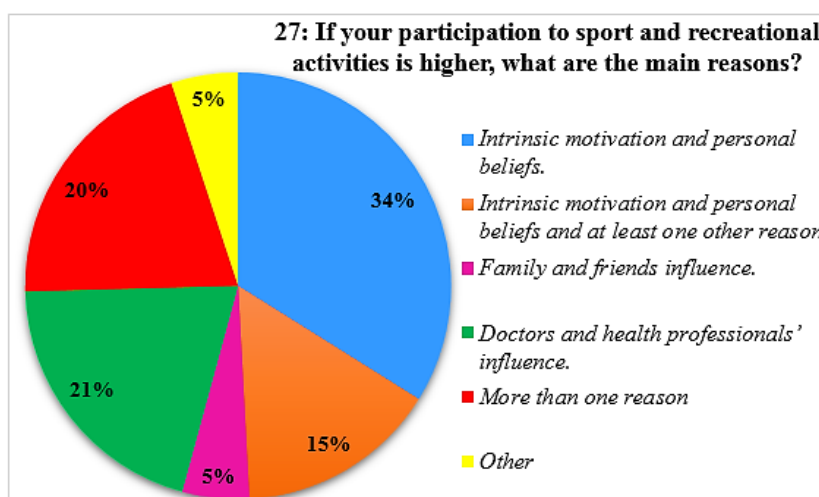
12% of respondents feel very unmotivated about participating in sport or recreational activities. 82% of respondents reported moderate motivation. Only 6% of respondents feel very motivated about participating in sport or recreational activities.

b. How much time per day are you willing to devote to exercising?



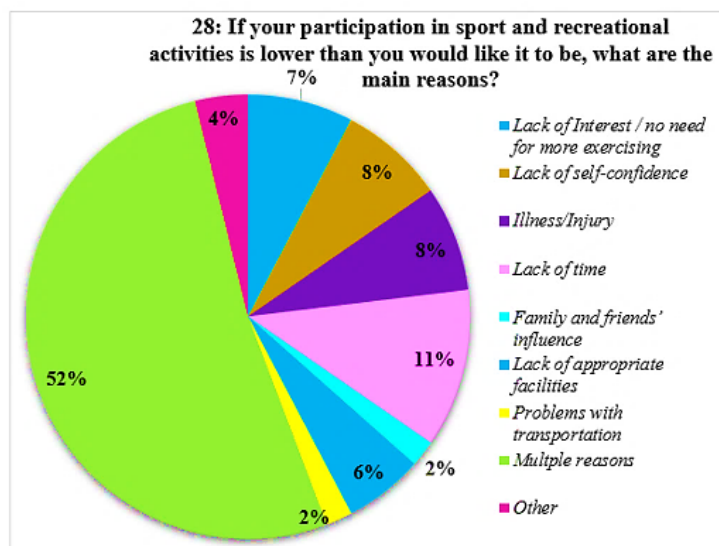
Most of the respondents show they are willing to devote in exercising for 1-2 hours per day (53%). Another 29% of respondents is willing to devote less than 1 hour per day and only 6% of respondents stated they are willing to devote more than 2 hours to exercising.

c. If your participation to sport and recreational activities is higher or lower (than you would like it to be), what are the main reasons?

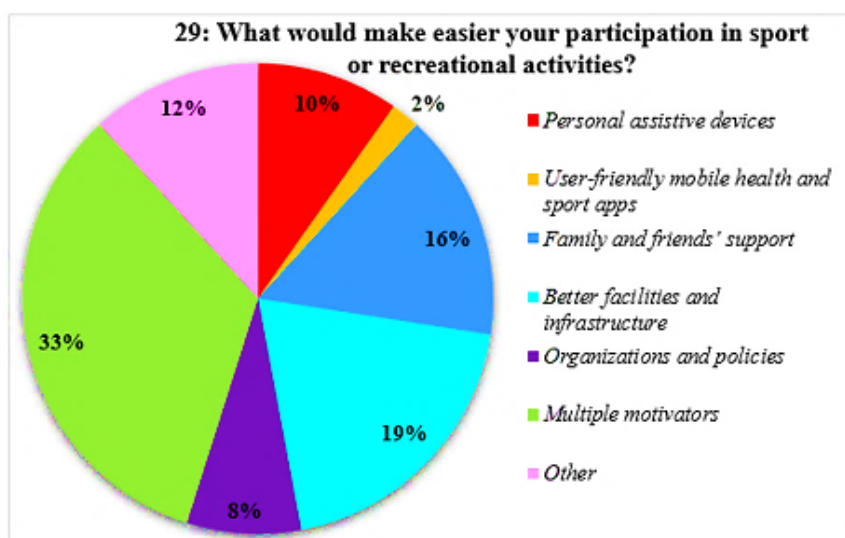


34% of respondents stated that the main reasons for a higher participation in sport and recreational activities are intrinsic motivation and personal beliefs, 15% of respondents claimed the main reasons are intrinsic motivation, personal beliefs and at least one other reason. 21% of respondents stressed doctors and health professionals' influence and 20% stated more than one reason.

In case of lower participation than desired, the main reasons are lack of time (11%), illness/injury (8%) and lack of self-confidence (8%). 52% has multiple reasons.



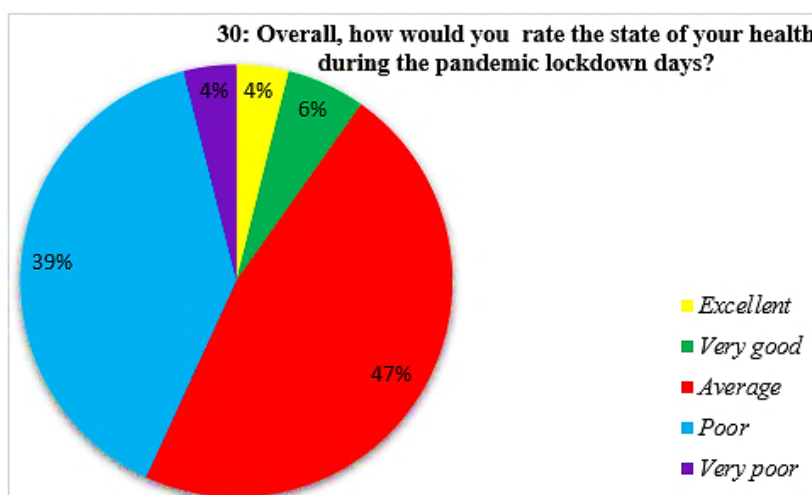
d. What would make easier your participation in sport or recreational activities?



21% of respondents think better facilities and infrastructure would make it easier to participate in sport or recreational activities, 17% leans on family and friends' support for an easier participation.

COVID-19 PANDEMIC OUTBREAK & WELL-BEING

a. Overall, how would you rate the state of your health during the pandemic lockdown days?



47% of respondents rates his/ her state of health during the pandemic lockdown days as average, 39% rates it as being poor. Only 4% rates it excellent.

- b. What would help you maintain a better level of physical and mental well-being during the COVID-19 pandemic? Respondents want to have more social contact and to have more tailor-made activities.
- c. Do you have any other comments about how the COVID-19 pandemic is impacting upon your well-being and physical activity and what kind of support you would need? Respondents want more clearness over measurements and clear rules between the countries in EU.

3.3. Italy

3.3.1. Desk Research Overview

Part 1: Overview on disabilities perception, definition and statistics in Italy.

In Italy, the legal definition of 'people with disabilities' is enshrined within Law No 104/1992 (Framework Law for the Assistance, Social Inclusion, and the Rights of Persons with Disabilities). Based on a highly pragmatic conceptual model focused on 'handicap' in its medical exception and how to cope with its consequences, Law No. 104 defined a person with disabilities as anyone with a permanent or progressive physical, psychological or sensory impairment that causes a learning, social, or occupational difficulty and that entails disadvantage or social marginalisation. While this definition represented a crucial starting point for structuring social assistance interventions for disabled people and their families, granting them health assistance, school integration and access to employment, this approach underscored the importance of considering the individual's abilities and skills, and the kind of environment and context in which they develop. To date, the medical approach to disability has been overcome and replaced by the International Classification of Functioning, Disability and Health designed for both adults and children and adolescents (ICF: WHO, 2001; ICF CY: WHO, 2007), based on the Biopsychosocial Model of Disability. Regions have the responsibility for ICF implementation, even if there are not national implementation guidelines. However, evidence of this position can be found in several

ministerial policy guidelines (e.g., Guidelines on School Inclusion of Pupils with Disabilities published by the Ministry of Education, University and Research in 2009), that promote the use of ICF for the identification and classification of disabilities. According to the ICF, disability is now interpreted as a condition resulting from “a complex relationship between an individual’s health condition and the personal and environmental factors that represent the circumstances in which the individual lives” (WHO, 2011). It is the interaction of the person’s health characteristics and their contextual factors (environment, personal) that produces disability. If a person with a given health condition lives in an environment characterised by barriers at every level, their performance will be restricted; but if a person lives in a facilitating environment, this will serve to increase their performance. This means that approaching disabilities is no longer limited to detect the barriers that the person encounters in his or her life context but, instead, it expands to the identification of the facilitators that should be activated so that people, be they children, adolescents or adults, become able to be active protagonists of their own path of life.

a. How are the above-listed disabilities perceived/defined in your country?

In a survey developed by the Censis Research Institute in collaboration with Fondazione Serono (Fondazione Serono, 2012) investigating how Italian people perceive disabilities, it emerges a stereotyped and stigmatised picture of the disability condition, considered as strictly related to the productive and working life of the disabled person: Sixty-three percent of the survey’s participants associated the word ‘disability’ to a motor limitation; 15.9% of participants think about a person with intellectual disability (such as mental retardation or dementia), 2.9% think about a sensory disability (deafness or blindness), and 18.4% think of a multiple disability (i.e., a combination of several kind of impairments). When looking at how PwDs perceive their condition, data are more encouraging. According to the most recent data collected by the National Statistical Institute (ISTAT, 2019), among people with severe limitations (i.e., limitations that prevent people from accomplishing essential activities of daily life), 19.2% are highly satisfied with their lives; 82.5% of those with severe limitations are satisfied with family relationships, 56.6% with friendly relationships, 44.4% with leisure, 37.2% with the economic situation and only 19.5% with health aspects. Perceptions of quality of life are strongly influenced by employment and education levels: 38.2% of people in employment and 30.5% of graduates are satisfied. Among people with disabilities who participate in cultural life there is a significant increase in the level of satisfaction.

b. Which are the most common (pressing) disabilities in your country? Please provide statistics for each type of disability (including their health indicators and implications to the lifestyle of PwDs).

According to the most recent data provided by ISTAT (2019), people who, due to health problems, suffer from serious limitations that prevent them from carrying out their usual activities are about 3,1 million (5.2% of the population). Elderly people are the most affected: almost 1.5 million people over 75 years of age (i.e. more than 20% of the population in that age group) are disabled and 990,000 of them are women. The number of PwDs grows to 12,8 million when considering people suffering from slight functional limitations (limitations that do not affect people ability to accomplish essential activities of daily life), bringing the overall percentage of PwDs in Italy to 21.3% of the population. In 2015, 10.7 million people declared to suffer from three or more chronic diseases (18.5%) and 9.2 million suffer from at least one serious chronic disease (15.9%).

Statistics resulted from the European Health Interview Survey (Eurostat, 2017) for disabled people may be listed by typology as follows:

- *Motors*: 9.3% and 7.1% of the total population suffer from moderate and serious limitations, respectively;

- *Sight*: 15.7% and 2% of the total population suffer from moderate and serious limitations, respectively;
- *Hearing*: 16.5% and 4% of the total population suffer from moderate and serious limitations, respectively;
- *Mental health*: 5.6% of the total population suffer from at least one type of depression disorders;
- *Chronic diseases*: allergies (14.8%), osteoarthritis (16%), hypertension (19%) and lumbar pathology (17.5%) are among the most widespread chronic diseases affecting Italians aged from 15 to 64 years old. People aged from 65 and over mainly report hypertension (49.2%), osteoarthritis (45.5%) and lumbar pathology (32.3%). Chronic bronchitis affects about 6% of the population in Italy (3.5 million individuals).

Overall, *cardiovascular diseases* represent the main cause of death in Italy (Italian Ministry of Health, 2020), being responsible for 35.8% of all deaths (32.5% in males and 38.8% in females). More specifically, ischemic heart disease is responsible for 10.4% of all deaths (11.3% in males and 9.6% in females), while cerebrovascular accidents are responsible for 9.2% (7.6% in males and 10.7% in females). *Obesity* is considered among the most health emergency in Italy. According to a recent report based on data collected by the IBDO Foundation together with ISTAT (2019), more than 1 out of 3 Italians is overweight, and, more notably, 1 out of 10 is obese. More specifically, 46% of adults (18 years and older), comprising more than 23 million individuals, and 24.2% of children and adolescents (aged 6-17), or 1,7 million individuals, are overweight. Women show lower rates of obesity (9.4%) than men (11.8%). A similar, even stronger trend has been found among children and adolescents, with 20.8% of girls being overweight, compared to 27.3% of boys. Strictly correlated to obesity, more than 3,2 thousand people in Italy claim to have *diabetes*, 5.3% of the entire population (16.5% among people aged 65 and over).

It is estimated that in Italy there may be about 2 million people suffering from *psoriasis* (Italian Ministry of Health, 2014). Two out of every hundred people, aged 15 and over, suffer from severe *visual limitations* (Italian Ministry of Health, 2018), a percentage that rises to 5.4% among those over 65 and 8.6% for those over 75. When considering moderate visual limitations, the percentages increases to 17.6 among people aged 15 and over, 33.4 among those over 65 and 43 for those who are over 75. One of the reasons that could explain the increasing number of people suffering from visual impairments in Italy is the progressive increase in life expectancy, which has led to the exponential growth of age-related eye diseases, such as age-related macular degeneration, glaucoma, cataracts, retinal vascular diseases. According to the research conducted by the Censis Research Institute (Censis, 2019), *hearing disorders* now affect 7.3 million Italians, with an increase of 4.8% compared to the previous five-year period. Among the many Italians who suffer from hearing impairment, there are also people who suffer from a much more annoying disorder: *tinnitus*. There are about 3 million adult individuals in Italy who suffer from it. Among the main causes of this disorder are generally age, obesity, exposure to loud noises, cholesterol deposition, hypertension.

Among *mental limitations*, depression represent the most widespread mental disorder (ISTAT, 2018): it is estimated that in Italy those who have suffered from it during 2015 exceed 2.8 million (5.6% of people aged 15 and over). Depression is often associated with severe chronic anxiety. It is estimated that 7% of the population over the age of 14 (3.7 million people) suffered from anxiety-depressive disorders during the year.

c. Please provide quantitative data on the number of PwDs that participate in sport activities in your country.

According to data from ISTAT (2019), in Italy, people with severe limitations who practice sport (regularly or occasionally) are about 9.1%. This percentage significantly increases when the limitations are less severe (reaching 20.5%). The percentage of people with serious limitations who do not practice sport but do some

physical activity is 14.4% (less than half the value reached by the population without limitations, i.e. 29.1%). Among people with less severe limitations, those who engage in physical activities are 27.6%.

Out of 10 people with severe limitations, about 8 declare that they are totally inactive, i.e. sedentary, and do not engage in any sport or physical activity, compared to 34.1% in the population without limitations. In line with a general trend in Italy, among people with severe limitations there are significant differences in terms of gender (13.7% of men practice sport, against 6.0% of women) and age (20.7 of people under 65 years of age practice sport, compared to 2.7 of elderly people).

In Italy, strategies supporting sport participation of PwDs are developed and implemented at regional and/or local level. The Law no. 124/15 has formalised the status of the Italian Paralympic Committee (CIP) as a public authority responsible for promoting, regulating and managing any professional and non-professional sport activity involving people with disability at the national level. One of its objectives is to promote the participation in professional and non-professional sporting activity of people with any typology of disability and of any age. In 2017, the Italian Paralympic Committee has obtained formal recognition as a public body for sport practiced by disabled people, maintaining the role of Confederation of Paralympic Sports Federations and Disciplines, both at central and territorial level, with the task of recognizing any sports organization for disabled people on the national territory and to ensure the maximum dissemination of the Paralympic idea and the most profitable participation in sport practice of disabled people.

The main programmes targeting sport and disability are implemented at regional and local levels. Many of these programmes are funded by the Ministry of Sport and by private foundations or NGOs, which also provide organisational support to the several regional branches of the Italian Paralympic Committee. Since 2017, the Ministry of sport allocates €20 million per year to the Italian Paralympic Committee for this purpose (European Commission, 2018). At national level, other relevant stakeholders are:

- Italian Sports Centre, one of the oldest sports promotion associations in Italy, inspired by the Christian vision of man and history in service to people and the territory;
- UISP (acronym of Unione Italiana Sport Per Tutti, Italian translation of Italian Association of Sport for All), a non-profit national association actively engaged in promoting and encouraging the full participation of individuals in sport, including PwDs. Several programmes have been developed by UISP in collaboration with Local Health Authorities (ASL), Day Care Centres, schools and family associations;
- Special Olympics Italy, recognized by the International Olympic Committee, as well as the Paralympic Committee, which proposes and organizes training and events for people with intellectual disabilities. The sporting events are open to all, based on international regulations that are continuously tested and updated.

Part 2: Assessing the access of PwDs to health, education and other relevant services in your country

a. Which are the main stakeholders facilitating the access of PwDs to health, education and other relevant services in your country?

In Italy, there is a strong collaboration among different and relevant stakeholders (local authorities, PwDs, category associations, representatives of service providers and of the business sector). The main Stakeholders who facilitate access to services for PwDs can be grouped into the following categories:

- Central and local authorities, such as State, Regions, Provinces, Municipalities, that have the responsibility of developing and allocating resources for disability strategies and action plans, in order to ensure and promote the full realization of all fundamental rights for all PwDs;
- Non-organised and organised groups of PwDs and their families (e.g., disabled persons organizations), that contribute in planning and monitoring the quality of social and health services for PwDs, promote public awareness about the rights of PwDs and support PwDs to develop their skills in order to promote independent living and participation in society;
- Social partners, that traditionally play a key role in social and labour market policy, also supporting job retention and reintegration of workers with disabilities;
- Service providers, including health care service (diagnosis, prevention, treatment and rehabilitation) and social service providers (day care, legal protection, transport, etc.);
- Academic institutions, that conduct research on the lives of PwDs, and ensure that barriers to the recruitment and participation of students and staff with disabilities are removed.

b. *Is there a well-defined legal framework in your country ensuring the inclusion of PwDs and protecting their rights?*

In 2009, Italy ratified the United Nations Convention on the Rights of Persons with Disabilities (with its Optional Protocol) and established the National Observatory on the Status of Persons with Disabilities (Law no. 18/2009, Ratification and implementation of the United Nations Convention), aimed to promote the collection of statistical data and conduct studies and research on the condition of PwDs in Italy. The most important national laws, policies and strategies for the promotion of inclusion and rights of disabled people include:

- Law no. 104/1992, Framework law for the assistance, social integration and rights of PwDs, including general rules on diagnosis and prevention, treatment and rehabilitation, services and support, and social exclusion;
- Law no. 328/2000, Framework law for the implementation of the integrated system of social interventions and services. It represents the framework law for assistance, aimed at promoting:
 - social, welfare and sociomedical interventions that guarantee concrete help to people and families in difficulty;
 - the active participation of a plurality of actors, institutional and non-institutional, public and private, in the implementation of social assistance.
- Legislative decree no. 151/2001, Consolidated text of legislative provisions on the protection and support of maternity and paternity. The Consolidation Act regulates leave, rest, leave and protection of workers in matters of maternity and paternity of natural, adoptive and foster children, as well as financial support for maternity and paternity, with special facilities for the working mother or, alternatively, for the father of a disabled child.
- Law no. 67/2006, Measures for the judicial protection of persons with disabilities who are victims of discrimination. This law aims to promote the full implementation of the principle of equal treatment and equal opportunities for PwDs, addressing both direct and indirect forms of discrimination.

- Law no. 107/2015 and its implementation Legislative decree no. 107/15, The Good School. This law includes new measures on the topic of educational inclusion of pupils with disabilities and special educational needs, such as: innovative procedure concerning the validation of disabilities and the formulation of the Functional Profile; the stabilization of the Standing National Observatory for Inclusive Education; mandatory training for school heads, teachers and collaborators.
- Law no. 112/2016, Provisions on assistance to people with severe disabilities without the support of the family. This law aims to promote the well-being, full social inclusion and autonomy of PwDs. It also regulates assistance, care and protection measures for people with severe disabilities, not caused by natural ageing or age-related illnesses, without parents, or family members, or whose parents can no longer take care of them.

c. Please list the health services provided to PwDs in your country?

All public health services are provided by the National Health Service (SSN) through the Regions, that organise services on the basis of territorial services and hospitals. The regions must respect Essential levels of assistance (LEA) in the planning of rehabilitation services (Academic Network of European Disability Experts - Country report, 2015). Overall, the services offered to disabled people can be listed as follows:

- Rehabilitation services, that allow PwDs to acquire skills or abilities never reached or conquered, to recover skills and abilities that may have been lost or to maintain residual skills. The Rehabilitation services are aimed at recovering and maintaining autonomy in all aspects of life and can cover all sensory, motor, cognitive, neurological and psychic functions. When needed, psychological and technical support to families in the management of symptoms and the use of aids and prostheses is also provided;
- Interventions for the promotion of personal autonomy;
- Daytime services;
- Semi-residential and residential sociomedical assistance to PwDs (Assisted Health Care Residences; Residential Communities; Residential Communities).

d. Which are the main community-based services, technical aids and assistive devices offered to PwDs in your country?

In Italy, community-based care is not regulated by a unified national law but there are many overlapping regulations on health and social services (national and regional). This makes very hard to map the services, the corresponding regulations and resources for community-based care.

In a recent EU report on types and characteristics of institutions and community-based services for PwDs available across the EU (European Union Agency for Fundamental Rights, 2014), it emerged that PwDs in Italy have access to a range of in-home, residential and other community support services, including personal assistance with daily routine tasks (e.g., getting up, dressing, bathing and washing or taking medicines, but also shopping and cooking) and social and cultural activities that aim to prevent isolation or segregation from the community. Despite the wide range of community-based services available in the country, public efforts supporting the right to independent living of PwDs is still limited (Academic Network of European Disability experts – Country report, 2018).

Technical aids and devices

The Italian legislation makes available to all PwDs, legally recognised or in the course of recognition, a list of aids and devices (named 'nomenclatore tariffario'), totally or partially covered by the National Health Service (Academic Network of European Disability experts – Country report, 2015). It includes different categories: Aids for the care and protection of the person (toilet and shower chair, toilet stabilizer support, toilet locking brackets, etc.); aids for personal mobility (crutch, tripod, quadrupeds, walkers, etc.); bicycle, wheelchairs and wheelchairs for motorcyclists; seating aids (high chair); tracheotomy aids; clothes and footwear (gloves and mittens, socks, shoes); body protection aids; shorts and prostheses (torso, collar, prosthetic hand, elbow, etc.); non-axillary prostheses (breast implants); anti-decubitus aids (pillows, mattresses, sleepers); aids for the prevention and treatment of skin lesions; west and external catheters; thermometers; beds (orthopedic, crank operated); electronic optical aids (electronic video enlarger, pc enlarger); input and output devices and accessories (braille printer, speech synthesizer); typewriters and word processing systems (alphabetic communicator, braille display, braille typewriter); telephones and telephone equipment (telephone communicator); sound transmission systems; aids for interpersonal communication (phonetic device, letter panels or symbols for communication).

e. Which are the main educational services offered to PwDs in your country?

In Italy, disabled persons' school inclusion is guaranteed by the Constitution. There are two main laws that constitute the framework for the rights of people with disabilities as intended in the ICF perspective: Law 104 of 1992 ('Framework Law for the assistance, social integration and the rights of the disabled') and Law 170 of 2010, which guarantees the right to education of pupils and students with specific learning disabilities. The 2012 Ministerial Directive on 'Measures for pupils with special educational needs and local organisations for school inclusion' created a macro-category, an 'umbrella', to cover all kinds of difficulties – whether permanent or temporary – in education settings: disabilities, specific learning disorders, specific developmental disorders, socio-economic, cultural or linguistic disadvantages, as well as pupils that may need special care.

The Italian education system is based on pedagogical and teaching models aimed at individualization (for children with severe disabilities, who benefit from the provision of support teachers) and personalization (for children with specific learning disorders and other special needs), respecting learning styles and conditions characterizing every person. Schools are encouraged to remove all barriers and offer all facilities (as well as the use of information and communications technology) in the most functional manner suited to each pupil's needs.

According to new legislative decrees approved on April 2017, each primary and secondary school has to draw up a specific Inclusion Plan within the framework of a Three-Year Educational Plan (PTOF). School teaching and non-teaching staff are provided according to the school Inclusion Plan. Parents also participate in the school's Work Group for Inclusion (GLI) and are represented in the Local and Regional Inter-Institutional Work-Group (GLIP-GLIR). Moreover, the MIUR has founded a network of schools named Territorial Support Centres (CTS; 103 units spread all over Italy) dedicated to special needs, with teachers/researchers specialised in technologies for inclusive teaching. Using a peer-to-peer approach, teachers working in CTS collect and disseminate best practices, support colleagues in managing special needs and supply schools with technological devices. Overall, access to technology, as a means to educational inclusion, is still limited (Academic Network of European Disability experts – Country report, 2018)

Support measures for pupils with disabilities

Pupils with disabilities generally attend mainstream schools, in the ordinary sections and classes at all educational levels (including higher education). Based on the documentation provided by the relevant national health system office that certifies the type of disability and the right to receive specific support, the parents of the pupil/student concerned and a school representative (in general, a support teacher of the pupil's school) collaborate in drawing up the Functioning Profile (FP), that identifies the types of support measures and the necessary structural resources for school inclusion. Teachers, support teachers, the class council, in collaboration with parents, specific professionals inside and outside the school, jointly draw up and approve the Individualised Educational Plan (PEI), that describes the interventions planned for pupils/ students with disabilities in a given period, with the support of the multidisciplinary evaluation unit. It mainly indicates tools and strategies to create a learning environment based on relationships, socialisation, communication, guidance and autonomy. It also indicates teaching and assessment methods according to the individualised planning. The law provides for the creation of mainstream classes as separate sections in rehabilitation centres and hospitals, in order to provide education for children who are temporarily unable to attend school (for no less than 30 days). Teachers with specific psycho-pedagogical training can be employed to teach in rehabilitation centres and hospitals. Home tuition is intended for ill children who cannot attend school for at least 30 days. They are taught at home by one or more teachers according to a specific project aimed at their subsequent re-integration in class.

Pupils with specific learning disorders and other special educational needs¹

As pupils with specific learning disorders are the responsibility of curricular teachers (support teachers, in this case, are not provided), the Ministry of Education, Universities and Research has issued guidelines to help schools support them in putting in place specific pedagogic and didactic measures, in order to guarantee personalised education plans for pupils with specific learning disorders and the opportunity, for these pupils, to use compensatory tools and dispensatory measures. The assessment of pupils with specific learning disorders is consistent with the personalised education plan, for example, by using oral – rather than written – tests to assess foreign language knowledge or by using compensatory tools and devices (Braille, large print, etc.) or necessary adjustments (support teacher and/or assistants, extra time, etc.). Training activities for teachers focus on the early identification of specific learning disorders risk, didactic measures to be adopted both with the pupil and with the class group, assessment procedures and guidance.

With respect to pupils with socio-economic, cultural or linguistic disadvantages, if needed, teachers can draw up personalised education plans. Additional measures may include forms of support (e.g. exemption from some fees).

Support measures in Higher Education

Academic guidance is a compulsory provision that universities must include in their own regulation. Universities usually provide also psychological and occupational guidance. Many universities have implemented '*Specialized Tutorial Services*', devoted to support students with disabilities by removing any didactic, psychological, pedagogical, and technological barriers that prevent them from having equal opportunities to study and learn. Students can freely access these services. Based on the specific disability, the student is assigned to a pedagogical tutor that will suggest the appropriate education and support path. The specialized tutoring

1 Ibidem.

aims to encourage the students' attendance and participation in university life. The *counselling section* helps students with disabilities to identify factors that may create barriers to the continuation and completion of their university studies, or those that cause personal dissatisfaction and discomfort. Exam supports are individualized and determined according to the nature of the student's disability. They include, but are not limited to, extended time and the use of special software to assist in exam taking. The personalization of educational interventions plays an important role not only for exams, but also by allowing students with a disability to attend regular daily learning activities, including the use of slow and direct speech by lecturers, the availability of digital material, and the viewing of summary slides. In terms of technical support, universities provide the most appropriate technological solutions to answer students' necessities. This area of support includes a wide variety of devices and assistive technologies that help the teaching and learning process of students with disabilities.

Universities also provide PwDs with 'Peer Tutors'. Through collaborations with peers enrolled in the same university, students with disabilities develop more suitable strategies for learning in university courses. Other roles that peer tutors play involve supporting student's autonomy and mobility on university spaces, overcoming barriers caused by architectonic and social barriers.

f. Are there any other public services (such as free/discounted public transportation, dedicated facilities at public environments) provided to PwDs in your country?

Regions are responsible for public transport services, with substantial differences across the country (Academic Network of European Disability experts – Country report, 2011). Overall, reduced fares or free access to local public transport are offered to PwDs. Alternative services for areas that are not covered by public transport are provided in some regions as dedicated services for PwDs, in conjunction with a special dedicated transport service that requires advance booking. Legal provisions support the purchase of private cars. Reduced fares and fixed parking spaces are available for PwDs that use private cars. Some reductions are availability for access to cinema, museum, other leisure shows.

Part 3: External and internal barriers to participate into sport activities

Despite the increasing number of programmes targeting sport and disability, there is no regular data collection on sport participation of PwDs at national level (European Commission, 2018). Thus, information about specific external and internal barriers that Italian PwDs encounter to participation into sport activities is also scarce. Furthermore, strategies to overcome barriers to sport participation are dislocated at regional and local level, generating substantial differences among regions.

External barriers

In an academic study investigating facilitators and barriers on sport for Italian persons with physical disabilities (Vicentin, 2016), the existence of a few accessible facilities due to physical barriers is reported as the main environmental barrier. Other environmental barriers include the lack of economic incentives and the limited educational and cultural sensitivity toward the Paralympic sport. When examining barriers to sport participation for persons with intellectual disabilities (Gobbi, Vicentin, & Carraro), a low number of available programmes for training and competition resulted to be the main barriers encountered in accessing sport practice. One complex issue concerns the lack of specific training in managing disability for employees in the sport organizations (including coaches, physical trainers, etc.). According to a recent journalistic investigation (Storni, 2019), the main barrier to sport participation for PwDs is represented by the prejudice that coaches and trainers hold against PwDs, that are view as people that may need to get physical therapy, but not to go to the gym for caring about their physical appearance.

Internal barriers

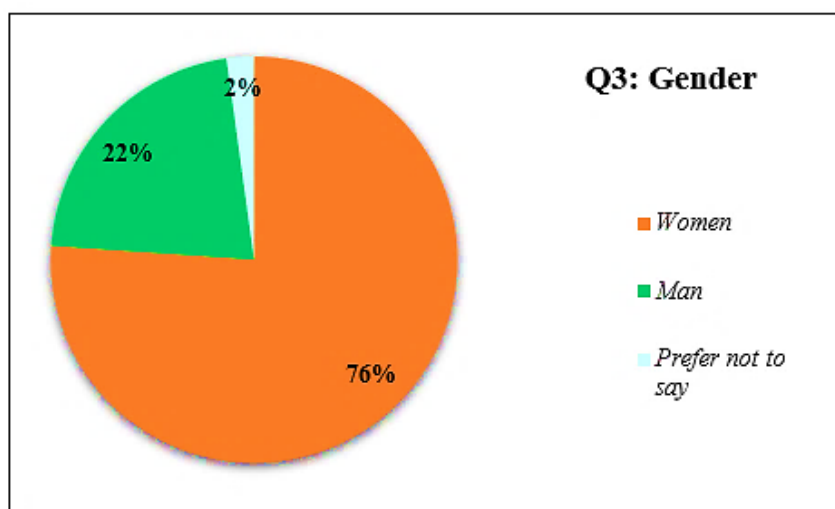
Overall, motivational aspects, such as the desire of fun, have been reported as important factors determining the start and the continuation of sport practice for persons with physical disabilities (Vicentin, 2016). Other internal psychological barriers relate to the fear of failing, to the perception that undertaking physical activities would take a disproportionate amount of time and because of the pain and/or lack of energy (Storni, 2019). In some cases, PwD report to be afraid of trainers' attitudes toward disability, and to feel anxious about how trainers' may perceive their sport abilities (Vicentin, 2016).

3.3.2. Online Survey Findings

DEMOGRAPHIC DATA

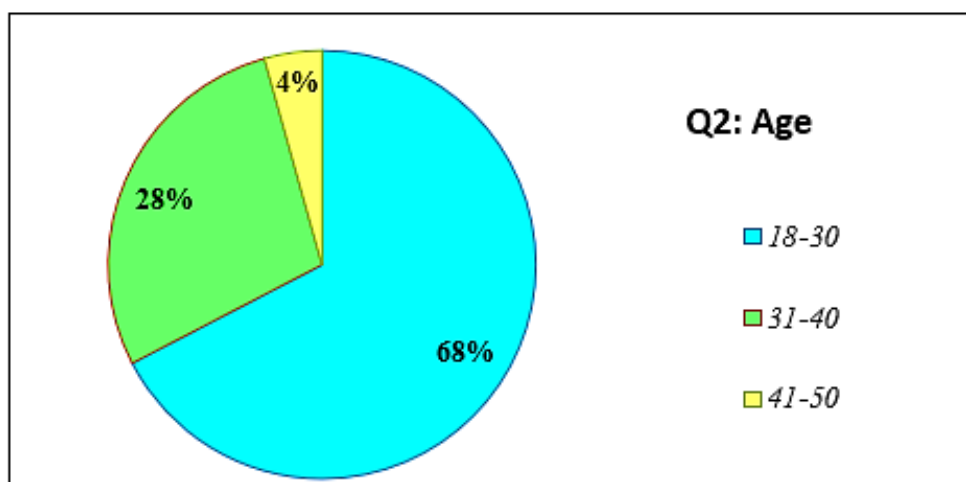
This section analyses the various demographic characteristics of the respondents by providing supporting figures (graphics). In the online research, a total number of N=46 respondents from Italy completed the questionnaire.

a. Demographic data of research sample described by gender:



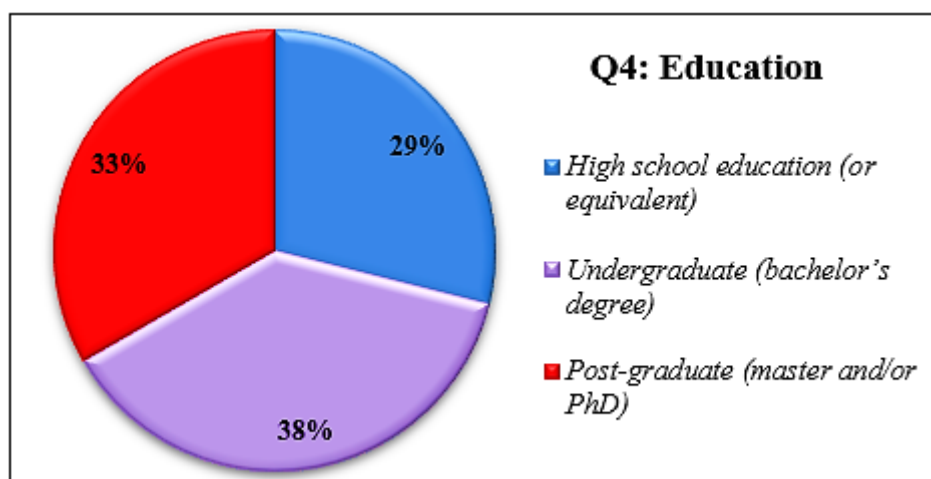
Participants in the survey were 35 women and 10 men. One person preferred not to disclose her/his gender identity.

b. Demographic data of research sample described by age groups:



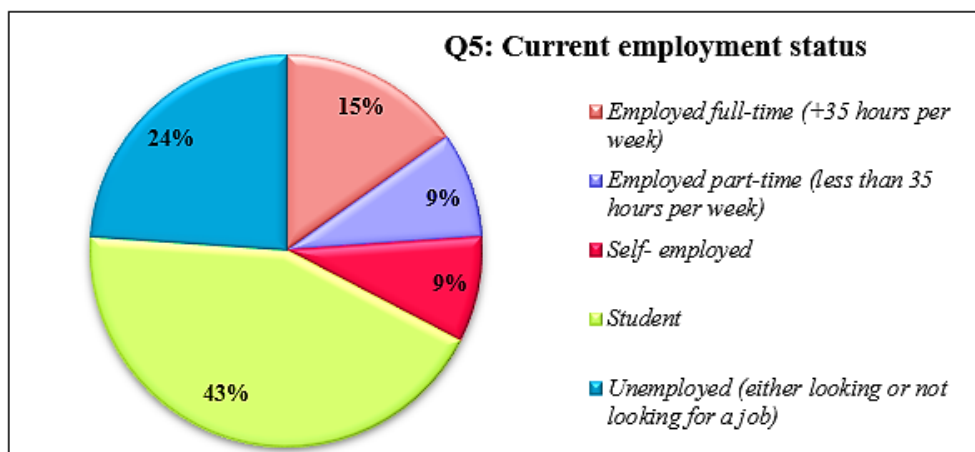
Most of the sample was aged from 18 to 30 years (N = 31). Thirteen persons were aged from 31 to 40, while 2 persons were aged from 41 to 50 years.

c. Demographic data of research sample described by employment/education status:



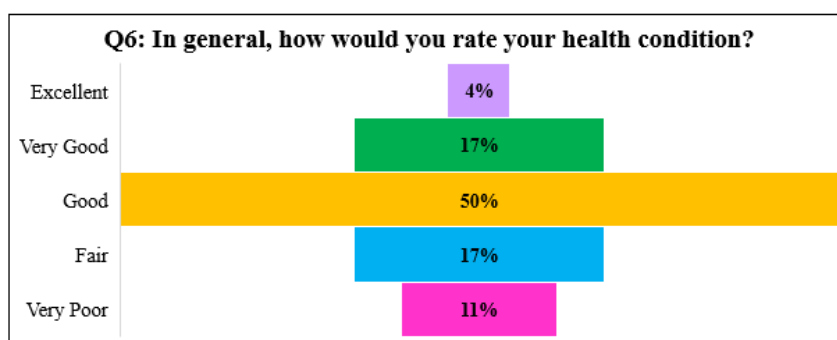
All participants in the survey reached at least a high school diploma. Seventeen participants were undergraduate students; 15 persons reported to have achieved a post-graduate qualification.

The sample consisted of 20 higher education students. Eleven participants reported to be unemployed, 7 were employed full-time, 4 were self-employed, and 4 employed part-time.



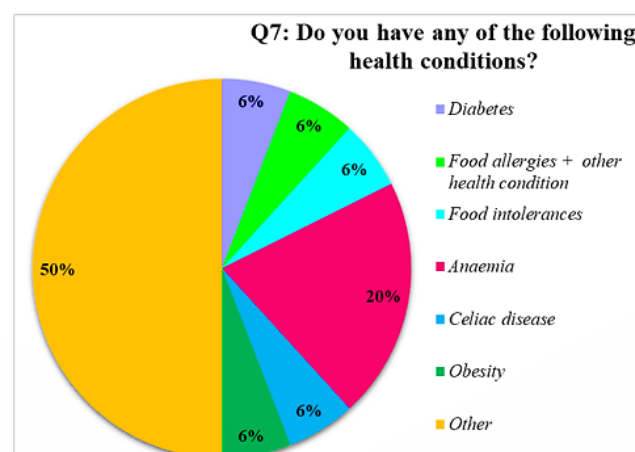
OVERVIEW OF GENERAL HEALTH ASSESSMENT

a. In general, how would you rate your health condition?

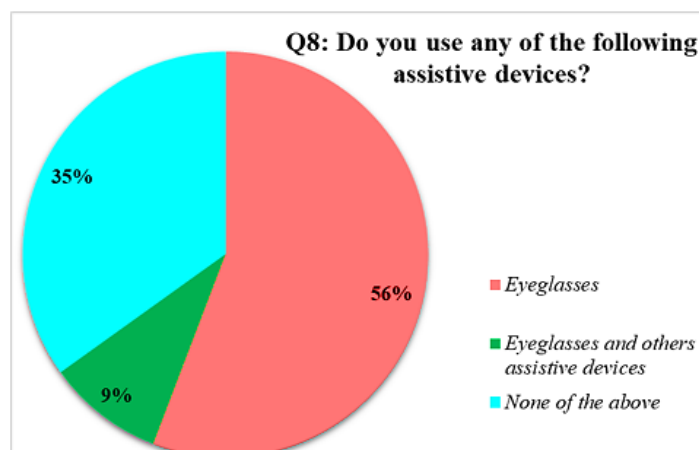


The results showed that half of our respondents rated their health condition as good. Only 1 person reported an excellent health condition, while 5 persons indicated a very good condition. Nine respondents reported a fair (N = 5) or very poor (N = 4) condition.

b. Do you have any of the following health conditions and do you use any of the following assistive devices?

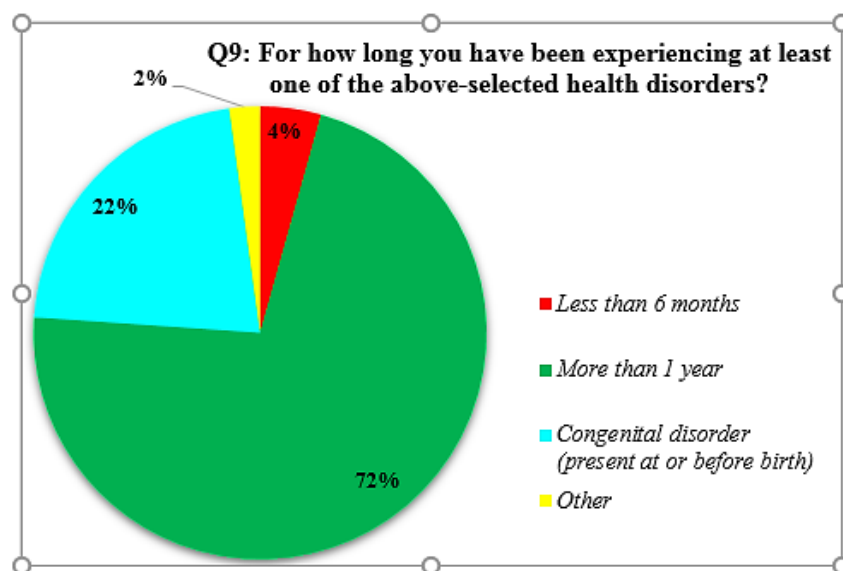


Respondents reported a wide variety of health conditions. The most common condition was anaemia. In 3 cases out of the 5, anaemia was associated with migraine.



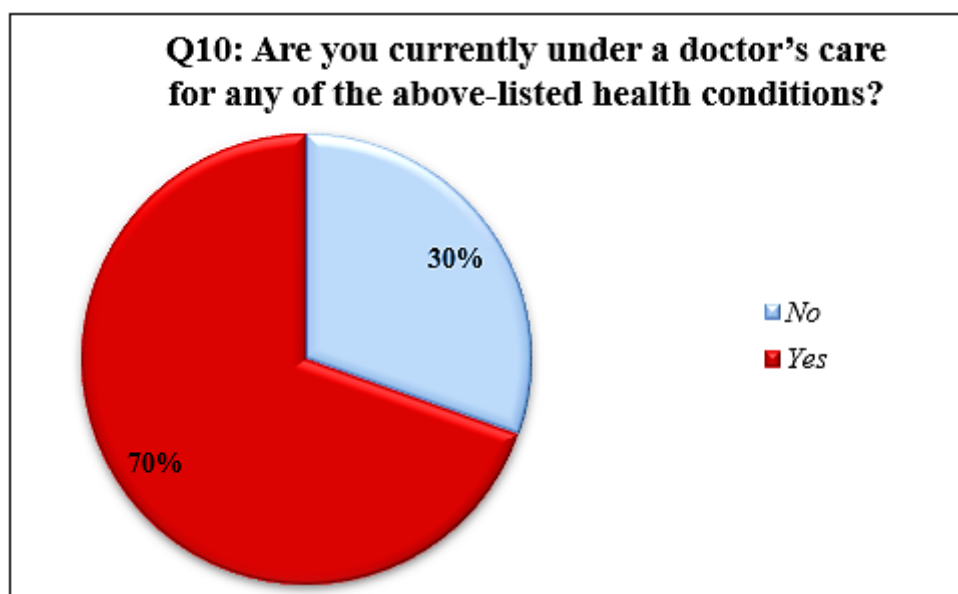
About one person in three did not use assistive devices (N = 15). Most of the sample reported using eyeglasses (N = 24) or eyeglasses along with other assistive devices (N = 4).

- c. For how long you have been experiencing at least one of the above-selected health disorders and are you currently under a doctor's care for any of the above-listed health conditions?

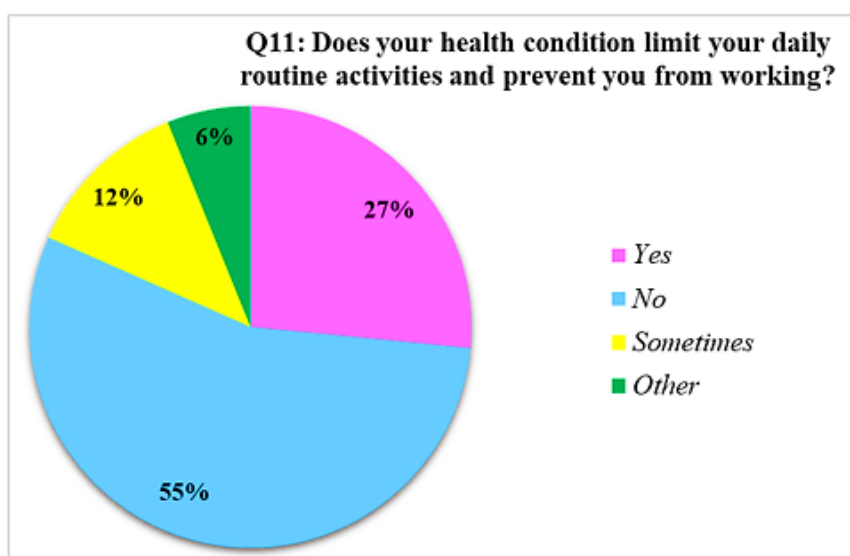


Most respondents (N = 33) reported having experienced these health conditions for more than a year. 10 of them reported that their conditions were related to a congenital disorder.

32 out of 46 answered that they were under a doctor's care.

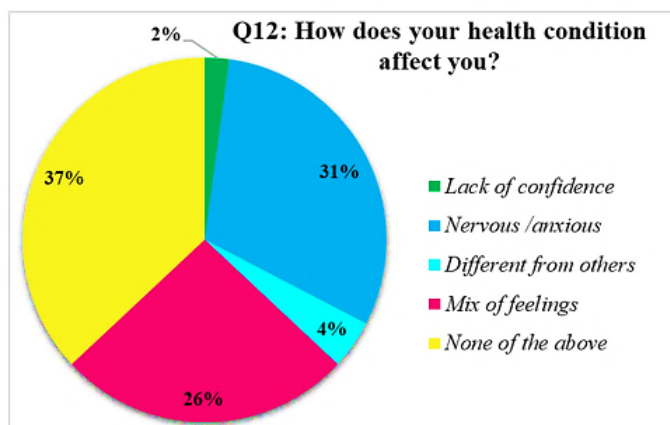


d. Does your health condition limit your daily routine activities and prevent you from working?



Most participants stated that their health condition did not limit their daily life activities or work (N = 27). Nineteen participants reported that their condition prevented them from carrying out daily routine activities and working (yes: N = 13; sometimes: N = 6).

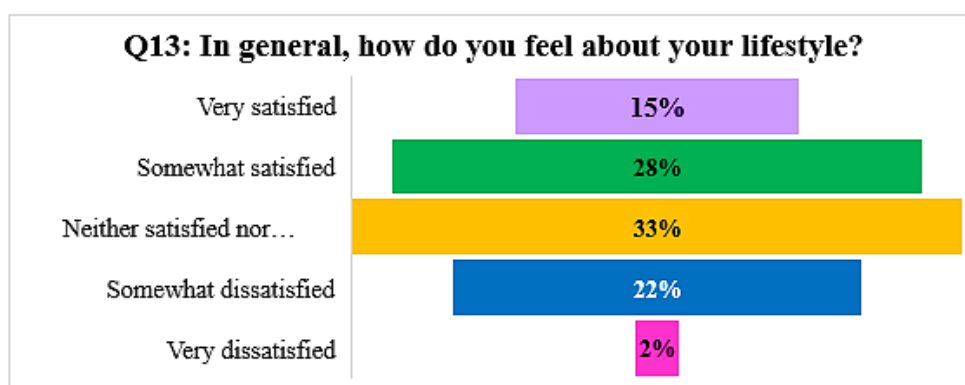
e. How does your health condition affect you? Does it make you feel any of below?



Participants reported experiencing several negative emotions due to their health condition, alone or in combination with others. They frequently reported to be nervous/anxious (N = 14), or a mix of feelings (N = 12). In 10 cases out of 26 (almost 1 in 3), feeling nervous/anxious was associated with a lack of confidence.

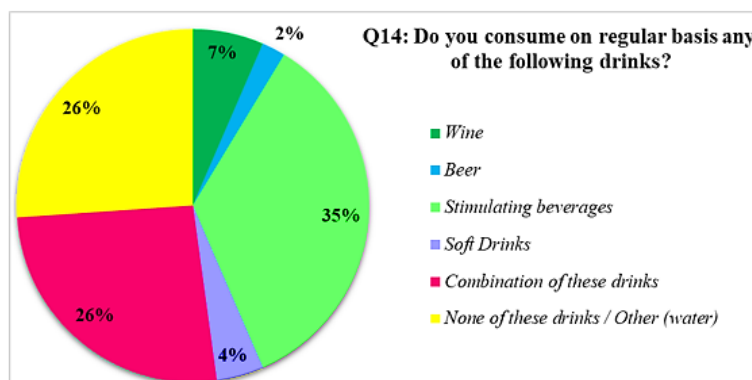
SPORTS PARTICIPATION AND HEALTH-RELATED QUALITY OF LIFE

a. In general, how do you feel about your lifestyle?

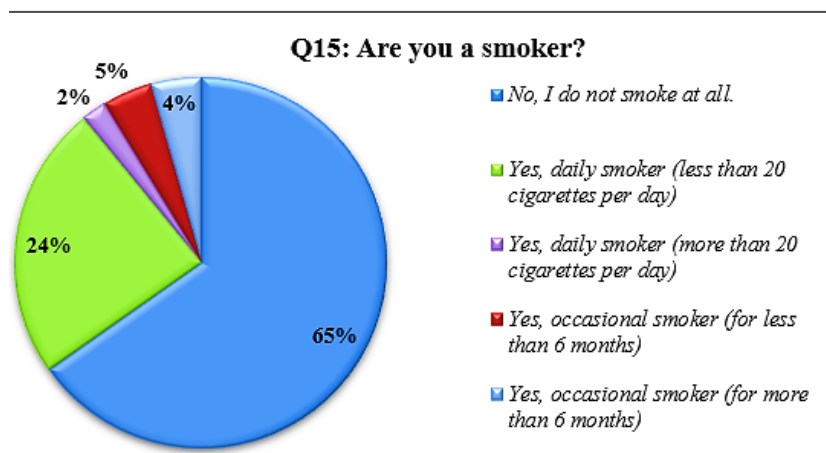


Many participants reported relatively high rates of satisfaction with their lifestyle (12 participants reported to be somewhat satisfied, whereas 7 indicated high satisfaction with their lifestyle). Eleven respondents showed low satisfaction with their lifestyle (very dissatisfied or somewhat dissatisfied). Fifteen persons reported being neither satisfied nor dissatisfied.

- b. Do you consume on regular basis (one per day on average) any of the following drinks and Required to answer. Multiple choice. are you a smoker?

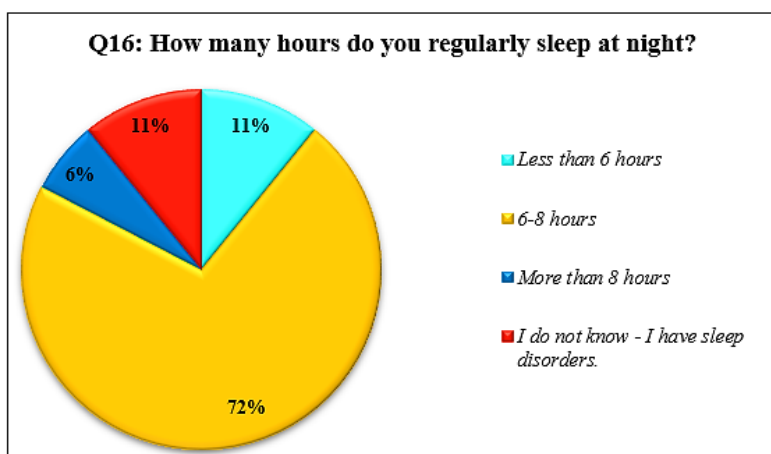


Most of the sample (N = 34) reported to consume some drinks different from the water on a regular basis. About 1 participant in 3 reported to consume stimulating beverages such as tea and coffee (N = 16), whereas 12 persons said that they consumed a combination of at least two of the proposed drinks.

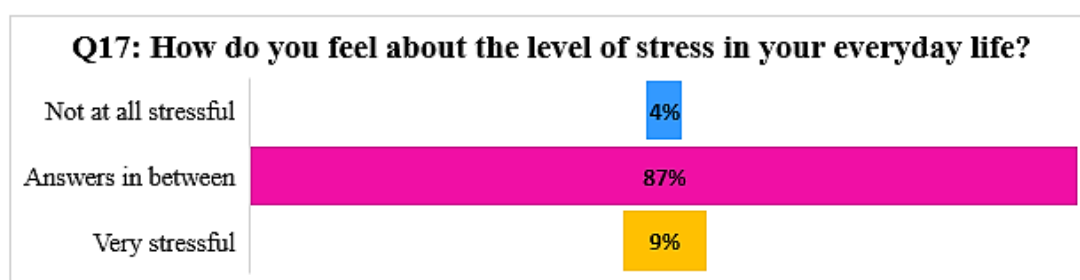


When looking at the smoking habit, most of the sample reported to be not a smoker (N = 30) or to smoke less than 20 cigarettes per day (N = 11). Only one person was a regular smoker, while 4 persons referred to be occasional smokers (for less than 6 months: N = 2; for more than 6 months: N = 2).

c. How many hours do you regularly sleep at night and how do you feel? Required to answer. Single choice.

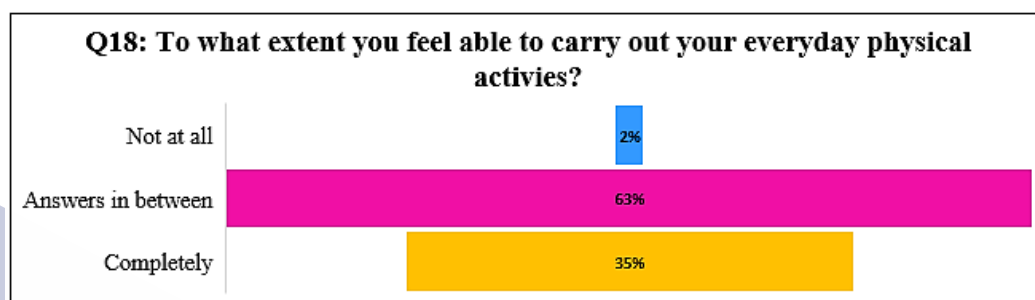


Thirty-three respondents (2 respondents in 3) reported to sleep 6-8 hours per night. Five persons declared to have a sleep disorder or to sleep less than 6 hours. Only three persons reported to sleep more than 8 hours per night.



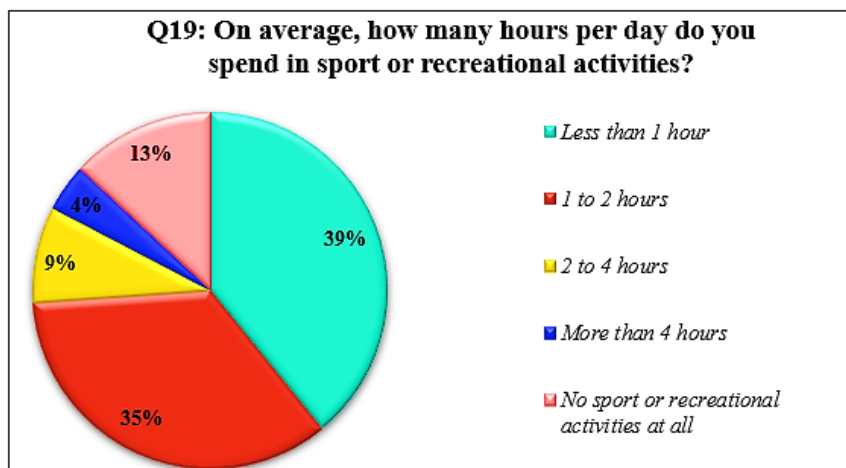
Most of the sample (N = 40; 87%) reported medium levels of stress in their daily lives. Only two persons answered that they feel not at all stressed, whereas 4 persons stated that they feel very stressed.

d. To what extent you feel able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, and going to work?

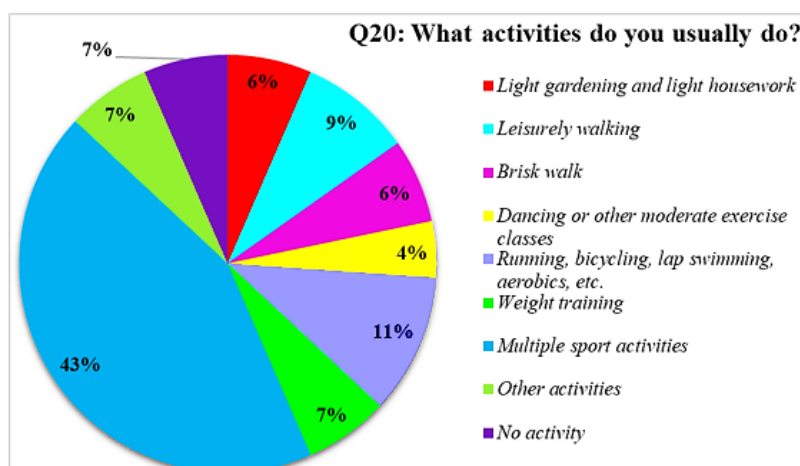


More than half sample referred to feel moderately able to carry out their everyday physical activities (N = 28). Sixteen persons reported to feel completely able (about 1 in 3), whereas only 1 person said that she/he feels not at all able to carry out her/his everyday physical activities.

- e. On average, how many hours per day do you spend in sport or recreational activities and what activities do you usually do? Required to answer. Single choice.



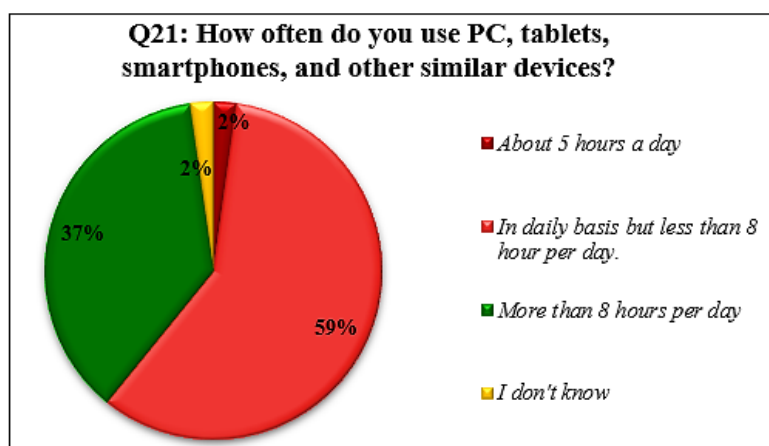
Interestingly, 24 respondents (half sample) stated that they practice no sport or recreational activities at all (N = 6) or spend less than 1 hour per day (N = 18) in these activities. Sixteen participants (1 in 3) reported to spend from 1 to 2 hours in sport or recreational activities. Five persons spent from 2 to 4 hours. Only one person said to spend more than 4 hours.



Most of the sample reported practicing multiple activities (N = 20). Among the most mentioned activities, participants reported leisure walking, athletic activities (e.g., running, bicycling, and aerobics), light gardening and light housework, and weight training.

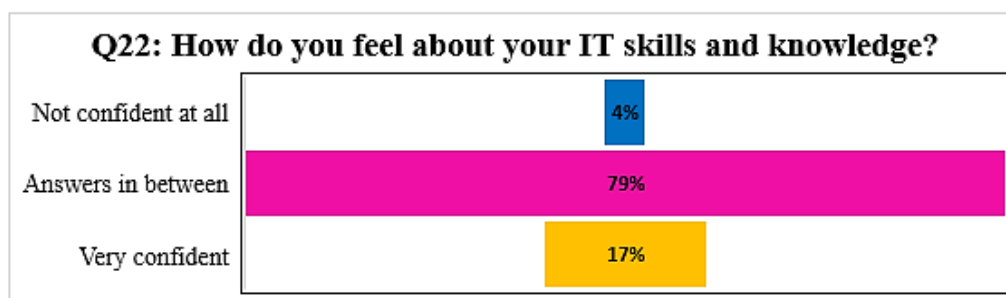
LITERACY AND INTERNET USE

a. How often do you use PC, tablets, smartphones, and other similar devices?



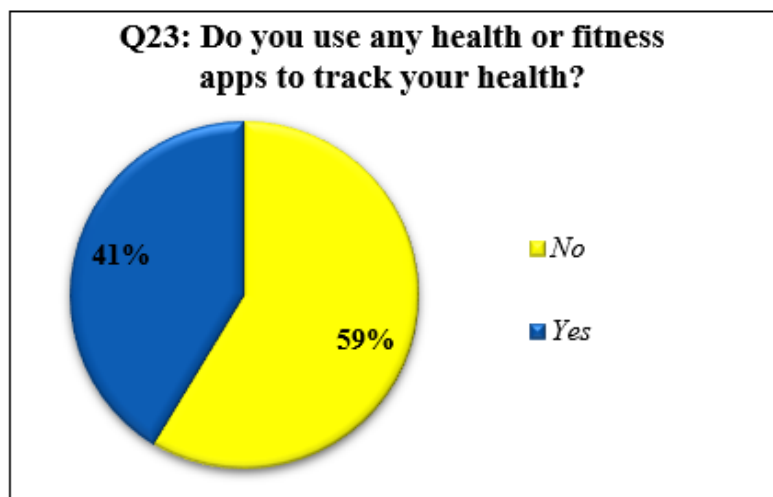
Participants reported to use technology devices on a very regular basis. Some respondents (almost 2 in 3) reported a frequency of usage of more than 5 but less than 8 hours per day (N = 27); some others reported to use technology devices for more than 8 hours per day (N= 17). Only 1 person reported about 5 hours a day.

b. How do you feel about your IT skills and knowledge?

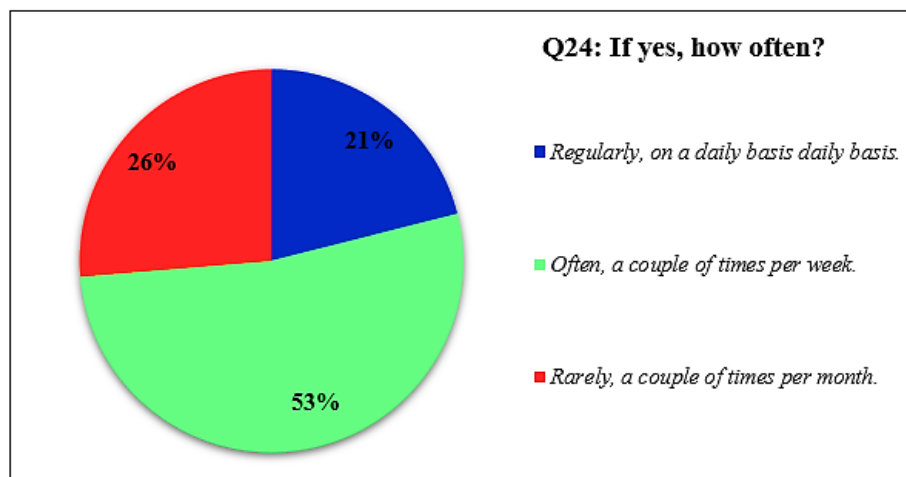


Of the total sample, only persons reported to feel not confident at all with IT skills and knowledge. About 4 persons in 5 (N = 36) reported a certain level of confidence, whereas only 1 in 5 (N = 8) indicated a high level of confidence.

c. Do you use any health or fitness apps to track your health? If yes, how often?



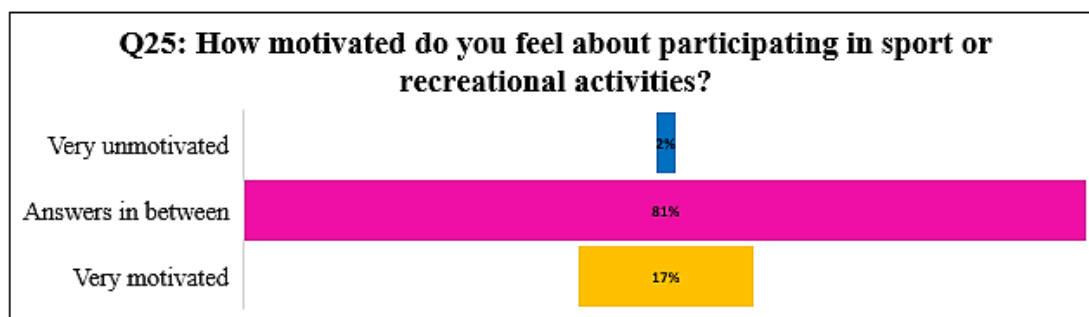
More than half sample stated that they did not use health or fitness apps to track their health condition (N = 27).



Of those who reported to make use of apps, only 4 said that their usage was on a regular daily basis (about 1 in 3). Ten persons indicated to use apps often (a couple of times per week), whereas 5 persons reported a sporadic usage.

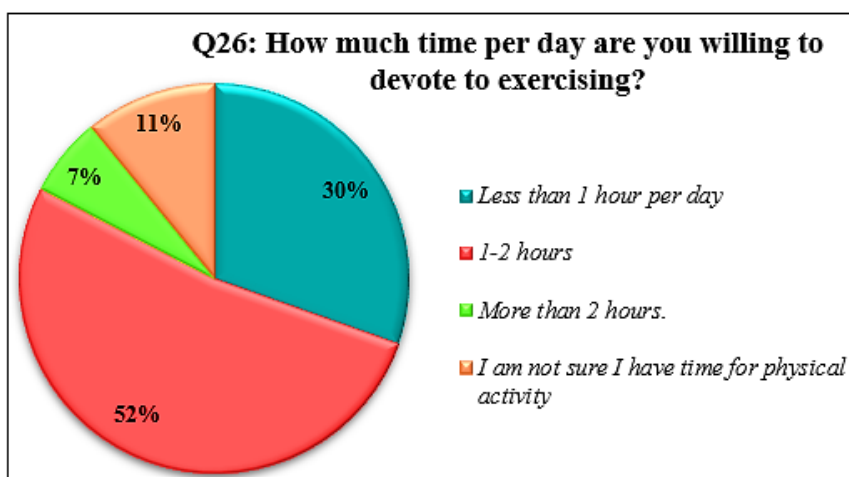
PERCEIVED BARRIERS & INCENTIVES TO A HEALTHY LIFESTYLE

a. How motivated do you feel about participating in sport or recreational activities?



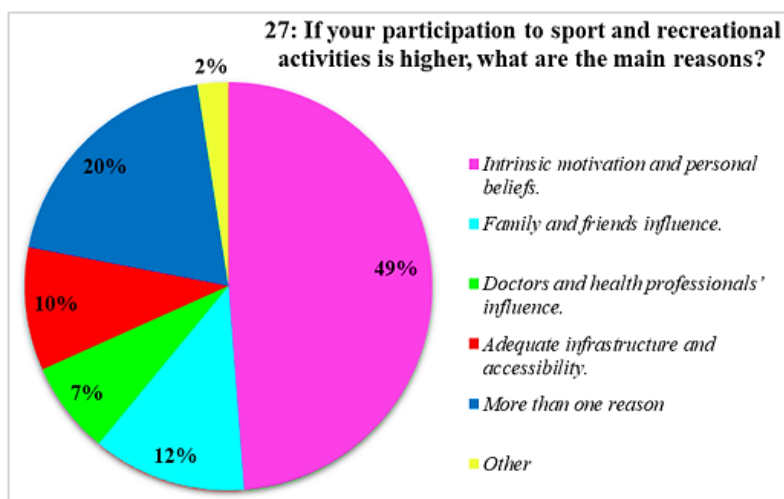
More than half sample indicated a certain degree of motivation in participating in sport or recreational activities (more than 2 in 3). Nine persons reported high motivation, whereas only 3 persons answered that they feel very unmotivated in participating in sport and recreational activities.

b. How much time per day are you willing to devote to exercising?

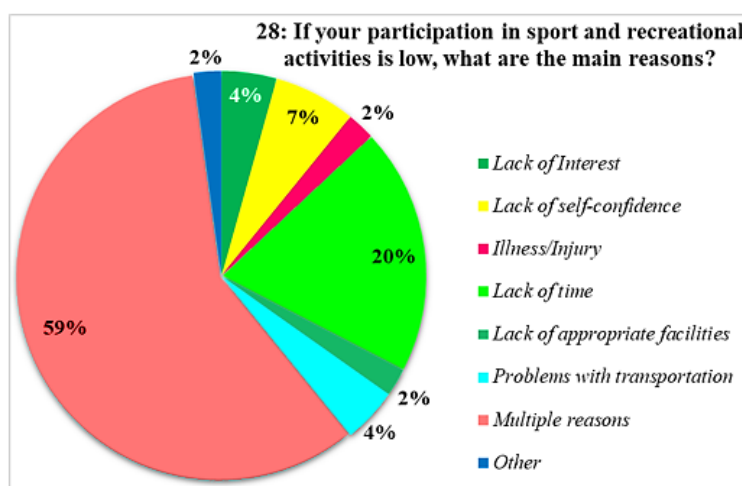


Overall, participants showed a moderate involvement in exercising. Half sample spent from 1 to 2 hours in physical activities; fourteen respondents reported to devote less than 1 hour per day to exercising, and only 5 persons said they were not sure to have time for physical activity.

- c. If your participation to sport and recreational activities is higher or lower (than you would like it to be), what are the main reasons?

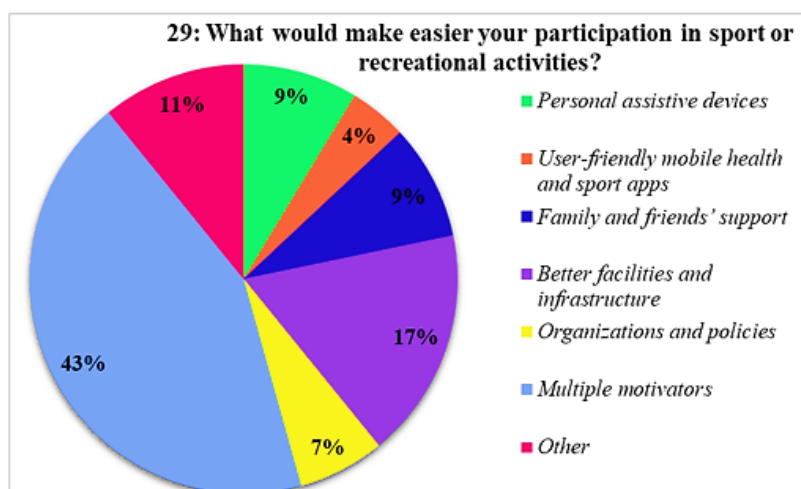


The most frequent reason reported by participants in the survey was intrinsic motivation and personal beliefs in the benefits of sport for health and well-being (N = 20). Adequate infrastructure and accessibility, the influence of doctors and health professionals, and family and social support also were mentioned by respondents as factors that enhance their participation in sport and recreational activities. In eight cases, participants reported multiple reasons. Doctors and health professionals' influence was frequently reported as associated to intrinsic motivation (3 times in 6).



When looking at factors that prevent participation in sport and recreational activities, most of the sample reported multiple reasons (N = 27). Lack of time (N = 9) and lack of self-confidence (N = 3) were among the most frequent reasons reported by participants. Financial constraints were also mentioned as an obstacle by 15 respondents, followed by lack of appropriate facilities, and lack of interest.

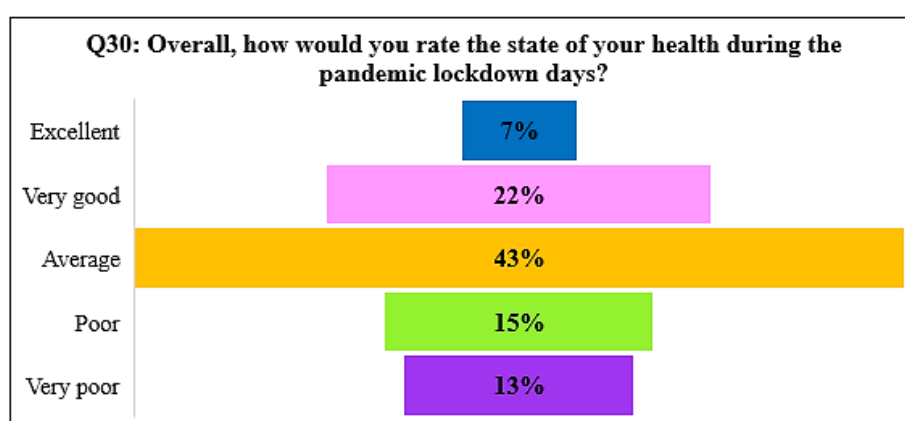
d. What would make easier your participation in sport or recreational activities?



Better facilities and infrastructures were the main factors rated by participants that made easier its participation in sport or recreational activities (N = 8). Other factors mentioned as necessary for improving their participation were i) organizations and policies, ii) personal assistive devices, iii) user-friendly mobile health and sport apps, iv) family and social support. Most of participants reported multiple motivators (N = 20).

COVID-19 PANDEMIC OUTBREAK & WELL-BEING

a. Overall, how would you rate the state of your health during the pandemic lockdown days?



Participants that rated their health condition as poor or very poor were 13 (1 in 5). This number was equal to that of participants that rated their condition as very good or excellent. The remaining part of the sample (less than half) rated their health condition as neither very good nor poor.

- b. What would help you maintain a better level of physical and mental well-being during the COVID-19 pandemic?

Participants expressed the need to have more opportunities to practice physical activities, both outside and inside their home (e.g., through online lessons and programmes). They also highlighted the difficulty to adhere to healthy diets, due to stress and other negative emotions related to the covid-19 pandemic. Using online mental health support was also mentioned among the factors that help to maintain an adequate level of physical and mental well-being during the covid-19 pandemic.

- c. Do you have any other comments about how the COVID-19 pandemic is impacting upon your well-being and physical activity and what kind of support you would need?

Participants reported a heightened uncertainty about the future, which seemed to amplify the pandemic's negative impact on psychological well-being. They reported to be frustrated by the need to postpone the achievement of personal goals. Social distance and isolation, along with the fear of contracting the virus, have been described as great challenges, over and above the challenges related to sport and physical exercise.

3.4. Denmark

3.4.1. Desk Research Overview

Part 1: Overview on disabilities perception, definition and statistics in Denmark.

a. How are the above-listed disabilities perceived/defined in your country?

In Denmark, the word 'disability' is about to be replaced by the word 'impairment'. The purpose for utilizing the term 'impairment' is to emphasize that it is a broadly defined group of people, and to not only encompass people with long-term physical disabilities. In addition, utilizing the term 'impairment' no restrictions on activity or participation is implied.

The Danish definition is taken from the rights of Persons with Disabilities convention, in which disability and impairment are described in the following way: "persons with disability, who have a long-term physical, mental, intellectual or sensory disability, which in combination with various barriers can prevent them from fully and effectively participating in society on par with others".

This concept is further unfolded in the following equation by the Central Danish Handicap Council:

$$\text{Impairment} + \text{barriers} = \text{disability}$$

$$\text{Impairment} + \text{compensation} = \text{equal opportunities}$$

The impaired will encounter barriers in society, and without help/compensation, those barriers will become a disability. By compensating those impaired equal opportunities will be had by all.

In the report "idræt, fritid og helbred for mennesker med funktionsnedsættelse" three types of impairments are mentioned:

1. long-term physical disability
2. long-term physical health problem
3. mental illness

Long-term physical disability includes those whose most serious physical health or disability is related to their arms or hands, leg or leg problems, back or neck problems, blindness or visual impairment despite glasses or contact lenses, deafness, hearing loss despite hearing aids or cochlear implant, speech impairment, developmental impairment, CP, spasticity, brain damage or dyslexia. Long-term physical health problem includes those whose most serious physical health or disability relates to skin diseases, allergy, respiratory problems, heart, blood pressure or circulation problems, stomach, liver, kidney or digestion problems, diabetes, epilepsy, other progressive diseases, such as cancer, sclerosis, HIV and Parkinson's disease.

Mental illness includes those whose most serious mental illness relates to alcohol or euphoric substances such as the cause of the disorder, hearing voices, schizophrenia and psychosis, depression, mania and bipolar disorder, stress, phobias, various forms of anxiety, OCD and post-traumatic stress syndrome (PTSD), personality disorder, including borderline, autism, Asperger's syndrome, ADHD, ADD and eating disorder or other mental illness (Østerlund & Kamilla & Jespersen, 2014).

b. Which are the most common (pressing) disabilities in your country? Please provide statistics for each type of disability (including their health indicators and implications to the lifestyle of PwDs).

Number of persons with disabilities in Denmark

The report "idræt, fritid og helbred for mennesker med funktionsnedsættelse" shows that the long-term physical disability is the most common form of disability. 14% of the adult population, corresponding to about 400.000 people, indicate having a disability. 9% of the 14% are having a minor disability. Another 9%, or around 250.000 people, have a long-term physical health problem, of which 6% are having minor health problems. There is no overlap between disability and health problem in the study, because the distinction was not made in the report.

Finally, another 9%, or around 250.000 people, state that they have one or more mental disorders, 6% of whom are having a minor mental disorder. There is an overlap between both disability and mental illness (over 2% or around 66.000 people) as well as between health problem and mental illness (over 1% or around 32.000 people). In total, up to 100.000 people with mental illness are also affected by a disability or health problem.

Table 1: The distribution of the three main groups of functional impairments in Denmark.

Occurrence of disability		Disability	Health problem	Mental illness
Non	Quantity	2.542.286	2.699.962	2.680.493
	Percent	86	92	91
Low impairments	Quantity	265.526	167.421	177.540
	Percent	9	6	6
High impairments	Quantity	139.703	80.133	79.972
	Percent	5	3	3

But outside of the report, it is difficult to put an exact number on how many people have disabilities in Denmark. One of the reasons for this is the lack of systematic registering of persons with disabilities. Another explanation could be the difficulty in defining what a disability is and further, when a person has a disability (Østerlund & Kamilla & Jespersen, 2014).

c. Please provide quantitative data on the number of PwDs that participate in sport activities in your country.

It is shown in the report “Idræt, fritid og helbred for mennesker med funktionsnedsættelse” that around 645.000 people with disabilities are active in sports or are exercising. Approximately 286.000 have disabilities, 179.000 health problems and 180.000 mental illnesses (Østerlund & Kamilla & Jespersen, 2014)

d. Are there any support from public authorities or other relevant stakeholders to promote healthy lifestyle and inclusion to sport activities for PwDs?

Local authorities: Municipalities offer free programs for people with chronic diseases to promote a healthy lifestyle and inclusivity in sport activities in the local environment. Persons with chronic diseases have the opportunity to part take in physical activity facilitated by a physiotherapist.

Patient unions/associations: Different patient unions offer guidance and courses to promote healthy lifestyle.

Part 2: Assessing the access of PwDs to health, education and other relevant services in your country

a. Which are the main stakeholders facilitating the access of PwDs to health, education and other relevant services in your country?

Informal caregivers: In Denmark there is a distinction between informal caregivers (relatives) that provides care for the person with a disability and the professional caregiver. The term “relatives” refer to the people we usually define as “the closest ones”, ie. children, parents, siblings, spouses, grandparents and other family members as well as close friends. Informal caregivers help the PwD in a broad range of areas such as access to health care, functions as a personal assistant, emotional support and other relevant services.

Local authorities: The local municipality has the duty to advise and guide persons with disabilities about their opportunities for support. It is also the municipality that evaluates the needs of the individual and grants the support that is deemed needed. Further, the services and benefits for persons with disabilities are also financed by the local municipality. Therefore, it is required for the PwD to contact the local municipality if support is necessary. The services offered include financial support for education, socio-pedagogical support, personal assistance, reimbursement of extra costs may be granted depending on the specific situation (Angloinfo, 2020).

All benefits and allowances depend on the type and degree of disability)

Patient unions/associations: Most diseases in Denmark are represented by a union that works to uphold the rights of those suffering from these diseases. There are a number of associations working on the rights of persons with disabilities. They are advocating for their rights in society by raising political focus on topic, issues and needs and help facilitate access to health, education and other relevant services

Danish Disability Council (Det Centrale Handicapråd)

The association is a government-funded organisation. Its role is to guide and advise the government on issues concerning disabled people and their conditions. Whether people have a visual impairment, an autism

diagnosis, are blind, have walking difficulties or a mental illness, or use a wheelchair they should have the best possible conditions for living an independent life, unfolding their potential, pursuing their dreams, and contributing to society and the community. The goal is a society with room for everyone, where everyone sees the person – not the disability.

The Danish Disability Association (*Danish Handicap Forbund*)

The association represents people with movement disabilities in Denmark. According to The National Research Center for Analysis and Welfare (VIVE), 26 % of people in the age of 16-64 experience a physical disability, where 50 % among these experience disabilities in mobility. The Danish Disability Association functions as their voice, provides supervision and advocates the rights of its members.

Danish Disability Organizations (*Danske Handicaporganisationer (DH)*)

The organisation work for persons with disabilities to live a life like everyone else. They are fighting for persons with disabilities to be able to participate, contribute and be a part of the community as other citizens. DH is the distinctive voice for the disability organizations. DH represents people with all types of disabilities: visible and invisible, from brain damage and arthritis to developmental disabilities and mental disorders. DH is internationally oriented, and they are working on spreading the Disability Convention and implying it in practice. DH contributes with knowledge about disability and solutions on the political agenda.

b. Is there a well-defined legal framework in your country ensuring the inclusion of PwDs and protecting their rights?

The Danish Institute for Human Rights has a well-defined legal framework ensuring the rights of PwD by implementing the UN disability convention and monitors its compliance, which is done by performing activities like investigations, legal assessments or by bringing cases to the board of Equal Treatment. The UN disability convention aims to ensure that PwD has the same rights as people without a disability by removing barriers that complicate reaching this goal. Essential rights ensured by The Danish Institute for Human Rights for PwD are:

- Access to education
- Access to be a part of the working force
- Access to partaking in sports and leisure activities
- The right not to be subjected to violence
- The right to exert influence and have personal autonomy

c. Please list the health services provided to PwDs in your country?

In Denmark, a number of legal provisions exists that define a disability. Subsequently, should they meet a range of specific criteria, PwDs are entitled to various types of assistance, commonly assessed after a medical examination. The health services depends on the type and degree of the disability.

An example of the above is a health service provided to people with chronic diseases. A holistic and comprehensive treatment course with an emphasis on systematic, proactive efforts to prevent acute episodes

and complications and further development of the disease. Emphasis is also placed on continuously evaluating quality. The programmes contain a number of offers that can be adapted to the individual as needed.

d. Which are the main community-based services, technical aids and assistive devices offered to PwDs in your country?

The labour market and PwD

For people unable to be part of the labour market on ordinary terms due to their disability, a wide range of support opportunities exists. Being part of the labour market will contribute to community participation and economic sustainability for the person with disability, therefore there are many initiatives aimed at helping this target group to get a job or helping them to maintain a job. The most common type of employment based on special terms is called “flex job”, which is targeted towards people with at least one long-lasting, permanent or significant disability that impacts their ability to work on ordinary terms.

There are five areas of disability support services (Larsen & Høgelund, 2015):

- Personal assistance: This can be granted to unemployed persons, employees and self-employed persons, based on their need for special support.
- Personal assistance in continuing education: The personal assistant helps the PwD to do practical tasks that would otherwise have been too difficult.
- Grants to assistive devices. Persons with disabilities can apply for grants if the disability imposes barriers in relation to job, education or general participation in society. The assistive devices can help the PwD to maintain an autonomous life.
- Salary subsidies for graduates with disabilities. This is a special wage supplement for new graduates with disabilities. This initiative aims to provide new graduates with disabilities with work experience in the work field, in which they have achieved educational qualifications. Furthermore, this also contributes to developing a network, which can improve the PwD with future job opportunities.
- Priority access for persons with disabilities in order to prevent discrimination of the disabled person. For example, priority access for PwD offers the opportunity to get a job interview in public positions.

The types of aid granted

PwDs are entitled to economic aid if their disability leads to barriers related to job or education. The most commonly granted aid is “‘Tools’, ‘equipment’ and ‘other work-related tools’”, which comprises of 70% of all grants, which can be seen in table 3.

Table3: Categories of grants in 2018.

Type	Procent
Tools', 'equipment' and 'other work-related tools	69,6 %
Workplace design	19,9%
It-equipment, software, programs, apps etc, related to work	5,5 %
Education material	3,6 %
It-equipment for education	1,0 %
Accessibility solutions such as ramps, lifts and automated door openers	0,4 %
Total	100,00

Community based voluntary based organisations for PwD

Persons with disabilities have the opportunity to engage in voluntary work in the local community as an initiative to keep them active in society. For example, "frivilligjob.dk", which is the biggest platform for voluntary work, makes an extra effort to recruit persons with disabilities as volunteers in a range of voluntary activities as their engagement in voluntary work will contribute to their overall engagement and inclusivity in society, and also make them a resource in society, which benefits the entire community. Moreover, nearly 83% of persons with disabilities believe that voluntary work is important for their personal and professional development.

e. Which are the main educational services offered to PwDs in your country?

Local authorities provide help to support PwDs experiencing reading problems, physical and mental disabilities or a chronic disease to complete an education (adult education, a high school education or a higher education) and engage in educational activities. This help includes, but is not limited to: Support hours, education based on the special needs, secretarial assistance and assistive devices such as technical aides (EG, 2020).

f. Are there any other public services (such as free/discounted public transportation, dedicated facilities at public environments) provided to PwDs in your country?

In Denmark efforts have been made to give PwDs an inclusive experience in the public space, which include, but are not limited to, parking, rest rooms, elevators and economic support.

Part 3: External and internal barriers to participate into sport activities:

a. Which are the main internal barriers that prevent PwDs in your country from participating in sport activities?

Overall **internal** barriers for PwD (Sportandev, 2020):

- Lack of experience in sport (this is individual and depends on whether a disability is from birth or acquired later)
- Understanding and awareness of how to include people with a disability in sport could be lacking

- Psychological and sociological factors that prevent inclusive attitudes towards disability of parents, coaches, teachers and even people with disabilities themselves
- Lack of information and resources

Internal barriers related to **mental** disabilities

- Mental disorders are often accompanied by a paralyzing sensation of feeling overwhelmed by even the simplest of items on the daily to-do list. Though the idea of exercising is good on paper, actually getting started can be a major obstacle.
- The idea of exercising can be entirely unappealing to some and for others the mere thought of potentially bothering others can make short work of whatever initial motivation existed.
- Of the items on the daily agenda sport appears to have a “nice to do” and not a “need to do” status.
- Another, though less frequent, argument against sport is that it can be prohibitively expensive.
- Wanting to do sport but not knowing anyone to do it with can be severe roadblock.
- Feeling like an outsider and that everyone can tell that you’re disabled can be mentally taxing and prevent one from taking that ever important first step.

Internal barriers related to **physical** disabilities (Gron, 2016)

- Fatigue
- Depression
- Decreased balance and anxiety about falling as well as shyness about exhibiting their disability in public.
- Knowledge and perception of the importance of physical activity combined with feeling decisive is crucial to whether they are able to be physically active.
- Demotivation and decisiveness will mutually reinforce or limit the patient’s actions.

Internal barriers related to **chronic diseases**

- Lacking experience in sports
- Finding one’s inner motivation and getting out the door to do sport can be challenging.
- Having other diseases than their chronic disease such as COPD, knee problems or a new hip, make it difficult or prevent them from exercising.
- Fitness exercise offers are expensive- especially for those who are retired.
- Besides the financial aspect, there are some who do not like fitness centers, partly because “using a machine doesn’t appeal to me” and partly because they cannot identify with the young and fit people that they often encounter there.
- The chronic disease itself can be an obstacle when being physically active.

b. Which are the main external barriers (accessibility, education, social barriers, motility, etc.) that prevent PwDs in your country from participating in sport activities?

Overall **external** barriers for PwD (CDC, 2020).

- Limited available opportunities and programmes for participation, training and competition
- Limited accessible transportation available
- Lack of accessible facilities, like gymnasiums and buildings
- Social stigma, discrimination and negative attitudes towards people with disabilities.

External barriers specifically related to **mental** disabilities

- Lack of understanding of mental illness

External barriers related to **physical** disabilities(CDC, 2020)

- Lack of facilities that are made for people with physical disabilities
- Steps and no ramps, elevators, or lifts
- Lack of automatic or push-button doors
- Environment which is not made for people with physical disabilities
- It not always possible to bring a sports wheelchair or other kind of equipment
- Not all sports are made for people with disabilities
- Communication barriers for people who have disabilities that affect hearing, speaking, reading writing and or understanding.

External barriers related to **chronic** diseases

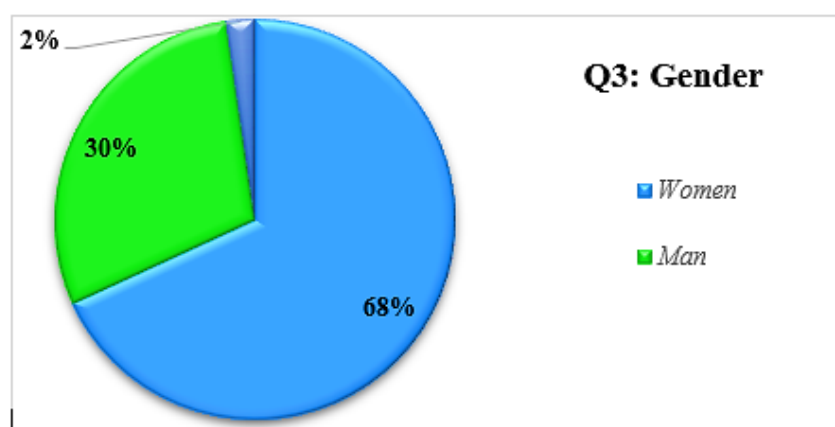
- Lack of facilities that are made for people with chronic diseases

3.4.2. Online Survey Findings

DEMOGRAPHIC DATA

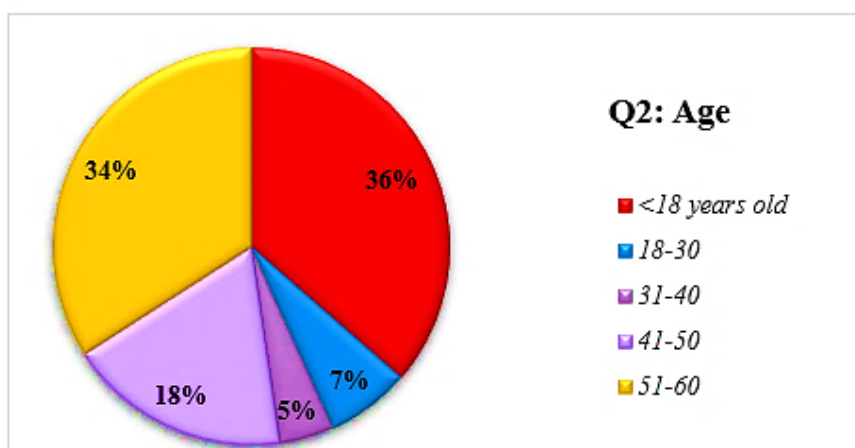
In this section various demographic characteristics of the respondents will be presented supported by figures (graphics). In the online survey a total number of 44 respondents from Denmark completed the questionnaire.

a. Demographic data of research sample described by gender:



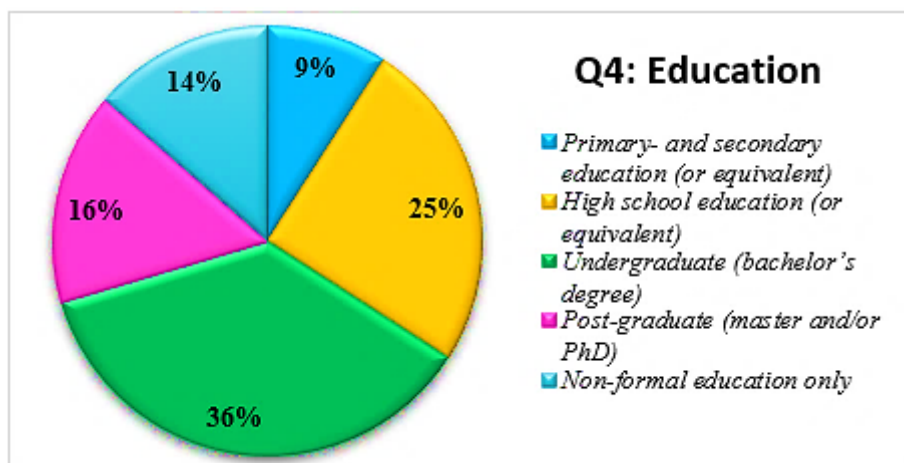
Out of a total of 44 participants, 30 were woman, 13 men and 1 participant preferred not to say.

b. Demographic data of research sample described by age groups:

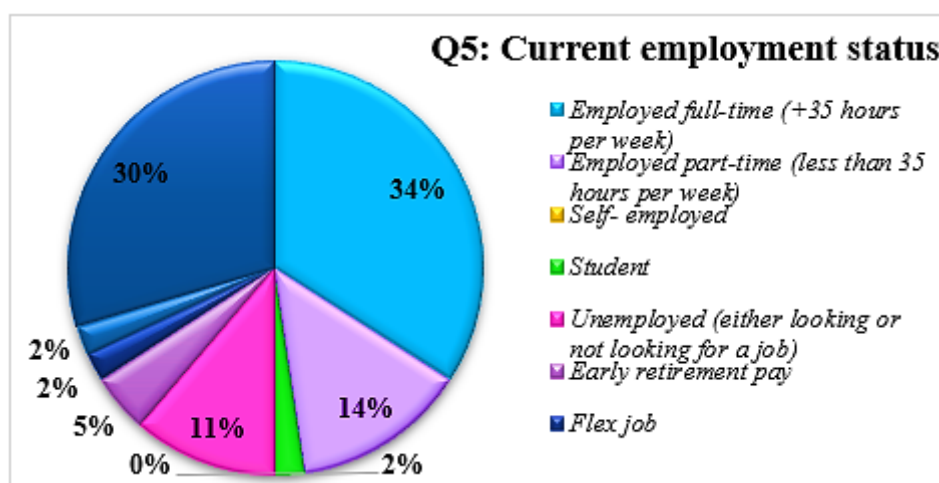


In relation to age, the biggest age group with 36% of the participants are <18 years old (n = 16). 34 % of the participants are between the age of 51-60 (n = 15), 18% are in the age category 41-50 (n = 8), 7 % in the age category 18-30 (n = 3) and 2 participants was between the age of 31-40 (n = 2).

c. Demographic data of research sample described by employment/education status:



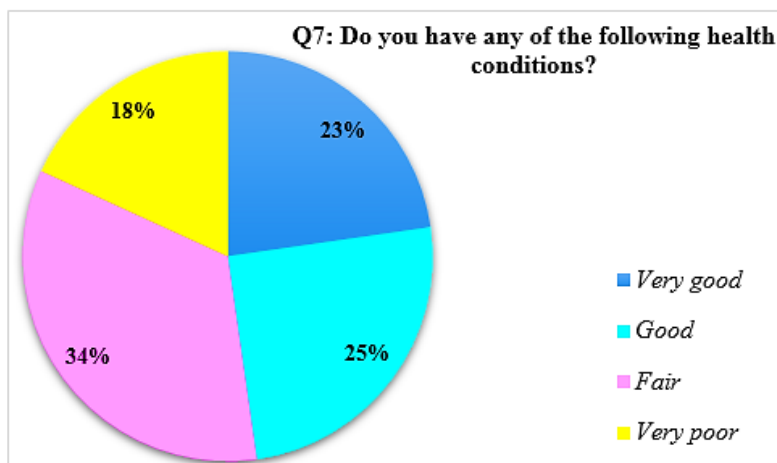
More than one third of our respondents holds a bachelor's degree ($n = 16$), a quarter have a high school education ($n = 11$), 16 % have a post-graduate education ($n = 7$), 14 % have a non-formal education ($n = 6$), and 9 % have primary- and secondary education (or equivalent) ($n = 4$).



In regard to current employment status, nearly half of the participants are employed full time (34%), one fifth of the respondents are employed parttime ($n = 6$), 11 % are unemployed (either looking or not looking for a job), 5% ($n = 2$) retired early and 20% are retired.

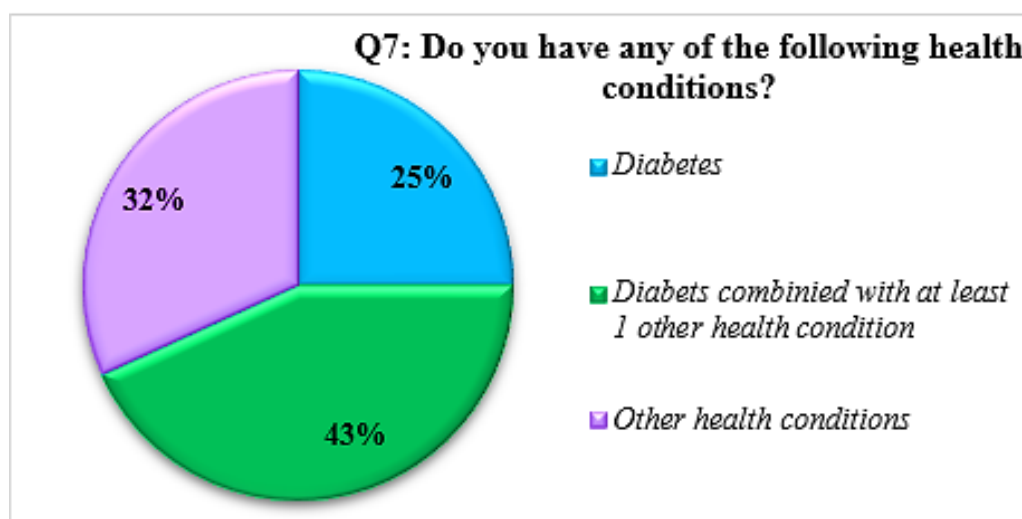
OVERVIEW OF GENERAL HEALTH ASSESSMENT

a. In general, how would you rate your health condition?

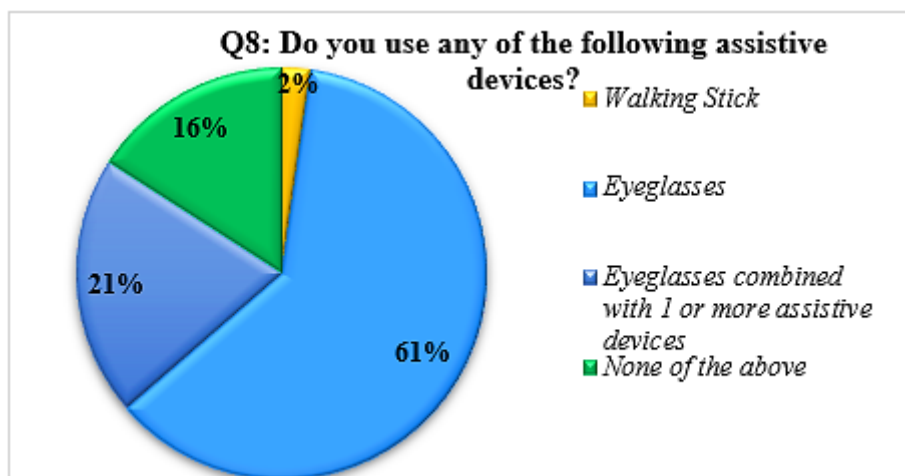


Our results revealed that most of the participants (34 %, n = 15) rate their own health condition as fair. One quarter perceived their health condition as being good (25 %, n = 11), and nearly another quarter rated it as very good (23 %, n = 10). Almost a fifth of the respondents rate their health condition as very poor (18%, n = 8). None of the participant rated their condition as excellent.

b. Do you have any of the following health conditions and do you use any of the following assistive devices?

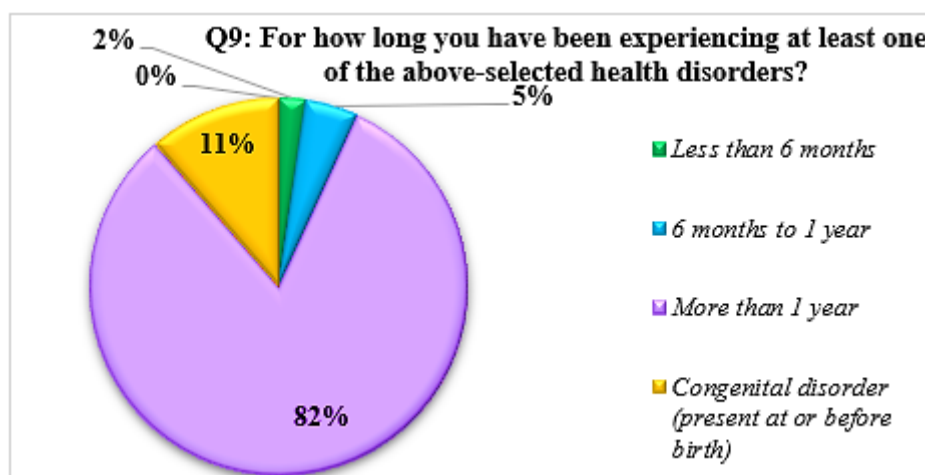


A great majority of the participants have diabetes combined with at least 1 other health condition (43 %, (n = 19)). Regarding this, the most frequent health condition combined with diabetes stated were blood pressure disorders (n = 11), asthma (n = 5), depression (n = 6).The respondents have diabetes only are (25%, n = 11). One participant had other health conditions (32 %, n = 14).



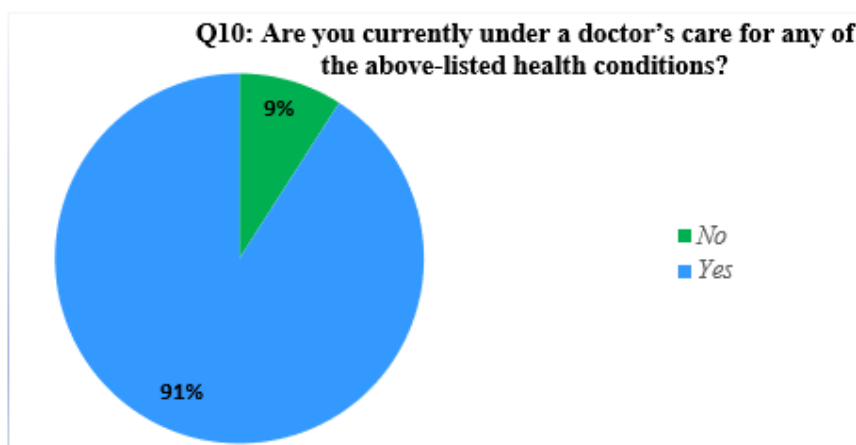
In relation to the use of assistive devices, more than a half of the participants use eyeglasses 61 % (n = 27). 20 % use eyeglasses combined with 1 or more assistive devices (n = 9). In this regard hearing aids were mentioned (n = 6). One participant uses walking stick, while another participant uses special footwear.

- c. For how long you have been experiencing at least one of the above-selected health disorders and are you currently under a doctor's care for any of the above-listed health conditions?

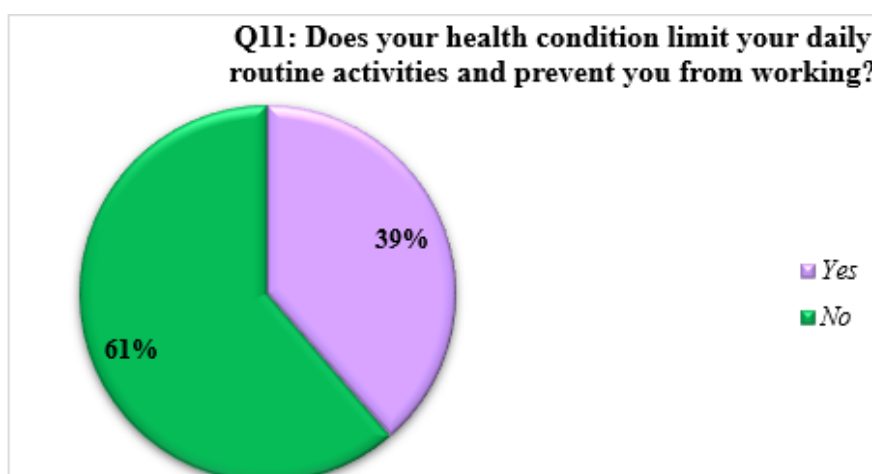


Most of our participants have been experiencing their health disorder for more than a year (82 %, n = 36) and 11% have had it present at birth/before birth (n = 5), two participants have had it in 6 months to a 1 year and one less than 6 months.

A great majority (91 %, n = 40) of the participants are under a doctor's care for the above-listed health conditions. 9 % (n = 4) were not under a doctor's care.

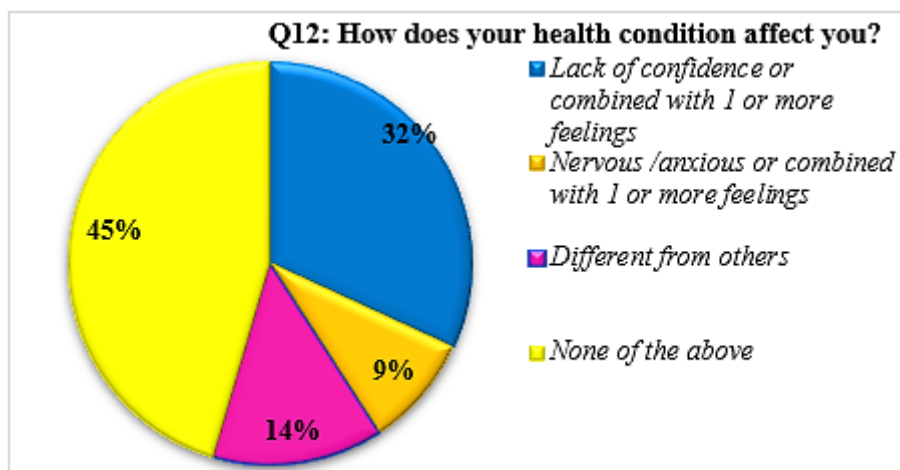


d. Does your health condition limit your daily routine activities and prevent you from working?



More than a half of the respondents (61%, n = 27) reports that their health condition doesn't stop them from working, where 39% (n = 17) say that it does.

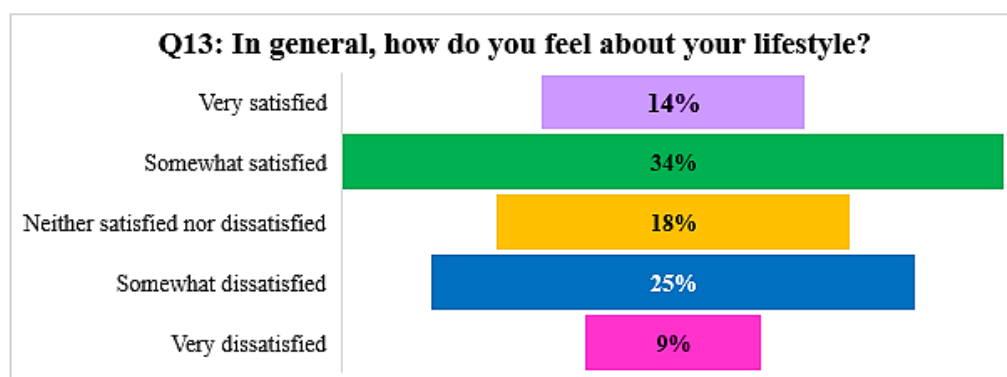
e. How does your health condition affect you? Does it make you feel any of below?



Almost half of the responses are in the category “none of the above” (n = 20). This could indicate that the provided options in the survey do not reflect how the target group perceive the impact of their health condition. Further, the provided options were only negative, showing that there is a possibility that the target groups health condition does not only affect them negatively. On the other hand, almost 45% answered that their health condition affected in more than one negative way: lack of confidence, nervous/anxious, different from others, isolated and excluded, other people will not respond positively (n = 18). Further 14% felt different from others (n = 6).

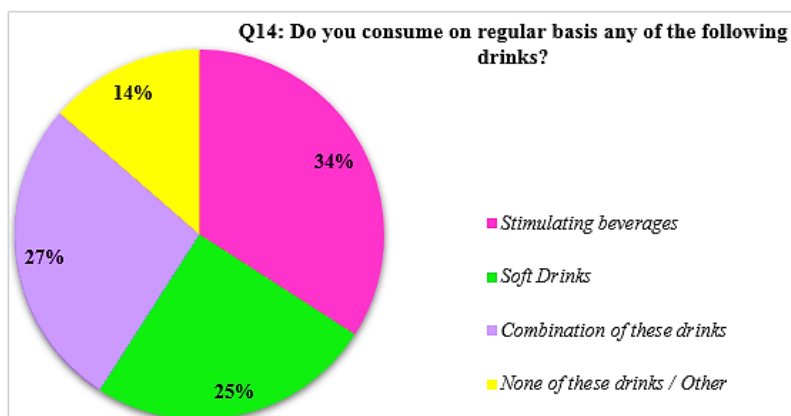
SPORTS PARTICIPATION AND HEALTH-RELATED QUALITY OF LIFE

a. In general, how do you feel about your lifestyle?

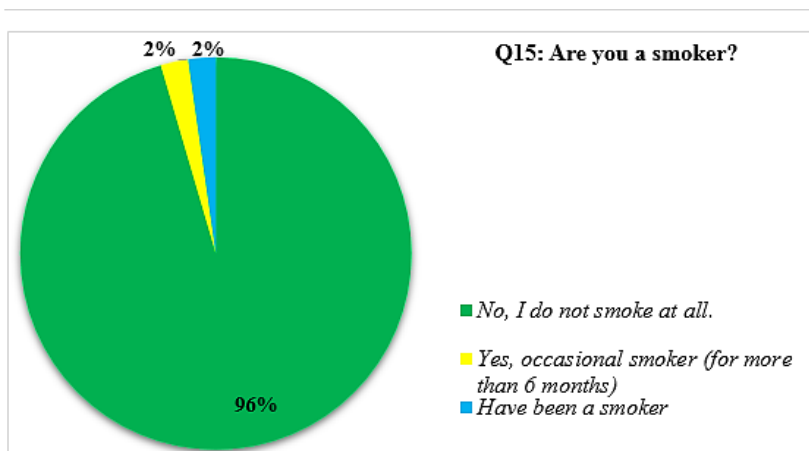


Most of the participants(34%) feel somewhat satisfied with their lifestyle. A quarter (25%) of the participants feel somewhat dissatisfied with their lifestyle. 18% feel neither satisfied nor dissatisfied with their lifestyle. 14 % (n = 6) were very satisfied and 9 % (n = 4) very dissatisfied.

- b. Do you consume on regular basis (one per day on average) any of the following drinks and Required to answer. Multiple choice. are you a smoker?

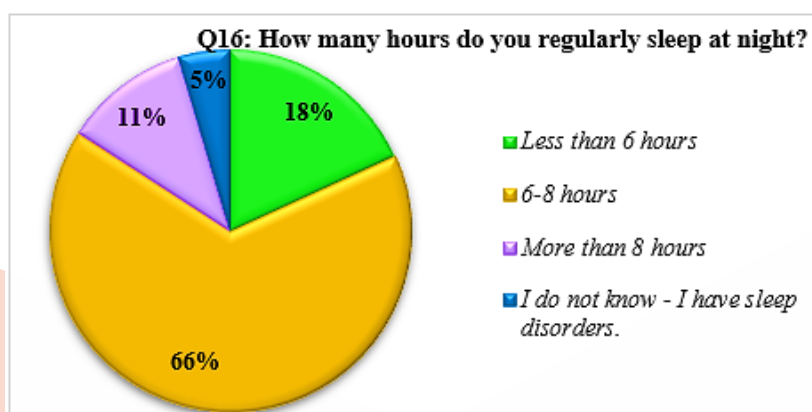


More than a third of the participants are tea or coffee drinkers ($n = 15$), with 27% of respondents consuming a combination of at least two categories of beverages ($n = 12$). A quarter of the respondents drinks soft drinks on regular basis ($n = 11$).

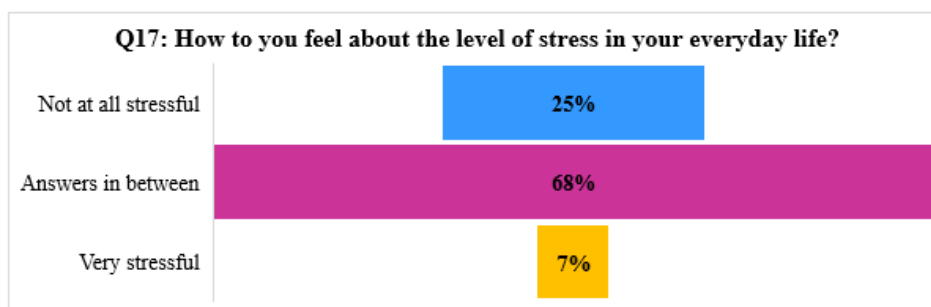


Regarding smoking, the vast majority do not smoke. One participant has been a smoker, and one participant smoke occasionally.

- c. How many hours do you regularly sleep at night and how do you feel? Required to answer. Single choice.

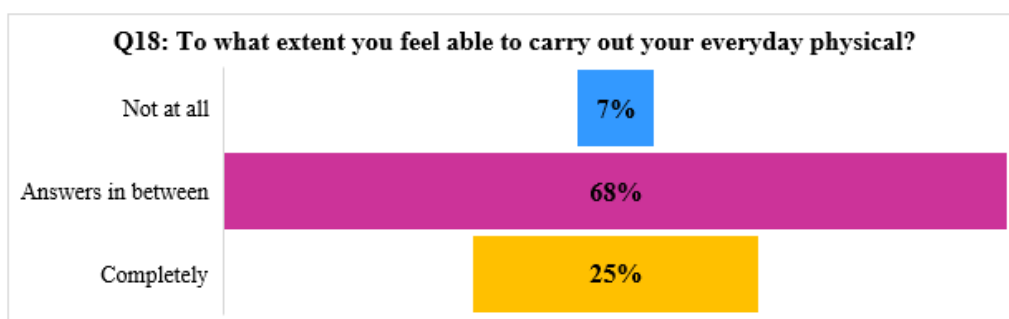


Most respondents (66%) sleep between 6 to 8 hours regularly (n = 29), with 18% sleeping less than 6 hours (n = 8) and 11% more than 6h (n = 5).



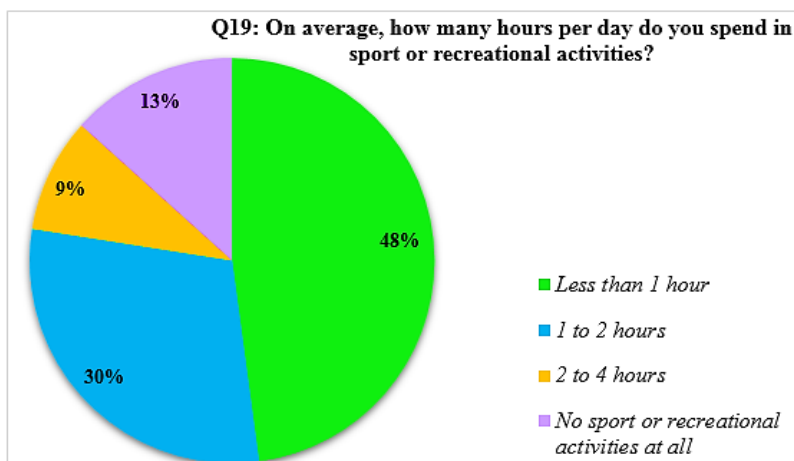
Regarding the level of stress, the participants are feeling in their everyday life, up to 68 % of participants are feeling something in between “not at all stressful” to “very stressful” (n = 30). This indicates that the participants are feeling some level of stress in their everyday life, but it is not possible to clarify to what extent. A quarter of the participants are not feeling stressed at all (n = 11). 7% (n = 3) are feeling very stressed.

- d. To what extent you feel able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, and going to work?

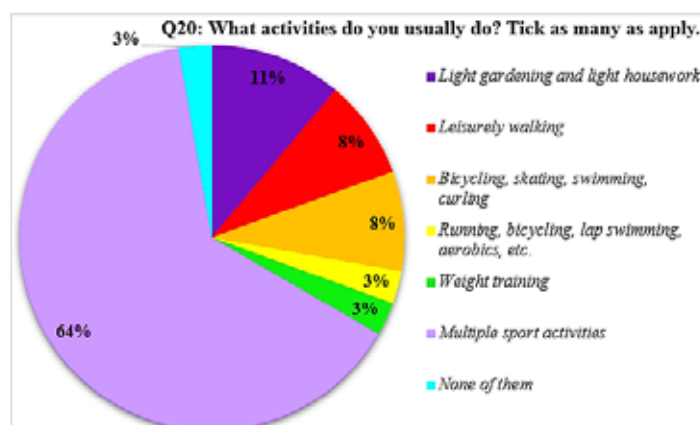


68% (n = 30) of our respondents answered that they are in between “not at all” and “completely”. 7% (n = 3) of the respondents declared a certain level of difficulty on carrying out every day physical activities. 25% (n = 11) of the respondents are completely able to carry out these activities.

- e. On average, how many hours per day do you spend in sport or recreational activities and what activities do you usually do?



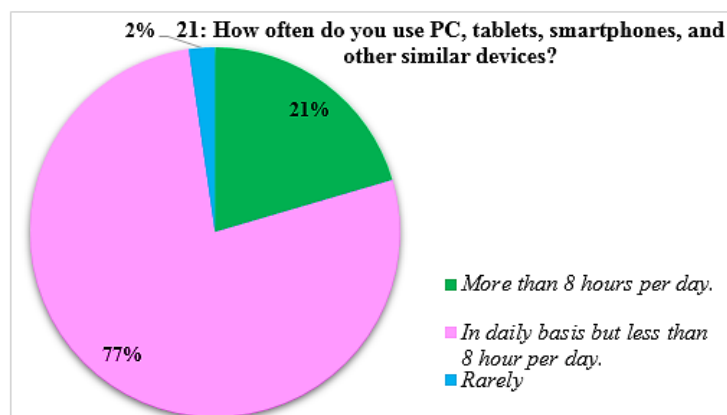
48% of the respondents spent less than 1 hour on exercise per day. 30% spent 1 to 2 hours on exercise per day and 13% do not exercise or do any recreational activities at all.



Most of the respondents (57%, n = 25) are usually doing light gardening and light housework with a combination of activity. 25% (n = 11) are usually doing leisurely walking or/and brisk walking, 9% (n = 4) are bicycling, skating, swimming, and curling, 5% (n = 2) are running, bicycling, lap swimming, aerobics etc. (n = 1) are only doing weight training and (n=1) are not doing any of the stated activity.

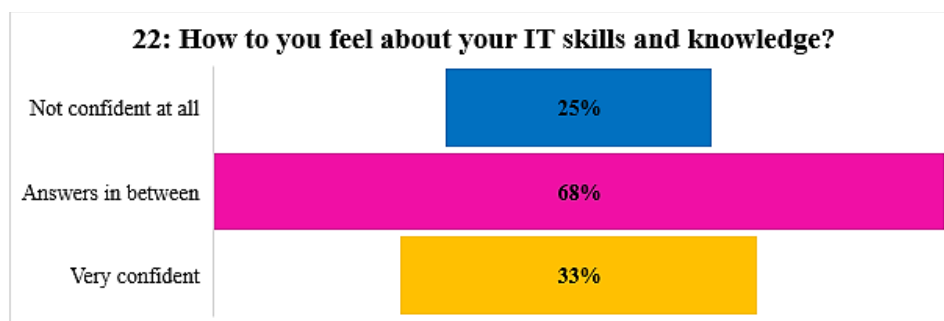
LITERACY AND INTERNET USE

a. How often do you use PC, tablets, smartphones, and other similar devices?



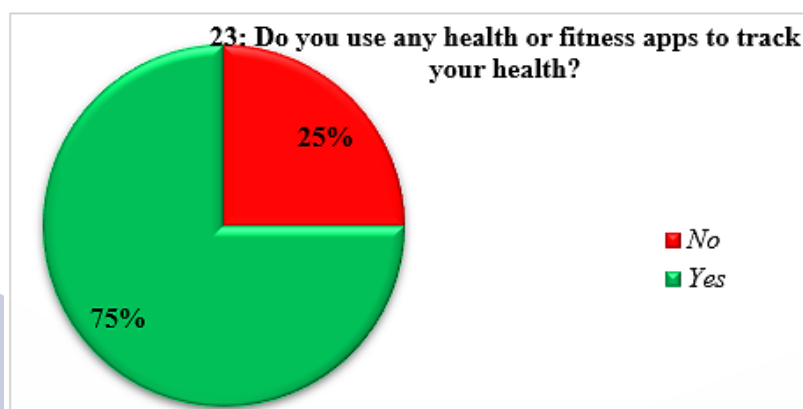
It is shown that 21% (n = 9) uses electronic devices more than 8 hours per day. 77% (n = 34) uses electronic devices on daily basis but less than 8 hours per day. Only 2% (n = 1) uses electronic devices rarely.

b. How to you feel about your IT skills and knowledge?

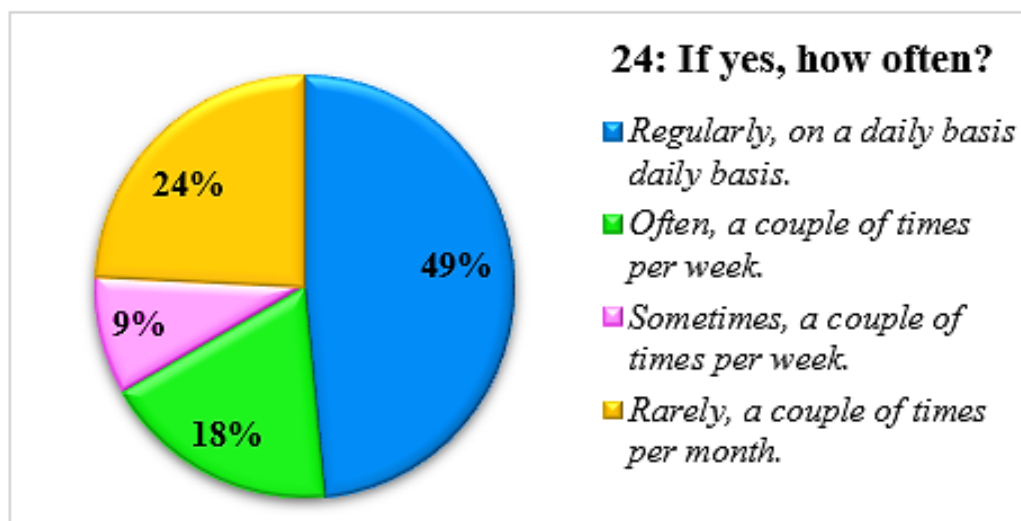


Only 33% (n = 15) of the participants feel very confident in their IT skills, most of the answer are in the “in between” category. 25% (n = 11) are not confident at all.

c. Do you use any health or fitness apps to track your health? If yes, how often?



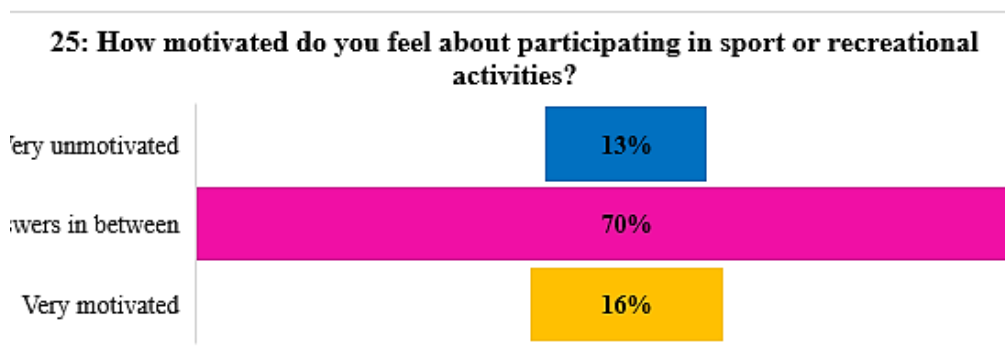
75% (n = 33) out of 44 respondents use health and fitness apps to track health.



Out of those, there are 25% (n = 11) that use apps to track their health on a daily basis, 18% (n = 6) use it often, 9% (n = 3) use it a couple times per week and 24% (n = 8) use it a couple times per month.

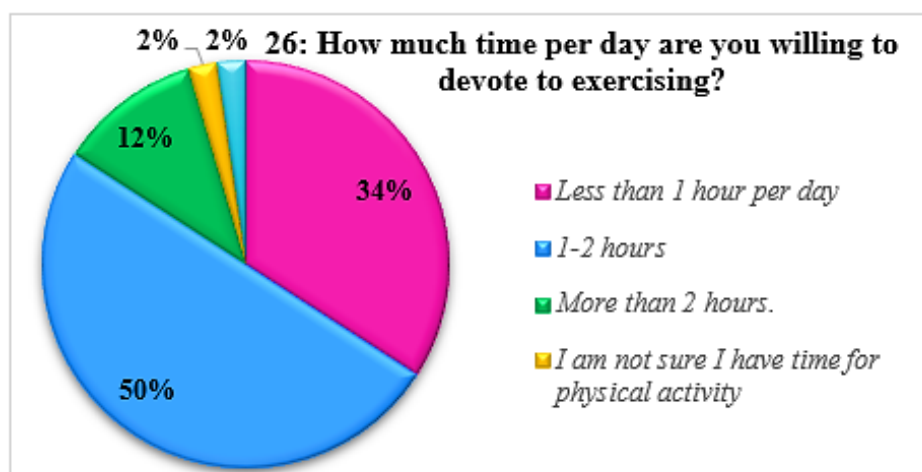
PERCEIVED BARRIERS & INCENTIVES TO A HEALTHY LIFESTYLE

a. How motivated do you feel about participating in sport or recreational activities?



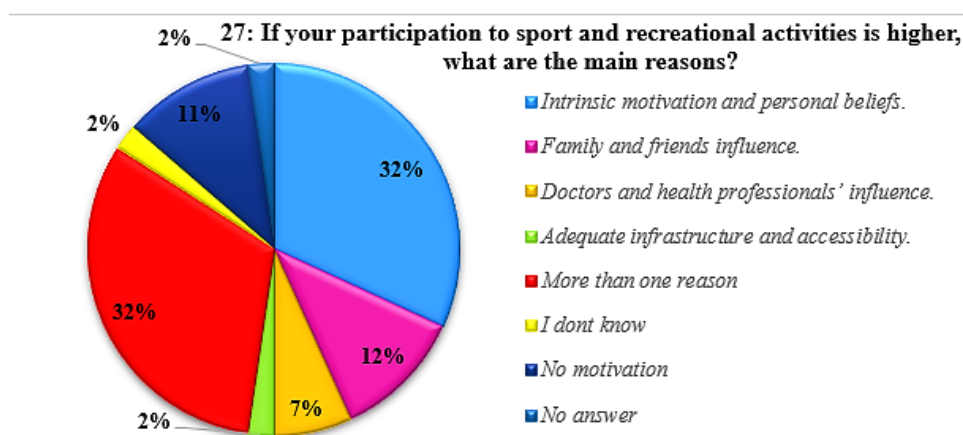
Most of our participants feel motivated to participate to some degree in sport activities. 16% (n = 7) feel very motivated, 13% (n = 6) feel very unmotivated and 70% (n = 31) are in between very motivated and unmotivated.

b. How much time per day are you willing to devote to exercising?



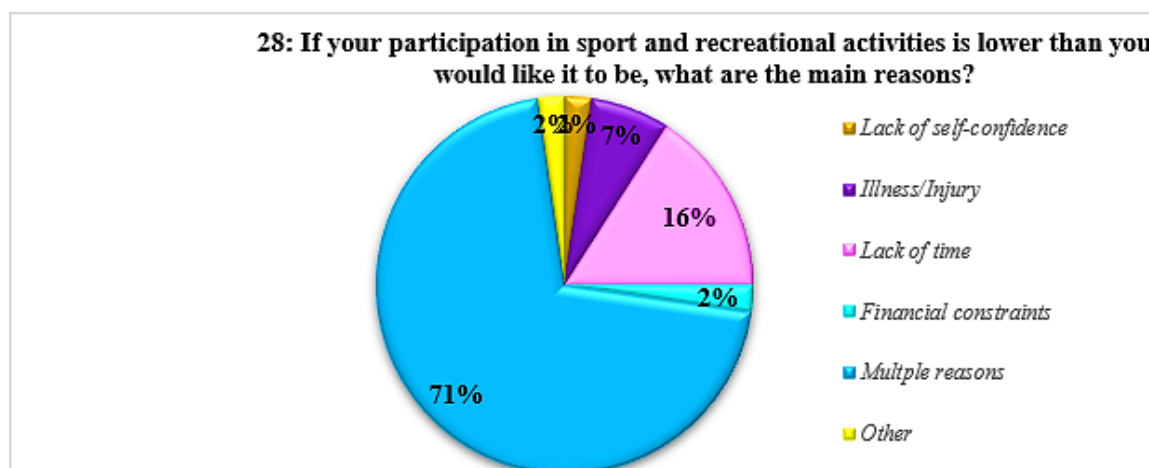
50% (n = 22) are willing to devote 1 to 2 hours to exercise. Second highest number (34%, n = 15) are willing to dedicate less than an hour a day, followed by more than 2 hours and not sure they have time for physical activity.

c. If your participation to sport and recreational activities is higher or lower (than you would like it to be), what are the main reasons?

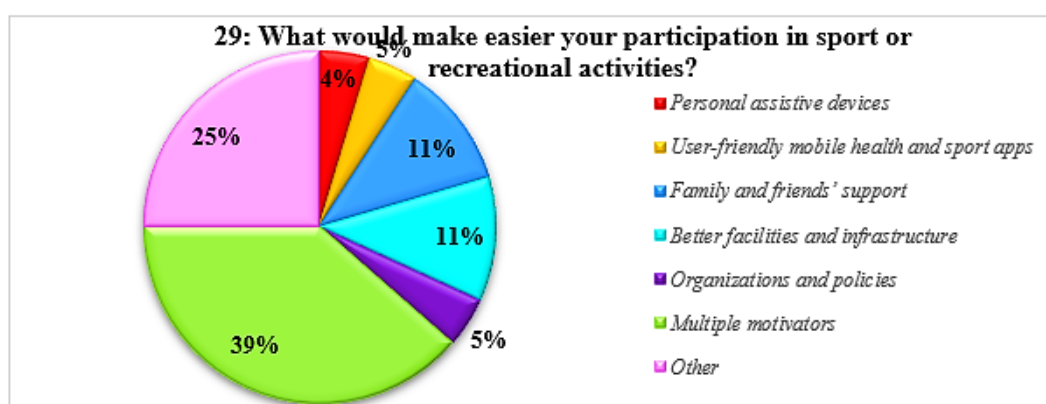


The biggest motivation for participation is a combination of reasons (32%, n = 14), most of the answers contain intrinsic motivation, personal beliefs, family and friends influence and doctors and health professionals' influence.

On the opposite side, the main obstacles are again a combination of reasons (71%, n = 31), lack of time (16%, n = 7) and illness/injury (7%, n = 5).



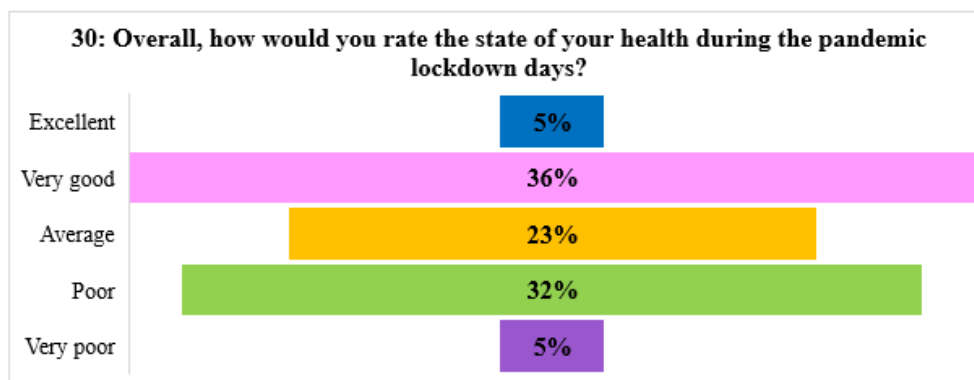
d. What would make easier your participation in sport or recreational activities?



Our survey showed multiple factors that could motivate people with type-2-diabetes to exercise (39%, n = 17). One of the biggest motivators are personal assistive devices followed by better facilities and infrastructure.

COVID-19 PANDEMIC OUTBREAK & WELL-BEING

a. Overall, how would you rate the state of your health during the pandemic lockdown days?



Our participants overall reported within the range of very good and poor. Only 5% (n = 2) are excellent and very poor.

b. What would help you maintain a better level of physical and mental well-being during the COVID-19 pandemic?

Our country results showed that people would prefer:

- Being in a community and having social interactions
- Exercising
- Less corona restrictions

c. Do you have any other comments about how the COVID-19 pandemic is impacting upon your well-being and physical activity and what kind of support you would need?

The survey shows that for most participants, COVID-19 has no impact on well-being and physical activities. The reason might be that in Denmark, the COVID-19 restrictions are not as strict as many other countries. It is still allowed to walk outdoors in Denmark.

3.5. Slovakia

3.5.1 Desk Research Overview

Part 1: Overview on disabilities perception, definition and statistics in your country.

a. *How are the above-listed disabilities perceived/defined in your country?*

Slovakia identifies fixed categories of PwD (RedakciaÚPVS, 2017):

- Physical disability- disability of the locomotor organs, includes people with reduced mobility.
- Visual impairment- permanent visual failure (blind, tender-eyed, partially blind people and people with bipolar vision disorders).
- Hearing impairment- partially or completely deaf.
- Chronic diseases and disabilities- incurable diseases such as diabetes, celiac disease, hemophilia, sclerosis multiplex, etc.
- Mental disability- permanently reduced mental abilities causing impaired exchange of information with the environment, problems with self-service activities, or certain situations in society.
- Psychological disability- incurable mental illnesses affecting the emotional side, experience, behaviour, while the intellect of the disabled remains intact.
- Combined disabilities- several types of disabilities at once.

Each of the categories includes a specific list of disabilities with a set percentage (Národná Rada Slovenskej republiky, 2020). The no. of expresses the rate of functional impairment and the extent to which the disease limits the functionality of the organism/person. With regards to the disabilities, that will be taken into consideration in this project, the percentages of impairment are as followed:

- migraine (90-100%), depression (from mild 10% to severe 90-100%), post-traumatic stress disorder (light 20% to severe 80%),
- diabetes (depending on the type 20-80%), obesity (50%),
- psoriasis (depending on the type 30-60%),
- blindness (90%), low vision (up to 80%), hearing impairment (70-80%),
- anemia (10-20%), asthma (depending on the severity up to 80%), arthritis (10-40%),
- locomotor with or without other limitations/disabilities (up to 80%), lower back pain (10-50%) sciatica (10-40%).

A person with a disability is a person who is physically or mentally disadvantaged for the foreseeable future- 12 months and more. The most common representation of PwD among the public are the "severely disabled". This title includes people with a limitation of physical and sensory or mental abilities of at least 50% of functional impairment (RÚPVS, 2017).The overall perception is that PwD are seen as less in our society, simply because

our public spaces aren't set up to accommodate them so, we don't usually see them in public spaces, shops or public transport. For instance, while they are allowed to study at universities, most of the buildings do not have elevators or barrier-free access, so a lot of them choose not to attend. Same goes for postal offices, transport stations etc. Even though PwDs do not view themselves and their handicaps as something extremely negative, the general public doesn't know how to act around them, so they purposely avoid contact with them (Malysová, 2017).

b. Which are the most common (pressing) disabilities in your country? Please provide statistics for each type of disability (including their health indicators and implications to the lifestyle of PwDs).

There is no uniform national statistic, or number/percentage of how many PwDs of various kinds and degrees there are in Slovakia. Different legal systems and subsystems "look" at PwD from a different point of view and for a different purpose using their own assessment criteria, to determine whether someone qualifies for a form of benefit, support or services.

- For education purposes (children or pupils with special educational needs, which are caused by health disadvantages of disabilities, but unfortunately not closer classified), the number is 47 000 people (Repková et al., 2012).
- For the provision of an invalidity pension under the social insurance system (includes people based on the percentage decrease in their working ability, with the critical limit being a 41% decrease) the number is 230 000 people (Repková et al., 2012).
- The overall estimate of PwD (ranging from moderate, to the most severe disabilities) in Slovakia is around 34% (Sidor et al., 2015).
- The most common definition that people think of, when you mention the words PwD are the "severely disabled" (concerning people of the whole age spectrum and all types of disabilities, that have an above 50% decrease in physical and sensory or mental abilities) with 448 000 people. This represents approximately 8% of the total population in Slovakia, with a higher prevalence among women (58% to 42%) and 60% with people of age 62 years old and older (Repková et al., 2012). This is also the most pressing disability category in Slovakia (or rather the closest to this definition), since our country doesn't collect this type of data.

c. Please provide quantitative data on the number of PwDs that participate in sport activities in your country.

As we mentioned before, PwDs aren't centralized in our country, in the sense of, we don't have specific numbers available. However there have been a few studies and data collections that indicate these numbers in percentages. Almost 48% of PwD (Psychological disability 5%, Mental disability 1%, Sensory impairment - visual and auditory disorders 10%, Physical disability 84%) actively exercised in the last 5 years, meaning performance on average at least once a week. It is also worth noting that most of these respondents are people who were either born with a certain type of disability or have had it for at least 5 years. Compared to this, 47% of people in the control group of individuals without a disability work out at least once a week. Taking these numbers into consideration, we can draw the conclusion, that the disabled community in Slovakia works out as much as people without disabilities. For reference, Slovakia has just under 5 and a half million residents (Sidor et al., 2015).

Is there any support from public authorities or other relevant stakeholders to promote healthy lifestyle and inclusion to sport activities for PwDs?

- Official authorities include (Sidor et al., 2015):
 - The Government of the Slovak Republic- creates conditions for the official sport representation, finding and training sports talents, children sports, pupils and students and also for the construction of sports infrastructure of particular importance (this category also includes athletes with physical disabilities and mental handicaps).
 - Ministry of Education, Science, Research and Sports of the Slovak Republic- supervises sports financing and the information system around it, coordinates and supervises the implementation of the National Sports Program, creates conditions for the discovery of new talents, ensure cooperation with national sports federations, supports education and training in the field of sports and approves the Unified Education System of Sports Professionals, supports the organization of major international sporting events;
 - In 2015 a new law entered into force, which states that the Ministry of Education will provide an annual contribution to the sport of the handicapped in the amount corresponding to 3.5% of income.
 - Territorial self-government bodies- ensures the use of sports facilities in secondary schools and sports infrastructure owned or managed by the self-governing region for sports for all and youth sports, foremost regarding the operating costs and creates conditions for the implementation of sports for all, including sports for the disabled.
- Non-state authorities:
 - Slovak Olympic Committee,
 - Slovak Paralympic Committee:
 - Slovak Association of Physically Handicapped Athletes,
 - Slovak Deaflympic Committee,
 - Slovak Association of Athletes with Mental Disabilities,
 - Section of Blind and Visually Impaired Athletes of Slovakia, Association of Visually Impaired Athletes,
 - Slovak Special Olympics Movement,
- National sports federations,
 - Sports clubs.

Part 2: Assessing the access of PwDs to health, education and other relevant services in your country:

a. Which are the main stakeholders facilitating the access of PwDs to health, education and other relevant services in your country?

The main one is the specific Ministries (as mentioned before). But we also have different associations and non-profit organizations.

b. Is there a well-defined legal framework in your country ensuring the inclusion of PwDs and protecting their rights?

Slovakia has a very good framework of laws, that protect PwD. These include:

- Act no. 447/2008 on Financial contribution for compensation for severe disability.
- Regulation of the Government of the Slovak Republic no.172/2019, which sets the financial compensation for one hour of personal assistance for the disabled and the amount of financial compensation for care allowance.
- Measure of the Ministry of Labor, Social Affairs and Family of the Slovak Republic no.7/2009, which establishes the list of construction works, building materials and equipment and the maximum discount amounts taken into account for PwD.
- Act no. 448/2008 on Social services and Trade Licensing (Trade Licensing Act).
- Act no. 305/2005 Coll. on the social legal protection of children and on social guardianship and on the amendment of certain laws,

As you can see, Slovak laws are written in a way that ensures equal right and opportunities to all its citizens (MPSVR SR, n. d.).

c. Please list the health services provided to PwDs in your country?

PwDs have access to a specialized doctor (in accordance to the severity and type of disability) and special medical help (counseling, psychologists). Slovakia also has a lot of natural healings springs and these have health resorts/medical wellnesses build around them. PwDs have a right to these kinds of treatments, which a special doctor (and since 2015 also a general practitioner) can prescribe (Szabó, 2015). They are divided into two categories (RedakciaNPZ, 2020):

- Category A:
 - includes post-operation patients, asthma and skin disease patients, neuromuscular degenerative diseases, some nerve diseases (paralysis),
 - fully covered by public health insurance.
- Category B:
 - chronic diseases not mentioned in previous category, diabetes,

- partially covered by public health insurance.

d. Which are the main community-based services, technical aids and assistive devices offered to PwDs in your country?

According to our laws, PwDs have also access to (Cangár et al., 2016):

- Outpatient social services,
- Nursing care facilities.
- Rehabilitation centers.
- Social service homes.
- Specialized facilities
- Day stays (a facility with during-the-day care).
- Home care service, transport service, guide and reading service, interpreting service and its mediation.

Regarding the technical aids, the Ministry puts out a new list every 3 months, which has more than 4 000 items (these include everything from bandages to wheelchairs. The more prominent ones or rather the ones that get a significant financial contribution are (MPSVR SR, 2019):

- Wheelchairs (from basic mechanical ones, up to specially adapted ones with electronical control).
- Hearing aid.
- Dog with special training (leading, assistance, signal).
- Household appliances (automatic laundry machine, special microwave, electric mixer etc.).
- Special watch, phone and alarm clock for the blind and deaf, audio player and typewriter.
- Tyflosonar (a device which makes it possible to identify obstacles by an acoustic signal)
- Portable ramp.
- Different kinds of canes and crutches.
- Orthoses and prostheses.

All of these (as well as the amount of financial aid) are determined based on the severity of the disability.

e. Which are the main educational services offered to PwDs in your country?

According to our laws, everyone has the right to receive education, since school attendance is compulsory. People with disabilities have the right to special assistance regarding the preparation for future work opportunities. The state is obliged to create conditions for improving the education of children and young people with special educational needs and increase the availability of tools to support them (e.g. higher financial standards, special training programs, aids, procedures, teaching assistants, school facilities for educational counseling and prevention). The education of children and young PwD is provided within the framework of

special or integrated education. From pre-school to secondary school, the majority (58%) are educated within the system of special education, especially in preschool (70%: 30%). A better balance (56%: 44%) of both models is represented in special and integrated schools of the first level of education. Integrated education takes two forms: individual integration of an individual pupil in a regular classroom and integrated classes of pupils with some kind of disability, in a regular school. Children with developmental learning disabilities and children with a mental disability are most often educated in an integrated way. For the purpose of supporting young people with disabilities and their interest to study at (regular) universities, special funds are set up and there are coordinators available to support them (Repková et al., 2012).

f. *Are there any other public services (such as free/discounted public transportation, dedicated facilities at public environments) provided to PwDs in your country?*

A severe PwD (at least 50% of functional impairment) has the option to file for a special permit or pass, that allows them certain advantages or discounts, these include:

exemption from concession fees, tax reduction, resp. exemption from tax on buildings or flats,

- exemption from administrative fees,
- providing a better loan for the purchase or construction of an apartment,
- exemption from payment of a motorway toll,
- discounts on the use of urban, interurban, national and international public transport,
- discounts at cultural and sporting events,
- and other discounts specifically governed by applicable law (depending on the specific public sector).

We also have a special parking pass that PwD can get, that allows them to park at special marked out parking spots- most restaurants, shops, etc. have two or three special parking spots that are the closest to the door and have a barrier free access to the entrance (RÚPVS, 2017).

Part 3: External and internal barriers to participate into sport activities:

a. *Which are the main internal barriers that prevent PwDs in your country from participating in sport activities?*

They feel misunderstood, because their surroundings perceive their health disadvantage as something unknown and unfamiliar. PwD feel that because of this they will not feel welcomed or that people might stare at them, which might make them feel uncomfortable. This then easily gives space to the creation of prejudices and misunderstandings. They acknowledge the problem of limitations in reduced quality of their life, meaning that not all sport facilities have reserved parking or a barrier free entrance and even if they do, it's not always build in the most practical way, which might lead to PwD just deciding to not participate in sport activities overall, because it just requires too much effort (Sidor et al., 2015).

Which are the main external barriers (accessibility, education, social barriers, motility, etc.) that prevent PwDs in your country from participating in sport activities?

The PwD community, along with the non-disabled community agree that the most pressing issues (in the order below) are (Sidor et al., 2015):

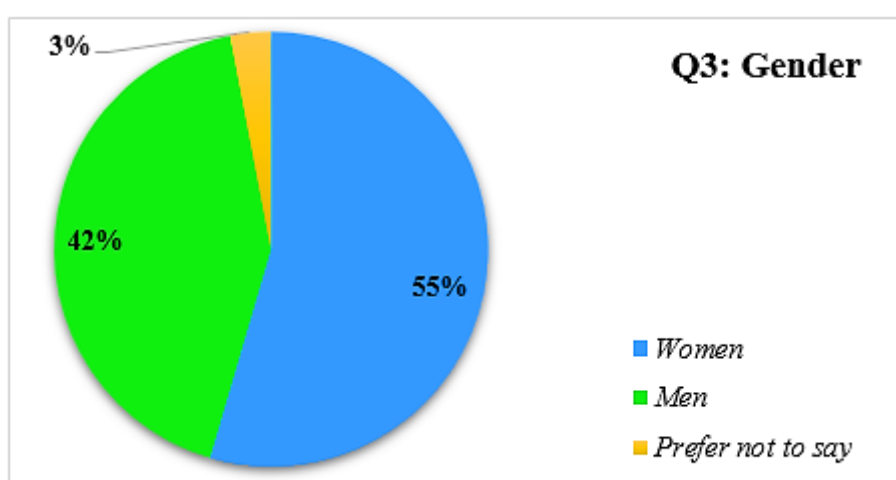
- Finances (including contributions, subsidies, projects and EU support).
- Need for more accessibility to sport facilities.
- Better information and education of the general population on disabilities.
- Need for legislative support (simplification, improvement, participation of disabled people in the making of legislation).
- Need to promote employment (employability)- the 5% level of recommendations exceeded expectations of tolerance and respect (including other people's attention, respect, consideration and understanding).

3.5.2. Online Survey Findings

DEMOGRAPHIC DATA

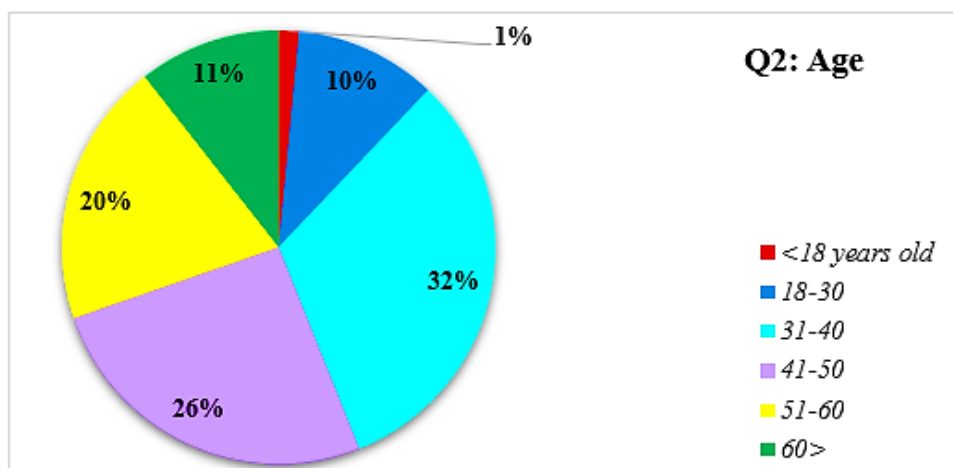
This section analyses the various demographic characteristics of the respondents by providing supporting figures (graphics). In the online research a total number of N=66 respondents from Slovakia completed the questionnaire.

a. Demographic data of research sample described by gender:



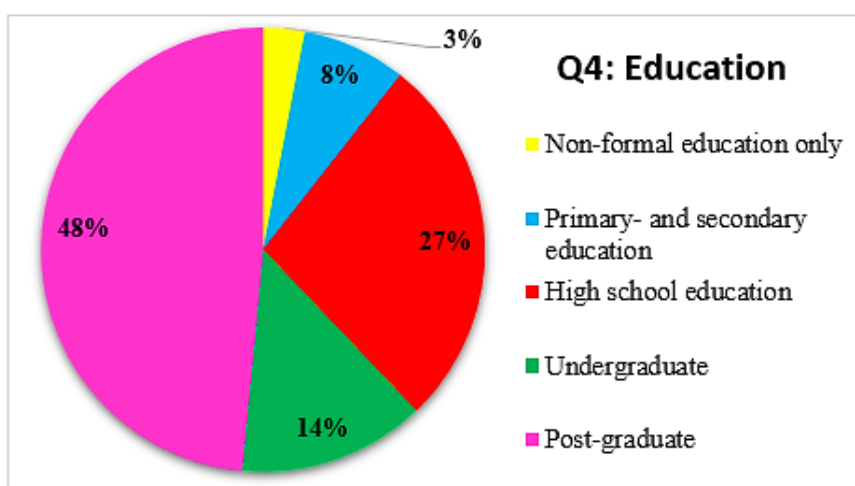
Out of our 66 participants, 36 were women, 28 men and 2 participants preferred not to say.

b. Demographic data of research sample described by age groups:



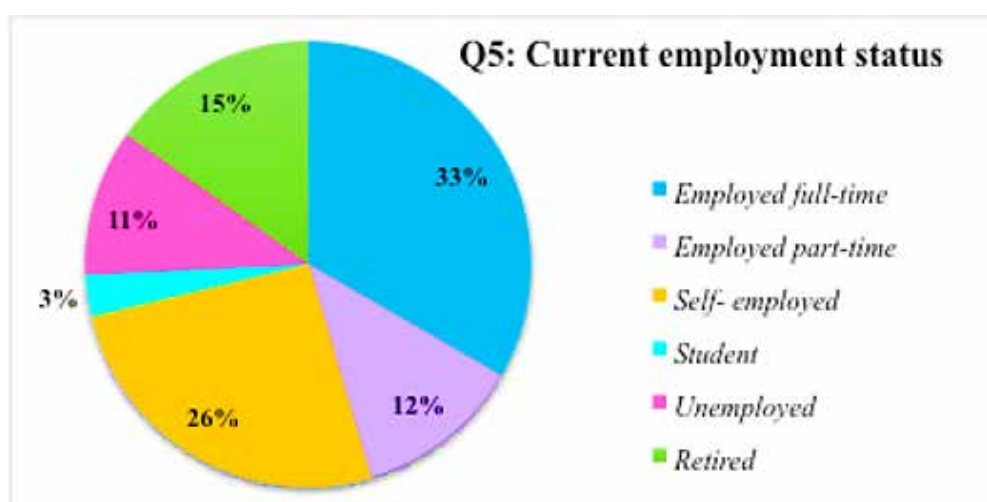
In regards to age, the biggest group of participants were in the 31-40 category (n = 21), 26% were in the 41-50 age category (n = 17), followed by 51-60 (n = 13), 60+ (n = 7) and one participant was under 18 years old.

c. Demographic data of research sample described by employment/education status:



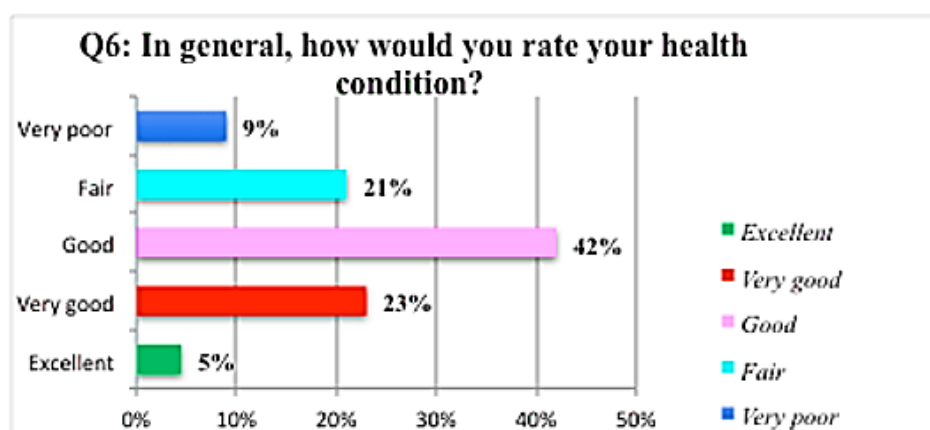
Almost half of our respondents have a post-graduate education, a little over a quarter have a high school education, 14% have an undergraduate education, 8% have a primary or secondary (or equivalent) education and only two participants have non-formal education.

One third of our respondents are employed full time (n = 22), a little over a quarter are self-employed (n = 17), 15% of them are retired (n = 10), we had almost the same number of respondents that are unemployed (n = 7) and employed part-time (n = 8), and only two participants were students.



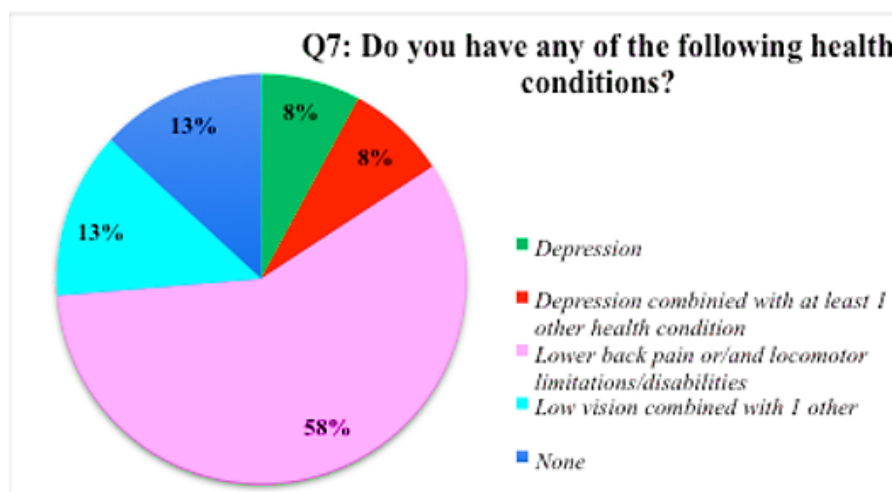
OVERVIEW OF GENERAL HEALTH ASSESSMENT

a. In general, how would you rate your health condition?

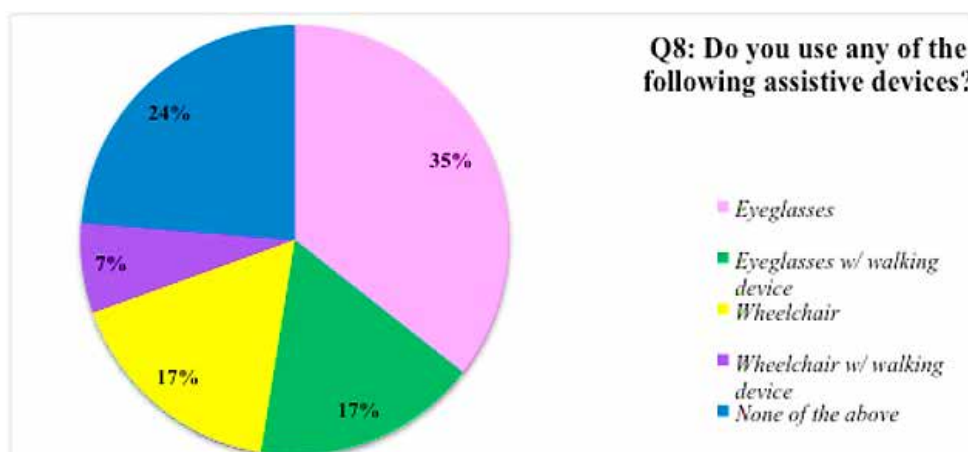


Our results showed that almost half of our respondents rated their health condition as Good, almost a quarter as Very good, with Fair having approximately the same number of responses. Extremes as Excellent and Very poor had only a few percent, with 5% and 9% respectively.

b. Do you have any of the following health conditions and do you use any of the following assistive devices?

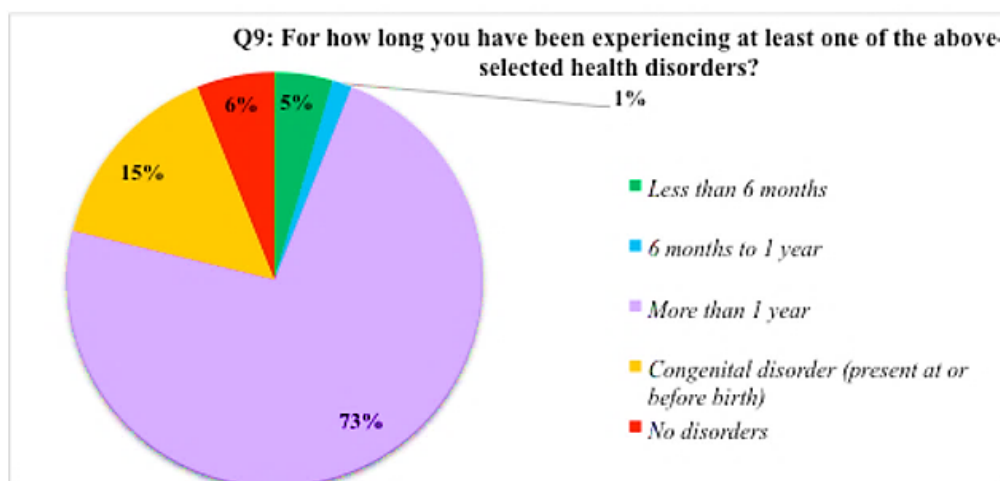


We gathered a big variety of responses regarding different health conditions of our respondents and decided to graphically present the most common ones. In a more simplified manner, the reappearing ones were: depression (our target group), none of the mentioned conditions, locomotor, lower back pain and low vision. We would specifically like to point out a surprising discovery – almost all “depression” respondents also suffer from a migraine, low vision or lower back pain.

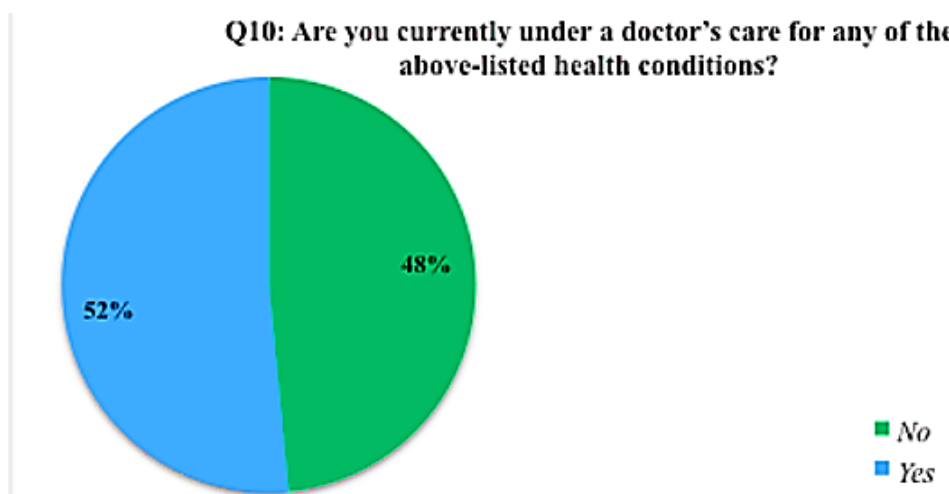


Over one third of respondents use just eyeglasses (n = 21), either alone or with a waling device (n = 10). Worth mentioning is also the use of a wheelchair (n = 10), again either alone or with another walking device (n = 4). Almost one quarter answered that they don't use any of the mentioned assistive devices (n = 14).

- c. For how long you have been experiencing at least one of the above-selected health disorders and are you currently under a doctor's care for any of the above-listed health conditions?

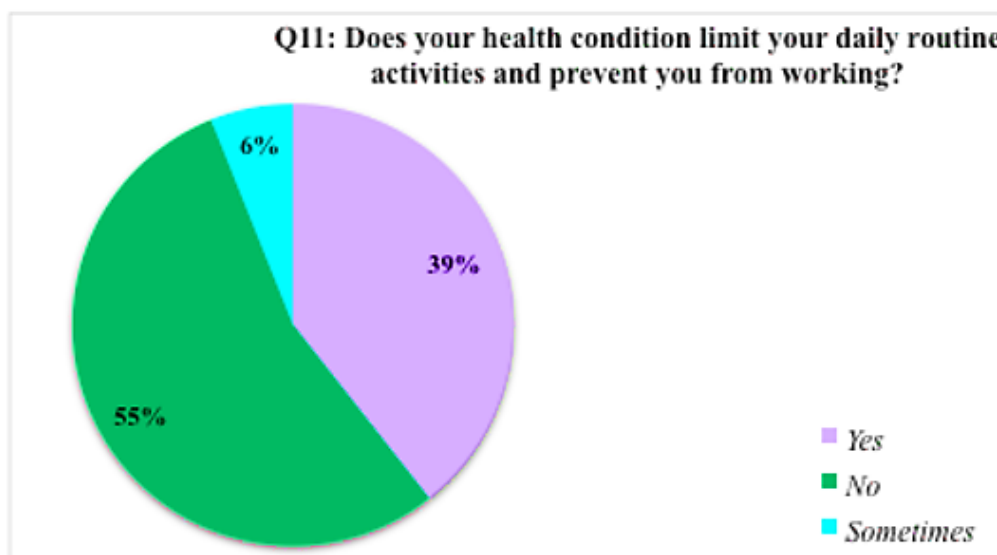


Most of our respondents have been experiencing their health disorder for more than a year ($n = 48$) and 15% have had it before birth/present at ($n = 10$). Based on this data we can safely say that the responses that we collected are thought out and not just an emotional reaction to an injury or a life situation.



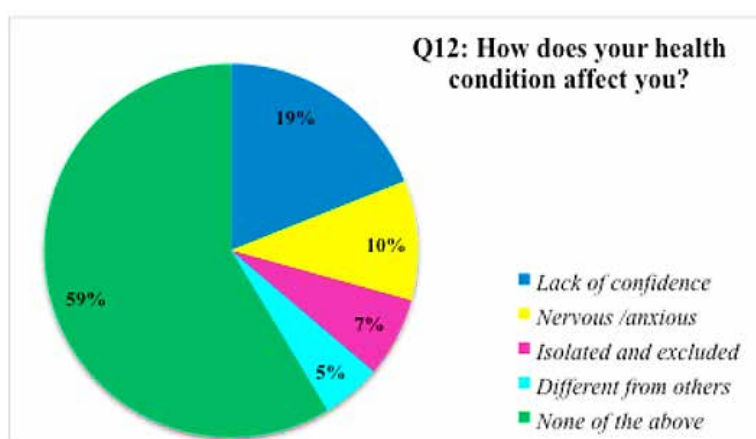
The split between being under a doctor's care for any of the conditions is almost equal, with 52% answering positively ($n = 34$) and 48% answering negatively ($n = 32$).

d. Does your health condition limit your daily routine activities and prevent you from working?



Over half of our respondents (n = 36) say that their health condition doesn't stop them from working, on the other hand 39% said that it does (n = 26) and a small percentage said that it does sometimes (n = 4), which could be contributed to them having a condition that id not permanent and only occurs sometimes.

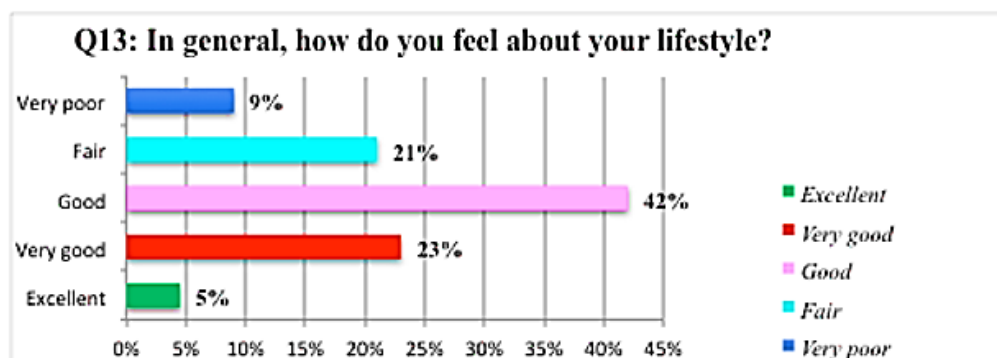
e. How does your health condition affect you? Does it make you feel any of below?



Almost 60% of the responses were "none of the above" (n = 34). All of our provided options were formulated in a negative light and it is possible that PwD just don't view their disability in such a negative light and hence the high no. of responses. On the other hand, almost 20% answered that it makes them lack confidence (n = 11). Other answers worth mentioning are nervousness (n = 6), isolation and exclusion (n = 4) and difference from others, which was only 5% (n = 3).

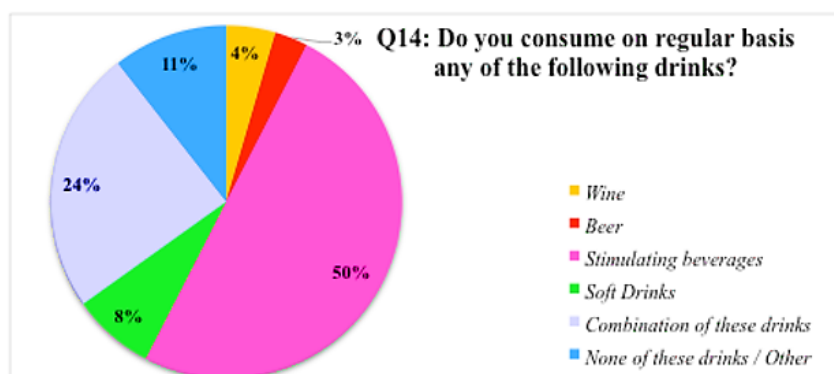
SPORTS PARTICIPATION AND HEALTH-RELATED QUALITY OF LIFE

a. In general, how do you feel about your lifestyle?

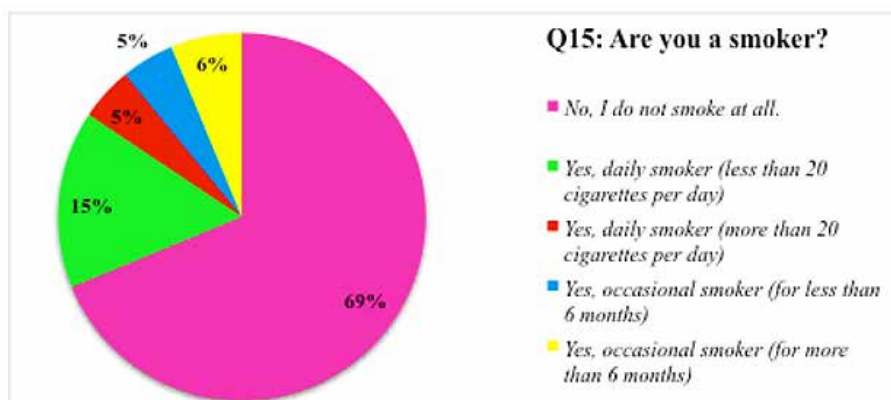


Most of our respondents feel somewhat satisfied or neither satisfied nor dissatisfied. The other two limit values were in a relatively small percentage, which is a good sign, that overall PwD don't perceive their lifestyle as negative.

b. Do you consume on regular basis (one per day on average) any of the following drinks and are you a smoker?

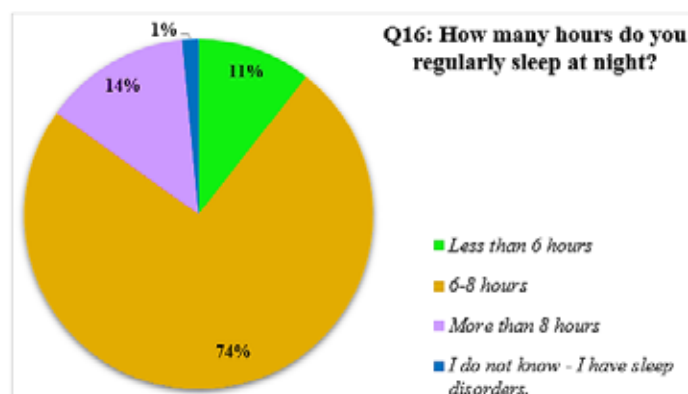


Half of our respondents are tea or coffee drinkers (n = 33), with 25% of respondents enjoying a combination of at least two categories of beverages.



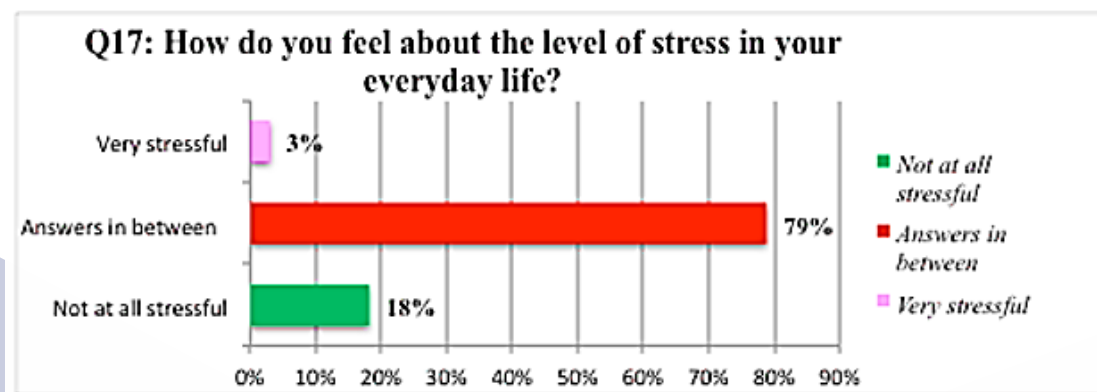
An overwhelming no of respondent are non-smokers ($n = 44$) with 15% being daily smokers ($n = 10$). The other categories had negligible percentages.

c. How many hours do you regularly sleep at night and how do you feel? Required to answer. Single choice.

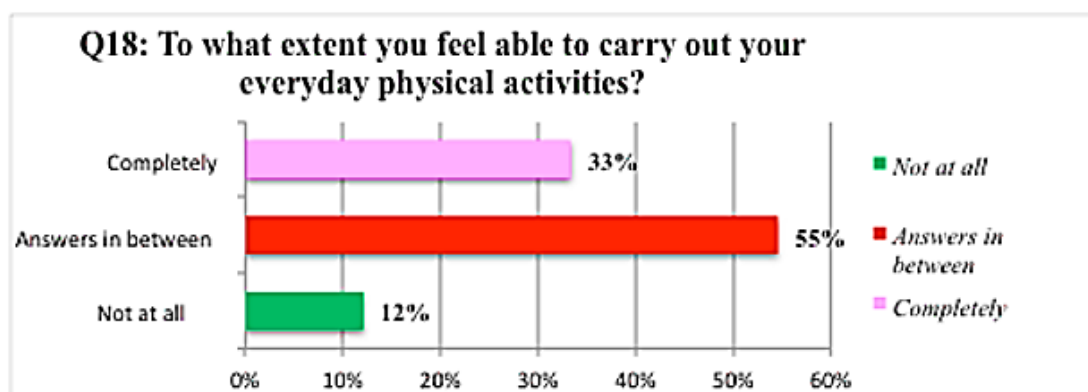


Most respondents sleep 6 to 8 hours a day ($n = 49$), with 14% sleeping more than 8h ($n = 9$) and 11% less than 6h ($n = 7$).

Most of the answers were in between, up to 80%, regarding the stress level in their life. This can be perceived as having some level of stress in their life. Only 3% answered that they feel very stressed.

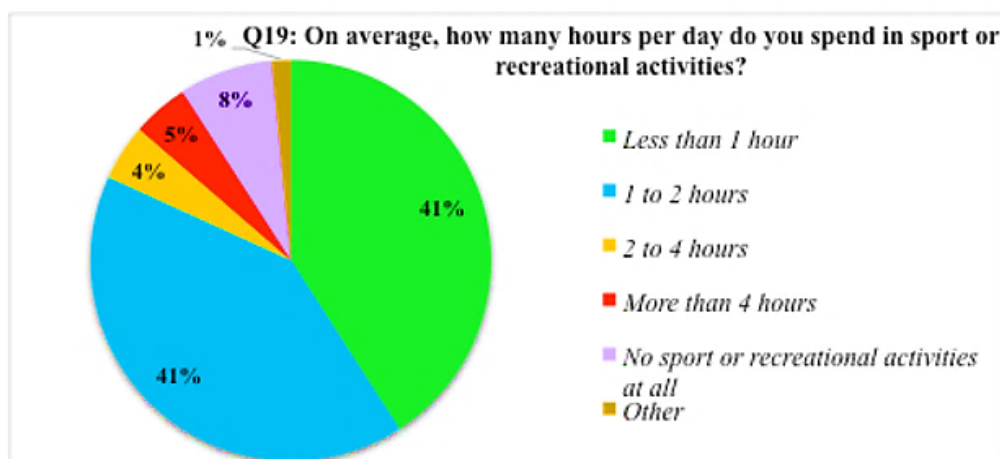


- d. To what extent you feel able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, and going to work?



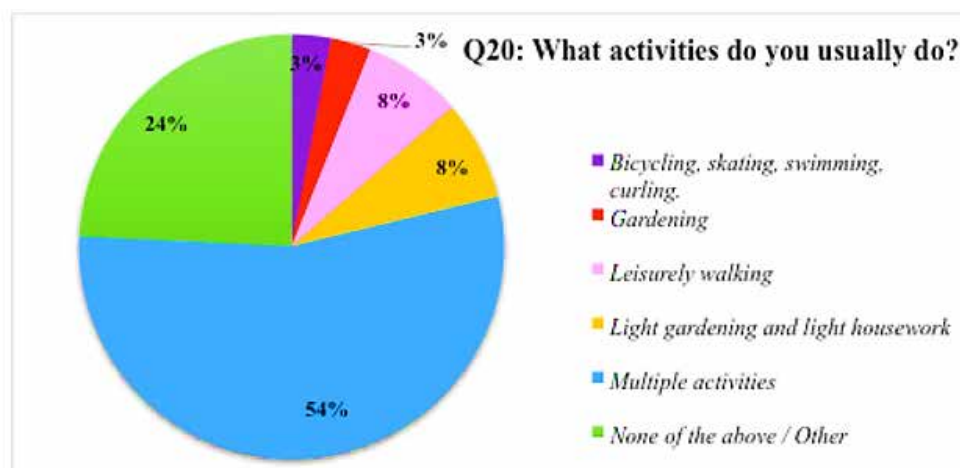
Again, over half of our respondents carry out their physical activities every day and one third of them carries them out completely.

- e. On average, how many hours per day do you spend in sport or recreational activities and Required to answer. Single choice. What activities do you usually do? Required to answer. Multiple choice.



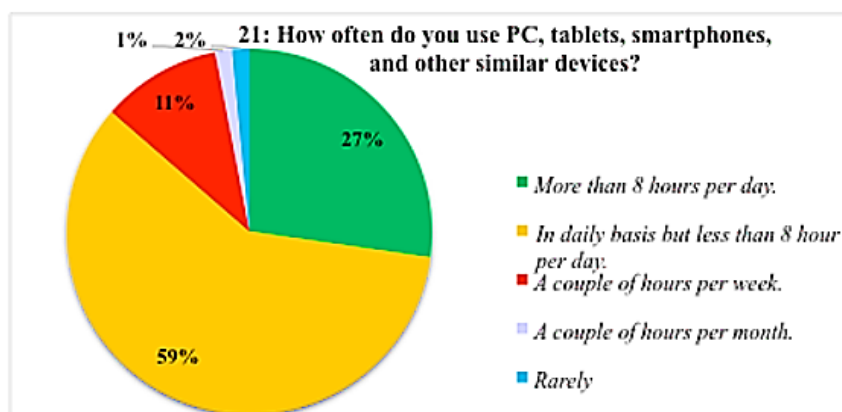
An equal part of respondents spent less then 1h per day on exercise vs. 1 to 2h a day, both groups represent 41%. A very small percentage of 5% spent 2 to 4h a day, 5% more then 4h and 8% say they don't do sport or recreational activities at all.

The evaluation of activities was tricky, so we decided to mention the most repetitive ones. A side note, most of our respondents do at least two or three activities from the list that was provided. The most mentioned were gardening, light gardening and housework, bicycling, swimming, curling, leisure dog walking, running and table tennis.



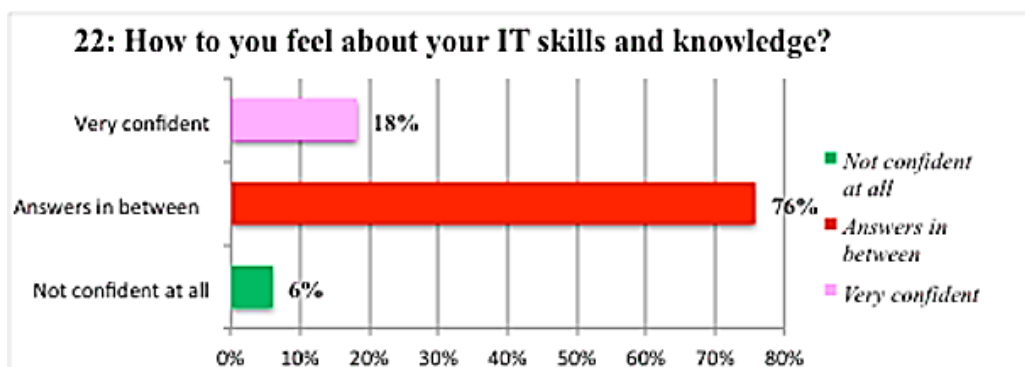
LITERACY AND INTERNET USE

a. How often do you use PC, tablets, smartphones, and other similar devices?



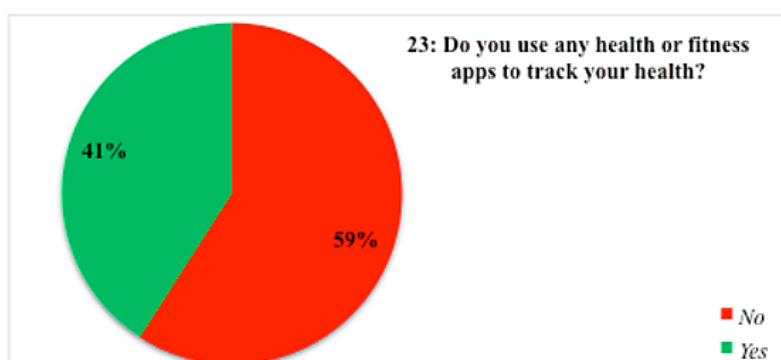
Our participants reported using electronics daily (n = 39). A bit over a quarter use them more than 8h a day (n =18). Followed by a couple of hours per week, a couple of hours per month and rarely.

b. How to you feel about your IT skills and knowledge?



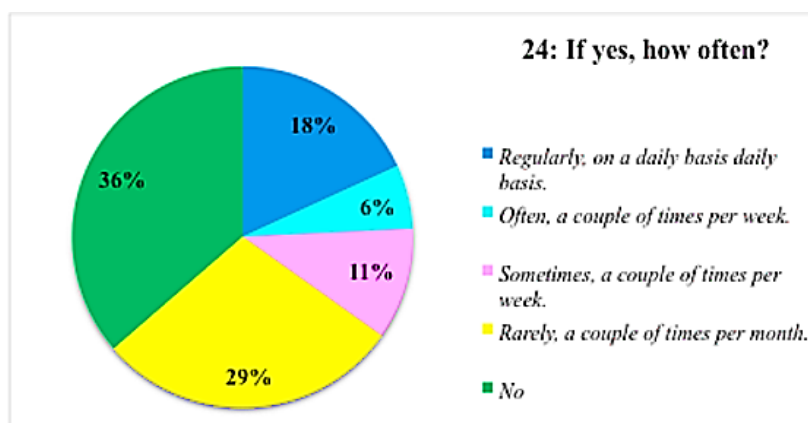
Only 18% of participants feel very confident in their IT skills which is a small number in our opinion, most of the answers are in the “in between” category.

c. Do you use any health or fitness apps to track your health? If yes, how often?



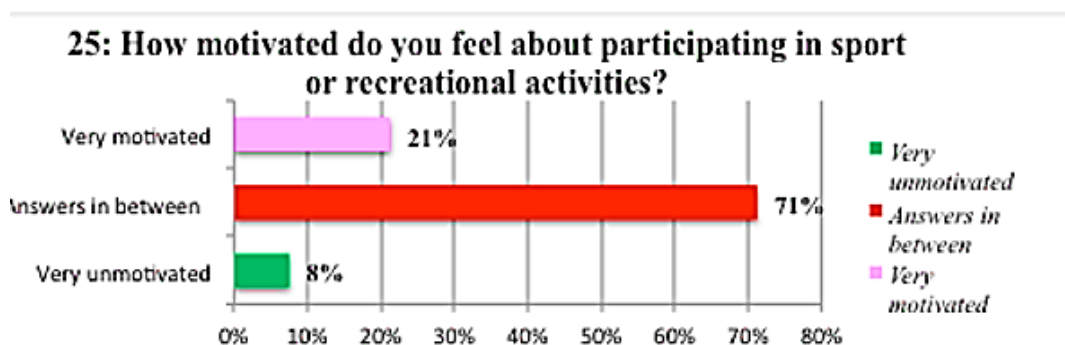
Reflecting the answer above, almost 60% of them don't use any health apps.

The ones that do, almost half of them only use it rarely, a couple of times per month (n = 19



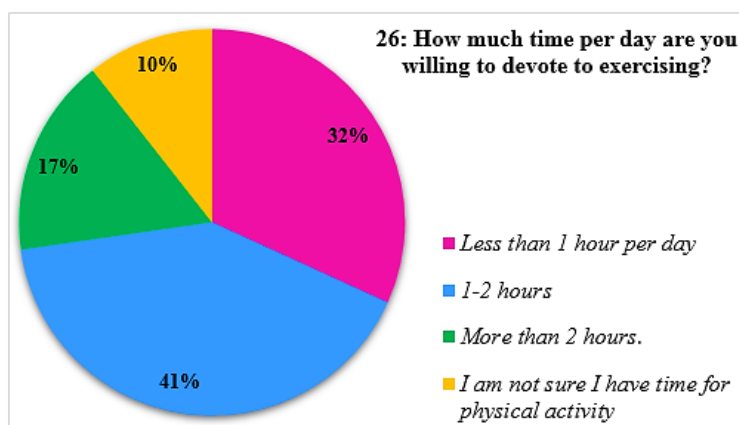
PERCEIVED BARRIERS & INCENTIVES TO A HEALTHY LIFESTYLE

a. How motivated do you feel about participating in sport or recreational activities?



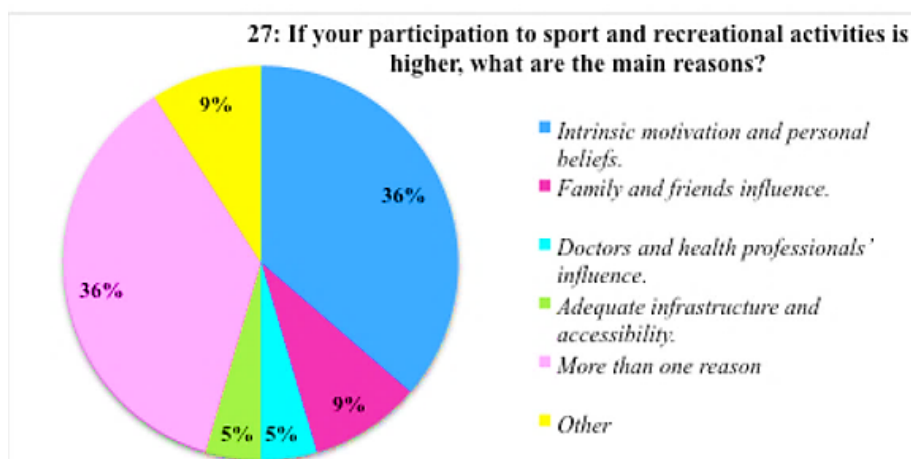
Most of our participants feel motivated to participate to some degree in sport activities. Over 20% even feel very motivated, which is another good sign our project and we hope to make it even higher.

b. How much time per day are you willing to devote to exercising?



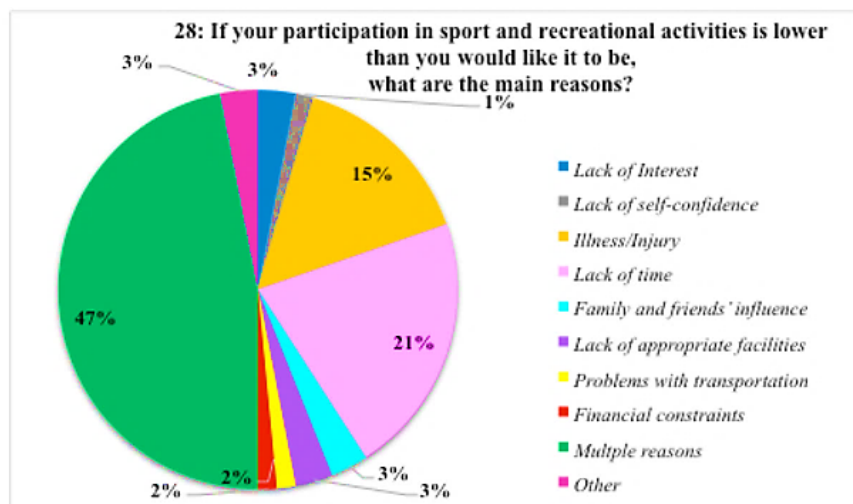
Over 40% are willing to devote 1 to 2h to exercise (n = 27). Second highest number, 32% are willing to dedicate less than an hour a day (n = 21), followed by more than 2h and not sure they have time.

- c. If your participation to sport and recreational activities is higher or lower (than you would like it to be), what are the main reasons?

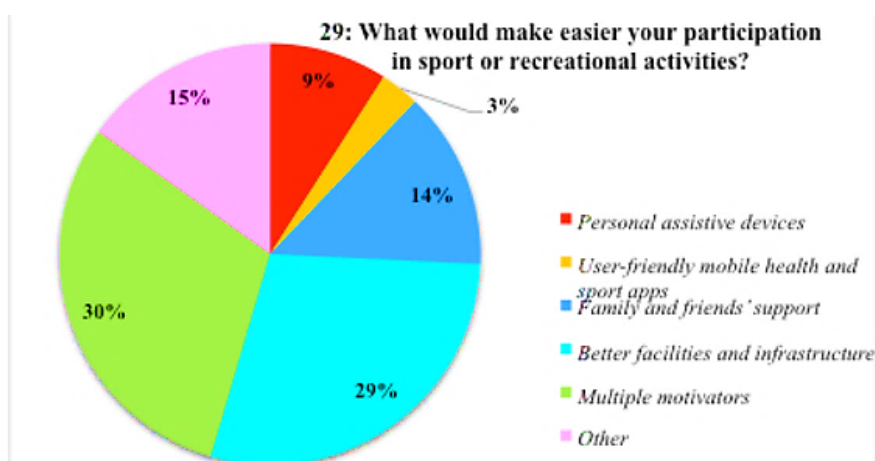


The biggest motivations for participation are “Intrinsic motivation and personal beliefs”, equally with more than one reason (n = 24).

On the opposite side, the main obstacles are again multiple reason (n = 31), lack of time (n = 14) and illness or injury (n = 10).



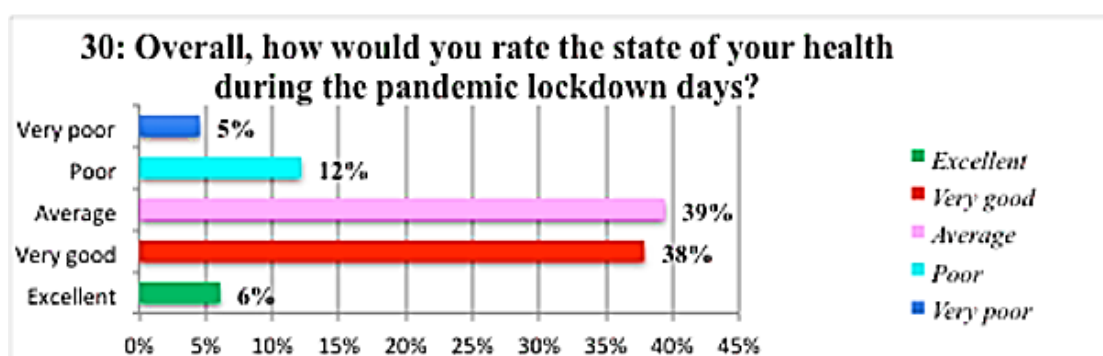
d. What would make easier your participation in sport or recreational activities?



PwD would prefer better facilities (n = 19), support from friends and family (n = 9), personal assistive devices (n = 6), better mobile apps (n = 2) or multiple motivators (n = 20). Honorable mentions were barrier-free entrances, mindset, financial certainty and corona.

COVID-19 PANDEMIC OUTBREAK & WELL-BEING

a. Overall, how would you rate the state of your health during the pandemic lockdown days?



Our participants overall reported having an average to very good mindset during lockdown and only 5% reported having a very poor mindset.

b. What would help you maintain a better level of physical and mental well-being during the COVID-19 pandemic?

Our country results showed that people would prefer:

- Exercise – more opportunities inside and outside, less restrictions
- A sense of community

- Less news about the pandemic, which would lower overall panic
 - Better motivation
 - A sport centrum for PwD, or at least access to better assistance with exercise
- c. Do you have any other comments about how the COVID-19 pandemic is impacting upon your well-being and physical activity and what kind of support you would need?

The survey suggests that people would, at this time, prefer a better availability of doctors, better work life balance, they feel unmotivated, home office has a negative impact (both physically and mentally), there is too much fear an uncertainty. But there were also a few positive responses – a few respondents reported that they finally found time to exercise or get their nutrition under control; they have to focus on themselves. They also mentioned that a positive mindset is extremely important.

3.6. Slovenia

3.6.1. Desk Research Overview

Part 1: Overview on disabilities perception, definition, and statistics in your country.

a. How are the above-listed disabilities perceived/defined in your country?

When defining disability, the national regulation and perception of disabilities is strongly connected to international standards and regulations, that have been in one way or another embedded into different national legislative acts (either laws or other hierarchically lower acts, that supplement and / or explain specific actions, rules of procedure, etc.). Aside the international conventions and regulations, embedded, and formally binding also within national regulations, there are many different laws, that give a wider picture of disabilities as per se, and cover many aspects of this topic – different aspects of inclusion outline the perception of disabilities:

- Social inclusion in general
- Inclusion in the labour market
- Inclusion in the educational system
- Assistance and care provision
- Defining conditions and criteria for assigning disability status for obtaining different rights (pension and other financial support, assistance in daily life, etc.)

Upon the constitution of Republic of Slovenia “everyone is guaranteed equal human rights and fundamental freedoms, regardless of nationality, race, gender, language, religion, political or other beliefs, financial status, birth, education, social status, disability or any other personal circumstance” (Ustava RS, 1991). The constitution further provides information about the provision of protection and training for work; children with physical or mental disabilities and other severely disabled persons have the right to education and training for active life in society and the latter shall be financed from public funds (ibidem).

In 2011 a Research on the rights of people with disabilities guaranteed by the state and their implementation was conducted by the Social protection Institute of the Republic of Slovenia. The research clearly showcases the situation (through inventory of social transfers and other rights of persons with disabilities) that in certain cases, the classification of rights into different groups is problematic, as the legislation in some cases does not determine some rights of entitlement by the type of disability or age of the beneficiary, but takes into account other criteria (e.g. proportion of physical disability, inclusion in pension and disability, and health insurance (status of the insured), time or period of disability, law, after which the person acquires the status of a disabled person) (Inštitut Republike Slovenije za socialno varstvo, 2011). Generally, the state provides protection, anti-discrimination measures and other benefits.

b. Which are the most common (pressing) disabilities in your country? Please provide statistics for each type of disability (including their health indicators and implications to the lifestyle of PwDs).

No unique or in one place gathered data statistical wise is currently offering a full insight into most common (pressing) disabilities as they are observed from various aspects. One of the most important is also gaining a special order/decision on the status of disability that is connected to the remaining possibility of entering the job market. When speaking about health indicators and implications to the lifestyle of PwDs, the below aggregated information about employment and quality of life criteria can bring a wider overview to the topic.

Among the population of the European Union, more than 15% are disabled, whereby in Slovenia there are about 12–13%, (estimated as not significantly less than in the entire EU). There is no official data on the number of disabled people in Slovenia, and the informative number has been estimated on the basis of entries in different registers. Upon 2014 data the estimation lies between 160.000 and 170.000 of disabled people in Slovenia (disabled workers, children and adolescents with special needs, military and war invalids, and moderately, heavier and severe mentally and severe physically handicapped persons). Out of them, about 8% of disabled people have been issued a special order/decision on the status of disability according to various laws, and the remaining 5% (according to estimates of disability organizations or membership in them) are people with major physical disabilities. About 4% of employees in Slovenia are disabled (Čuk, 2014).

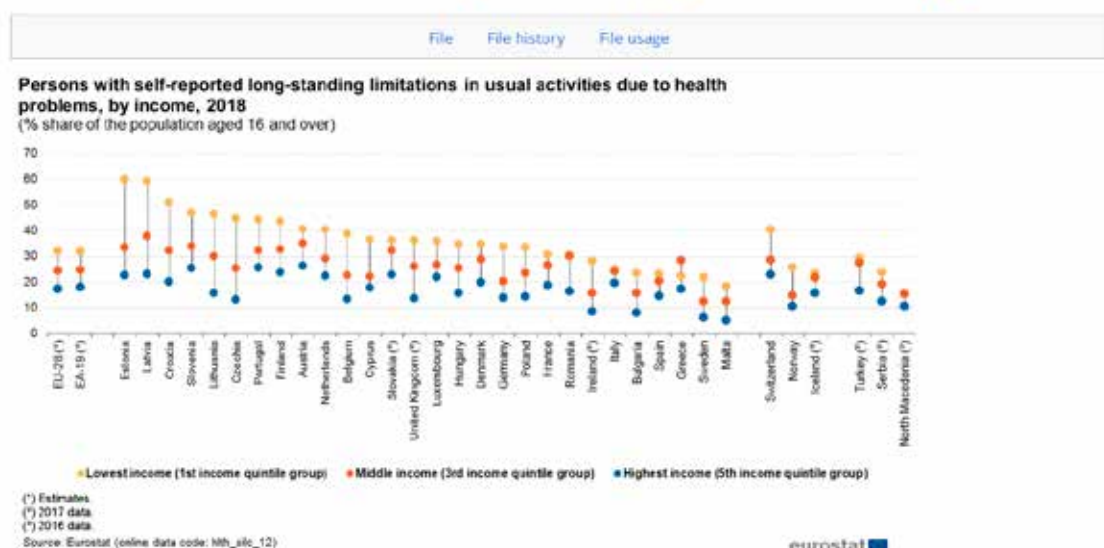
In 2013, most people with disabilities were employed in manufacturing, about 10.700, of which just over 6.800 were men and the rest were women. This was followed by employment in health and social work (approximately 3.700)– women prevailed here (over 3.000, others were men), and the activity of trade, maintenance and repair of motor vehicles (about 2.600); here both sexes were represented with equal shares (Čuk, 2014).

The share of disabled people among the registered unemployed is slowly declining. In October 2014, there were more than 17.500 disabled people among the registered unemployed. In 2013, more than 2.600 disabled people were employed in the period from January to October, which is about as many as were employed in the whole of 2012 (slightly less than 2.700). The structural problem is mainly the long-term unemployment of people with disabilities. It is mainly influenced by the low level of education and the higher age of these people. Among all unemployed people with disabilities, about 80% were long-term unemployed (the same share as in 2012) (Čuk, 2014).

The potential of PwDs to be trained for a suitable employment and/or profession, to get the employment, to retain it, to advance in this employment or change their professional careers, are significantly lower within the population of the identified permanent physical or mental defects or illnesses than other persons who do not have such obstacles. At the end of 2018, the overall number of employees in Slovenia amounted to 892.404 persons – from these, 34.311 were PwDs, accounting for a 3.84% share of PwDs among all employees. In Slovenia, the Law regulates employment rehabilitation and employment of PwDs, a quota system representing

employers' duty towards employment of PWD's is defined. The important form of employment are economic entities, operating as a disability company; a form of social economy, as they employ and train PWD's who are unable to employ or withhold employment in employers in normal working environments because of their disability. Employment centers are set up for the employment of persons exclusively in protected workplaces that are tailored to the working capacities and needs of PWD's and supportive employment, as form of employment in regular workplaces with professional and technical support to employed PWD, employer an working environment (Ministrstvo za finance, Direktorat za proračun, 2018). Employment is a very important element when speaking about implications to the lifestyle and general quality of life. Eurostat data from 2018 implies on connection between income and self-reported long-standing limitations in usual activities due to health problems in general. Here, Slovenia ranks quite high in terms of low income influencing the personal perception of limitations in usual activities.

File:Persons with self-reported long-standing limitations in usual activities due to health problems, by income, 2018.png



Source: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Persons_with_self-reported_long-standing_limitations_in_usual_activities_due_to_health_problems_by_income_2018.png

The 2011 Study of Social protection Institute of the Republic of Slovenia points out that people with disabilities are pushed into low-paid jobs and that too little emphasis is being put on employment in the normal workplace. Quota system and employment incentives have brought some statistical changes for the better, but in practice there are many problems (Inštitut Republike Slovenije za socialno varstvo, 2011).

c. Please provide quantitative data on the number of PWDs that participate in sport activities in your country.

Professional wise, the most important organisation supporting sport activities for PWD's is the Association for Sports for the Disabled of Slovenia - Slovenian Paralympic Committee (Association ŽŠIS-SPK). Its beginnings are closely connected with the sports activities of military invalids. The Association of Military Invalids (ZVVI) established a commission for sports, which began to take care of sports and recreation, and later also for the

competitive form of sport. Initially only for ZVVI members, but gradually the activity spread to other PWD's and their newly emerging organizations. As early as 1952, the first national skiing championship was held, and in 1954, the national competitions in bowling, table tennis, chess and shooting were held with the participation of about 200 disabled people. These sports, along with bowling, form the core of the most popular sports developed among the disabled in Slovenia. Slovenian athletes also successfully participated in national championships within the then Association for Sports for the Disabled of Yugoslavia. If in the beginning the sport was exclusively of a recreational nature, during the development it gradually began to be dominated by competitive, and even later by the top sport of the disabled. On 21st of October 1962, the Association for Sports and Recreation of the Disabled was established. The ZŠIS-SPK Association now carries out or enables the implementation of around 30 national championships² and up to 20 programs of performances of Slovenian athletes with disabilities at international championships. Over 1.400 participants take part in the system of national championships every year, and around 130 representatives take part in international championships every year (ZVEZA ZA ŠPORT INVALIDOV SLOVENIJE – SLOVENSKI PARALIMPIJSKI KOMITE, n.d.).

Another interesting insight into data about sport activities and inclusion of PWD's is showcased with gathered information from 13th national Congress "Sport for all" (Šport za vse). ZŠIS-SPK engages over 25 competitive sports industries and includes over 400 athletes in programs. In November 2017 ZŠIS-SPK distributed an online survey on the sport of Persons with disabilities to the Sports Industry Associations and their members. The current options, together with wishes and suggestions of organizations working in the field of sports for disabled people were explored. In the online survey 52 organizations that work or want to work in the field area of the PWD sport activities, responded. Most of the responders (71%) already work in this area, and a good half is running programs for young people. The age structure of participants in these sport activities belong to older age group (36% over 45 years) and fewer to younger generation (13% 15-25 years) (Dolinšek, 2017, p.37).

d. Is there any support from public authorities or other relevant stakeholders to promote healthy lifestyle and inclusion to sport activities for PwDs?

For employed PWD's, the same measures in terms of healthy workplace apply when performing their job. The employer must plan and implement workplace health promotion (WHP). Workplace health promotion includes systematic targeted activities and measures, carried out by the employer in order to preserve and strengthen the physical and mental health of workers. The ministry responsible for public health, issued different guidelines on these activities, but it is up to concrete employer how to employ it – it is however an offence connected with a fine against employer, if in internal obligatory document (safety statement with risk assessment) there is no plan and definition of WHP, if special budget or resources are not showcasing the contribution to WHP or if there is no plan of evaluation of the activities taken (Zakon o varnosti in zdravju pri delu, 2011). Such action can include empowerment to healthy lifestyle in general, promotion actions of access to fruits and vegetables, motivating for active pauses during working hours etc.). Workplace health promotion can be seen as common efforts made by employers, in order to improve the health and wellbeing of people in their work. This is achieved through Synergy: Improving the organization of work and the working environment. It is also connected to encouraging employees to actively attend activities to protect and enhance their health condition, thus enabling the choice of healthy lifestyles and promoting personal development (Promocija zdravja na delovnem mestu, n.d.).

² According to year 2020 calendar of national championships, i.e. the following championships have been published (as public calls): basketball on wheelchairs, bowling for the blind and visually impaired, showdown, para swimming, chess...

Looking outside of the above mentioned and supported measures within the employment sector, Sport for people with disabilities has important psychosocial effects in all its various forms (possibility of rehabilitation through movement, integration into society, etc.). Prevention of stigma, connecting communities of practice, gaining more independence, equal opportunities promotion, sense of belonging and many more. Moreover, non-competitive approach shows much importance within specific field of mental disorders (Arko et. al, 2018).

National wise, Association ZŠIS-SPK - Paralympic Committee of Slovenia retains the status of undisputed and most representative entity in the field of Sports for PWD's with municipal sports federations, national trade unions, state authorities and other sports institutions activities. It is organised as disability organisation- an association or association of Societies which acts in the public interest in the field of Disability Protection (Zakon o invalidskih organizacijah, 2002).

Dispersed regional organisation of the country, with over 200 municipalities, supports the promotion and inclusion of PWD's on different levels and within different strategies and contributes to the realisation of the National sports programme 2014 – 2023. For Municipality of Maribor, for 2020 i.e. the yearly plan for Sports 2020 i.e. the section "Sports for all" includes support for sports education activities for children with special needs. More specifically, the field of "Sport of PWD" supports the section "Sports for all" (leisure time sports activities) and section of "Competitive sports" (primarily support to top athletes, sport – recreational events and other international competition or events, etc.) (Mestna občina MARIBOR – Urad za šport, 2020).

Part 2: Assessing the access of PWDs to health, education and other relevant services in your country:

a. Which are the main stakeholders facilitating the access of PWDs to health, education and other relevant services in your country?

It has to be noted that the general access towards health, education and other relevant services is already binding by the Constitution, mentioned earlier. Beside the Workplace health promotion programme (including only the employed population of PWD's) another important facilitation element is the National Sports Program 2014-2023 which in the field of sports for the disabled includes the following measures (Nacionalni program športa v Republiki Sloveniji, 2014):

1. Promoting the integration of sports, disability, and charities at the local level for the implementation of sports programs for the disabled.
2. Raising the competitiveness of top sports for the disabled (ensuring appropriate organizational infrastructure for competitions, support for top athletes with disabilities through Association for the Sports of the Disabled of Slovenia- Paralympic Committee of Slovenia)
3. Ensuring the status rights of top athletes with disabilities.
4. Establishing a model for the inclusion of people with disabilities in sports in the educational system.
5. Encouraging connections between individual branch sports federations and Association for the Sports of the Disabled of Slovenia- Paralympic Committee of Slovenia.

Main stakeholders, disability organisations as members of ZŠIS-SPK are:

- ZVEZA DRUŠTEV SLEPIH IN SLABOVIDNIH SLOVENIJE - Association of the societies of blind and visually impaired Slovenia: <http://www.zveza-slepih.si/>

- ZVEZA PARAPLEGIKOV SLOVENIJE - Association of paraplegics of Slovenia: <https://www.zveza-paraplegikov.si/>
- ZVEZA DRUŠTEV GLUHIH IN NAGLUŠNIH SLOVENIJE - Association of the societies of deaf and hard-of-hearing Slovenia: <http://zveza-gns.si/>
- ZVEZA DELOVNIH INVALIDOV SLOVENIJE - Association of working persons with disabilities in Slovenia: <https://www.zdis.si/>
- ZDRUŽENJE MULTIPLE SKLEROZE SLOVENIJE - Association of multiple sclerosis Slovenia: <http://www.zdruzenje-ms.si/>
- DRUŠTVO DISTROFIKOV SLOVENIJE - Society of dystrophy of Slovenia: <http://www.drustvo-distrofikov.si/>
- SONČEK – ZVEZA DRUŠTEV ZA C.P. SLOVENIJE / SONČEK – Network of societies for cerebral palsy Slovenia: <https://www.soncek.org/domov/>
- DRUŠTVO PARALITIKOV SLOVENIJE - Association of paralytics Slovenia: <http://www.drustvo-paralitikov.si/>
- DRUŠTVO ŠTUDENTOV INVALIDOV SLOVENIJE - Slovenian students association of persons with disabilities: <http://www.dsis-drustvo.si/>
- ZVEZA DRUŠTEV CIV SLOVENIJE – Network of societies of the civil PWD's Slovenia: <https://www.zdcivs-zveza.si/>
- ZVEZA INVALIDSKIH DRUŠTEV ILCO SLOVENIJE - Network of societies of the ILCO Slovenia: <https://www.zveza-ilco.si/>
- ZVEZA DRUŠTEV VOJNIH INVALIDOV – Network of associations of war-disabled: <http://www.zdvis.si/>
- DRUŠTVO LARINGEKTOMIRANIH SLOVENIJE - The association of laryngectomized Slovenia: <http://www.dls-slo.si/portal/>
- DRUŠTVO REVMATIKOV SLOVENIJE - The association of persons with rheumatism Slovenia: https://www.revmatiki.si/kdo_smo.html
- SOŽITJE – ZVEZA DRUŠTEV ZA POMOČ LJUDEM Z MOTNJAMI V DUŠEVNEM RAZVOJU SLOVENIJE (ZVEZA SOŽITJE) - Network of associations to help people with mental disabilities in Slovenia: <http://www.zveza-sozitie.si/>

b. Is there a well-defined legal framework in your country ensuring the inclusion of PwDs and protecting their rights?

The Social security system in Slovenia covers social insurance, family benefits and a social assistance system. Social security systems consist of compulsory pension and disability insurance, compulsory health insurance, unemployment insurance and parental protection insurance. Insurance is obligatory for all employees and self-employed persons. The entire system is financed by social security contributions paid by employed persons and employers (Evropska komisija, 2012). Slovenia systematically regulates the field of PWD's, war veterans and victims of war violence, monitors the implementation of the Disability Protection Action Program, the National Social Protection Program and the Employment Policy of the Disabled, and the operation of associations granted the status of public interest association. In accordance with the applicable regulations, the provision of financial resources is ensured to PWD's that cannot provide for themselves.

All legislation in the field of disability protection is prepared in cooperation with disability organizations and associations in order to ensure transparency and the possibility of influencing the preparation of regulations, with the aim of ensuring equal opportunities for all, especially for the disabled as one of the most vulnerable groups (it includes a variety of fields – laws, that do not only regulate protection, but also inclusion in general like education and training, access to rehabilitation programmes etc.). In addition to tax reliefs and exemptions, disabled people have the right to a reduction in payment, reliefs and exemptions in many other areas in accordance with the applicable Slovenian legislation. Some of those are:

- exemption from income payment
- relief when employing disabled people
- relief for disabled person
- personal relief
- exemption from annual duty for vehicles for the transport of disabled people
- And many others...

The framework is quite large – some of it are described in more detail under other sections of this desk research (i.e. education, sports for PWD etc.). We are hereby stating more information from two fields described below.

PENSION AND DISABILITY INSURANCE

The pension and disability insurance system in the Republic of Slovenia covers (Upokojitev, n.d.):

- compulsory pension and disability insurance based on the intergenerational solidarity
- compulsory supplementary pension insurance (occupational insurance) on the basis of the contributions paid there into (personal pension savings accounts)
- voluntary supplementary pension insurance (supplementary insurance) on the basis of the contributions paid there into (personal pension savings accounts).

Compulsory Pension and Disability Insurance is covered under the Pension and Disability Insurance Act. The compulsory pension and disability insurance guarantee the following rights (ZPIZ – 2, 2012):

- ***the right to pension (there are several types of pension):***

- old age pension (article 27)
- early retirement pension (article 29)
- invalidity pension (article 41)
- widow/widower's pension (article 53)
- survivor's pension (article 55)
- partial pension (article 40)

• **rights from disability insurance:**

- a right to occupational rehabilitation (article 70)
- a right to occupational rehabilitation benefit (article 80)
- a right to invalidity benefit (article 85)
- a right to reassignment (article 81)
- a right to work on a part-time basis for no less than four hours daily or twenty hours weekly (article 82)
- a right to temporary benefit (article 84)
- a right to partial benefit (article 86)

• **other rights:**

- a right to assistance and attendance allowance (article 99)
- a right to annual supplement (article 95)

LABOUR MARKET and support measures

Vulnerable groups on the labour market are groups that are more difficult to get involved in the labour market for various reasons, but they are subject to employment under special conditions. Defining members of vulnerable groups varies between different sources.

According to the Slovenia Labour Market Regulation Act, vulnerable groups of persons on the labour market, in accordance with Commission Regulation (EC) No. 800/2008 of 6 October 2010, those groups of persons who are classified as disadvantaged workers, seriously disadvantaged workers and persons with disabilities. On the basis of the said regulation, disadvantaged workers include those who did not have regular paid employment in the past six months and have been registered in at least one register of the Employment Service of the Republic of Slovenia (ZRSZ) or have no completed secondary vocational or technical education or general secondary education. Disadvantaged workers also include persons aged over 50 or living alone who have one or more dependent members. Among the seriously disadvantaged workers, the law lists those who have been unemployed for the last 24 months or more. The category of persons with disabilities includes those who have recognized the status of disabled person on the basis of national legislation or a recognized restriction resulting from physical, mental or psychological impairment (ZUTD, 2010). The incentives for the employment of the most vulnerable groups in Slovenia are determined by the Act on the Regulation of the Labour Market (ZUTD) and the Social Entrepreneurship Act (ZSocP). In accordance with the program of measures, a social enterprise employing persons, who are not persons with disabilities, is entitled to a subsidy for the salaries of these workers and to other aids which the regulation stipulates as a relief for disadvantaged workers, seriously disadvantaged workers and to persons who have a recognized restriction resulting from physical, mental or psychological impairment.

Reflecting on the framework from general point of view (through review of labour market regulation framework and documents, taken in respect within this desk research and relevant to the field) the main aim is to provide access to employment and social inclusion to all, thus to prevent any form of discrimination in the labour market and to improve the employability of vulnerable groups. The most vulnerable groups, that obtained

the status of being unemployable (issued under the regulation of employment rehabilitation) can be included in the so-called Social inclusion programmes. Social inclusion programmes are social programmes designed to support and maintain PWD's working skills. The programmes include PWD's who are not employable because of disability (after completing the job rehabilitation, where the Employment office decides on the employability), persons with disabilities of I. category by decision of the Institute for Pension and invalidity insurance of Slovenia without the right to invalidity pension under the law governing pension and invalidity insurance and persons with physical and mental disabilities who do not have the possibility of inclusion in adequate social protection services (ZZRZI, 2010, art. 35).

c. Please list the health services provided to PwDs in your country?

National Health Service provision does not distinguish between a PwDs and a regular citizen. Access to the services is equal for all and described as below.

The scope of rights to health services is determined as a percentage of the value of services. This means that compulsory health insurance finances some services in full (100%), while others only in a certain percentage of the value of the service. The difference up to the full value must be paid by the insured persons from their own funds, but they can be insured for an additional payment with voluntary (supplementary) health insurance. In this case, the surcharge is covered by the insurance company with which the person has taken out such a form of insurance. The Republic of Slovenia also covers a supplement from the budget for insured persons and family members insured under them, provided that they do not have these rights fully guaranteed from compulsory health insurance under another title, if they meet the conditions for obtaining financial social assistance. In this case, the insured or the insured family member is considered to meet the conditions if he / she is entitled to financial social assistance or fulfils the conditions for obtaining financial social assistance while exercising the right to cover the difference to the full value of health services. Eligibility is demonstrated by a decision on the right to financial social assistance or by a decision of the competent centre for social work on the right to cover the difference to the full value of health services. The insured person or a family member insured by him is entitled to cover the difference up to the full value of health services for the time of receiving financial social assistance or for the time of fulfilling the conditions for obtaining financial social assistance (Zavod za zdravstveno zavarovanje Slovenije, n.d.).

d. Which are the main community-based services, technical aids and assistive devices offered to PwDs in your country?

The right to medical devices (necessary for medical treatment or medical rehabilitation) is ensured under Health Care and Health Insurance Act (law) and the Rules of compulsory health insurance (rules). On the basis of these regulations, the Health Insurance Institute of Slovenia provides to insured persons the rights to medical devices in charge of compulsory health insurance.

Types of medical devices from compulsory health insurance include for example: prosthesis of limbs, aesthetic prosthesis, orthosis to stabilize limbs and spine, ortho footwear, carts and other accessories for movement, standing and sitting, electric stimulators and other appliances (e.g. for breathing support), nursing devices at the patient's home (beds with accessories, sanitary utensils, overlying pads), etc.

On the other hand, there is the option of a personalized workplace. In case where the disabled can be recruited only on a personalized workplace, or when work tasks require a personalization of work performance, the law provides the possibility of recognition of the costs for appropriate adjustments to the employer of the disabled upon his application (ZZRZI, 2010).

e. Which are the main educational services offered to PwDs in your country?

National wise it is important to stress out the right to equal education and training for all people no matter the personal status (i.e. disability). Operational wise, the state is solving this imperative through different approaches, that again, regulate needs of people with special needs (also) in education.

Some children and adolescents need more assistance, so the state provides possibilities for inclusion (educational wise) in tailored programs from an early phase; kindergartens for example have special development departments, in elementary schools' educational programs are tailored within the scope of its implementation. There are also educational institutions for children and adolescents with special needs. For each child with special needs, included either in kindergarten or school, an individualized program is provided, specifying all forms of assistance that the child needs (Izobraževanje otrok s posebnimi potrebami, n.d.).

A field specialized law regulates this approach as educational sphere (in respect to PWD's) is based on the element of guidance. It is the "Zakon o usmerjanju otrok s posebnimi potrebami" - The Law on the guidance of children with special needs³ is regulating special guidance for children with special needs who, in order to successfully participate in the education process, to meet the need of appropriate education programs and provides various ways and forms of assistance. Within the latter there is the possibility of additional professional assistance that may be carried out as: aid to overcome deficits, barriers or disruptions, advisory service or learning help. Education for children with special needs includes for example pre-school children's program with adapted implementation and additional professional assistance, tailored education, and training programs with lower educational standards, -etc. (Zakon o usmerjanju otrok s posebnimi potrebami, 2011).

The Law on the Targeting of Children with Disabilities also includes children, minors and young adults with special needs and, exceptionally, adults over 21 up to and including 26 years of age who are continuing education in tailored vocational and professional programs with the same educational standard and professional education with an equivalent educational standard and special rehabilitation programme, as well persons in the same age as mentioned, who can be enrolled in the program of education and training for adults, that is part of a special program for children with moderate, severe and heavy intellectual disability (these are children with intellectual disabilities, blind and partially sighted children, or children with impaired visual function, deaf and hard of hearing children, children with speech and language disorders, physical handicapped, long-term sick, with learning disabilities, autism, emotional and behavioural disorders requiring personalized exercise education programs with additional professional assistance or tailored education programs and education or special education programs) (Ministrstvo za delo, družino in socialne zadeve, 2014, p.13).

Within tertiary education, the Action plan for PWD's (2014-2021) has also set the goal of providing support for inclusion in higher education through personal assistance, monitoring and counselling for students with disabilities, providing suitable accommodation facilities for their stay and a scholarship scheme to encourage them to achieve higher education) (Ministrstvo za delo, družino in socialne zadeve, 2014, p.14).

³ Children with intellectual disabilities, blind and visually impaired children or children with visual impairment, deaf and hard of hearing children, children with speech and language disorders, children with reduced mobility, long-term disabilities, learning disabilities, children with autistic disorders and children with emotional and behavioural disorders who need adapted implementation of education programs with additional professional assistance or adapted education programs or special education programs.

f. Are there any other public services (such as free/discounted public transportation, dedicated facilities at public environments) provided to PwDs in your country?

In terms of transportation, several support measures are provided for PWD's. One is the exemption from the annual duty on vehicles for the transport of persons with disabilities - this exemption may be enforced for passenger cars with a power engine not exceeding 150 kW and for passenger cars adapted for the carriage of disabled persons in the wheelchair used for transport. Special conditions for these exemptions are valid under condition, that the vehicles are used for transport of (Zakon o dajatvah za motornavozila, 2017, article 9):

persons who have been diagnosed with at least 80% physical disability or 80% war disability, and persons who have been diagnosed with at least 60% physical disability or 60% war disability due to loss, damage or paralysis of the lower extremities or pelvis;

- persons who have completely lost sight in both eyes;
- persons with moderate, severe, or heavy physical or mental disability who have been recognized as disabled in accordance with the regulations on social protection of physically and mentally disabled persons, and
- children with physical and mental disabilities who are monitored by health care institutions as at-risk.

Road Traffic Rules Act stipulates that in the marked parking place for a disabled person one can park a vehicle marked with a valid parking card. This can be issued to the different groups of beneficiaries (Zakon o pravilih cestnega prometa, 2010, article 66):

- persons suffering from loss, damage or paralysis of the lower or upper limbs or pelvis (at least 60% physical impairment);
- persons with multiple sclerosis;
- persons with musculoskeletal and neuromuscular disorders with an estimated physical impairment of at least 30 failure;
- persons with a severe mental disorder who have been recognized as disabled as a result under the regulations on protection of the physically and mentally handicapped;
- persons with at least 90% physical impairment due to vision loss;
- minors who have a severe physical or mental disorder or are due to loss, impairment, paralysis of the lower extremities or pelvis impeded in movement, and
- health services, social services and disability organizations whose employees visit care recipients at home because of the urgent and urgent services needed for them health and life.

Within a 2015 study and survey, done within Development centre for employment rehabilitation within University rehabilitation Institute, Republic of Slovenia, the following benefit categories have been analysed and are described through some examples or occurrence of benefits – collection of data was a challenge due to responsiveness of different entities (so not all mentioned benefits apply to all municipalities and are presented just as examples) (Bitenc, 2015):

• Transport (air, local and national bus and rail)

Free bus transport or local transport, discounts or contributions to monthly tickets, free parking on specially designated public parking spots, mobility assistance to airport and access on a plane and some free parking space.

• Culture (Tour of events, entrance fees in cultural institutions, membership fees, etc.)

In the field of culture, municipalities quoted mostly offering discounts and benefits for PWD's i.e. discounts for theatre tickets and season tickets, reduced admission for various cultural, workers and national cultural institutions, free or discounted entrance fees for galleries, festivals, etc.\

• Tourism (various tourist attractions, tours of tourist places and facilities, etc.)

Discounts or free entrance to historical sites (castles, zoo, museums, other cultural entities of historic value) etc. PWD's in all municipalities in Slovenia are exempted from paying the tourist tax under the law on the Promotion of Tourism Development.

• Sport and leisure (sports activities, tours of matches, membership fees, etc.)

Free membership at the library, discount on the ticket for the swimming pool or purchase of a ski pass, free use of sports facilities etc. On municipal level, different services are provided. One example

Part 3: External and internal barriers to participate into sport activities:

a. Which are the main internal barriers that prevent PwDsin your country from participating in sport activities?

Motivation for inclusion in sport activities remains one of the most important factors. ZŠIS-SPK is putting a lot of efforts into activities for including young PWD's into sport activities. Early on inclusion and support measures for this are enhancing persons capacity for developing and enhancing personal capabilities, they positively influence self-perception and thus contribute to a higher quality of life. A lack of specific knowledge is currently recognized from the side of future professionals, studying Sport – these persons do not attain enough expertise from the field of Sports for PWDs throughout their study years. On the other hand, great examples and specific public actions such as "Postani športnik" (become a sportsman) includes cooperation with local communities and National rehabilitation Institute cooperation (Pfeiffer, 2017).

Unfortunately, in Slovenia, except for the University Rehabilitation Center SOČA, we do not have many facilities suitable for training and competitions in disability sports. Publicly supported projects for early inclusion in sports for PWDs are therefore a great addition to support legislative measures for inclusive education (in sports field).

b. Which are the main external barriers (accessibility, education, social barriers, motility, etc.) that prevent PwDs in your country from participating in sport activities?

In the context of accessibility, we need to distinguish between accessibility of the built environment and the accessibility of information and communications. On this basis barriers can be defined as (Bizjak et.al, 2015, p.9):

- Barriers to the built environment
- Communication barriers and barriers to access to information.

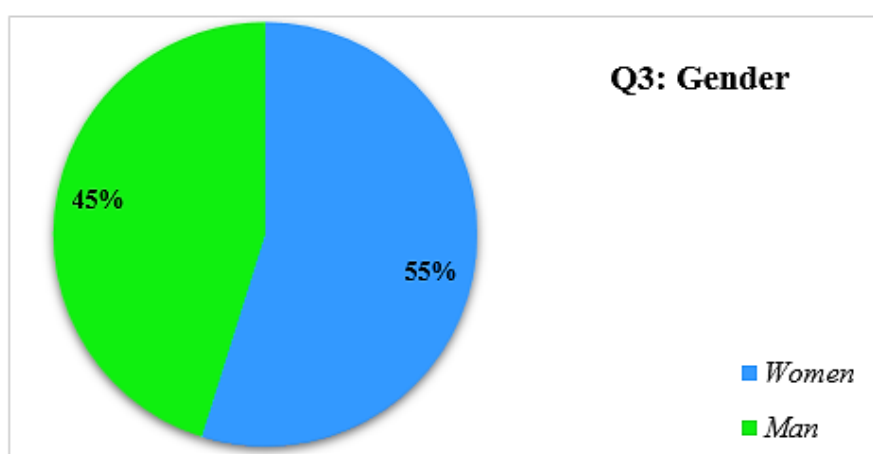
Within a special manual, published from the side of Urbanistic Institute, Republic of Slovenia, examples of existing good practices for overcoming the barriers are described. However, the showcases are related to public spaces and buildings, for which already several regulations apply – the question remains open for all other spaces and/or buildings. The manual stresses out that usefulness and accessibility of the built environment, information and communications should not only be characterised by the lives of persons with disabilities, but should also reflect the fact that functional obstacles are a much broader and more common phenomenon in society than disability and stresses out the importance of the so-called design for all as an all-inclusive approach to space planning (Bizjak et. al, 2015). The contemporary narrative, seen through public media and debates as well as numerous publicly shown information (i.e. also information from the yearly event “Sports for all”) and disputes around this topic showcase the proverbially bad condition of already existing sport infrastructure in general and moreover adaptations of the latter to needs PWD’s. Through data on existing shares of co-financing sports for PWD’s on the level of municipalities, it is clear that it is up to communities and its possibilities for supporting co-financing of these activities and connected infrastructure. However, on the general level (and through measuring of how national programme of sports is reaching its goal), the situation is improving (Grujić, 2018).

3.6.2. Online Survey Findings

DEMOGRAPHIC DATA

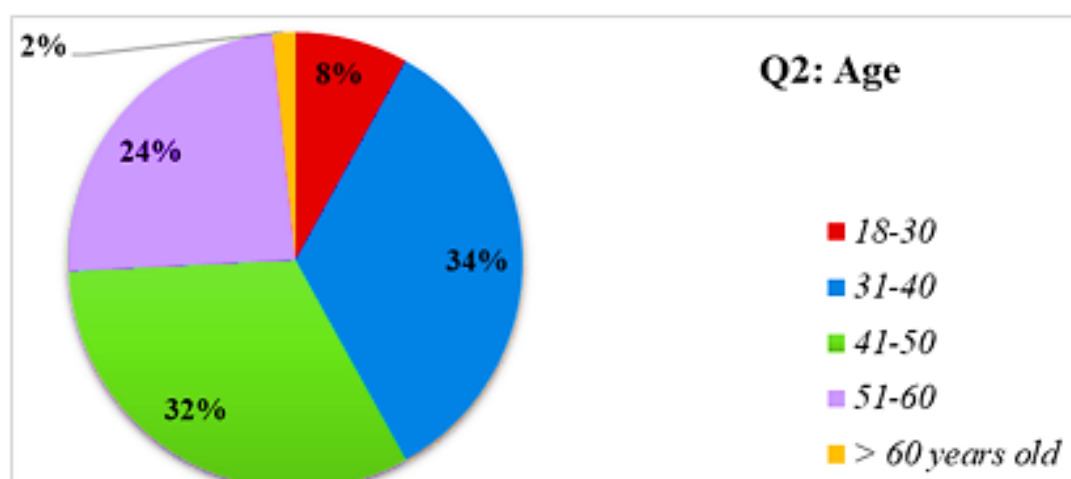
This section analyses the various demographic characteristics of the respondents by providing supporting figures (graphics). In the online research a total number of 62 respondents from Slovenia completed the questionnaire. Data is presented bellow within different sections. For the data on country of respondents, all 62 respondents were from Slovenia.

a. Demographic data of research sample described by gender:



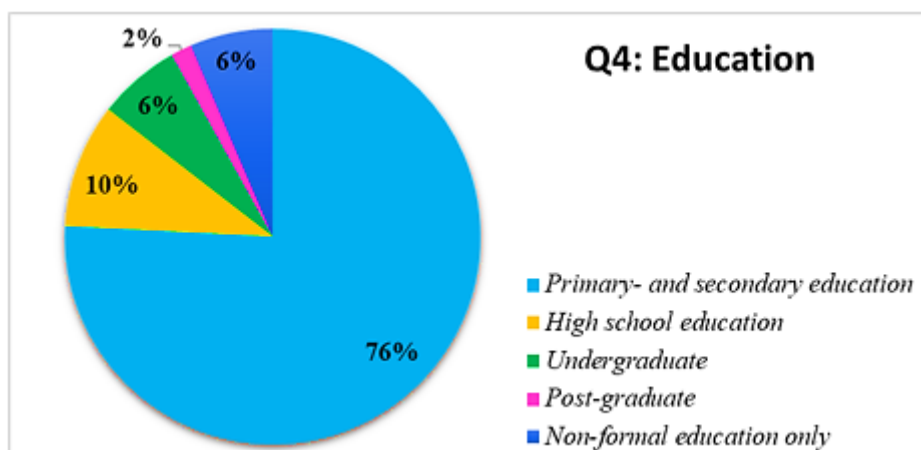
Out of 62 respondents, 28 of them were Male and 34 were Female.

b. Demographic data of research sample described by age groups:

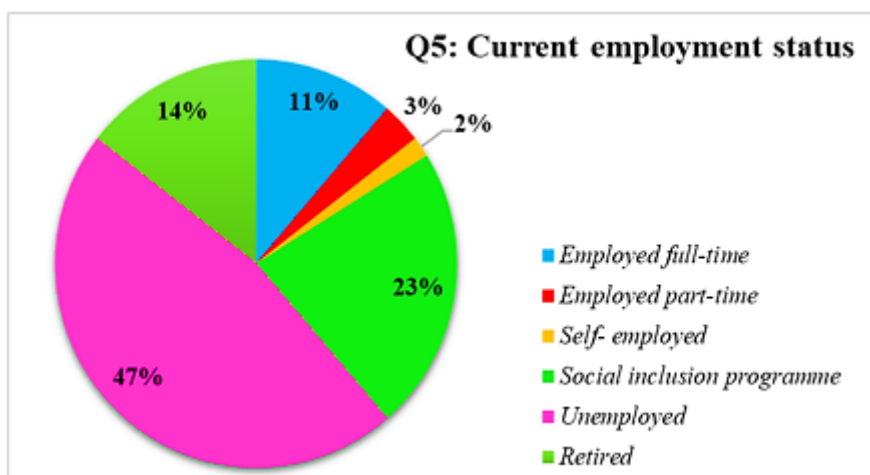


Out of 62 respondents, the majority belong to age group of 31 – 40 (34%) and 41 – 50 (32%) amounting to almost 70% of respondents. The secondly ranked age group is 51- 60, representing 24% or 15 respondents. Only 5 respondents belong to age group 18-30 (8%), only 1 respondent is over the age of 60 (2%) and none of the respondents is younger than 18 years.

c. data of research sample described by employment/education status:



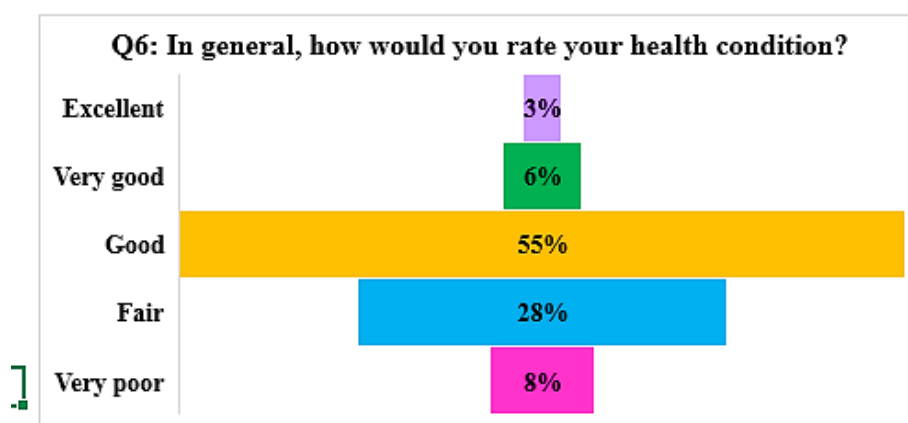
Out of 62 respondents, most of them (47) have finished primary and/or secondary education, representing the prevailing share (76%) of achieving this educational level. The second prevailing share of respondents has gained either a bachelor's degree – in total 4 respondents (6%); 6 respondents finished high school education (10%) and only 1 post graduate level (2%).



Within employment status, 29 respondents described their status as being unemployed (47%). Among all, 14 respondents declared their status as being part of the social inclusion programme (23%). Among respondents declaring their status as being employed, 7 respondents work full time (11%) and only 2 parttime (3%). Among all, 9 declared the status of being retired (14%). None of the respondents declared their status as in being a student.

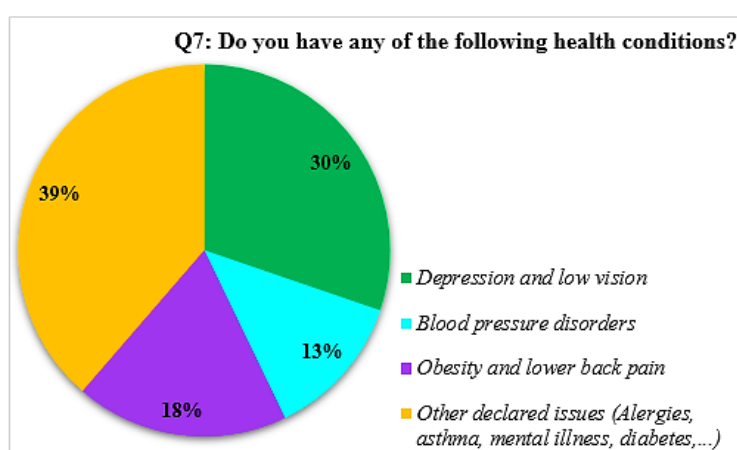
OVERVIEW OF GENERAL HEALTH ASSESSMENT

a. In general, how would you rate your health condition?



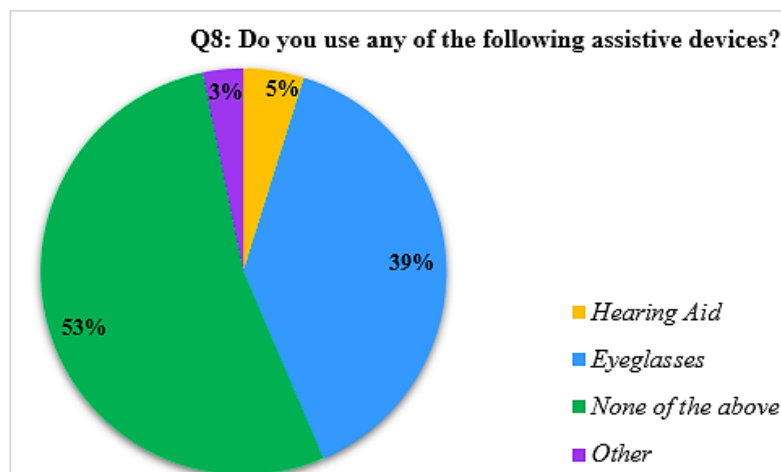
Within personal health condition, 34 out of 62 respondents rated it as good (55%). Only 4 of respondents described their health condition as very good (6%) and 2 (3%) as excellent. All together 17 respondents (28%) described their health condition as fair and 5 of them (8%) as very poor.

b. Do you have any of the following health conditions and do you use any of the following assistive devices?

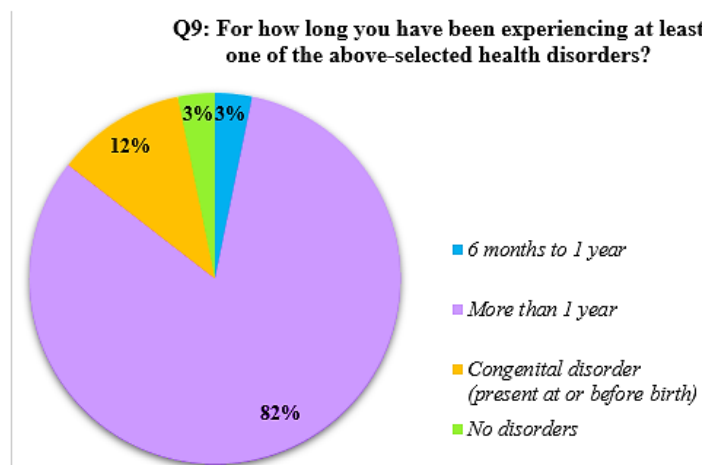


Within describing personal health conditions, the results were rather interesting, meaning that the respondents have a complex variety of combining conditions. Therefore, the presentation below is showcasing the declared health conditions in a way that presents the most frequent ones among the available choices ticked under this question. Among declared conditions the most common ones that appeared in the responses were: Depression and Low vision; Blood pressure disorders; Obesity and lower back pain; other conditions: (Allergy, Thyroid issues, Asthma, diabetes, joint/hips pain, mental illness etc.)

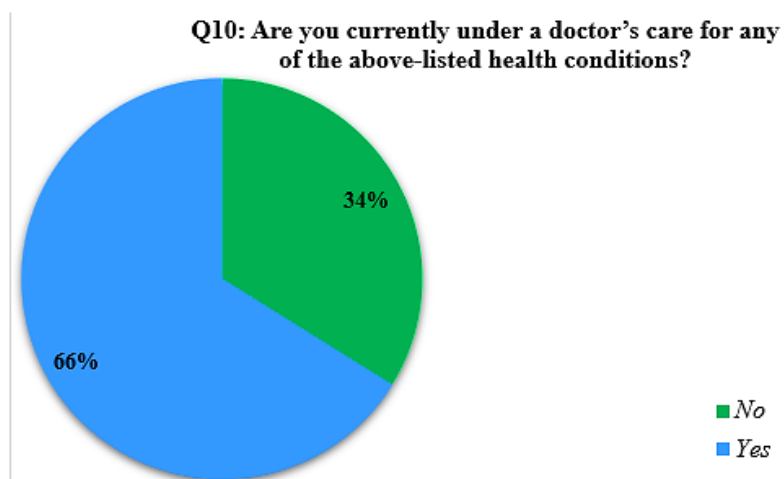
Within the question about specific assistive devices being used by respondents, the following answers were gathered. Over half of respondents (53%) are not using any assistive devices stated at the survey at all. Eyeglasses are the 2nd most used device, declared by 39% of the respondents. Only few declared other devices, more specifically Inhaler for bronchitis and tricycle.



- c. For how long you have been experiencing at least one of the above-selected health disorders and are you currently under a doctor's care for any of the above-listed health conditions?

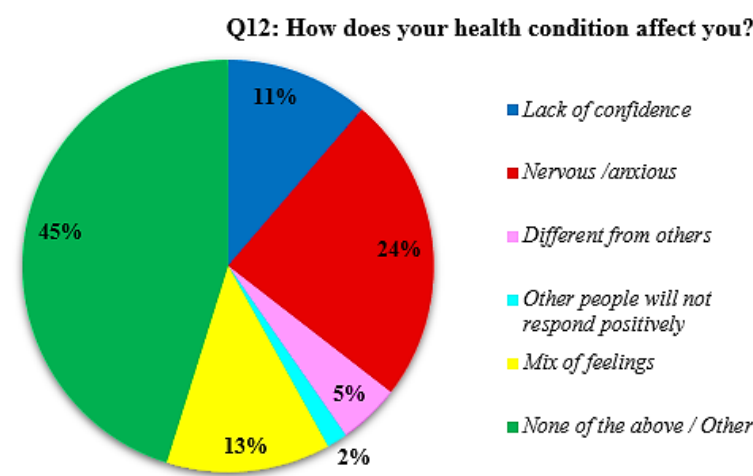


The majority of respondents (50 in total) is experiencing the above stated health disorders for more than 1 year. The number of respondents experiencing this disorder for more than 20 years or 6 months to 1 year is negligibly low. Also, 7 respondents (11%) declared having a congenital disorder (present at or before birth).



When asked about inclusion in doctors' care, related to the above listed conditions, most respondents confirmed being under doctors' care.

d. Does your health condition limit your daily routine activities and prevent you from working?



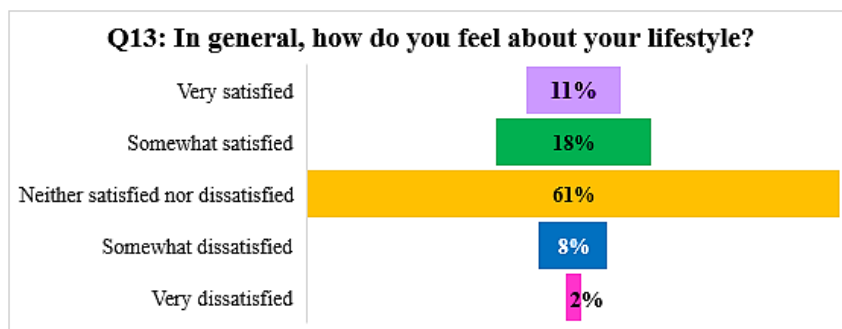
More concretely, over half of respondents do not state the connection between their health condition and its influence on daily routine/working; on the other hand, 24 respondents are stating this correlation.

e. How does your health condition affect you? Does it make you feel any of below?

Results were interesting, as 45% of respondents did not find a corresponding answer between the listed answers. We can assume, that personal feelings or comprehension of one own health condition is rather a complex entity for the respondents. The latter is supported by 13% of respondents stating a mixture of feelings (lack of confidence, nervousness and anxiousness, and both of the mentioned categories of answers amount to over half of the respondents in this survey. The second largest category of replies included feelings of being nervous/anxious (24%) and lack of confidence, stated by 11% of respondents.

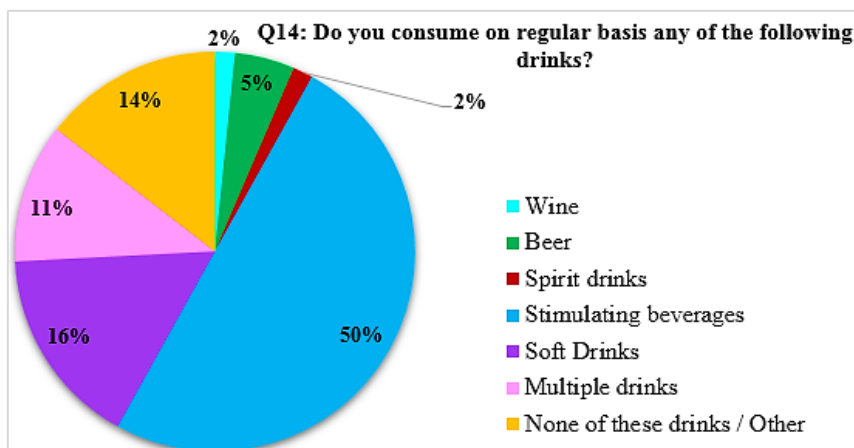
SPORTS PARTICIPATION AND HEALTH-RELATED QUALITY OF LIFE

a. In general, how do you feel about your lifestyle?



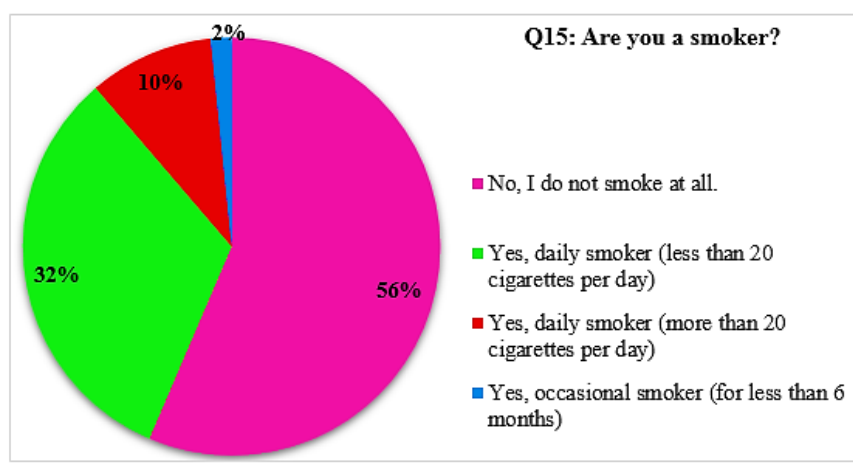
When asked about personal lifestyle, more than half of the respondents were indecisive, meaning neither satisfied nor dissatisfied. Only 7 respondents declared being very satisfied (11%) and 11 respondents declare that they feel somewhat satisfied (18%).

b. Do you consume on regular basis (one per day on average) any of the following drinks and are you a smoker?

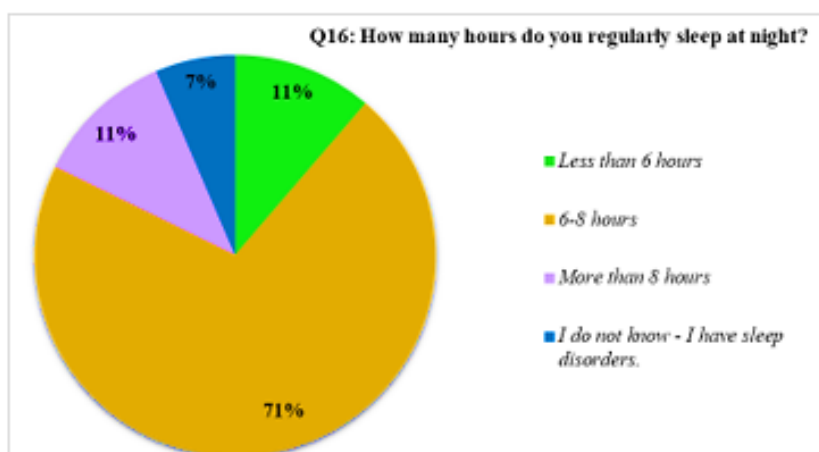


Half of the respondents (47%) drink stimulating beverages once per day. These consummation habits are followed by the 2nd largest category, meaning soft drinks (16%). The consumption of wine, beer or spirit drinks amounts to a negligible share of altogether 9%.

When it comes down to smoking, a bit more than half of the respondents do not smoke at all (56%). The second largest groups include respondents who do smoke, but less than 20 cigarettes per day (32%). Only 10% of the respondents are regular smokers and smoking over 20 cigarettes per day.



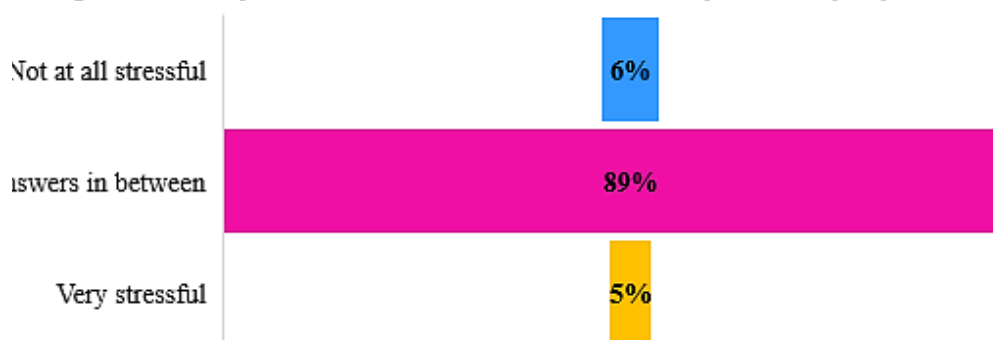
c. How many hours do you regularly sleep at night and how do you feel?



The great majority of respondents sleep between 6 – 8 hours per day (71%). The share of respondents sleeping either more than 8 or less than 6 hours per day is the same (11% of respondents do so in both categories). Only a negligible share of 7% of the respondents declared they are facing sleeping disorders or are not sure about this information.

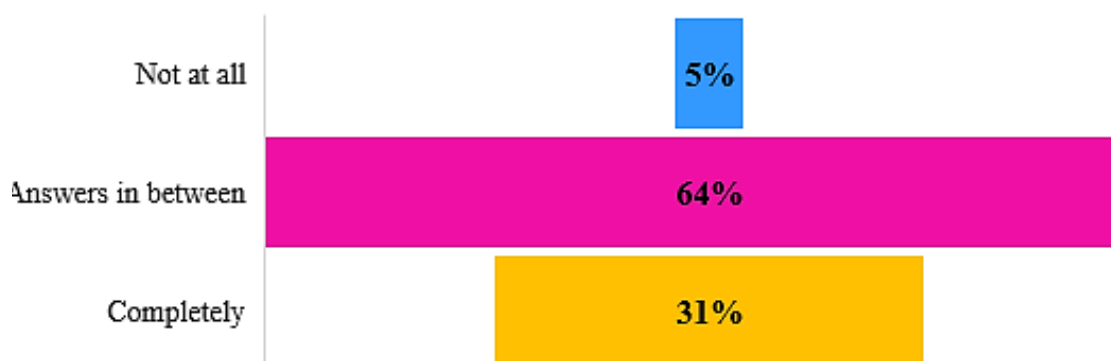
The results within perception on the level of stress in everyday life reveal that a great majority of respondents do not seem to generally have issues in feeling stress (almost 90%) and only the minority of respondents are feeling either stressful or very stressful. They are demonstrating a certain level of stress, however not feeling very stressful.

Q17: How to you feel about the level of stress in your everyday life?



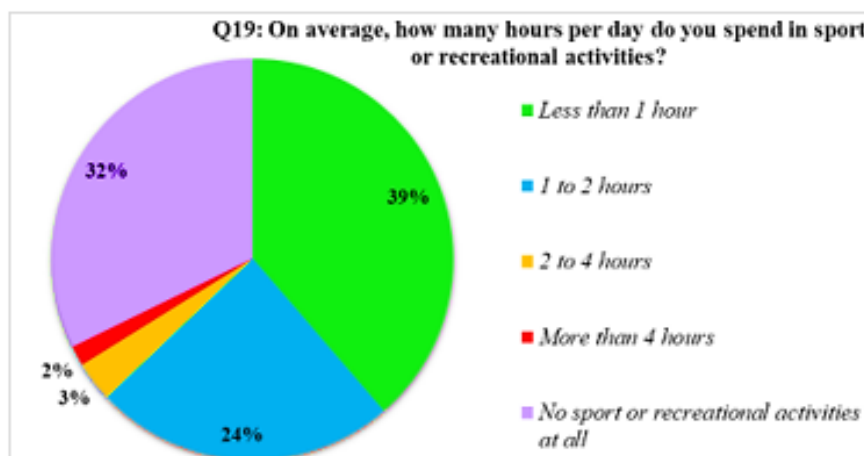
- d. To what extent you feel able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, and going to work?

Q18: To what extent you feel able to carry out your everyday physical?

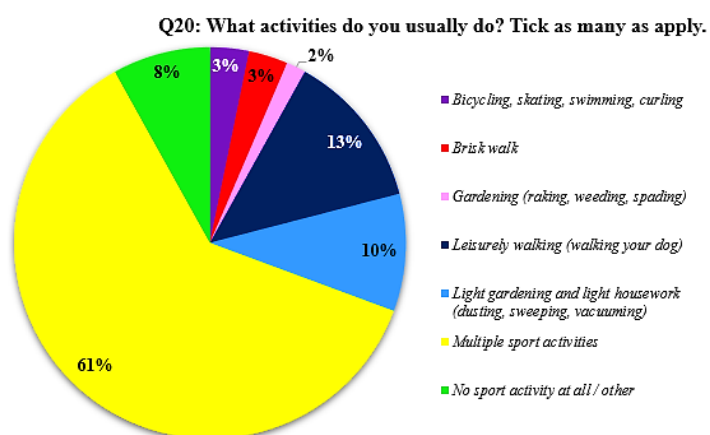


A great half of respondents (64%) state, they feel completely able to carry out everyday physical activities, however 31% of the respondents are declaring a certain level of difficulty on carrying out every day physical activities (such as walking, climbing stairs, carrying groceries, going to work, etc.). Only 3 respondents are declaring not being able to carry out these activities at all.

- e. On average, how many hours per day do you spend in sport or recreational activities and what activities do you usually do?



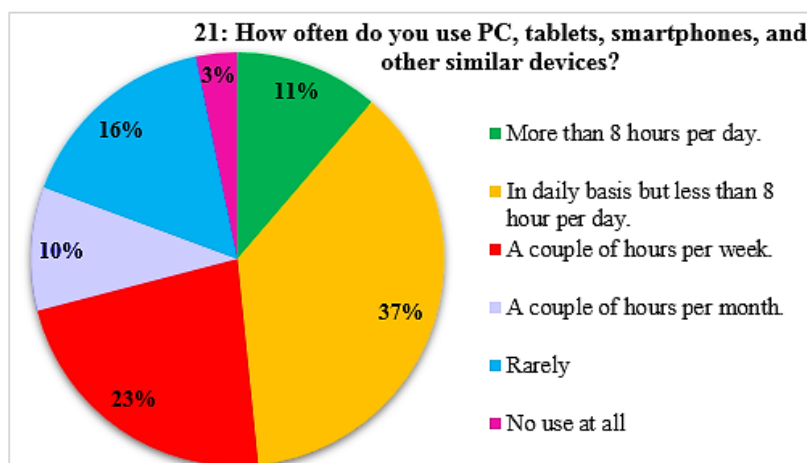
Within researching the amount of time, spent in sport or recreational activities, the respondents declared the element of time in three major categories. Almost 40% of respondents declared, they spend less than 1 hour per day for these activities and 24% of them spend between 1 and 2 hours per day for them. Somewhat disturbing information gained from the national survey, is the fact that 32% of the respondents do not declare being involved in any kind of sporting or recreational activities. The share of respondents who declared being involved in these activities over 2 hours per day or even more than 4 hours per day, represent a negligible share amounting to 5% in both categories of answers.



Over 60% of respondents are usually doing multiple sport activities and have chosen different varieties or combination of activities whereby the prevailing choices ticked within multiple answers category included different combinations of leisurely walking and light gardening/light housework as the prevailing choices, including and mentioning also (brisk walk, running, bicycling, etc.). Only leisurely walking (13%) and light gardening/light housework (10%) were stated as the only activities done during the day. Gardening (raking, weeding, spading), Brisk walk and bicycling as solemnly chosen activities done in a day, are represented in negligible shares – the majority respondents has decisively declared combining their daily activities.

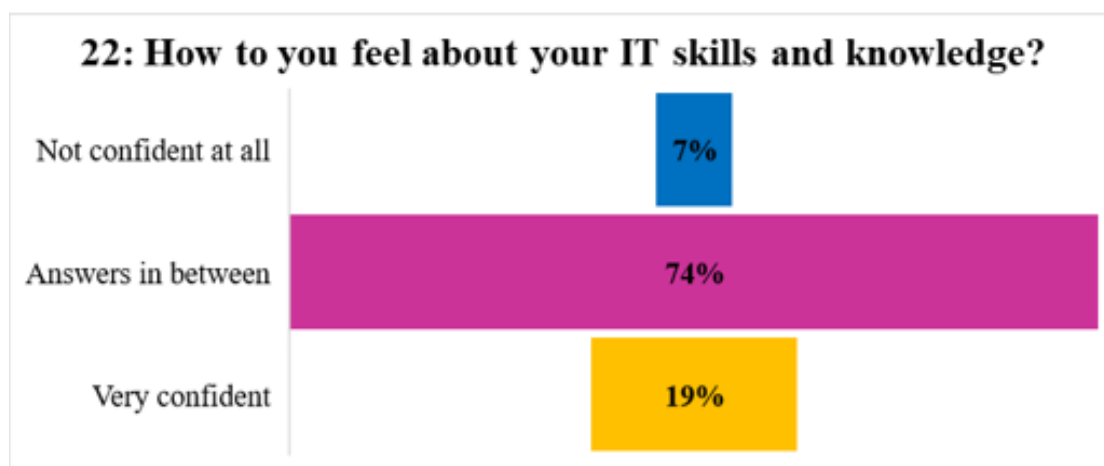
LITERACY AND INTERNET USE

a. How often do you use PC, tablets, smartphones, and other similar devices?



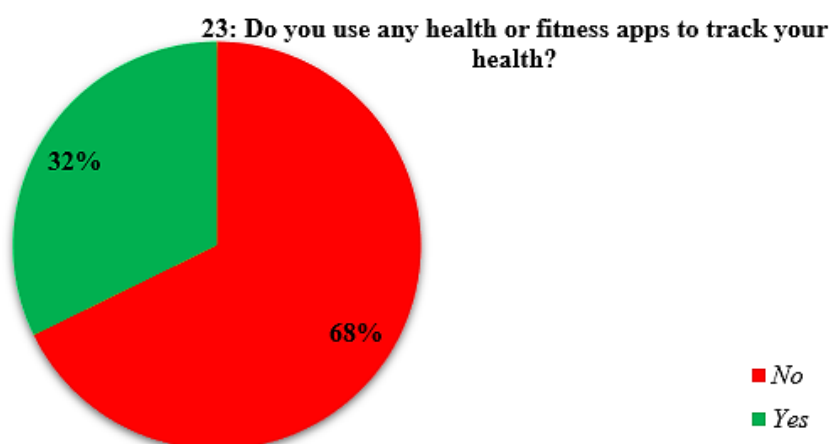
The nature of using different devices among respondents is interesting. Over half of the respondents are either using them on daily basis, but less than 8 hours daily (37%) and at least couple of hours per week (23%). Among the other answers received, the latter are dispersed in almost equal shares when stating to use the devices rarely (16%); more than 8 hours per day (11%) or a couple of hours per month (10%).

b. How to you feel about your IT skills and knowledge?

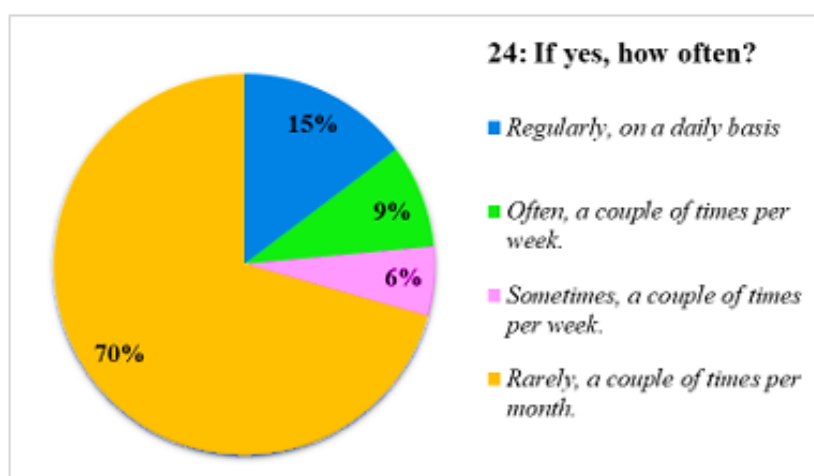


When asked about personal IT skills and knowledge, the majority of respondents answered as in between (74%). This question might be connected to the fact, that IT skills are a general term and might refer to many fields when assessing these skills and knowledge from a personal stand of view, however demonstrating a certain level of confidence about IT skills and knowledge. Only 7% of respondents stated they are not confident at all and 19% of respondents feel very confident about these skills.

c. Do you use any health or fitness apps to track your health? If yes, how often?



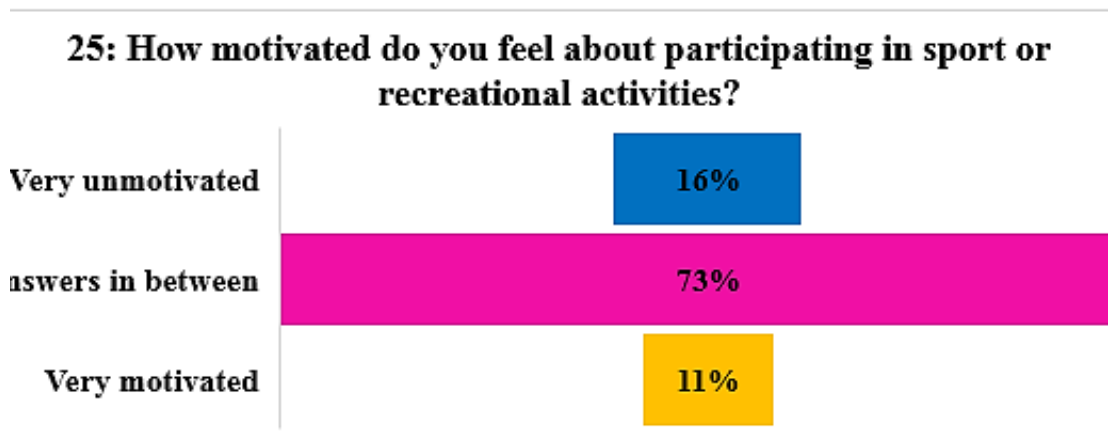
Over a great half of respondents (68%) do not use fitness app to track personal health. Only 32% or 20 respondents use this kind of apps.



Among the previously declared users of these apps, 70% of respondents stated, they use it rarely, a couple of times per month. Only 15% percent stated, they are using these apps regularly on a daily basis. The use in terms of couple of often/ a couple of times per week was stated by 9% and in term of sometimes/a couple of times per week was declared by 6% of the respondents.

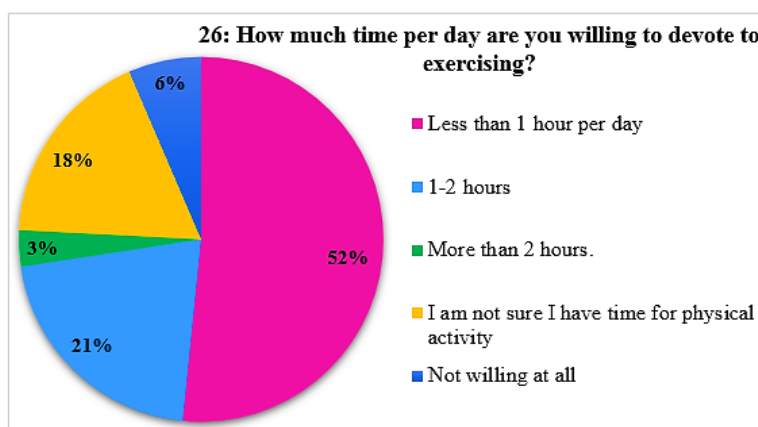
PERCEIVED BARRIERS & INCENTIVES TO A HEALTHY LIFESTYLE

a. How motivated do you feel about participating in sport or recreational activities?



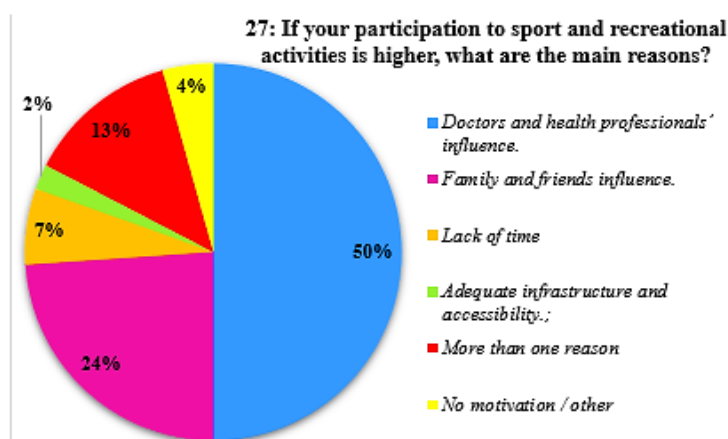
When asked about personal motivation about participating in sport or recreational activities, a great share of respondents chose in between answers (73%). Only 7 respondents felt very motivated and 10 respondents as very unmotivated.

b. How much time per day are you willing to devote to exercising?

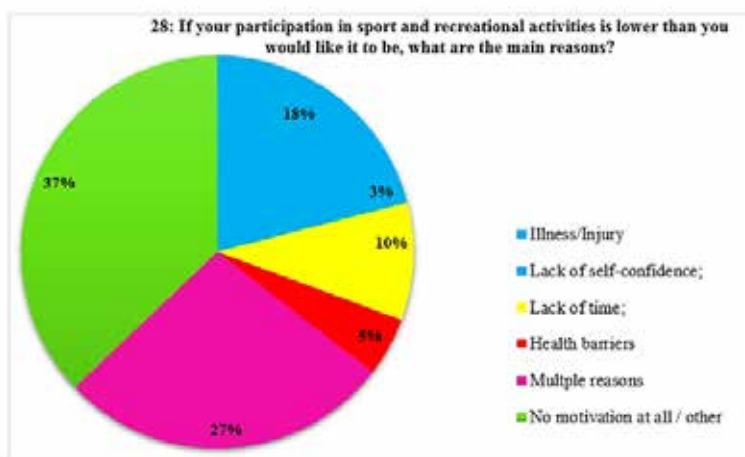


Half of the respondents is willing to dedicate less than 1 hour per day to exercising. On the other hand, 21% of respondents is willing to devote 1 – 2 hour per day for exercising and only 2 respondents would devote more than 2 hours per day for this. From all, 11% of respondents are not sure if they have time for physical activity at all.

- c. If your participation to sport and recreational activities is higher or lower (than you would like it to be), what are the main reasons?

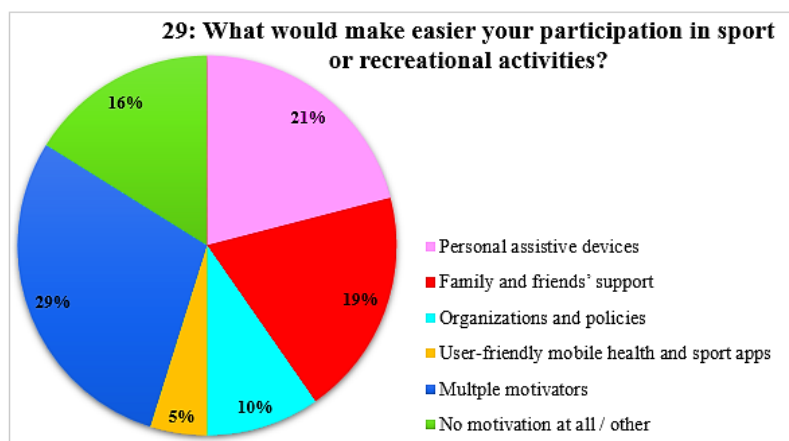


When asked about concrete reasons for a higher participation to sport and recreational activities, the answers are quite dispersed. 50% of answers are related to doctors and health professionals influence, secondly, 24 % answered that is related with family and friends influence. Other reasons included entities such as health, lack of time, intrinsic motivation and personal beliefs in the benefits of sport for health and well-being, or no motivation at all.



When asked about concrete reasons for a lower participation in recreational activities the most prevailing categories of responses (over 60%) were declared as in being not motivated/other reasons followed by stating multiple reasons. In these categories the most frequent answers given included the combination of lack of time, followed by Illness/injury, lack of interest/statement of not needing more exercise. Although, representing 18% share of all respondents, reason of Illness/Injury is not negligible, considering the demographic data and age groups of the respondents.

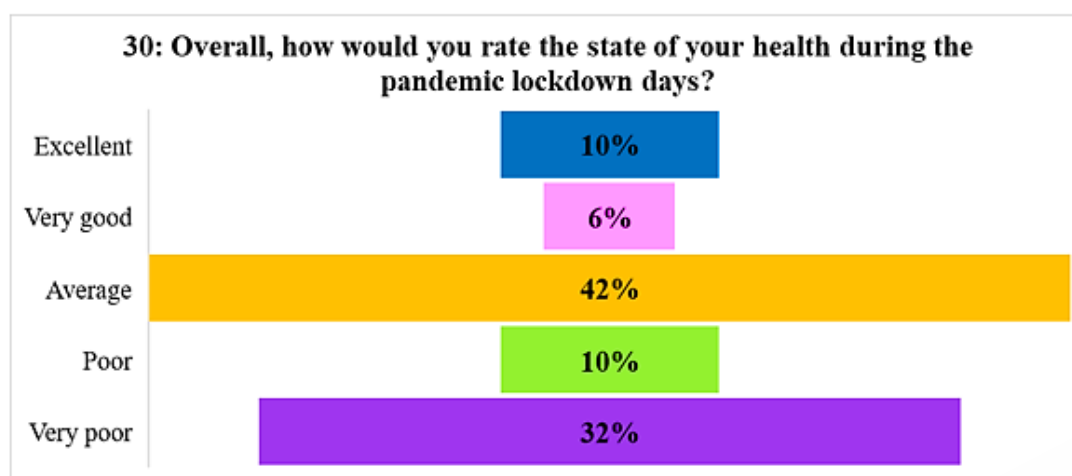
d. What would make easier your participation in sport or recreational activities?



The greatest share of provided answers includes declaring multiple motivating factors for easier participation in sport or recreational activities, declared by 29% of participants. These motivators include mainly: User-friendly mobile health and sport apps; Family and friends' support; Personal assistive devices. The second largest share of declared motivators (21%) is personal assistive devices, followed by friends and family support (19%). Among the category of other perspectives of easing the participation in sport activities the category of no motivation at all or other reasons is represented by a 16% share; however received answers here include also information expressing the need for better facilities, more free time, financial support and motivation from others.

COVID-19 PANDEMIC OUTBREAK & WELL-BEING

a. Overall, how would you rate the state of your health during the pandemic lockdown days?



The rating of personal health during the pandemic was declared as average in 42% of the respondents; only 6 respondents rated it as poor (10%) and 20 as very poor (32%).

- b. What would help you maintain a better level of physical and mental well-being during the COVID-19 pandemic?

The answers received under this open question were interesting and responding to personal views of respondents in a variety of provided insights. The answers can be reviewed from the following two categories, listed one after another in terms of level of frequency appeared, based on similar information reported from the respondents:

- more sports and physical activity in general, going to the nature, walking, meditation and going to work
- the feeling of personal/family/community help to each other and feeling personal strength/motivation, reading

- c. Do you have any other comments about how the COVID-19 pandemic is impacting upon your well-being and physical activity and what kind of support you would need?

From the answers received it was clear that several crucial elements were affecting respondents – the answers vary from a clearly stated need for the support in most general sense. The latter includes elements of community responsibility, taking care of one another and fighting the potential feelings of fright (psychosocial support and family support in general). Other answers received were mainly concentrated on not having any specific comments or applying to problems of quarantine with most probably individually perceptible level of experiencing different restrictions occurring national wise.

3.7. Spain

3.7.1. Desk Research Overview

PART 1: Overview on disabilities perception, definition and statistics in your country.

a. Percentages of PwDs in Spain, the major limitations they face and the most common disabilities

The first comprehensive National Statistic made by INE was published in 1986 with and called "Survey on Disabilities, Deficiencies and Disabilities" followed by the "Survey on Disabilities, Deficiencies and Health Status" in 1999. According to these surveys, in 1986 there were 5,743,291 PwDs (15% of the population), and in 1999 there were 3,528,221 people (9% of the population), while most recently the 7% of the population (3,114,566 people) has an officially recognised disability in Spain. (National Survey IMSERSO 2018). However, this number may increase if we take into account the number of people who, depending on their health situation and therefore even if they do not have a recognised disability equal to or greater than 33%, manifest some sort of limitation to the social participation. In fact, according to the EISS2012, 16.7% of the Spanish population aged 15 and over manifests some degree of limitations in social participation due to any health condition. EISS2012 refers to disability as a biopsychosocial condition which leads to different grounds of restrictions in getting out of the house, using transport, accessing to and moving around buildings, accessing to training activities and education, accessing to a suitable job, using internet, accessing to social support and to leisure activities, facing difficulties in paying the essential things related to their own disability, as well as encountering disadvantages due to discrimination. In total, 6,333,670 people, of which 3,866,888 are women. As age increases, limitations due to any health condition become more evident: thus, while among those under 45 years-old a disability is present in less than one every ten people, among those over 74 years-old disability is present in more than five out of ten. In the group aged 85 and over, three every four people say they are limited in some area of their life due to a specific health problem. A higher prevalence of disability is observed among women (20.0%) than among men (13.3%). Although the difference based on sex is observed in all age groups, only from 35 years onwards it becomes more significant.

The situations of social participation in which PwD experience more limitations are those related to leisure activities. In fact, the percentage of PwD who have access to them is 10.1, while the percentage of the general population is 38.3. Other than that, there is a number of PwD who have experienced limitations to access to an adequate job (four out of ten), to access and move around the buildings and to use public transportation (about a third of the total number of PwD).

According to the Spanish National Database of PwD, in January 2018, there were 3,114,566 people with a degree of recognized disability equal to or greater than 33%, (1,562,510 women, 1,552,041 men and 15 people with not registered gender data). The prevalence of recognised disability is 65.58 cases every 1,000 inhabitants. If we disaggregate it by sex, a slightly higher prevalence is found for men (67.78 per 1,000) than for women (66.66 per 1,000). By checking by age, the male prevalence exceeds the female prevalence in all age groups, except for those aged 85 and over, where the rate of prevalence is slightly higher for women. The highest prevalence is in the Region of Murcia (107.56 cases per 1,000 inhabitants), and the smallest in the Canary Islands (40.98 cases per 1,000 inhabitants).

The following table provides data on the distribution of PwD according to sex and type of disability:

Type of disease	N of Women	N of Men	N of people not registered by gender	All	Prevalence rate of women per 1000 inhabitants	Prevalence rate of men per 1000 inhabitants	Prevalence rate per 1000 inhabitants
Osteoarticular disorder	777.101	594.786	6	1.371.893	32,62	25,98	29,36
Neuromuscular disease	263.263	257.560	3	520.826	11,05	11,25	11,15
Chronic disease	634.216	579.401	7	1.213.624	26,62	25,31	25,97
Intellectual and Developmental disability	159.759	209.191	0	368.950	6,71	9,14	7,90
Dementias and mental disorders	516.167	431.129	7	947.303	21,66	18,33	20,27
Vision disorders	214.655	177.655	3	392.313	9,01	7,76	8,40
Hearing impairment	167.260	159.796	2	327.058	7,02	6,98	7,00
Deaf-blindness	239	222	0	461	0,01	0,01	0,01
Expressive language disorders	22.396	38.858	1	61.255	0,94	1,70	1,31
Comorbidity	60.408	43.950	0	104.358	2,54	1,92	2,23
Other diseases	96.028	105.026	0	201.054	4,03	4,59	4,30
Not registered	27.114	27.730	0	54.844	1,14	1,21	1,17
Total	1.562.510	1.552.041	15	3.114.566	65,58	67,78	66,66

Source: National Database of PwD, as of 1 January 2018

As it can be seen, the highest cause of disability is the osteoarticular disease with 29.36 cases per 1,000 inhabitants, followed by chronic diseases (25.97 cases per 1,000 inhabitants) and dementias/mental disorders (20.27 cases per 1,000 inhabitants).

b. Definitions, competent authorities and *ad hoc* federations

The Article 1 of the Convention on the Rights of PwD, which has been ratified in 2007, provides that “persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”. Article 30 states that ‘each country must promote equal participation in life, culture, recreation, free time and sports, ensuring that PwD have the opportunity to develop and use their creative capacity, not

only for their own benefit, but also for the enrichment of the society. All the countries must guarantee their participation in sports activities'. Article 31 establishes that adults and children with disabilities must have access to 'leisure, recreation and sports activities, both in an inclusive way as well as in specific environments. It is recommended to encourage and promote participation, to the greatest extent it is possible'. The General Law on the rights of PwD and their social inclusion (Royal Legislative Decree 1/2013) establishes that PwD are those who have physical, mental, intellectual or sensorial diseases, foreseeably permanent, and who may face difficulties in the participation in the society due to the presence of various barriers. Furthermore, it states that the following are to be considered PwD:

- People whose disabilities have been recognised as equal to or greater than 33 percent.
- Retired people who receive any disability benefit or who have experienced a premature retirement due to a permanent disability.

Regarding the measures specifically taken for sports, the law 10/1990 divides responsibilities within the different regions. Other than laws, the associative movement of PwD crystallized in the Committee of Representatives of PwDs (CERMI) has promoted many changes in the legislation willing to enhance the inclusion of PwDs. There are several coordinated actions between the National Administration and the different regions, which should ensure the rights of PwD to enjoy, under conditions of equality and non-discrimination, the access to venues and services relating to cultural life, tourism, physical activity, sports and recreational or leisure activities.

In Spain, PwDs practice sports in different entities such as clubs, federations, associations, foundations, institutions, schools, etc., depending on the level of sports' practice and the scope for which they do it, be it recreational, educational, rehabilitative, inclusive or competitive. The institutions responsible for the sport/physical activity of PwDs, in addition to the ones already mentioned, are the municipalities, the national/regional administrations and local federations, as well as the Higher Council for Sports.

The Spanish Paralympic Committee has the same nature and functions than the Spanish Olympic Committee, but with PwDs as main target. In 1968 was created the Spanish Sports Federation for the Disabled (FEDM, but currently named Spanish Sports Federation of People with Physical Disabilities, FEDDF), which brought together athletes with various types of disabilities. As far as the competitions and training sessions became more sophisticated, it began to be necessary a differentiation according to the diverse types of disability. That is why the following organizations were created: the National Organization for the Blind (ONCE); the ASPACE Confederation (Confederation for People with Cerebral Palsy); Federation of Sports for Blind people (FEDC); Federation for People with Intellectual Disabilities (FEDDI) and Sport Federation for Deaf People (FEDS). Once the latter sport federations for PwDs were created, they soon realize that needed their interests to be safeguarded, which led them to the creation of the above-mentioned Spanish Paralympic Committee (CPE).

c. Number of PwD that participate in sport activities in Spain

According to the data of the EDAD 2008, only 28.3% of the population with a disability spends its free time doing some type of physical exercise. However, although it is not practiced by most of them, physical exercise is the first option (23%) in the list of activities that PwD would like to dedicate their free time to, but they cannot because of their disability. There are also differences between men and women. While the 36.09% of men with disabilities dedicate their free time to physical exercise, only the 23.17% of women does it. On the contrary, the proportion of women who would like to spend their free time doing physical exercise is slightly higher than the percentage of men (24.06% vs. 21.34%).

Currently there are no official data on the sports' practice of PwD at a national level, nor within the different regions. There are some studies on this matter, but only focused on Madrid and Barcelona, as well as the data derived from the licenses' census made by the different sports federations. Unfortunately, a study as important as the "Survey of sports habits in Spain" carried out by the Higher Sports Council does not include any data on PwD.

If we approach the reality of PwD from the perspective of sports practice, the most updated data we have are the statistics provided by the Higher Sports Council in 2016 concerning the number of licenses given within the above-mentioned sports federations. Thus, it can be seen that the Federation of Sports for People with Intellectual Disabilities (FEDDI) is the one with the highest number of licenses: 5,951 in total, followed by the Federation of Sports for Blind people (FEDC), which has 1,767 members. 1,632 licenses were held within the Federation of Sports for People with Physical Disabilities (FEDDF); 1,324 in the Federation of Sports for People with Cerebral Palsy and Acquired Brain Injury (FEDPC), and finally 1,079 in the Federation Sports for the Deaf (FEDS).

The official indicators of sports practice for PwD in Spain are, as said before, non-existent, which makes it difficult to know the needs of this population. Even so, it can be highlighted that the sports practice rate is around 3% (versus 46% in people without disabilities) and that the percentage of licenses over the total number of PwD is 0.32% compared to 7.7% for sports licenses over the general population. In total, 12,989 PwD have a sport license in Spain, 663 of them in regular federations and 12,326 in sports federations for PwD.

PART 2: Assessing the access of PwD to health, education and other relevant services in your country:

In Spain, the actual legal framework, aimed to ensure the respect of rights of PwD and their full integration in the society, descend from both nationally and supranationally general norms and declarations of principles which have led to a temporally progressive promulgation, adaptation and improvement of specific policies at national and local level. Although reflecting on the medical conception of disability, the article 49 of Spanish Constitutional Charter is the national highest legal reference that states the rights of PwD. Hence, already in its act constitutive dated 1978, Spain explicitly acknowledges the protection, cure and integration of PwD and delegates to public power the role of legislate for these purposes. The article 49 of Spanish Constitutional Charter implements the indications of the Declaration of the Rights of People with Mental Delay (1971) and the Declaration of the Rights of Disabled People (1975) both states by United Nations. Therefore, at supranational level, the sources inspiring Spanish legislation for PwD must be sought in the provisions of the United Nations and, subsequently, of the European Union.

a. Spanish Legal framework related to PwDs

The first specific policy on disability matter ascend to 7 April 1982 with the Law of Social Integration of Disabled, known as LISMI in Spain. This law is a regulatory measure that applies the constitutional provision and at the same time according with the Action Program of United Nations adopted in the same year (Jiménez & Huete, 2010). LISMI may be considered as a pioneer reference obliged for the subsequent legislation acknowledging a number of social rights for PwD and establishing criteria in order to qualify them (Verdugo, Vicent, Campo & Jordán de Urríes, 2001). However, LISMI focused our actions on the provision of a number of economic and assistances services for PwD considered individually needed of protection due to disability and, therefore, acting yet within of rehabilitation paradigm and it does not contemplate interventions aimed to change general social conditions which hinder integration for PwD in Spanish society (Toboso-Martín, 2013).

The subsequent specific general Law of Equality of Equal Opportunity, non-Discrimination and Universal Opportunity (LIONDAU in Spain)- promulgated in 2003- fits the disability European policy framework emerging in the 90s. In this regard, Hvinden and Halvorsen (2003) noted: "Since the mid-90s EU has developed a new broader disability strategy, together with a stronger ambition to influence the policies and practices of member states." (p. 204). Accordingly, LIONDAU transposed in the Spanish legal system the provision of Amsterdam Treaty of 1997 (specifically article 13) and of the Council Directive of November 2000 establishing principles of non-discrimination and equal opportunities for integration in the society. The core of these European initiatives is represented by the affirmation, volition and intentionality in combating strongly all forms of discrimination in order to consent to all people with diversity and disability to fully enjoy of the rights guaranteed by European citizenship. Should be noted that both Amsterdam Treaty and the Directive of November 2000 were two legal instruments which show a more effective legal competence of European Union (Waldschmidt, 2009)- in this case applied to the matters of social policies and equal rights. Acknowledging EU measures, LIONDAU marked the initial overcoming of medical prospective of disability and it opens the progressive implementation of actions rooted within the social model of disability. Indeed, several measures are introduced in which the passage toward social model are clearly evident. Among these, LIONDAU establishes that public powers are obliged to lead a number of actions aimed to eliminate all forms of discrimination and the government is obliged to gradually and progressively eliminate all barriers in terms of environments, products and services that can be an obstacle to the full rights of citizenship for disabled persons. In addition, public administrations are obliged to promote initiatives in order to raise awareness towards PwD, as well as formative actions to develop new technology for PwD and ensuring them equal opportunity in the society (Garcia & Palacios, 2005). In order to implement these norms, the II Plan of actions for Disabled People has been activated, and based on the following several principles: (1) rights promotion; (2) autonomy and independent life; (3) integration and normalization; universal accessibility and design for all; (4) diversity respect and gender perspective; (5) quality life; (6) participation and civic dialogue (Egido, 2006). Finally, the application of LIONDAU has determined the transposition in the Spanish legal system of the Employment Equality Directive 2000/78CE with which European Union prohibits discrimination of PwD in the workplace.

b. Spanish law in force for accessibility of PwD to health, education and other relevant services

The latest general Spanish policy specifically dedicated to PwD was promulgated in 2013. The General Law on the Rights of Persons with Disability (LGD in Spain) contains several improvements with respect to LIONDAU and incorporates in the Spanish legal system the provisions of the United Nations Convention on the Rights of Persons with Disability (CRPD) promulgated in the 2010. CRPD is the highest document that states internationally the rights of PwD. Lord and Stein (2008) analyzed the CRPD with regard of its incorporation at national level. First of all, they claimed that nations ratifying the Convention have a number of several general obligations aimed to ensure the rights of persons with disability in their countries. States are required to adopt measures to promote and implement the concept of inclusivity in their legal framework for disability. Moreover, national legal systems must incorporate the general principles and framing of disability of Convention in which categorically is affirmed the social model of disability. In the incorporation of obligations and general principles a special attention must be nationally paid to adopt measure to ensure the contrast to disability-based attitudes toward discrimination and, importantly, for women and children. Conversely, alongside the historically well-established freedoms for PwD, the Convention provides indications for the adoptions of measures at national level that ensure new freedoms as the rights to independent life, mobility etc. A very important provision consists in the monitoring at national level of implementation of Convention in which disabled people and their representative organisms have the right to participate. Finally, in order to facilitate the international monitoring of Convention, states must also organize a system of collecting of longitudinal data and statistics. In all of their activities, nations will be assisted by supranational entities and will be favorite a climate of

collaborations among them (e.g. through international meeting or conference aimed to change opinions and shared good practices).

As above mentioned, the General Law on the Rights of Persons with Disability (LGD in Spain) is the specific policy that Spain adopted to guarantee PwD rights to health, education, employment, independent life, integral attention, social protection and participation to public affairs.

Health, education and employment all work together to ensure the independence of life for disabled people that represents the goal of policies for these individuals as specified in the Convention transposed in Spanish LGD. Therefore, an integral attention and social protection is guaranteed to PwD for all aspects of life, including political and civic participation.

In order to make concretely independence life for disabled people through the effective exercise of aforementioned rights, the law splits other important issues. Firstly, a central focus has surely the provision of obligations for public and private sectors to adequate their environmental spaces to allow mobility and use of them for people with disability. Second, a variety of economic benefits are provided to PwD-including pensions- to facilitate their participation into society life. Finally, the law prescribes a series of fines to punish public and private companies and citizens that do not respect the legal prerogative of PwD.

In order to define and coordinate public policies for PwD, LGD has established a National Council for Disability. This organ collaborates with a number of several associations operating in Spain with aim to promote the rights of disabled persons.

Another important national organ is represented by the State Disability Observatory (OED in Spanish) which has a technical function of compilation, systematization, updating, generation of information and dissemination related to the field of disability. Every year the State Disability Observatory realizes a general report concerning the situation and evolution of disability in Spain. This report also includes statistical data, with special attention to gender, and it is sent to National Council for Disability for knowledge and debate.

In this regard, we will conclude our excursus on Spanish disability legal framework briefly getting a look to the latest report, namely the OED Olivenza Report 2019. This report it is very important because offers the more recent evolution of Spanish policies and jurisprudence in which, importantly, we can find a proposal of change of the article 49 of Spanish Constitution dedicated to disabled persons. Hence, Spain is getting ready to complete its national legal course and incorporation of UN Convention for disability making the social model of disability a constitutional prerogative and fully considering rights for disabled people as fundamental rights. In this regard, an important function is assuming the People Defensor, a constitutional organ used as controlling respect of fundamental rights in Spain. We can find in its 2018 report some important decisions of People Defensor regarding disabled people.

c. Stakeholders

The access to services for disabled people in Spain is mainly administrated by public authorities and based on international and Constitutional principles. Hence, the main stakeholders that facilitate the access to protection and integration services are represented by a number of public actors operating in health, education and other several sectors. However, cannot be underestimated the crucial role of directly related associations of disabled people (coordinated by the Spanish Committee of Representative of Disabled People - CERMI). In addition to official centres, it cannot be forgotten that disability in Spain – as in all Mediterranean countries – family is the other fundamental stakeholder for the integration of disabled people in the society and for decision-making related to the guidance that disabled persons receive (Huete, Huete & Martín, 2015).

Sport and disability in Spain

In Spain, the Superior Sports Council (CSD) proposed the “Comprehensive Plan for Physical Activity and Sport” (PIAFD) for the 2010-2020 period (Superior Sports Council 2009). Two of its objectives are to promote sport among people with disabilities and groups at risk of exclusion. At the 1st National Conference on Adapted Sports (2009) a structural integration plan was presented and promoted by the CSD and the Spanish Paralympic Committee (CPE), in collaboration with the Spanish sports federations. Subsequent scientific competitions have dealt with the subject in an extensively way: the “European Congress of Adapted Physical Activity-EUCAPA” (2010), with the table on “Integration and Inclusion”, and at the 2nd National Conference on Adapted Sport (Valencia).

State administrations with responsibility for physical activity, sport and disability.

- Ministry of Health, Consumer and Social Welfare.
- The Royal Board on Disability.
- Higher Sports Council is a government section dedicated to sports (within the Ministry of Culture and Sport), with promotion actions like the Inclusive Sport Program.
- *Stakeholders list*

Olympic Sport:

- Spanish Paralympic Committee- Comité Paralímpico Español (CPE)- <https://www.paralimpicos.es/>
- High Performance & Technification Centres- <https://www.csd.gob.es/es/csd/instalaciones/centros-de-alto-rendimiento-y-tecnificacion-deportiva>
- Special Olympics Spain- <http://w.specialolympics.es/>

Sport Federations for PwD:

- Spanish Federation of Sports for the Blind (FEDC)- <https://www.fedc.es/>
- Spanish Sports Federation of People with Physical- <http://www.feddf.es/>
- Spanish Sports Federation for People with Intellectual (FEDDI)- <http://www.feddi.org/>
- Spanish Sports Federation of People with Cerebral Palsy and Acquired Brain Damage (FEDPC)- <http://www.fedpc.org/>
- Spanish Federation of Sports for the Deaf (FEDS)- <http://feds.feds.es/>

Main Spanish Associations of PwD and families:

- Spanish Committee of Representatives of People with Disabilities (CERMI)- <https://www.cermi.es/>
- Foundation ONCE- <https://www.fundaciononce.es/>
- Spanish Confederation of People with Physical and Organic Disabilities (COCEMFE)- <https://www.cocemfe.es/>

- State Representative Platform of People with Physical Disabilities (PREDIF) - www.predif.org/index.php?q=strongpredifstrong

Confederations and Federations

- Confederación ASpace- <https://aspace.org/>
- Spanish Confederation of Families of Deaf People (FIAPAS) - <http://www.fiapas.es/>
- State Confederation of Deaf People (CNSE)- <http://www.cnse.es/>
- COAMIFICOA- <http://coamificoa.es/>
- ASPAYM- <https://www.aspaym.org/>
- Plena Inclusión- <https://www.plenainclusion.org/>
- ECOM- <https://www.ecom.cat/>

Foundations:

- Fundación Ana Valdivia- <https://www.fundacionanavaldivia.org/>
- Fundación A la Par- <https://www.alapar.org/>
- Fundación AXA- <https://www.axa.es/fundacion>
- Fundación Cruyff- <https://www.cruyff-foundation.org/es/>
- Fundación Disa- <https://www.fundaciondisa.org/>
- Fundación Deporte y Desafío- <https://deporteydesafio.com/>
- Fundación Emilio Sánchez Vicario- <https://www.fundacionemiliosanchezv.org/>
- Fundación Estudiantes- <https://www.movistarestudiantes.com/fundacion-estudiantes/>
- Fundación Levante UD- <https://www.levanteutd.com/es/info/la-fundacion>
- Fundación Mapfre- https://www.fundacionmapfre.org/fundacion/es_es/
- Fundación Rafa Nadal- <https://www.fundacionrafanadal.org/es/default.asp>
- Fundación Real Madrid- <https://www.realmadrid.com/sobre-el-real-madrid/fundacion>
- Fundación Repsol- <https://www.fundacionrepsol.com/es>
- Fundación Sanitas- <https://corporativo.sanitas.es/fundacion-sanitas/>
- Fundación También- <https://tambien.org/>
- Fundación Telefónica- <https://www.fundaciontelefonica.com/>
- Fundación Trinidad Alfonso- <https://fundaciontrinidadalfonso.org/>
- Fundación Intras- <https://www.intras.es/>

PART 3: Internal and external barriers to participate into sport activities

a. Internal barriers

It has been proved how exercise and sport are essential activities for the development of any individual. With a view to ensuring equality in this field also, it is necessary to facilitate the access to sport's facilities and equipment minding the different barriers which can be faced by PwD. The Spanish law on sports establishes that the public sport's facilities must meet a series of requirements: they must be accessible and without any barrier which may constitute an obstacle for both PwD and elderly people. Likewise, the internal spaces of the sports' venues must be provided with all the necessary facilities which may allow the access of the above-mentioned people to those venues, taking into account the nature of the sports which these venues are destined for.

By reviewing the main complaints made by PwDs when it comes to the use of sports' facilities, the following appeared as the most stringent issues:

- The size of sports equipment, which sometimes is required to be bigger for PwD. It can happen that, while the facility itself complies with the regulations relating to the removal of architectural barriers, a full accessibility is still not granted.
- Improper design of ramps (ramps too sloping or without a horizontal plateau before the access door, etc.).
- The absence and the inadequate arrangement or design of fastening elements or items for moving and/or grasping (for example, handrails, doorknobs, bathroom fittings or keypads).
- The inadequate use of pavements (they often are too slippery, with poor quality execution, with an inadequate drainage system, with lack of contrast, etc.).
- Inadequate hygienic services (for example: inadequate disposition of plumbing fixtures, absence or inadequate arrangement of grab bars, small dimension of the spaces, doors too narrow or difficult to open, etc.).
- Inadequate informational signage (non-accessible media, problems with location, reflections or inappropriate lighting, etc.).

b. External barriers

Although considerable work has been done in recent decades in terms of raising awareness on these matters within the society, the data shows that PwD still face considerable barriers to their social participation in different areas:

Barriers to social participation	Men	Women
<i>Leisure and cultural activities</i>	87,9	93,1
<i>Leaving home</i>	73,3	85,9
<i>Access and mobility within and between the buildings</i>	59,2	63,4
<i>Economic situation</i>	58,6	61,8
<i>Access to suitable employment</i>	89,9	90,6
<i>Use of transport</i>	50,9	56,9
<i>Educational activities</i>	63,0	74,5
<i>Use of the internet</i>	29,1	27,6
<i>Contact and social support</i>	5,9	3,4

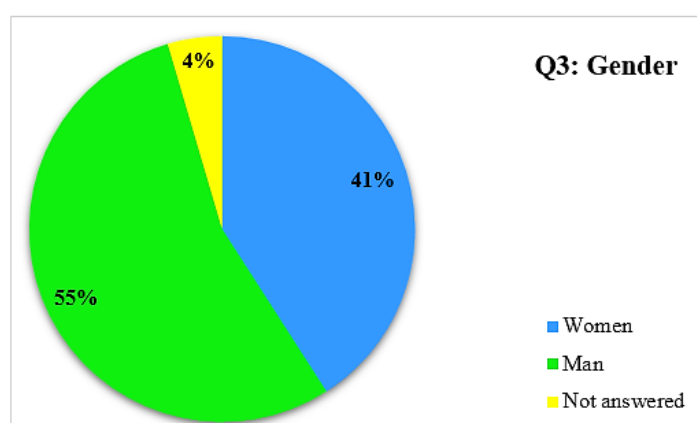
Source: EISS(2012)

3.7.2. Online Survey Findings

DEMOGRAPHIC DATA

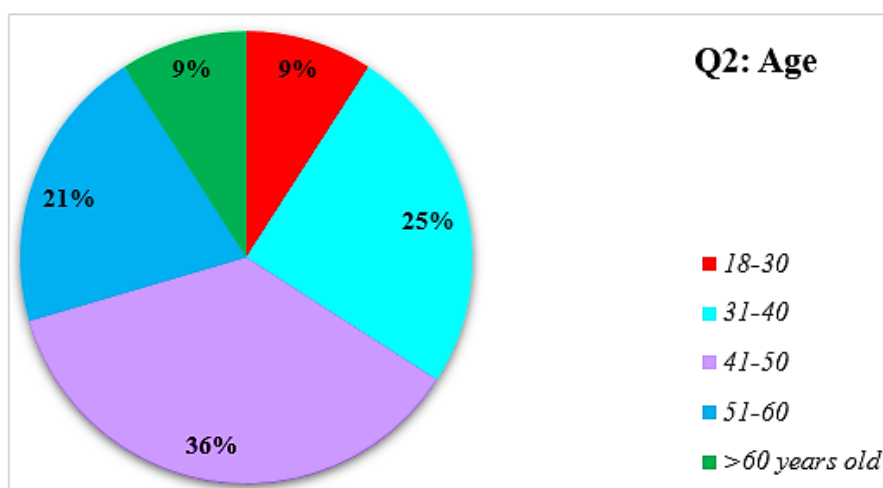
This section analyses the various demographic characteristics of the respondents and provide supporting figures (graphics) to illustrate the data. In the online research a total number of N=44 respondents from Spain completed the questionnaire.

a. Demographic data of research sample described by gender:



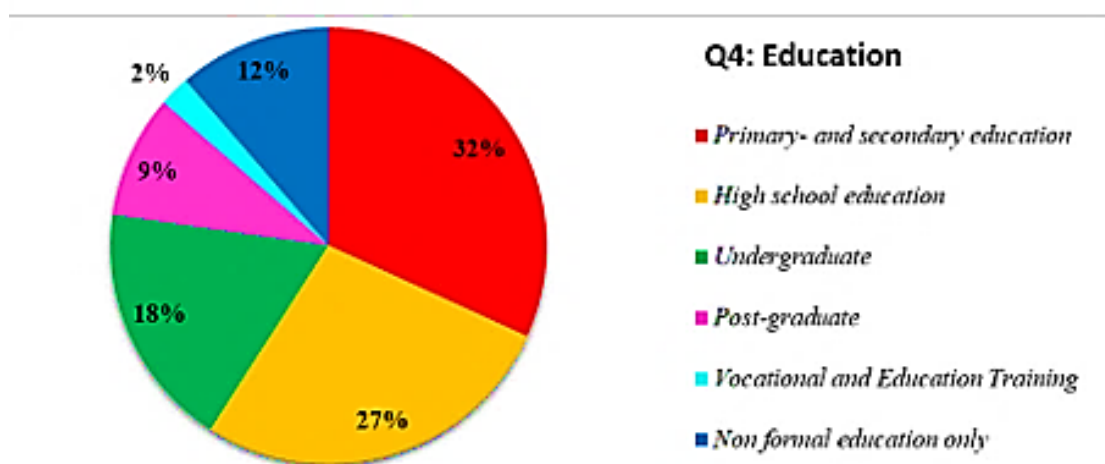
The Spanish research sample composed by 44 respondents includes the following gender characteristics: 18 women (41%) and 24 men (55%) while 2 people didn't wish to show their gender.

b. Demographic data of research sample described by age groups:



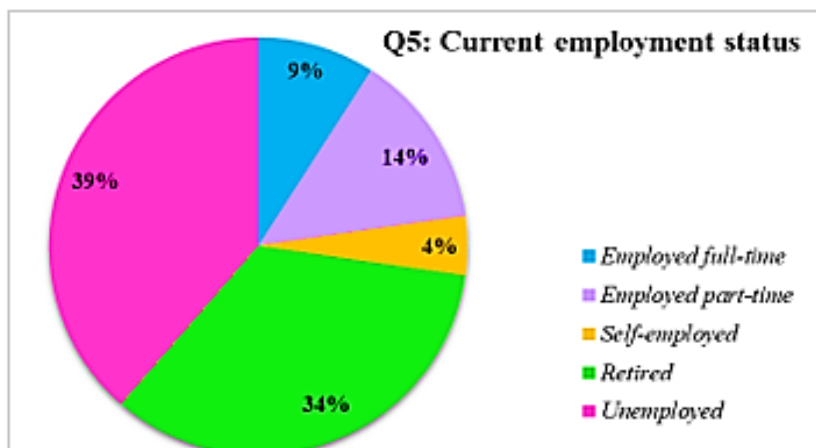
The respondents belong to the following age groups: 18-30 years (9%), 31-40 years (25%), 41-50 years (36%), 51-60 years (21%) and >60 years (9%). No data for group <18 years as Spanish target group is more focused on adult people.

c. Demographic data of research sample described by employment/education status:



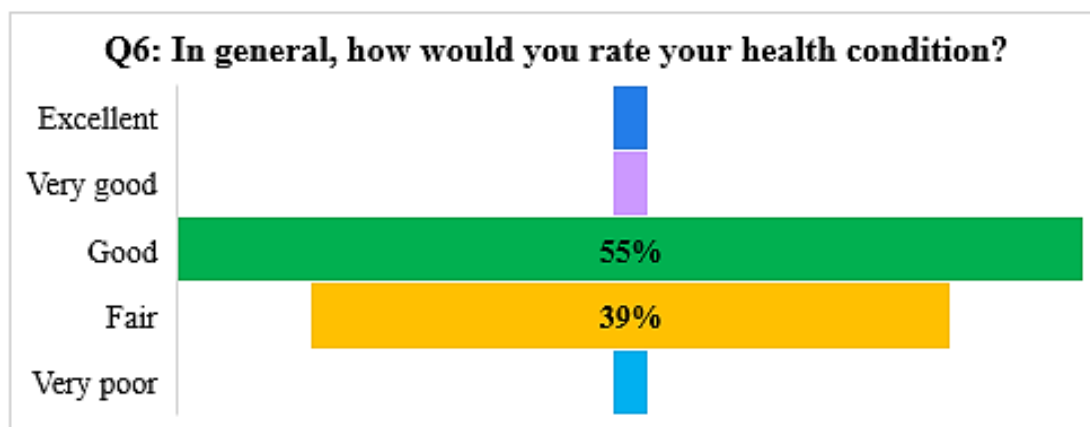
59% of respondents answered they have primary and secondary education or high school education. The rest of respondents (31%) studied higher levels of education.

Related to the employment status, the respondents are divided as following: employed full-time (+35 hours per week) (9%), employed part-time (less than 35 hours per week) (14%), self-employed (4%), retired (34%) unemployed (either looking or not looking a job (39%). As it shown most of the respondents (73%) are people who don't work.



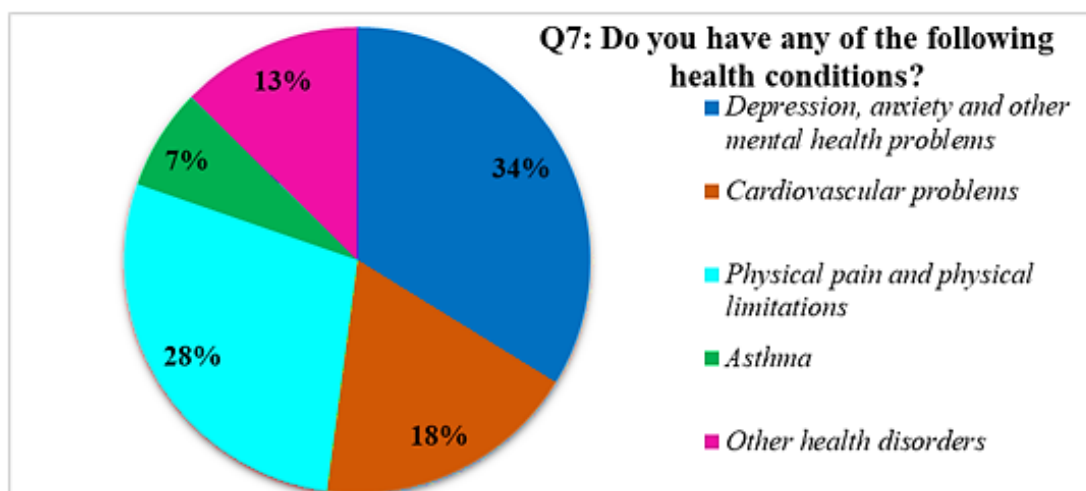
OVERVIEW OF GENERAL HEALTH ASSESSMENT

a. In general, how would you rate your health condition?

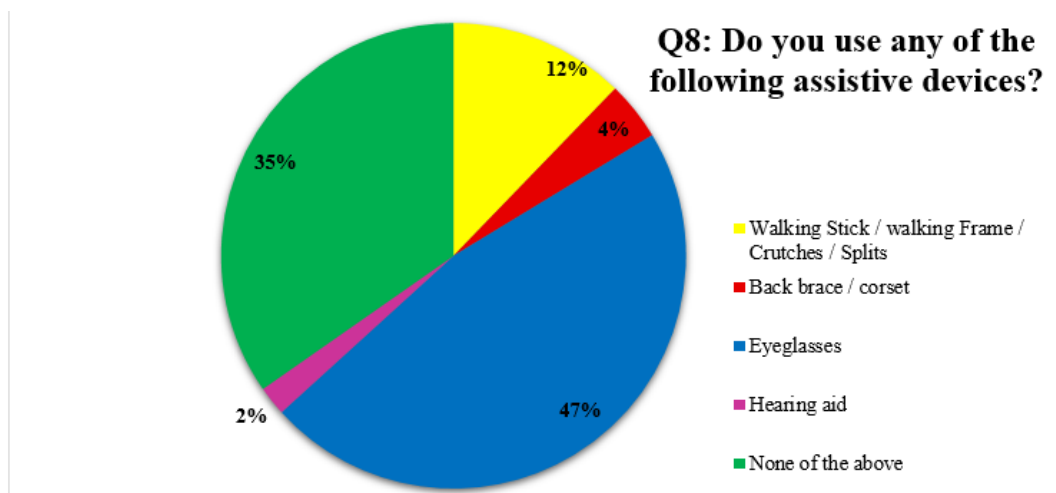


Our results showed that most of half of our respondents rated their health condition as Good, almost 40% with Fair condition. Very good condition and extremes as Excellent and Very poor had only a few percent

b. Do you have any of the following health conditions and do you use any of the following assistive devices?

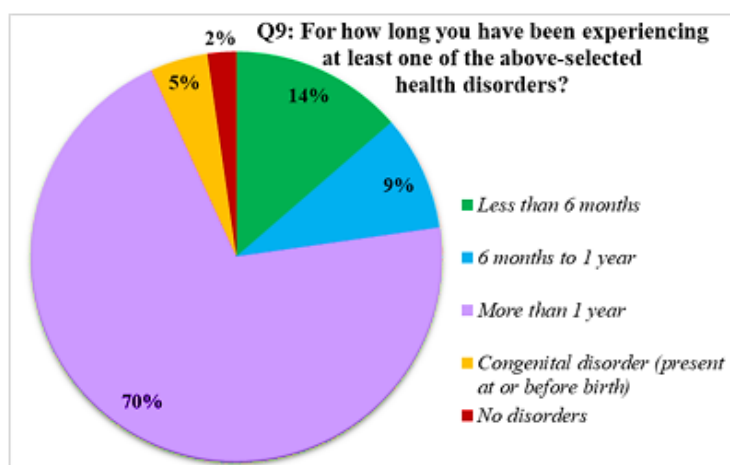


34% of respondents pointed out depression and anxiety and other mental health problems (our target group) as their main health condition. Physical pain / limitations and cardiovascular problems were also presented in the questionnaire.



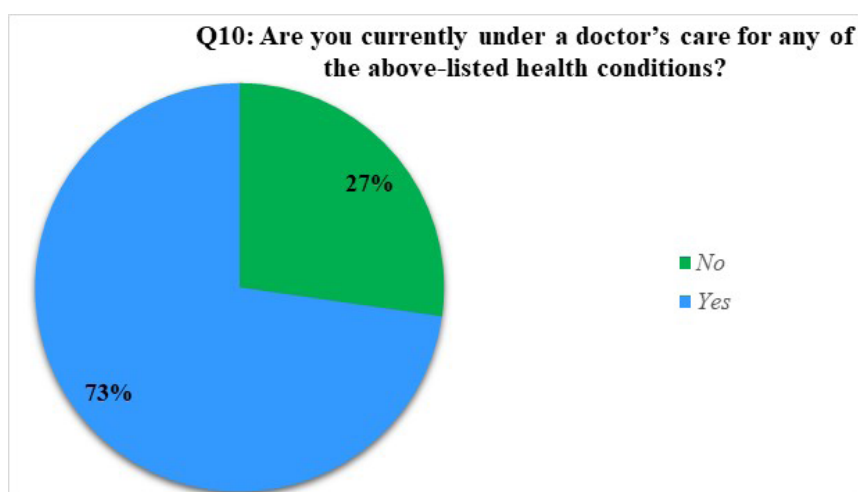
Almost the half of respondents use eyeglasses and a 12% a waling device. Over one third answered that they don't use any of the mentioned assistive devices

- c. For how long you have been experiencing at least one of the above-selected health disorders and are you currently under a doctor's care for any of the above-listed health conditions?



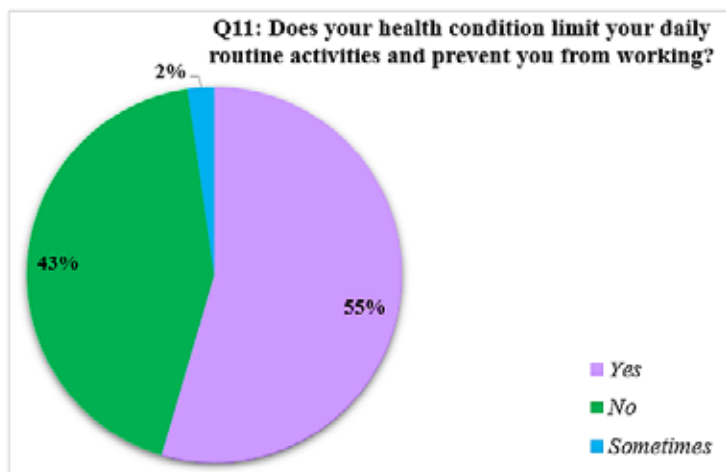
Almost the 75% of our respondents have been experiencing their health disorder for more than a year and 5% have had it before birth/present at. Only the 2% answered they don't experience any disorder.

- d. Are you currently under a doctor's care for any of the above-listed health conditions?



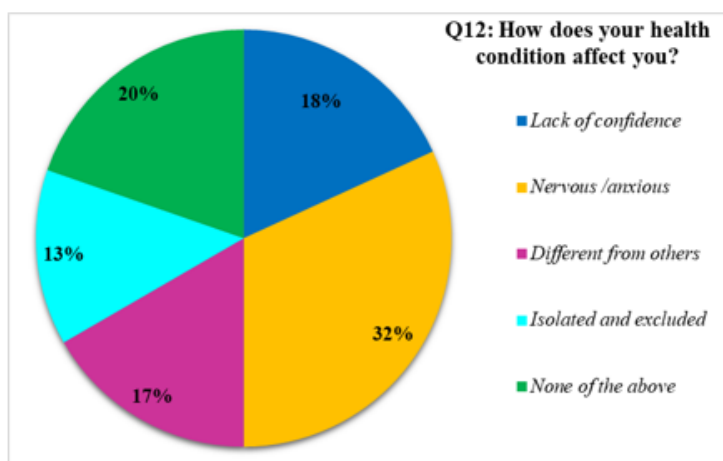
Almost the three quarters of answers show that respondents are under a doctor's care, which is a usual situation for our target group.

e. Does your health condition limit your daily routine activities and prevent you from working?



Over half of our respondents say that their health conditions stop them from working, although on the other hand 43% said that it does not. A very small percentage said that it does sometimes.

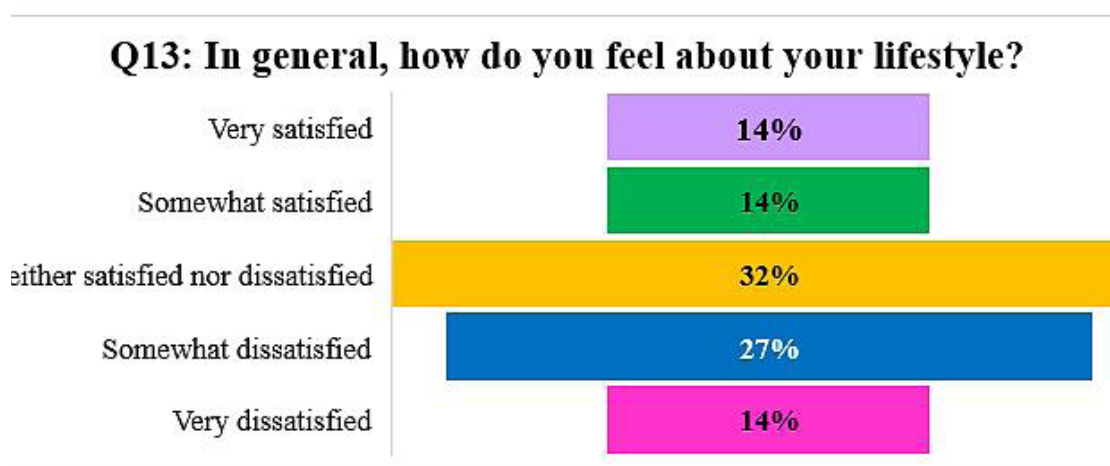
f. How does your health condition affect you? Does it make you feel any of below?



One third of our respondents answered they felt nervous or anxious. The rest of problems pointed out were: lack of confidence (18%), different from others (17%) and isolated and excluded (13%). Only a 20% of the responses were “none of the above”

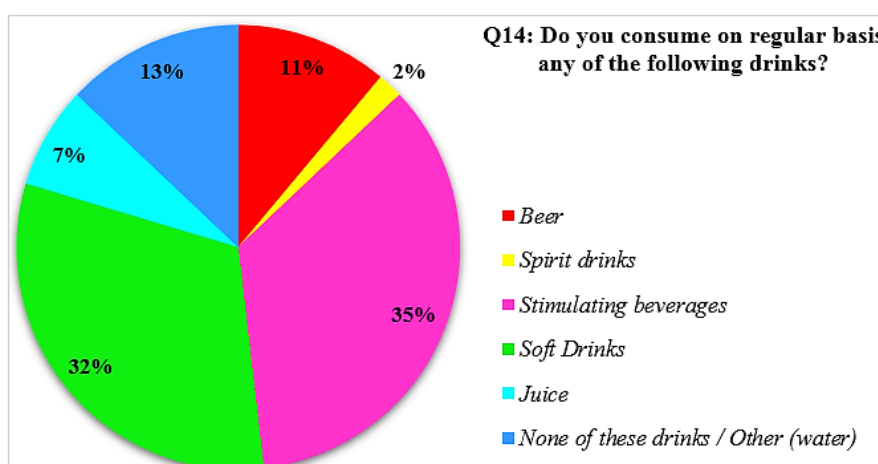
SPORTS PARTICIPATION AND HEALTH-RELATED QUALITY OF LIFE

a. In general, how do you feel about your lifestyle?

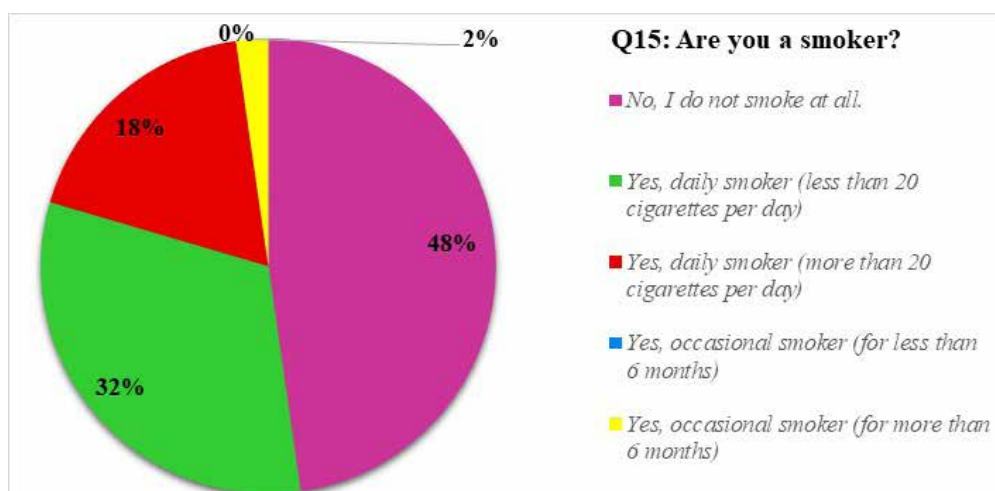


Most of our respondents feel somewhat or very dissatisfied or neither satisfied nor dissatisfied. The other two positive values (very or somewhat satisfied) were in a relatively small percentage, which implies that our target group perceive their lifestyle as negative.

b. Do you consume on regular basis (one per day on average) any of the following drinks and are you a smoker?

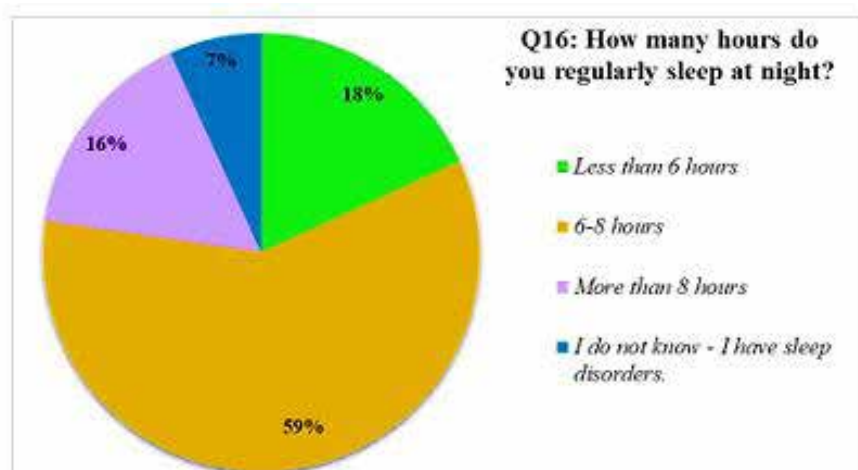


Stimulating beverages (35%) and soft drinks (32%) are the preferred for the respondents. Almost a quarter of the respondents enjoy a combination of at least two categories of beverages.



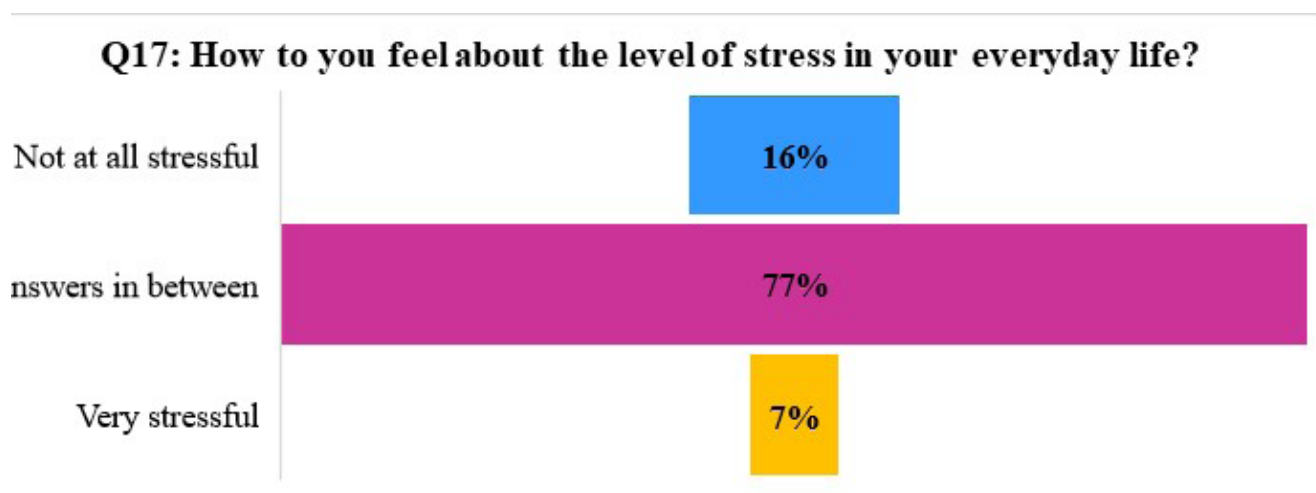
Almost the 50% of respondents are non-smokers, although with the same percentage there are daily smokers: less than 20 cigarettes per day (32%), more than 20 cigarettes per day (18%). The other categories had negligible percentages.

c. How any hours do you regularly sleep at night and how do you feel?

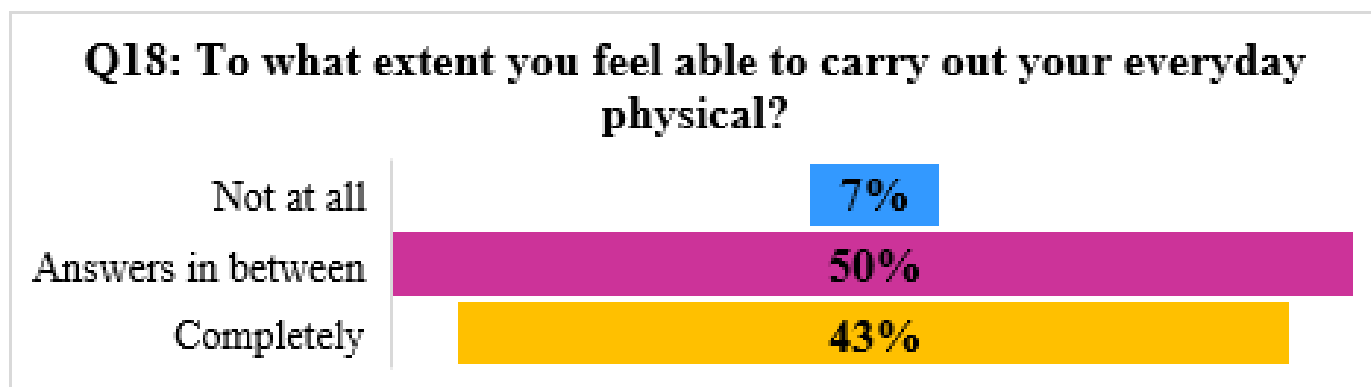


Over half of respondents sleep 6 to 8 hours a day, with 16% sleeping more than 8h and 18% less than 6h.

Most of the answers were in between, 77%, regarding the stress level in their life. This can be perceived as having some level of stress in their life. Only 7% answered that they feel very stressed.

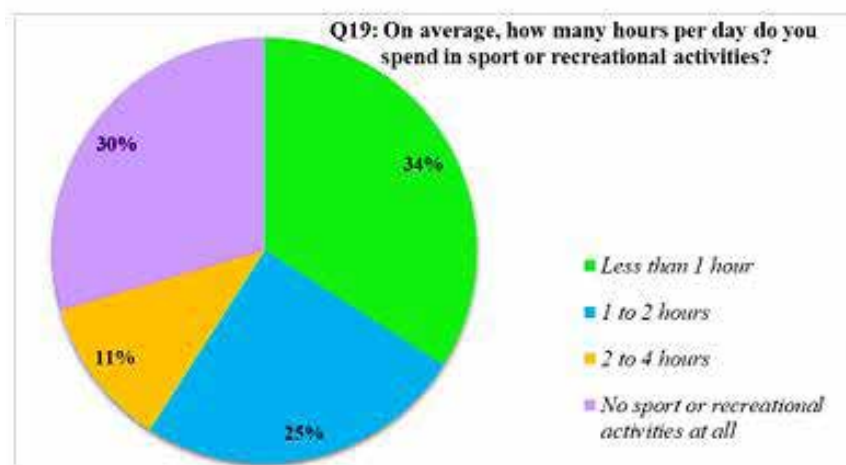


- d. To what extent you feel able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, and going to work?



A half of our respondents carry out their physical activities every day and 43% of them carries them out completely. Only a 7% don't feel able to carry them out everyday.

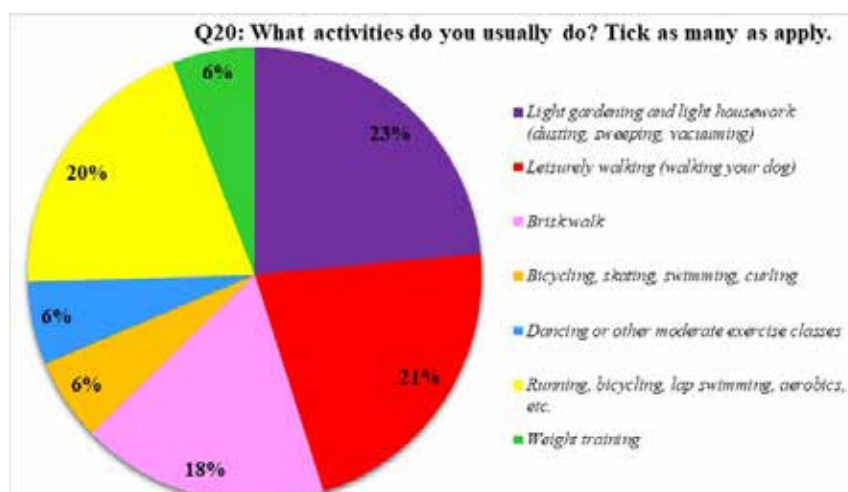
- e. On average, how many hours per day do you spend in sport or recreational activities and what activities do you usually do?



Almost a equal part of respondents spent less then 1h per day on exercise vs. no sports or recreational activities at all. With similar percentage goes to people who practice more than 1hour per day.

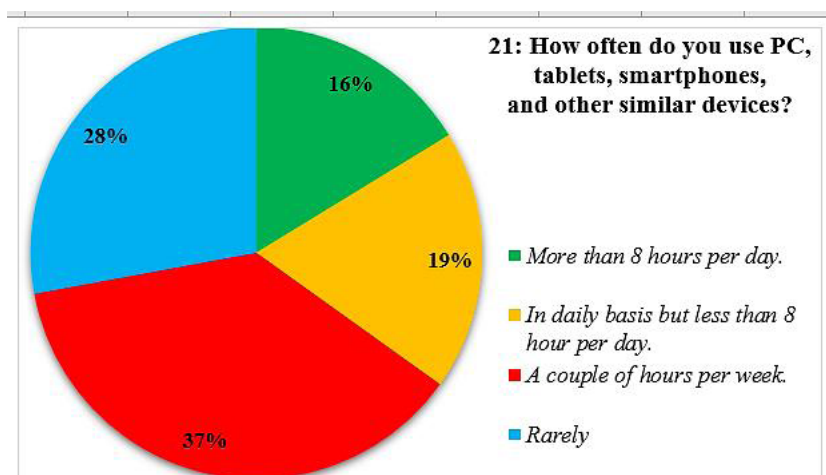
LITERACY AND INTERNET USE

- a. What activities do you usually do?



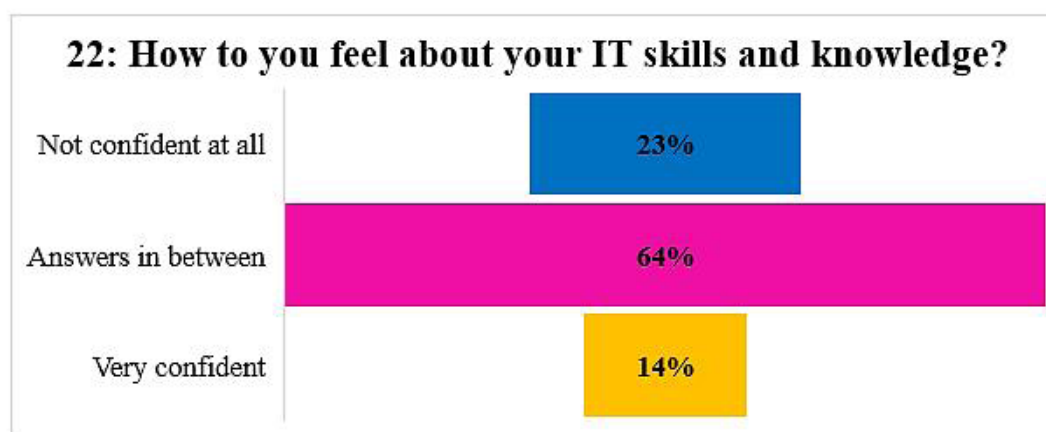
The most activities performed by respondents are light gardening and light housework (23%), leisurely walking (21%) and briskwalk (18%). Other activities that need more physical effort like running, bicycling, etc... are less performed.

b. How often do you use PC, tablets, smartphones, and other similar devices?



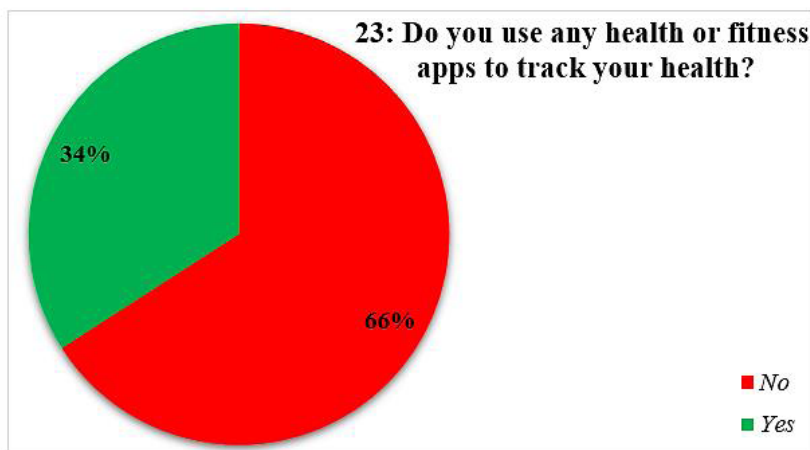
Our participants reported that rarely use electronic devices (28%) or only a couple of hours per week (37%). On the other hand only a third of respondents pointed out that use them on a daily basis.

c. How to you feel about your IT skills and knowledge?

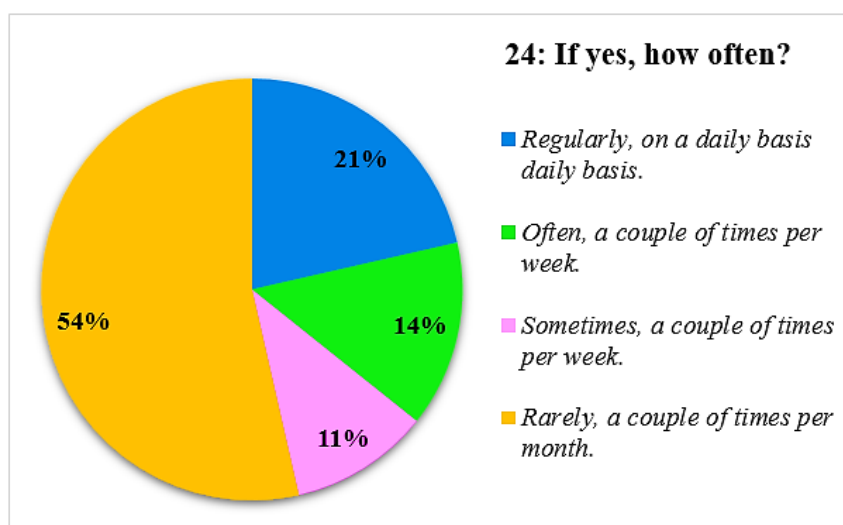


Only 14% of participants feel very confident in their IT skills which is a small number in our opinion and less than those who don't feel confident at all (23%)

d. Do you use any health or fitness apps to track your health? If yes, how often?



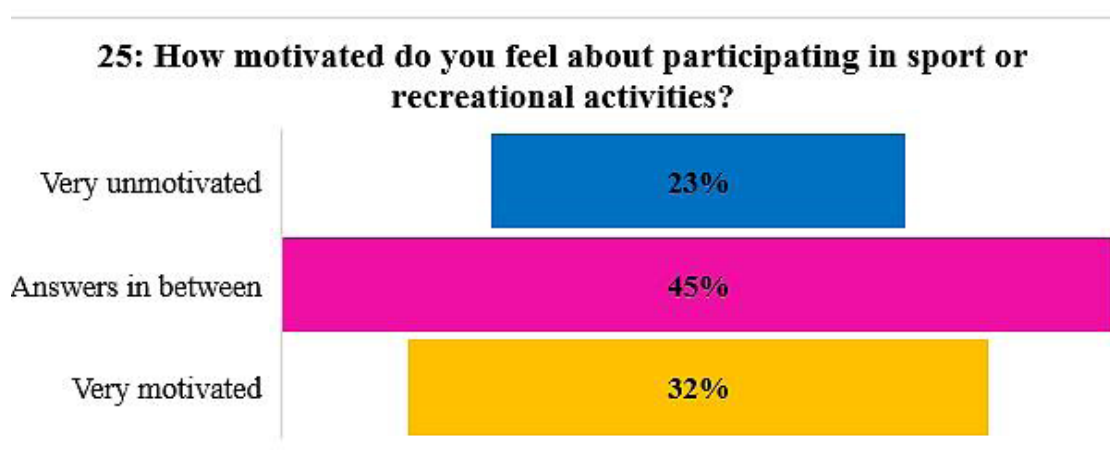
Reflecting the answer above, more than two thirds of respondents don't use any health apps



The ones that do, over half of them only use it rarely, a couple of times per month. On the contrary, the 21% of respondents use it on a daily basis.

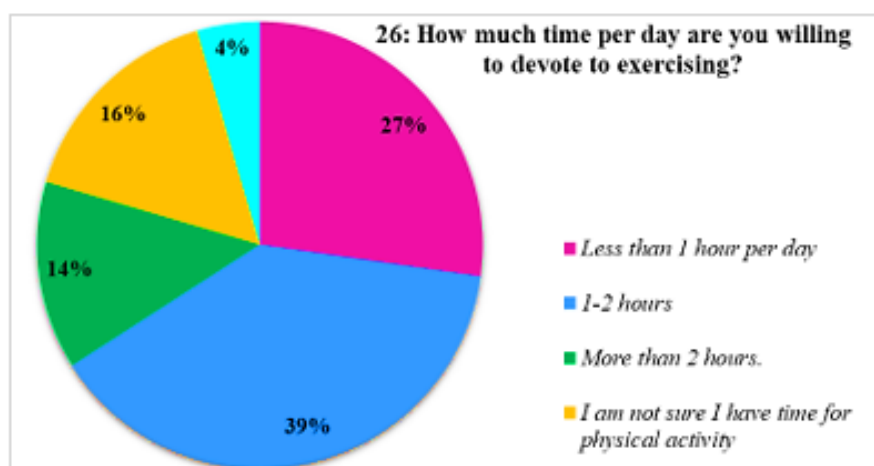
PERCEIVED BARRIERS & INCENTIVES TO A HEALTHY LIFESTYLE

a. How motivated do you feel about participating in sport or recreational activities?



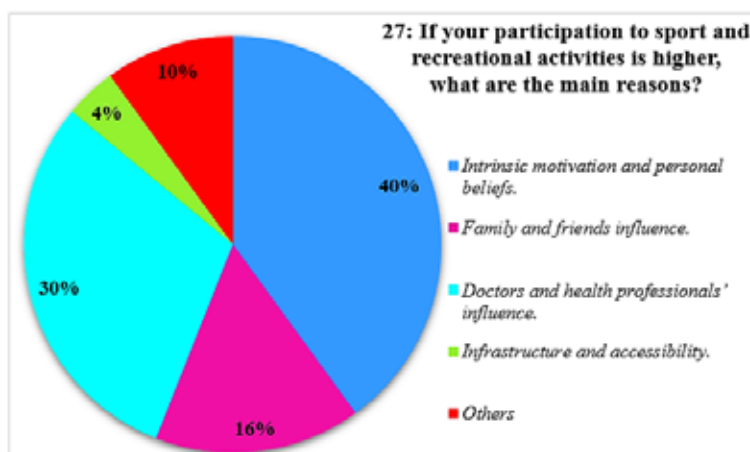
One third of our participants feel motivated to participate to some degree in sport activities. And 45% may feel very motivate.

b. How much time per day are you willing to devote to exercising?

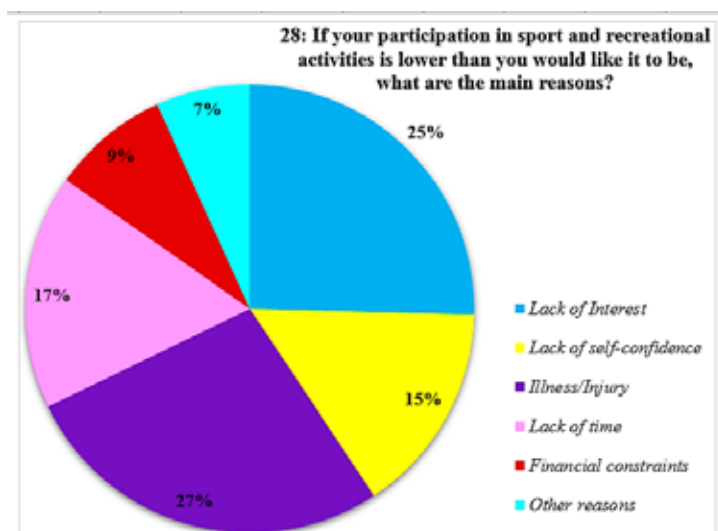


Over 50% are willing to devote more than 1h per day to exercise. On the contrary a 16% are not sure to have time for physical activity or only to exercise less than 1 h (27%).

- c. If your participation to sport and recreational activities is higher or lower (than you would like it to be), what are the main reasons?

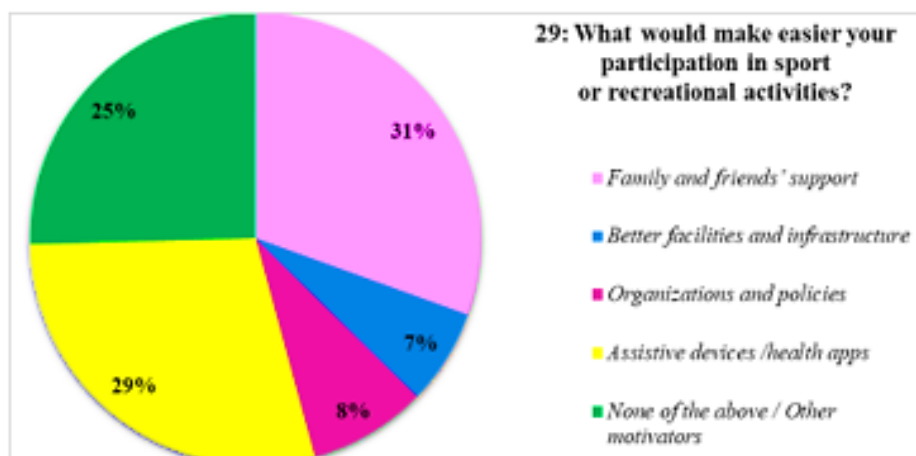


The biggest motivations for participation are “Intrinsic motivation and personal beliefs” (40%), followed by doctors and health professionals (30%).



On the opposite side, the main obstacles are illness/injury (27%), lack of interest (25%), lack of time (17%) and lack of self-confidence (15%).

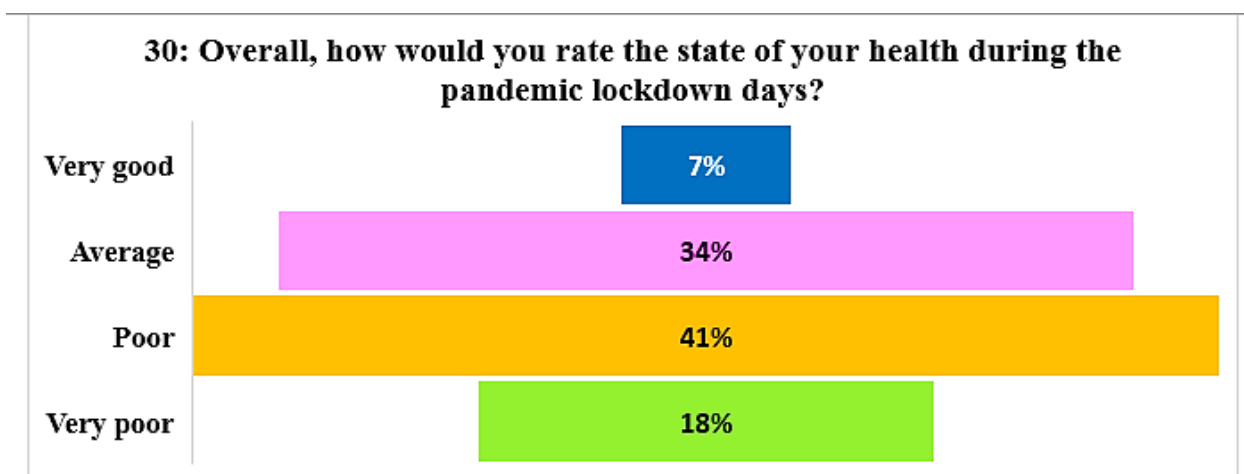
d. What would make easier your participation in sport or recreational activities?



For respondent's family and friends' support (31%), assistive devices (29%) would make easier the participation in sport or recreational activities.

COVID-19 PANDEMIC OUTBREAK & WELL-BEING

a. Overall, how would you rate the state of your health during the pandemic lockdown days?



41% of our participants reported having an average to very good mindset during lockdown, but over a half have the contrary feeling.

- b. What would help you maintain a better level of physical and mental well-being during the COVID-19 pandemic?
- The Spanish survey show that people would prefer:
 - Don't focus on the pandemic
 - Maintain activity and try to make normal life
 - Motivate me to do some physical exercise
 - To be entertained
- c. Do you have any other comments about how the COVID-19 pandemic is impacting upon your well-being and physical activity and what kind of support you would need?

According to the survey all the responses have a negativemood. Most people wished during the lockdown could have gone out for a walk and missed the practice of some sports. Moreover, some of them believe that is necessary some psychological/family support and/or decrease the news on the media that focus on COVID. After doing some research (with pivot tables) focused on those with mental health issues (Spanish focus group) the mainconclusions are:

- In some cases, they experienced other physical disabilities
- Most people with anxiety or depressionfeel nervous, anxious and experienced lack of confidence
- Don't spend more than 1 hour in sport or recreational activities
- 100% are under a doctor's care
- Almost 100% affirm that their health condition affects their daily routine
- Most people with anxiety or depression don't use health or fitness apps although they are used to use PC, tablets and/or smartphones,
- They are willing to dedicate some time in physical activities (not more than 2 hours)
- There is not a relation between being smoker and suffer depression or anxiety (50% of respondents are smokers, and the other 50% are not smokers)
- They consider themselves as people with disabilities and are have a whole self-perception about their own situation.

3.8. Sweden

3.8.1. Desk Research Overview

Part 1: Overview on disabilities and PwDs in your country, its definition and statistics.

a. How is the concept of disability perceived in your country?

In Sweden instead of function-disability is not uncommon to instead use the term function-variation (funktionsvariation) (Nordlund-Spiby, 2018). Regarding how disability is perceived, this to say that every person has some type of function-variation whether or not it is a well now disability So, in short, we are all equal and unique. The two termed use by Socialstyrelsen (National Board of Health and Welfare) is still (funktionsnedsättning) function-disability to describe an individual disability and (funktionshinder) function obstacle to describe a relation between the surrounding environment and the individual (Socialstyrelsen, 2007).

a. What are the most common disabilities in your country?

Most of this data is from Funka NU (2020) that is a consulting firm focusing on disability. Funka Nu is working with authorises within the government.

1. Mental health related disorders (**migraine; depression; post-traumatic stress disorder**);
 - Mental illness- About 16% of the population say they suffer from mental illness. 60,000 people are treated for mental health care every year.
2. Digestive, metabolic and endocrine systems related disorders (**diabetes; obesity**);
 - According to the Public health agency of Sweden (Folkhälsomyndigheten yearly health report (Folkhälsanutveckling, 2020) more than 50 % is either overweight or obesity.
3. Skin related disorders (**psoriasis**);
 - According to the Psoriasis Association (psoriasförbundet) (Om Psoriasis, 2020) about 250,000 to 300,000 individuals have psoriasis in Sweden.
4. Seeing, hearing and vestibular related disorders (**blindness; low vision; hearing impairment**);
 - Hear- 1.5 million hear badly. More than half of these are over 65. At least 30,000 people are in need of sign language or similar support.
 - See – Given the number of people enrolled in the country's vision centres, about 120,000 are counted as visually impaired. At least 30,000 are severely visually impaired or completely blind.
5. Cardiovascular, haematological, immunological and respiratory systems related disorders (**anemia; asthma; arthritis**);

- According to AstamochallergiFörbundet (2020) about 10 percent of adults and 9 percent of children have asthma.
- According to Reumatikerlinjen (2020) about one million people in Sweden live with a rheumatic disease.
- No statistics information about anemia where found.

6. Neuromusculoskeletal and movement-related disorders (**locomotor with or without other limitations/ disabilities; lower back pain; sciatica**).

- Movement and motor skills - 515,000 people over the age of 16 have a motion reduction. Almost half of them are over 75 years old.
- 150,000 people use wheelchairs.

This is subgroups of disabilities that I was unable to put in any of categoric predefined.

1. Read and write- About 25% of the adult population has problems reading. 14% of the population has weak talent.
2. Understand- The definition of weak talent is that you have between 70 and 85 in IQ. Around 38000 have intellectual disabilities in some form
3. Neuropsychiatric-5% of all children and 2.5% of all adults are estimated to have ADHD.

Those with severe motoric or mental disabilities, currently around 74000, have government-funded support as part of the to the LSS (Lagen om stödoch service för visa funktionshindrade) act on support and service for some disabled people.

b. Are there any statistics about PWDs, their disabilities and health indicators that affect their lifestyle?

According to the Swedish Agency for Participation (MDF, 2017) that is responsible for ensuring that everyone regardless of disability should be able to fully participate in society one third is unhappy with their health. 40% of the women and 25% of the men. Disability in this study consisted of group 4 and 6 in the desk research template.

Three out of ten never exercise or more rarely than once a week. However, three quarters would like to exercise more than they do today. Half of those who would like to exercise more state that they do not have the energy to exercise and a third state that they cannot afford to exercise more than they do. According to Statistics Sweden (SCB, 2020) 87,5±0,8 % of the general public have good health but only 59,0 ±1,6 % of people that have some form of disability. The group of people with disabilities here includes people who have visual impairment, hearing impairment, impaired mobility, severe asthma or allergy problems, severe anxiety, anxiety or anxiety problems, major problems. dyslexia and / or dyscalculia, a neuropsychiatric diagnosis or having health problems that greatly limit activity. 1,4±0,3 % of the general public is considered to have bad health, this increases to 13,0±1,1 % for a person with one disability and 29.9±3,0 % for a person with two or more disabilities. According to [6] those with autism moved the least, people with physical disabilities a little more and with developmental disabilities a little more. Most active were those with hearing loss. However, all groups moved less than those without disabilities.

c. What is the general number of PwDs that participates in sport in your country?

Three out of ten PwDs never exercise or more rarely than once a week (MDF, 2017). Regarding access to sports, one survey showed that 14 of the 40 sports clubs had ongoing activities specially designed for children / young people with disabilities (AustTallkvist, 2008). The disabilities of those children where Visual impairment, Downs, Asperger's, hearing loss, ADHD / Vapor, autism, poorly gifted / learning disability, physical disability and cp injury. Covered sports were: Football, floorball, ice hockey, volleyball, gymnastics, athletics, bicycle, table tennis, orienteering, skiing, rowing, horseback riding, handball, golf, gymnastics, tennis, hiking, cross-country skiing, bandy. However, the report did not include witch sport that hade activities for PwD's.

d. Is ther any support from public or other parties to promote their healthy lifestyle and inclusion to sport?

- Yes, there are many public agencies in Sweden that have identified the problem with lack of activity for PwDs and consequently the risk of bad health. Some agency that has taken action are Folkhälsomyndigheten (Public health agency of Sweden). The Public Health Authority worked partly to monitor and report on the health of people with disabilities and partly to follow up health promotion and preventive measures nationally, regionally and locally. Myndighetenför delaktighet (Swedish Agency for Participation) works to promote a society that should be useful and accessible to all. Socialstyrelsen (National Board of Health and Welfare) is Sweden's knowledge authority for care and care. RF- Riksidrottsförbundet (National Sports Federation) is the sports movement's unifying organization with the task of supporting, representing, developing and leading the movement on common issues, both nationally and internationally. They are among other the responsible for inkluderade.se that is a website filled with facts, knowledge, inspiration, films, interviews and specific tools for working with norms and inclusion. Last is the Swedish Paralympic Committee that is responsible the elite athletes with disabilities. See links on Part2, question 1.

1. Mental health related disorders (**migraine; depression; post-traumatic stress disorder**);

- Socialstyrelsen- www.socialstyrelsen.se

2. Digestive, metabolic and endocrine systems related disorders (**diabetes; obesity**);

- Socialstyrelsen- www.socialstyrelsen.se

3. Skin related disorders (**psoriasis**);

- Psoriasisförbundet – www.psoriasisiforbundet.se

4. Seeing, hearing and vestibular related disorders (**blindness; low vision; hearing impairment**);

- Hörselskadadesriksförbund – www.hrf.se
- Synskadadesriksförbund – www.srf.se

5. Cardiovascular, haematological, immunological and respiratory systems related disorders (**anemia; asthma; arthritis**);

- AstmaochAllergiFörbundet – www.astmaoallergiforbundet.se
- 6. Neuromusculoskeletal and movement-related disorders (**locomotor with or without other limitations/ disabilities; lower back pain; sciatica**).
- DHR (national association for people with impaired mobility)
www.dhr.se

Part 2: Understanding the national picture in your country for PwDs in health, education and service sector:

a. Which are the main stakeholders related to the PwDs in your country? Please set up a list with organisation names and websites (when applicable).

- Folkhälsomyndigheten- www.folkhalsomyndigheten.se
- Myndigheten för delaktighet- www.mfd.se
- Socialstyrelsen- www.socialstyrelsen.se
- Funka – www.funka.se
- Funktionshinderpolitik – www.funktionshinderpolitik.se
- RS (Riksidrottsförbundet) – www.rf.se
- Svenska Olympiska Kommitté – www.sok.se
- Svenska Paraolympiska Kommitté – www.paraolympic.se
- The Swedish school of sport and health science – www.gih.se
- Hörselskadades riksförbund – www.hrf.se
- Synskadades riksförbund – www.srf.se
- Psoriasisförbundet – www.psoriasisiforbundet.se
- AstmaochAllergiFörbundet – www.astmaoallergiforbundet.se
- DHR (national association for people with impaired mobility) – www.dhr.se
- Riksförbundet Attention (ADHD) – www.attention.se
- Svenska dyslexiföreningen - www.dyslexiforening.se
- 1177 Vårdguiden – www.1177.se
- Skolverket – www.skolverket.se
- Idrottsforskning – www.idrottsforskning.se

b. What is the law in force that operates in your country related to PwDs, their rights and benefits?

Two laws are related to PwDs right and benefits; The first is The Discrimination Act that counters discrimination and promotes equal rights and opportunities regardless of among other disability. The second is the LSS (Lagen om stöd och service för vissa funktionshindrade) act on support and service for some disabled people. Those with severe motoric or mental disabilities, currently around 74000 have some type of support as part of the to LSS. A third law worth mention is the Swedish school law that states everyone should be educated in sports/ health regardless of for example disabilities.

c. What are the main Community-Based Services for PwDs in your country?

Many disabilities have a national association (riksförbund) that are funded by the government. some are included in the links on part 2 question 1. All of them should be considered to be the base for the community of every individual disability. RF is the base community concerning anything within sports in Sweden.

1. Mental health related disorders (**migraine; depression; post-traumatic stress disorder**);
 - Socialstyrelsen- www.socialstyrelsen.se
2. Digestive, metabolic and endocrine systems related disorders (**diabetes; obesity**);
 - Socialstyrelsen- www.socialstyrelsen.se
3. Skin related disorders (**psoriasis**);
 - Psoriasisförbundet – www.psoriasisforbundet.se
4. Seeing, hearing and vestibular related disorders (**blindness; low vision; hearing impairment**);
 - Hörselskadadesriksförbund – www.hrf.se
 - Synskadadesriksförbund – www.srf.se
5. Cardiovascular, haematological, immunological and respiratory systems related disorders (**anemia; asthma; arthritis**);
 - AstmaochAllergiFörbundet – www.astmaoallergiforbundet.se
6. Neuromusculoskeletal and movement-related disorders (**locomotor with or without other limitations/ disabilities; lower back pain; sciatica**).
 - DHR (national association for people with impaired mobility)
 - www.dhr.se

d. What are the main Health Services provided to PwDs in your country?

The health service provided in Sweden is fully funded by the government, county councils and municipalities. They should to its best of its ability provided the care as stated by The Discrimination Act. In those cases where there is a need for continued support. The LLS act stated kicks in that is funded by the government.

1. Mental health related disorders (**migraine; depression; post-traumatic stress disorder**);
 - Investigation and medication under high cost protection max 1150 sek yearly
2. Digestive, metabolic and endocrine systems related disorders (**diabetes; obesity**);
 - investigation, education, medication and gastric surgery under high cost protection max 1150 sek yearly
3. Skin related disorders (**psoriasis**);
 - Investigation and medication under high cost protection max 1150 sek yearly
4. Seeing, hearing and vestibular related disorders (**blindness; low vision; hearing impairment**);
 - Investigation and necessary technical aids and assistances is covered under the high cost protection but not all. If you want to buy a more fancy hearing aid you need to pay extra.
5. Cardiovascular, haematological, immunological and respiratory systems related disorders (**anemia; asthma; arthritis**);
 - Investigation and medication under high cost protection max 1150 sek yearly
6. Neuromusculoskeletal and movement-related disorders (**locomotor with or without other limitations/ disabilities; lower back pain; sciatica**).
 - Investigation and necessary technical aids and assistances much is covered under the high cost protection but not all. If you want to buy a more fancy technical aid you need to pay not all but some of the extra cost.

e. What are the main Technical Aids and Assistive Devices offered to PwDs in your country?

All technical Aids and Assistive Device is provided by the government, city councils or municipality for free or with some small fee. They should be individually tested product aimed at maintaining or increasing activity, participation or independence by compensating for disability (Socialstyrelsen 2016). The tools that county councils are usually responsible for are:

- assistive devices for people with hearing impairments of all ages assistive devices for people with visual impairments of all ages

- aids for children regardless of disability
- orthopedic aids of any age medical treatment aids of any age.

The county councils and municipalities have a shared responsibility for:

- assistive devices for people with disabilities, in addition to orthopedic aids
- aids to persons with communication or cognitive disabilities
- incontinence aids.

f. What are the main educational services and academic barriers provided to PwDs in your country?

As part of the school law in Sweden, those who are in need have the right of extra adaptation of teaching and special support within the framework of regular teaching. Support is individually adapted there for hard to adapted to the desktop definition. There is also a dedicated elementary school and upper secondary school for individuals with different learning disabilities (Socialstyrelsen, 2016).

g. What is accessibility for PwDs in your country?

As stated in (The Discrimination Act , 2008) the accessibility should be equal regardless of disability. This means that to the best of the government or companies' ability the accessibility to an activity or area should be the same regardless of one's disability.

h. Are there any other public services (such as free/discounted public transportation, dedicated spaces/ facilities at public environments, etc.) provided to PwDs in your country?

In Stockholm and most public transportation a person using a wheelchair or walker travel for free on the buses where the driver checks the tickets. When travelling in all other ways, you pay as usual. There is always a disability toilet in a restaurant or other public environments. Other facilities like elevator, induction loops, vision aids are also common in public environments.

i. What possibilities are there to help a disabled person take part in a sport in your country?

I would say that the possibility to help a disabled person to do sport are good in Sweden. As stated above regarding access to sports clubs, one survey showed that 14 of the 40 sports clubs already had activities for children / young people with disabilities (AustTalkvist, 2008). However, I think the biggest problem for many, regardless of disabilities, in Sweden is that doing sports are expensive.

Part 3: External and Internal Barriers to participate to sport activities:

a. What are the main external barriers/ reasons that PwDs do not participate in sport events in your country?

According to (MDF, 2017) a third state that they cannot afford to exercise more than they do. 14 of the 40 sports had activities for children / young people with disabilities (AustTalkvist, 2008). Many children with disabilities experience large groups as an obstacle (MDF, 2017). Not to feel accepted by their peers in a sports context (AustTalkvist, 2008) According to the Agency for Youth and Civil Society (MUCF), young people with disabilities feel less involved and have less opportunity to influence their life situation than others. In grades

6 and 9, for example, it is twice as common that students with disabilities never or rarely have fun with friends. Sociologist Elisabet Apelmo at Malmö University, who researches sports and disabilities in elementary school. She describes that students often have negative experiences of sports education, especially in the older grades. They feel excluded, singled out, ridiculed and teased.

b. What are the main internal barriers/ reasons that PwDs do not participate in sport events in your country?

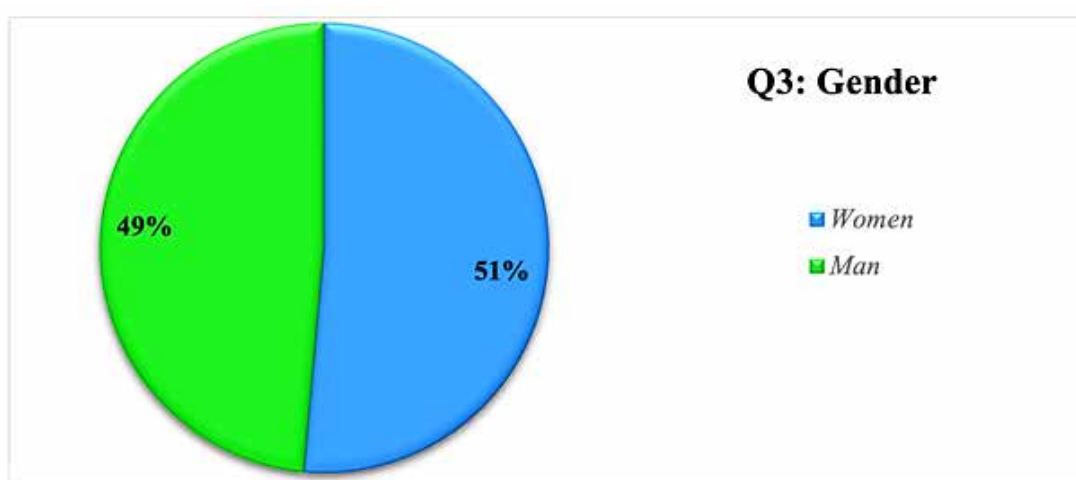
According to (MDF, 2017) half of those who would like to exercise more state that they do not have the energy to exercise. The distance to activities and outdoor areas plays a role, as do the possibilities for transport and possible equipment and assistance. Many times, children and young people with disabilities also live far from their specially adapted school. They then become addicted to being bumped by car, and ride bicycles and therefore walk less than other young people. According to (Philblad, 2017), better educated teachers and coaches, more and more early resources and an increased focus on the individual's needs, seems high on the researchers' wish list.

3.8.2. Online Survey Findings

DEMOGRAPHIC DATA

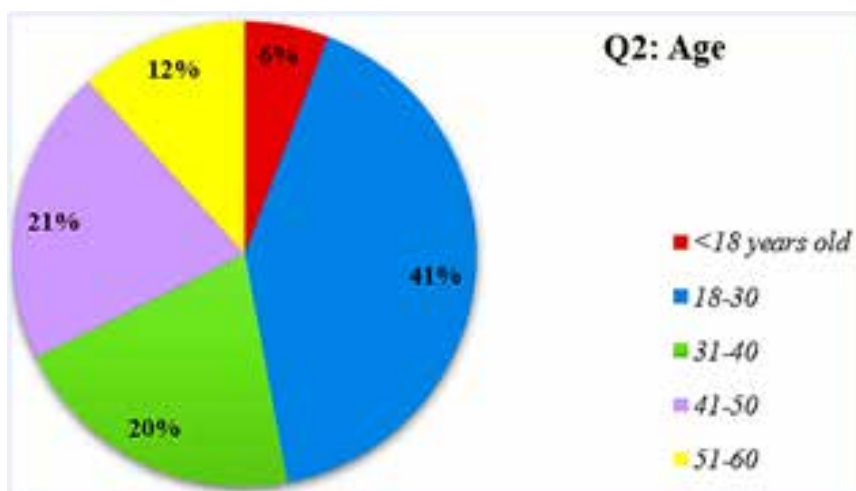
This section analyses the various demographic characteristics of the respondents by providing supporting figures (graphics). In the online research a total number of N=35 respondents from Sweden completed the questionnaire.

a. Demographic data of research sample described by gender:



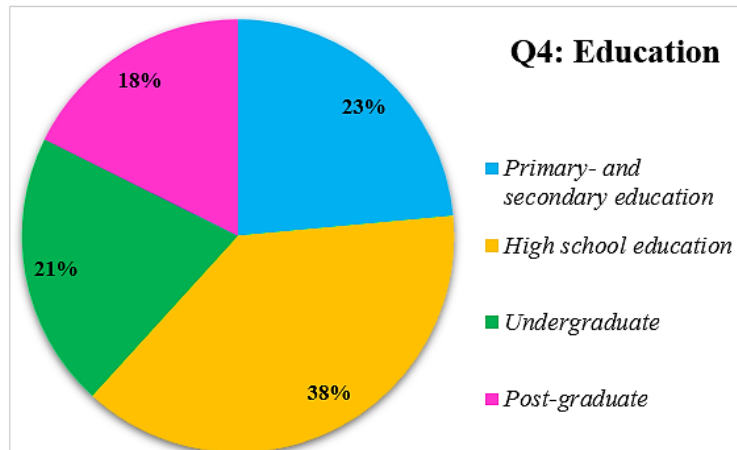
51% of the respondents are female and 41% are male.

b. Demographic data of research sample described by age groups:



47% of the respondents are where younger and under 30 years old.

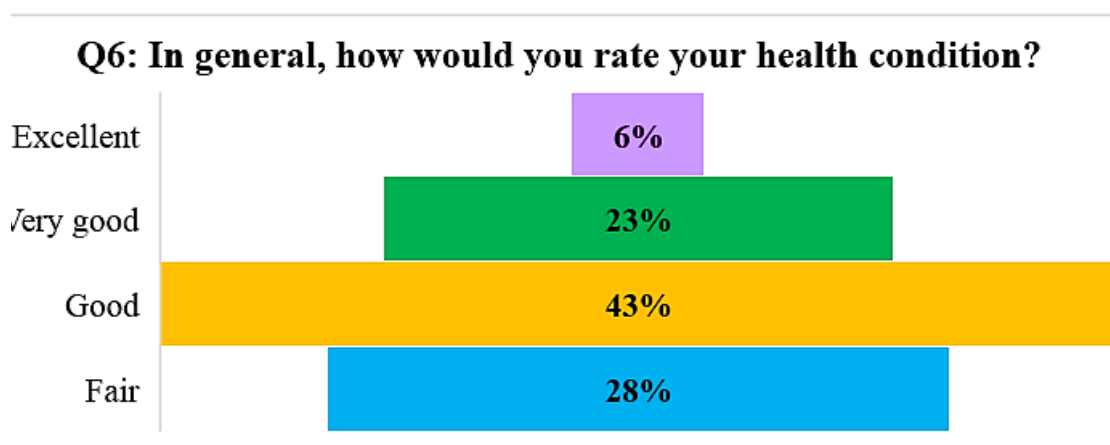
c. Demographic data of research sample described by employment/education status:



As most responses were younger, thus resulting in that only 39% had an undergraduate or post-graduate education.

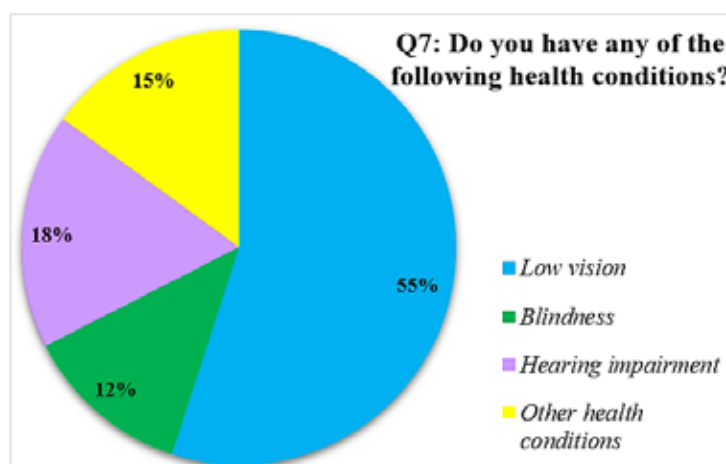
OVERVIEW OF GENERAL HEALTH ASSESSMENT

a. In general, how would you rate your health condition?

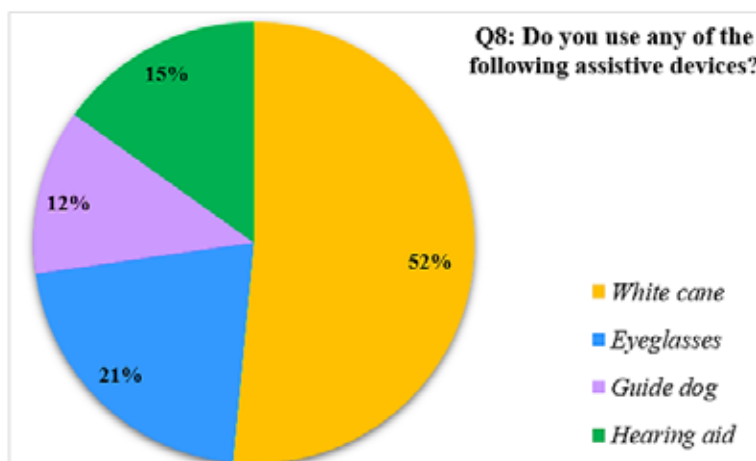


Most response seemed to do some exercise on at least a weekly basis, hence most (73%) were happy with there health conditions.

b. Do you have any of the following health conditions and do you use any of the following assistive devices?



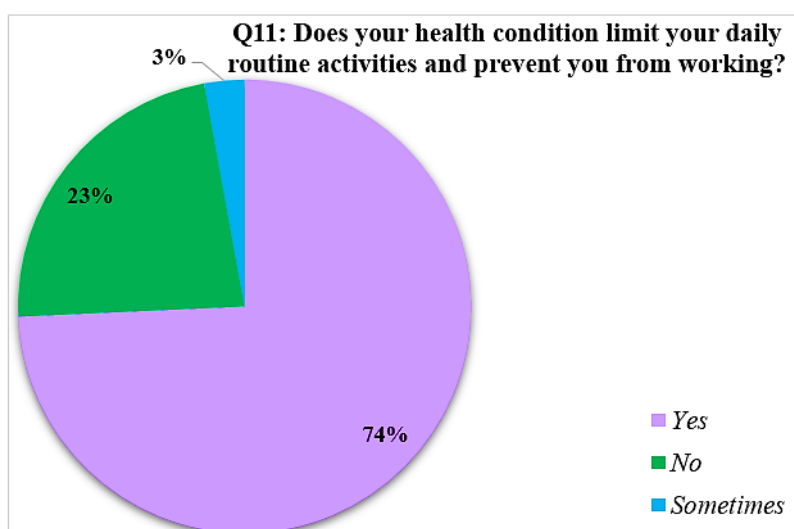
The survey tried to target PWD with visual impairments, and 67% of respondents reported visual impairment. I may be more hidden under the category Other health conditions 15%



- c. For how long you have been experiencing at least one of the above-selected health disorders and are you currently under a doctor's care for any of the above-listed health conditions?

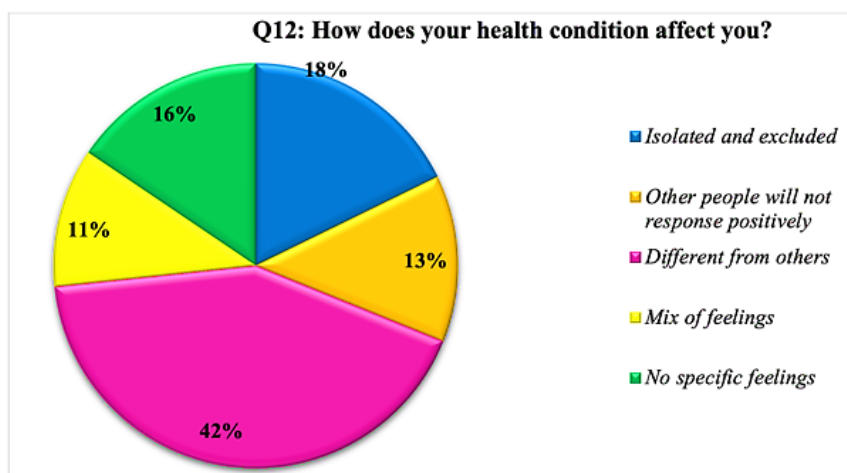
For 21 participants it was a congenital disorder and 15 have had it for more than a year.

- d. Does your health condition limit your daily routine activities and prevent you from working?



26 of 35 of participants claim that their health condition affects their daily routines.

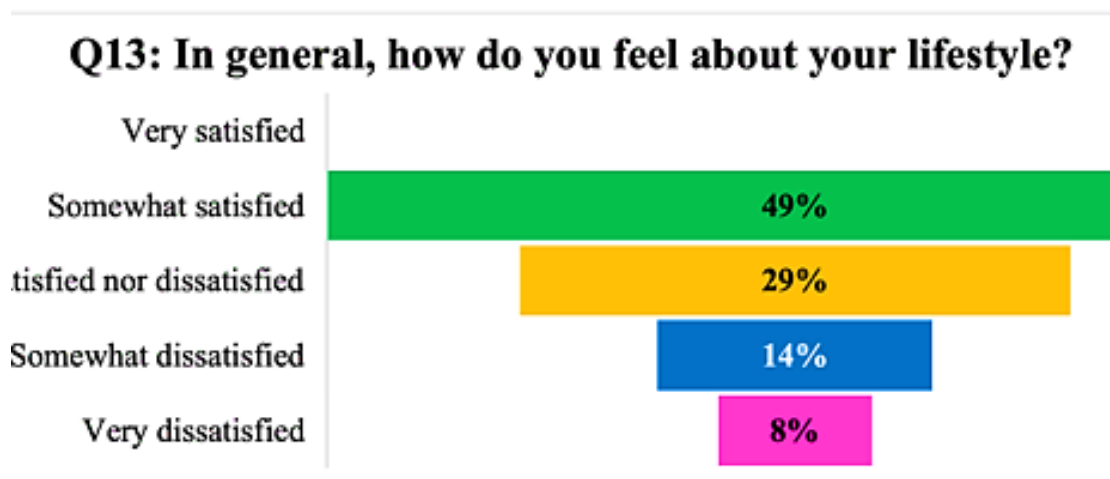
e. How does your health condition affect you? Does it make you feel any of below?



Most common for the response is that they feel different than others 42%.

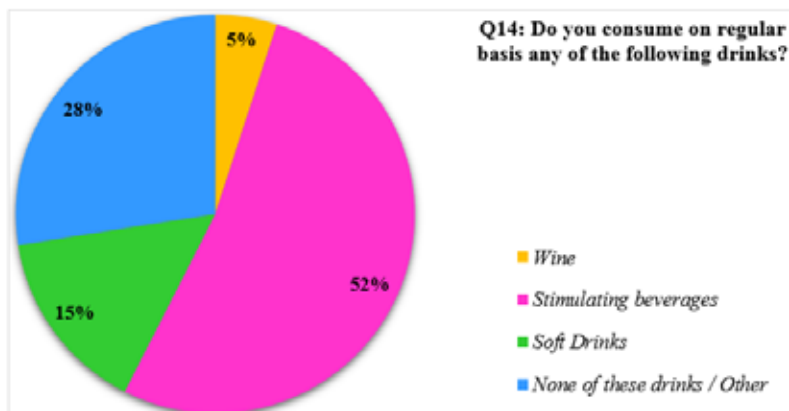
SPORTS PARTICIPATION AND HEALTH-RELATED QUALITY OF LIFE

a. In general, how do you feel about your lifestyle?

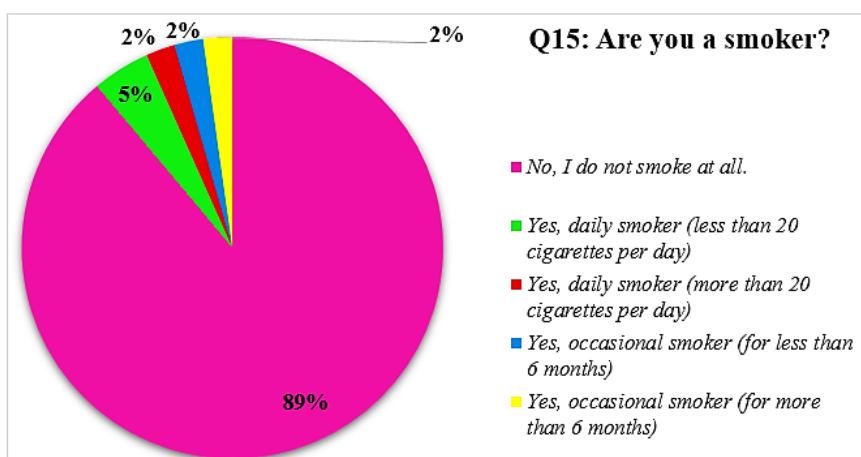


22% of the respondents reported that they were somewhat or very dissatisfied with their life.

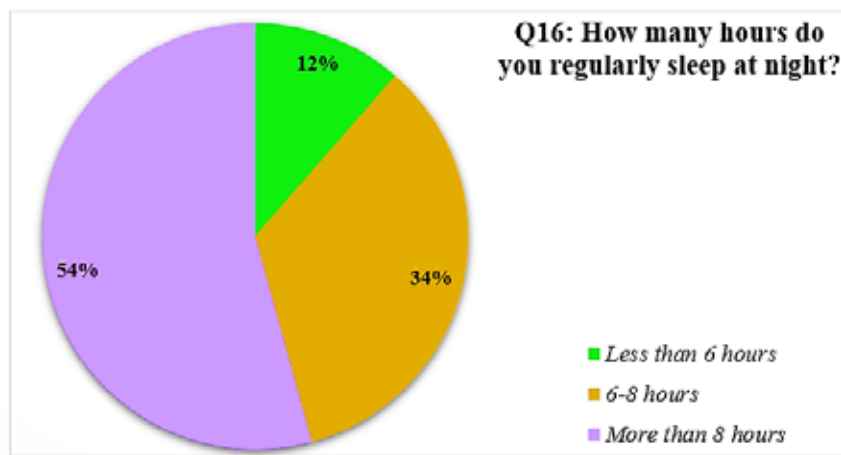
- b. Do you consume on regular basis (one per day on average) any of the following drinks and are you a smoker?



One of 35 response where smoking.



- c. How many hours do you regularly sleep at night and how do you feel?

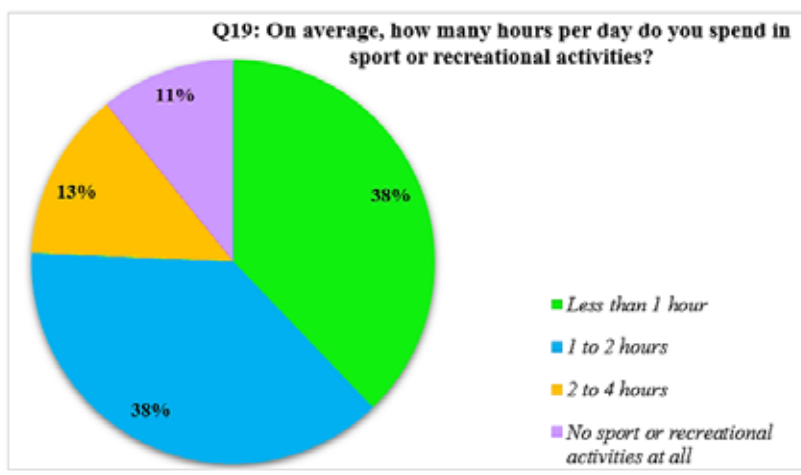


12% of the respondents reported that they were sleeping less than 6 hours every night

- d. To what extent you feel able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, going to work?

4 of 36 reported problems with carry out their daily task. 7 of 36 reported no problems.

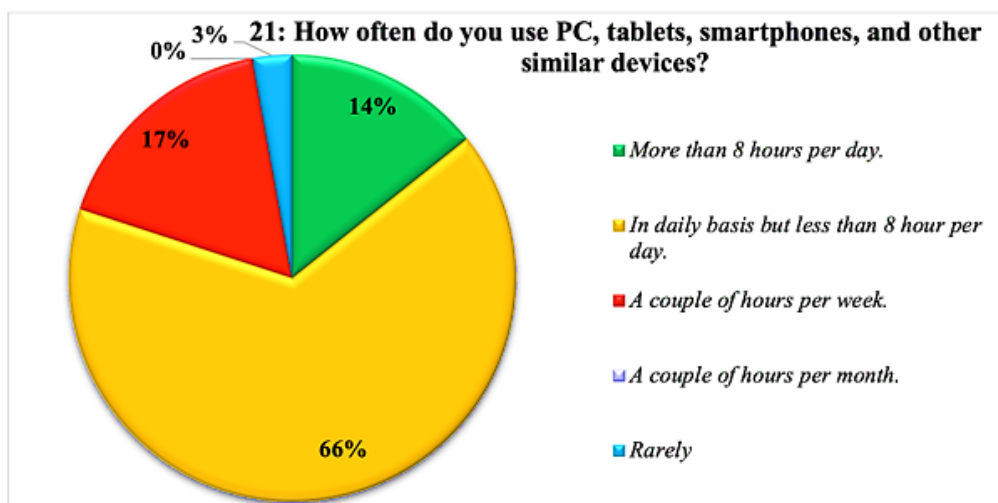
- e. On average, how many hours per day do you spend in sport or recreational activities and what activities do you usually do?



Only 11% of the respondents reported that they did not exercise weekly.

LITERACY AND INTERNET USE

- a. How often do you use PC, tablets, smartphones, and other similar devices?



- b. How to you feel about your IT skills and knowledge?

3 of 36 reported week IT skills.

c. Do you use any health or fitness apps to track your health? If yes, how often?

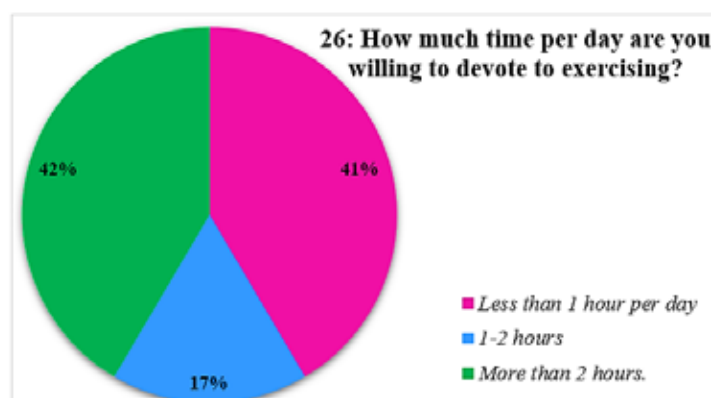
11 of 36 used fitness apps to track their health

PERCEIVED BARRIERS & INCENTIVES TO A HEALTHY LIFESTYLE

a. How motivated do you feel about participating in sport or recreational activities?

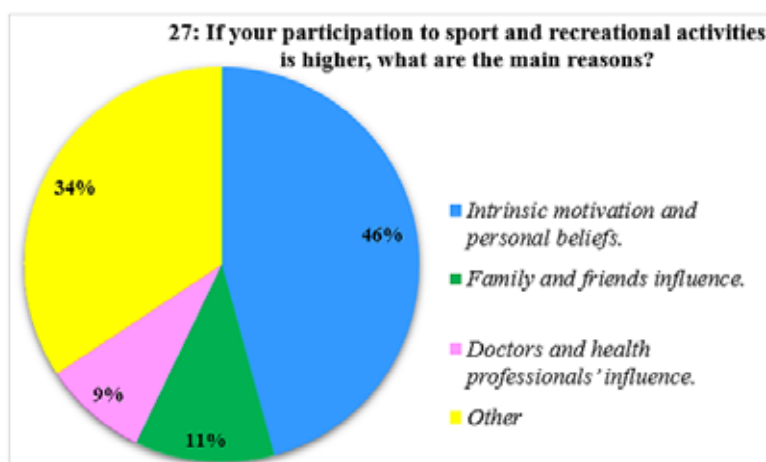
4 reporten being unmotivated and 7 that they are very motivated.

b. How much time per day are you willing to devote to exercising?

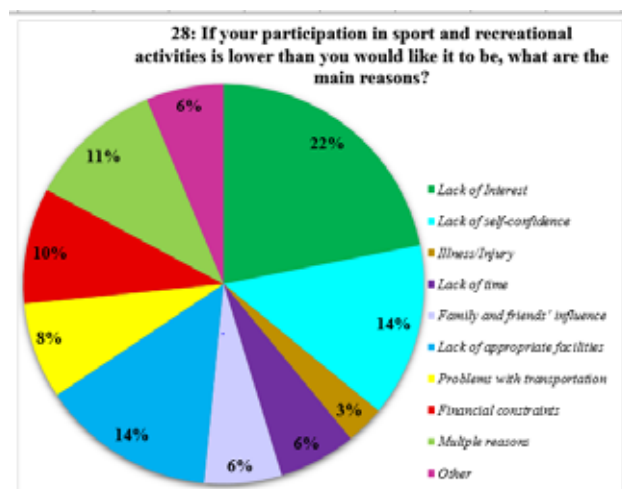


Only 41% of the respondents reported that they exercise less than 1 hour per day.

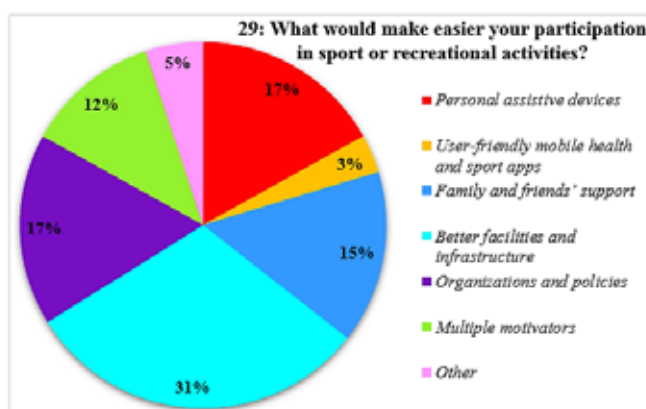
c. If your participation to sport and recreational activities is higher or lower (than you would like it to be), what are the main reasons?



46% of the respondents reported that they exercise due to intrinsic motivation and personal belief. If there exercise less, 22% of reported it is due to lack of interest. To exercise more 33% reports that they would exercise more if there where better facilities and infrastructure.

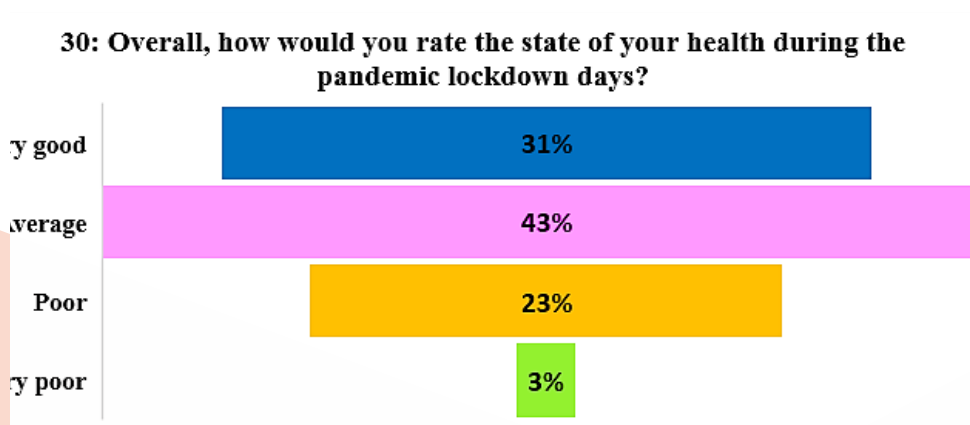


d. What would make easier your participation in sport or recreational activities?



COVID-19 PANDEMIC OUTBREAK & WELL-BEING

a. Overall, how would you rate the state of your health during the pandemic lockdown days?



- b. What would help you maintain a better level of physical and mental well-being during the COVID-19 pandemic?

More outdoor activities and arenas for outdoor activities, more money, longer opening hours

- c. Do you have any other comments about how the COVID-19 pandemic is impacting upon your well-being and physical activity and what kind of support you would need? Same as above

3.9. Turkey

3.9.1. Desk Research Overview

PART 1: Overview on disabilities and PwDs in your country, its definition and statistics.

a. How is the concept of disability perceived in your country?

Our research led to identify 3 mezzo categories. Since this activity is not an academic research we did not consider scientific environments, for instance those defined by Mackelprang&Salsgiver (1999).

Key learning: nowadays the level of awareness of the society regarding individuals with disabilities is better than before, but this level of consciousness has not yet reached the desired level.

Academic, experts and government, bodies.

- disorder (or deficiency), refers to loss of physiological, psychological or anatomical structure or deviation from normal. this definition specifically refers to disorders at the organ level.
- disability, refers to physical and mental disability, which is defined as the decrease or loss of a skill compared to normal due to the insufficiency resulting from the deterioration of health .
- inadequacy, refers to the inability to fulfill the life requirements accepted as normal according to the age, gender, social and cultural level of the person due to the insufficiency or disability situations described above.

The public at large.

The vast majority of civil society organisations (CSO, 2019) in Turkey consider that the public at large is still lack awareness on PwD leading to a series of barriers to PwD inclusion, especially in the employment arena. However, in the Sports and HEPA arena, it is rather the opposite

Families with PwD members.

Most households have a solid knowledge on their family members with disabilities considering definitions a) and b) for those family members are registered as “disabled” in the social assistance, health and care arena. However, it is not often the case regarding definition c) especially when related to obesity, depression, gastrointestinal disorders, psoriasis, chronic pain, and other similar health and care conditions. It is even less the case considering condition such as non-severe psychological disorders e.g. ADHD, ASPD, AvPD, PTSD, SECD, for which families do not relate with definitions a) or b).

b. What are the most common disabilities in your country?

Physiologically Disabled

- mobility disorders;
- respiratory disorders;
- various organ failure (kidneys, etc.)

Psychological perception and neurological

- learning disorders;
- attention deficiencies;
- visual disorders;
- hearing disorders;
- emotional perception disorders;
- social disorders;

Physically handicapped

- orthopedic disability

c. Are there any statistics about PwDs, their disabilities and health indicators that affect their lifestyle?

A recent and comprehensive study was delivered in May 2019 by the Ministry of Family, Labor and Social Services, yet with a focus on the employment and health arena. There are no major overall statistical reports on PwD-oriented data for sport, HEPA and healthy lifestyle. However, material can be found for specific thematic:

- obesity, 21,1 % of individuals e.g. ca. 17.5 million individuals (2019);
- chronic diseases, diabetes 8.5 million 20+ years old, hypertension 15.8 million, etc. (2017)

d. What is the general number of PwDs that participates in sport in your country?

It is possible to find specific data per specific conditions, and it could take some time to have the provision for a series of identified conditions. Globally, it is safe to say that PwD engagement in sport is substantially developed in Turkey, fostered by the civil society arena acting as a key agent of change.

e. Is there any support from public or other parties to promote their healthy lifestyle and inclusion to sport?

Same observation than for section 1.4, there are a vast series of supporting mechanisms to engage PwD in sports and HEPA yet possibly not driven by the adhesion to healthy lifestyle, rather toward social inclusion essentially, and, to some extent, towards employment.

PART 2: Understanding the national picture in your country for PwDs in health, education and service sector.

a. Which are the main stakeholders related to the PwDs in your country? Please set up a list with organisation names and websites (when applicable).

- Public entities (100+ among them)

[TümEngellilerveAileleriYardımlaşmaDerneği](#) | Association for all Disabled People and Families

- Civil society organisations (1.000+ among them)

[TürkiyeSakatlarKonfederasyonu](#) | The Turkish Confederation for Disabled individuals

[TürkiyeEngellilerVakfı \(TÜREV\)](#) Turkish Foundation for the Handicapped

[EngelsizYaşamaDerneği- Ey-Der](#) | Living Barrier Free Association

[TürkiyeBedenselEngellilerSporFederasyonu](#) | Turkish Sports Federation of Physically Disabled individuals

[TÜRKİYE BEYAZAYDERNEĞİ](#) TURKEY ASSOCIATION BEYAZAY

[TürkiyeSakatlarDerneği](#) | Turkish Association for the Disabled

[İstanbul EngelliDernekveVakıfları](#) | Istanbul Associations and Foundations for the Disabled

[BedenselEngellilerleDayanışmaDerneği](#) | Association for Solidarity with Physically Disabled

b. What is the law in force that operates in your country related to PwDs, their rights and benefits?

Laws, regulations and institutions that will facilitate PwD participation in social life are increasing and developing in parallel with the increasing demands of PwD to live without barriers, including an intensifying desire to establish marriage and family, and to increase awareness on PwD in the society. The *Turkish Confederation for Disabled individuals* is among the key organisations working to educate and inform the public, and it has been a key agent of change towards establishing a legal framework enactment for PwD rights. Some of these laws are:

- the [Law on Labour Law](#) which enforces medium-sized businesses to employ disabled workers;
- the [Special Provincial Administration Law](#) regulates the facilities for the voting of the disabled;
- Regulation No. 25369 specifies health and safety measures to be taken in workplace buildings;
- In Istanbul, the districts Bakırköy and Kadıköy local governments provide services for the disabled.

c. What are the main Community-Based Services for PwDs in your country?

There is little accessible data on the matter, but we may indicate that a series of Community-Based Services are available for Turkey is highly developed upon Community-Based systems. IAAD is currently developing a series of contact to bring insight on the matter, a situation that was not possible to implement in the past 2 months due to the COVID-19 outbreak confinement measures.

d. What are the main Health Services provided to PwDs in your country?

Each neighbourhood e.g. Mahallesi have one or more public health centers, such as “BahçeşehirSaglikOcagi” (*Bahçeşehir Family Health Center*) and most with specialised services encompassing tailored accompanying measures for PwD. They are coordinated by central directorates such as “HalkSağlığıHizmetleriBaşkanlığı - İstanbul İl SağlıkMüdürlüğü” (Public Health Services Directorate- Istanbul Provincial Health Directorate).

e. What are the main Technical Aids and Assistive Devices offered to PwDs in your country?

Assistive technology is well developed in Turkey, driven by the public and private health and care sectors, and to some extent the health and care destination management sector.

Examples:

[BlindLook](#), developed by two socially sensitive friends SadriyeGörece and CihatErsinAydın, makes its restaurants and menus accessible for the visually impaired.

[Otsimo](#) is a special education application for children with autism, down syndrome and other developmental disabilities.

Other key enabling systems:

- car compatible with wheelchair;
- smart belt braille smart phone;
- bionic arm, leg and ear;
- Braille smart watch for the visually impaired;
- smart car parking IoT for disabled people;
- connected walking stick for the visually impaired;
- stairs climbing wheelchairs;
- home devices.

f. What are the main educational services and academic barriers provided to PwDs in your country?

A vast number of PwD are integrated in the national education programme which lack of specific mechanisms and tools to assist PwD accurately, which constitute the main barrier to their adequate educational development. Serious conditions PwD are integrated in dedicated schooling environments

g. What is accessibility for PwDs in your country?

Though substantial efforts are provided by public authorities there are still a series of needs to be addressed to assist PwD effective and inclusive participation in the society, from employment to sport and HEPA.

h. Are there any other public services (such as free/discounted public transportation, dedicated spaces/ facilities at public environments, etc.) provided to PwDs in your country?

Yes globally, PwD are beneficiaries of a substantial number of public services spanning from free public transport or education, and economic support in households.

i. What possibilities are there to help a disabled person take part in a sport in your country?

Both the public and private spheres are highly proactive in engaging individuals in sports and HEPA, in particular via sourcing in the schooling sphere, yet lack of attractiveness or of capacities due to social or economic barriers impacting on households.

PART 3: External and Internal Barriers to participate to sport activities.

a. What are the main external barriers/ reasons that PwDs do not participate in sport events in your country?

Both public and private bodies are actively developing in this sphere to tackle the need to provide impetus for the engagement of PwD in sport and HEPA, and more globally in healthy lifestyles. Yet when considering the fast growing Turkish population, resources are not sufficient to outreach all, constituting that way the main external barrier for PwD.

b. What are the main internal barriers/ reasons that PwDs do not participate in sport events in your country?

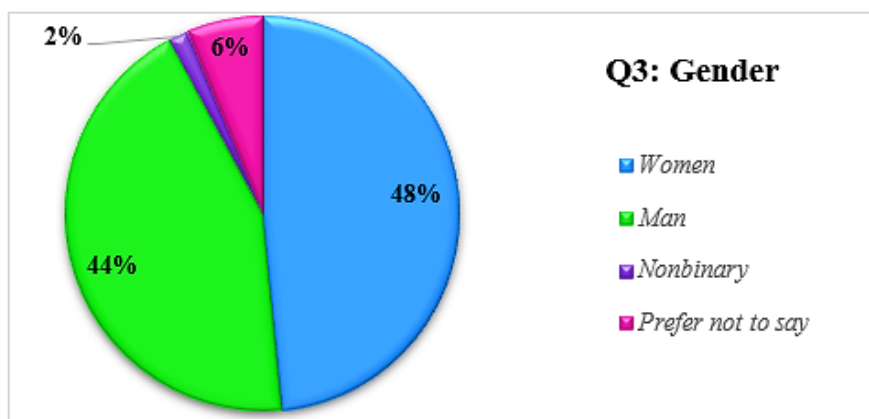
There is little data on this matter and IAAD launched a series of specific contacts with experts in the field to gather data. However, from IAAD past-2 years' experience developing on a series of ERASMUS+ projects with more than 50 households, the key internal barrier is the lack of financial overall resources, resulting in the parental sphere focusing on this matter only, including engaging their children in economic activities. A difficult situation for the children as they want indeed to engage in sport and HEPA. Both public and private bodies are actively developing in this sphere to tackle this need.

3.9.2. Online Survey Findings

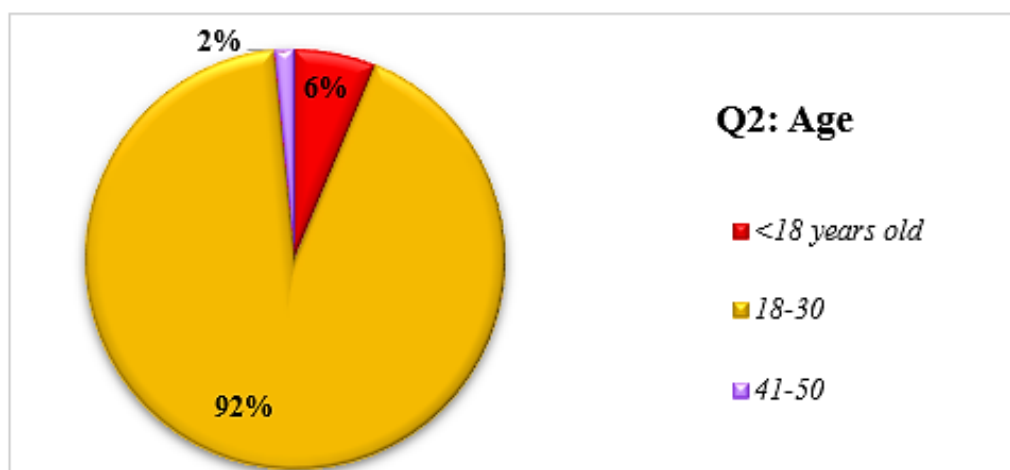
DEMOGRAPHIC DATA

This section analyses the various demographic characteristics of the respondents by providing supporting figures (graphics). In the online research a total number of 100 respondents from Turkey completed the questionnaire.

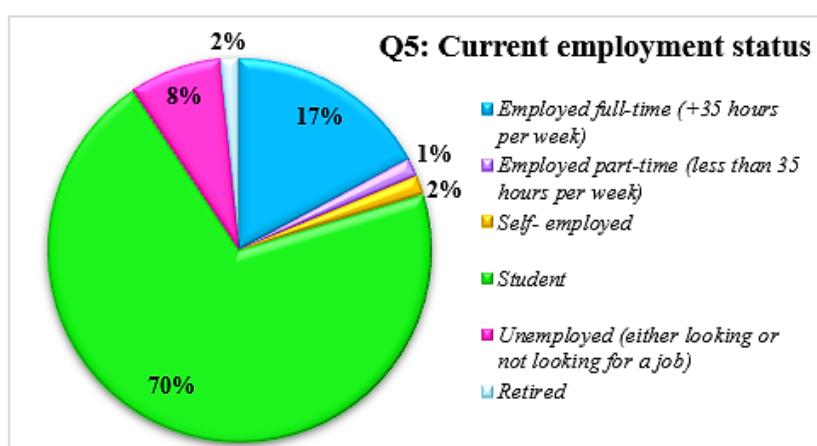
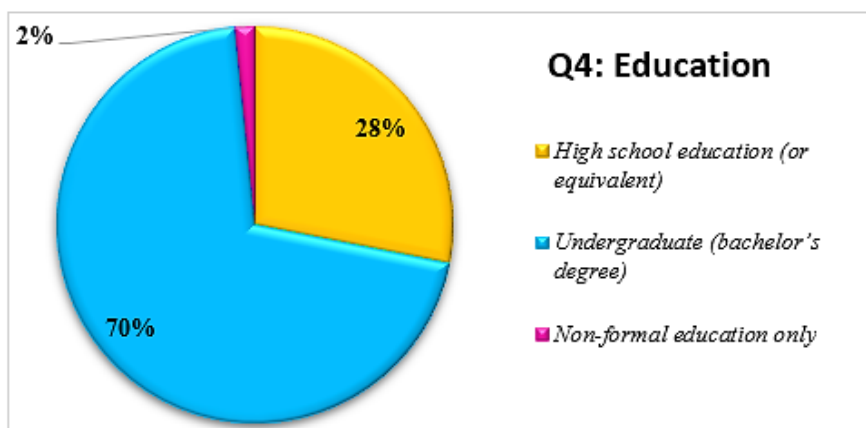
a. Demographic data of research sample described by gender



b. Demographic data of research sample described by gender: Demographic data of research sample described by age groups:

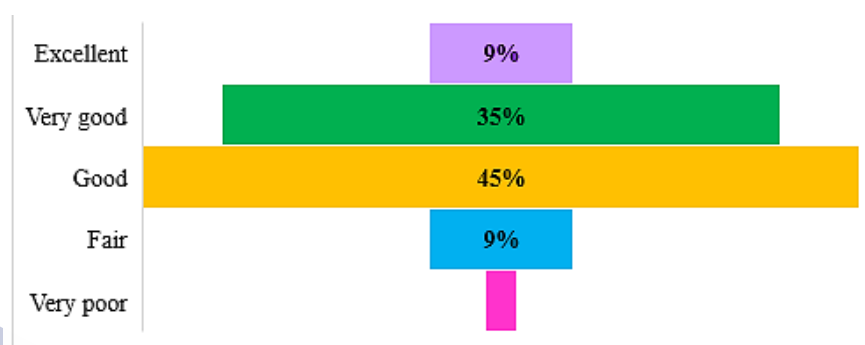


c. Demographic data of research sample described by employment/education status:

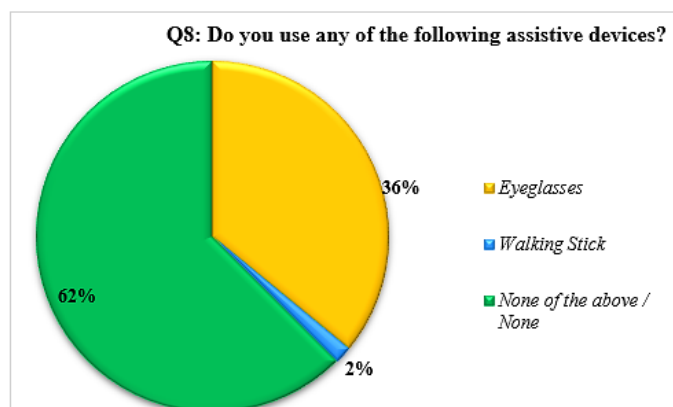
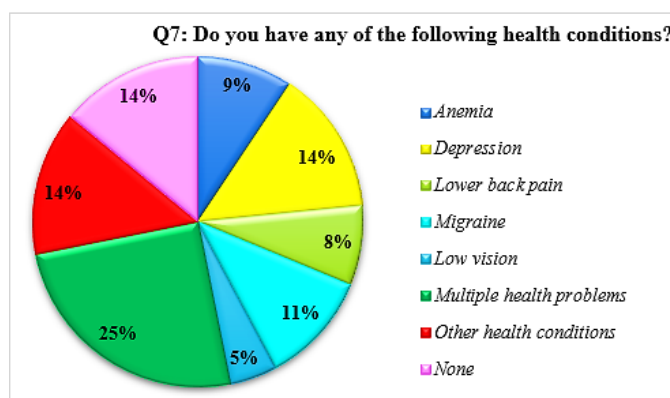


OVERVIEW OF GENERAL HEALTH ASSESSMENT

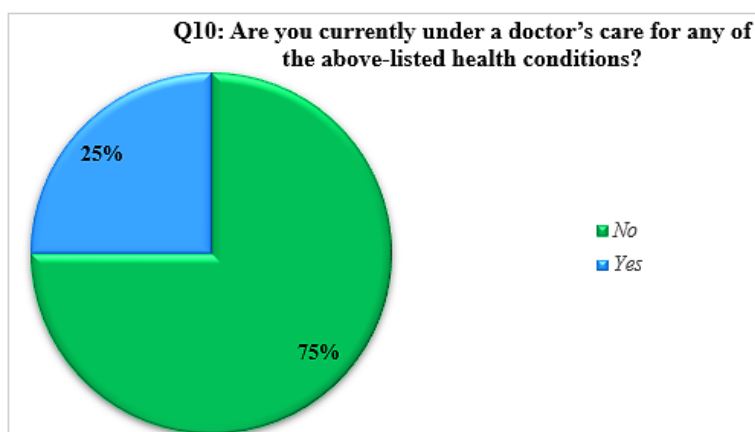
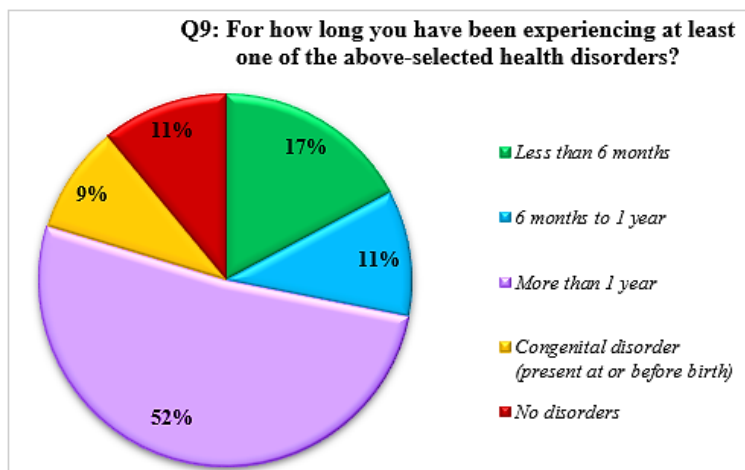
a. In general, how would you rate your health condition?



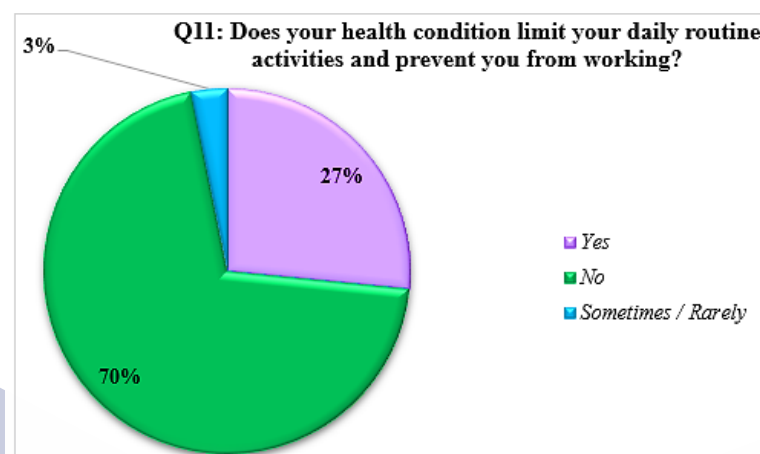
b. Do you have any of the following health conditions and do you use any of the following assistive devices?



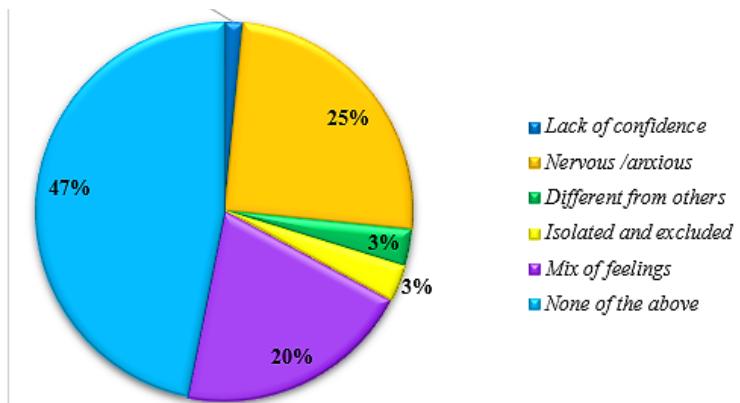
- c. For how long you have been experiencing at least one of the above-selected health disorders and are you currently under a doctor's care for any of the above-listed health conditions?



- d. Does your health condition limit your daily routine activities and prevent you from working?

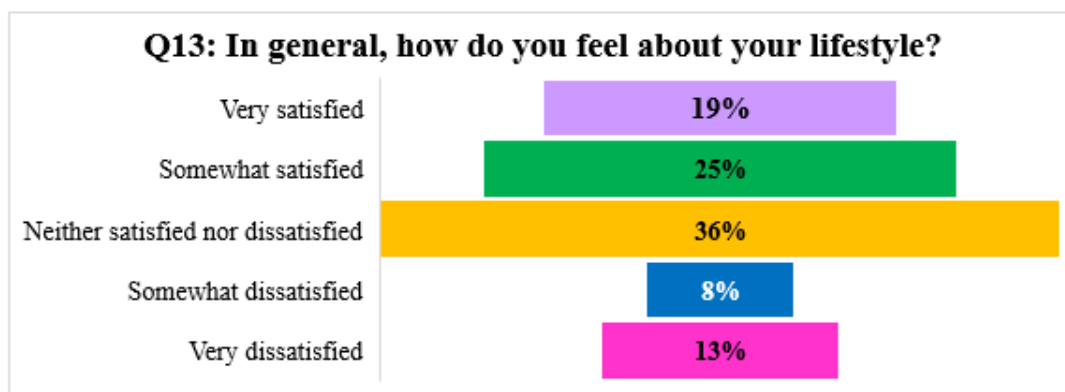


e. How does your health condition affect you? Does it make you feel any of below?

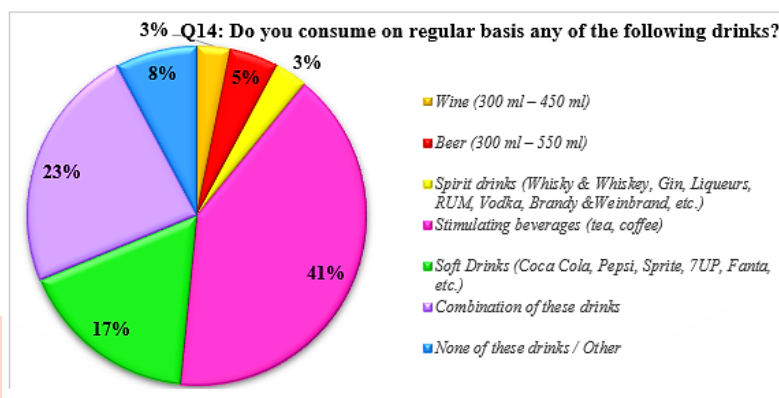


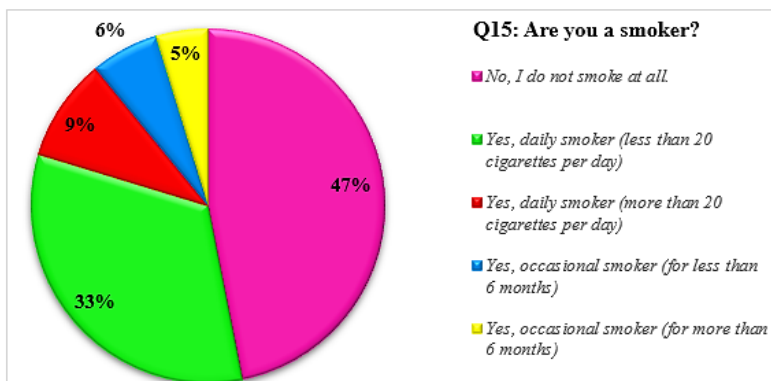
SPORTS PARTICIPATION AND HEALTH-RELATED QUALITY OF LIFE

a. In general, how do you feel about your lifestyle?

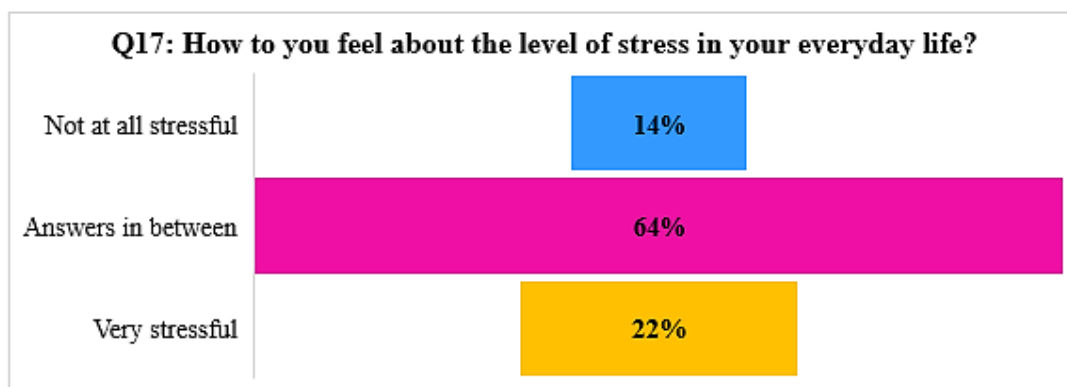
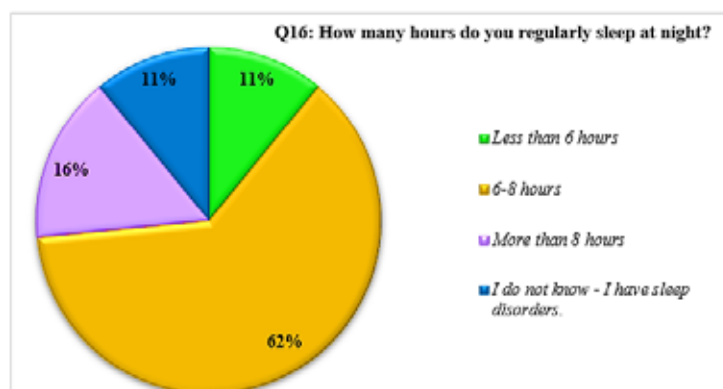


b. Do you consume on regular basis (one per day on average) any of the following drinks and are you a smoker?

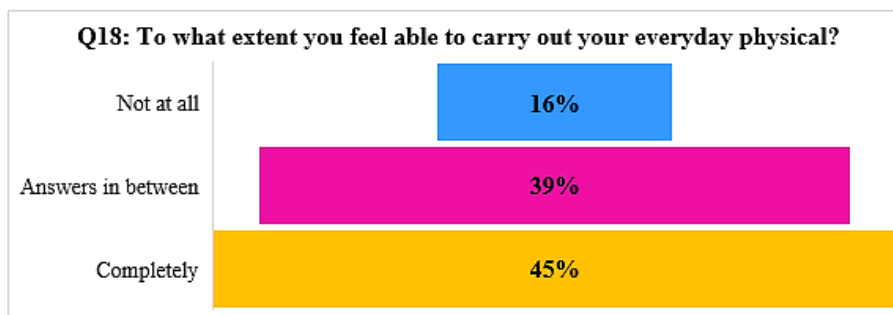




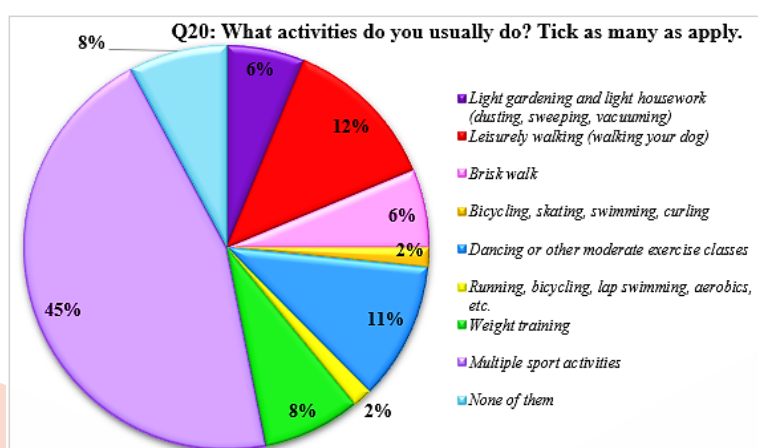
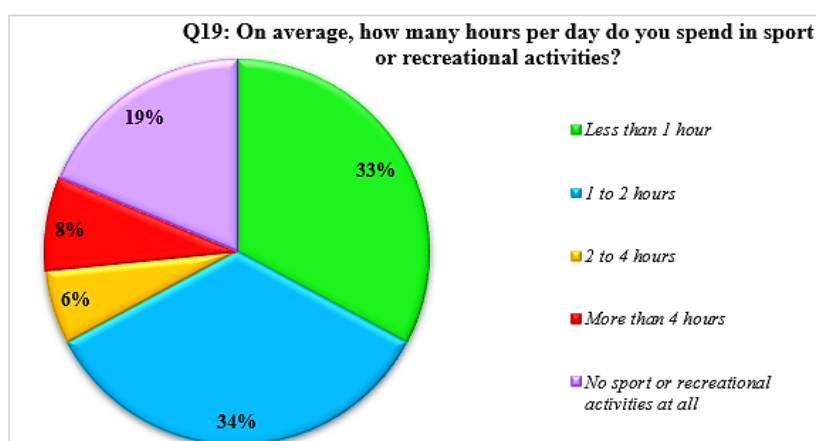
c. How many hours do you regularly sleep at night and how do you feel?



- d. To what extent you feel able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, and going to work?

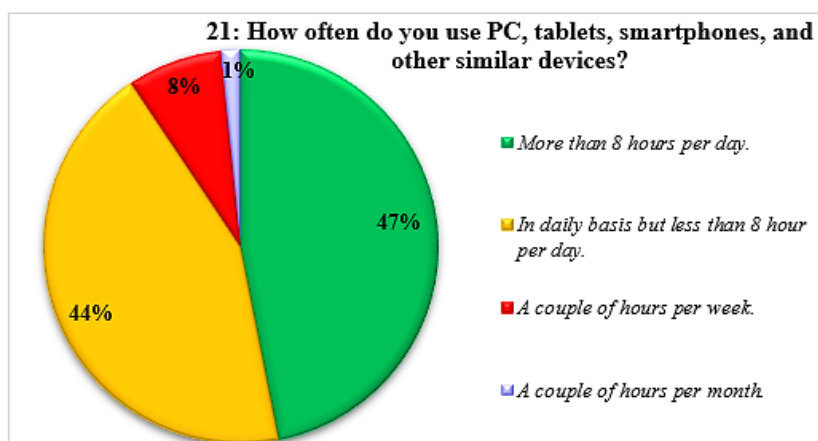


- e. On average, how many hours per day do you spend in sport or recreational activities and what activities do you usually do?

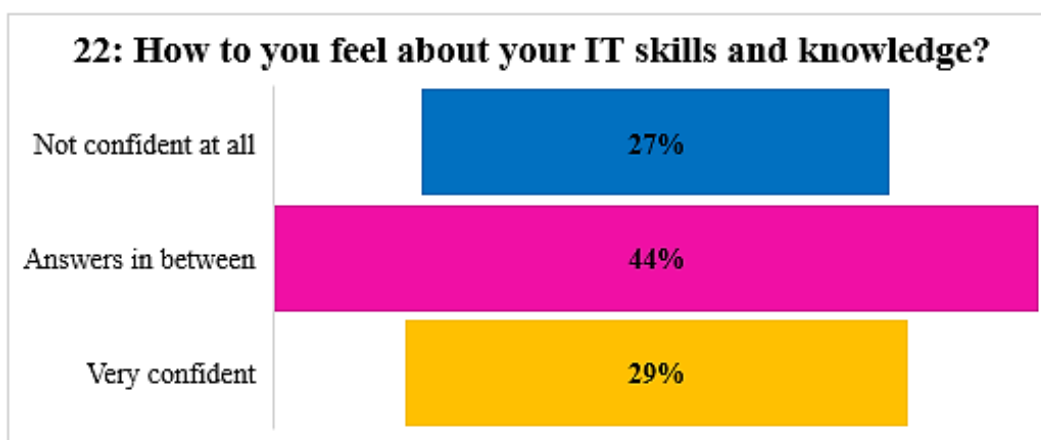


LITERACY AND INTERNET USE

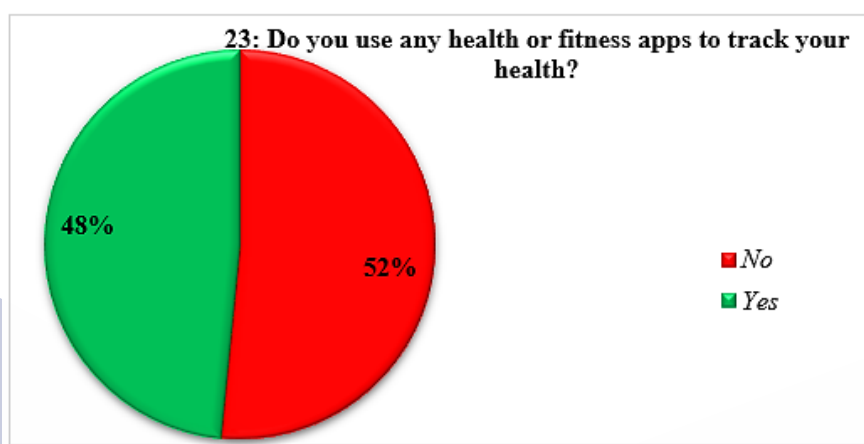
a. How often do you use PC, tablets, smartphones, and other similar devices?

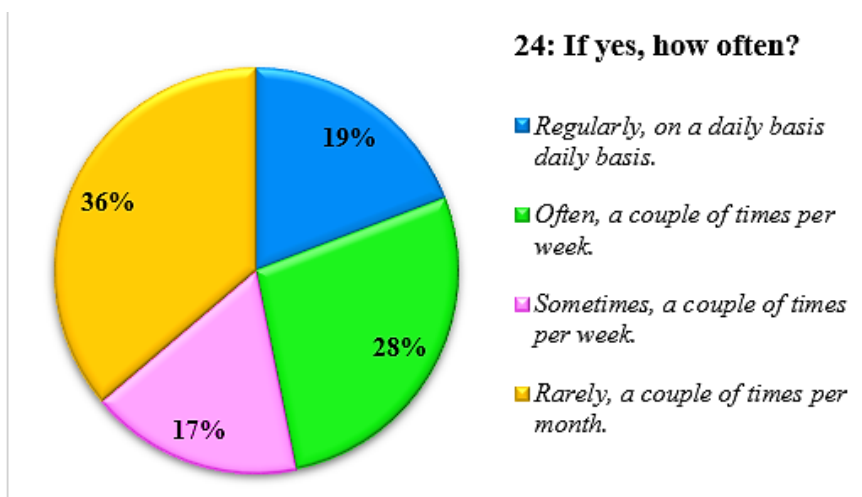


b. How to you feel about your IT skills and knowledge?



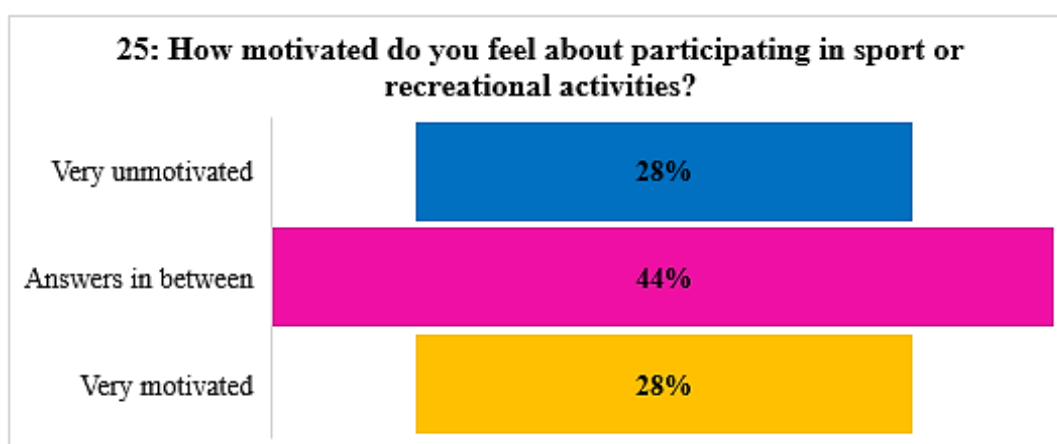
c. Do you use any health or fitness apps to track your health? If yes, how often?



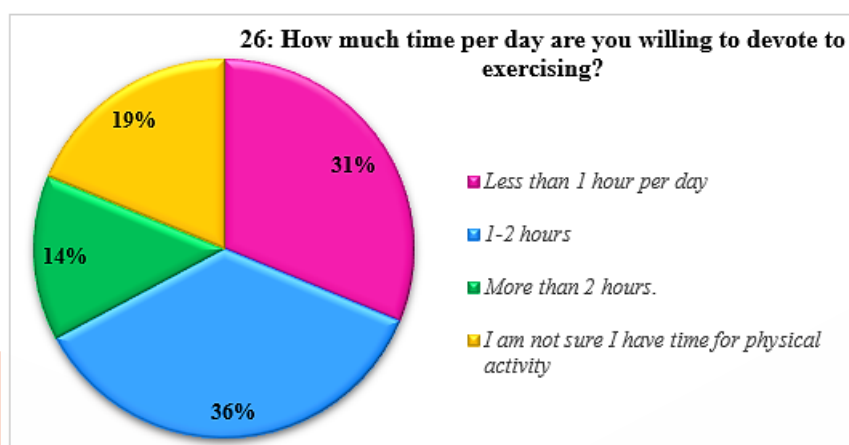


PERCEIVED BARRIERS & INCENTIVES TO A HEALTHY LIFESTYLE

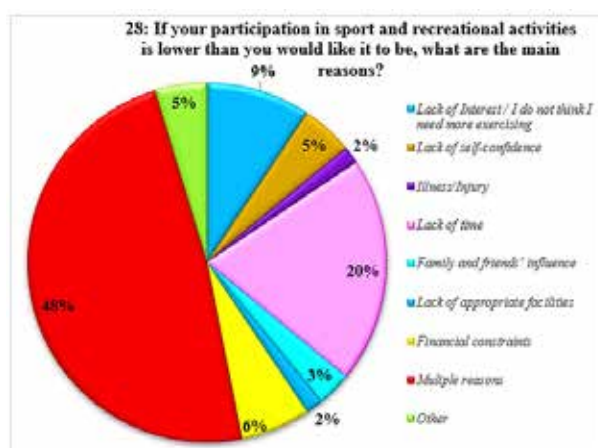
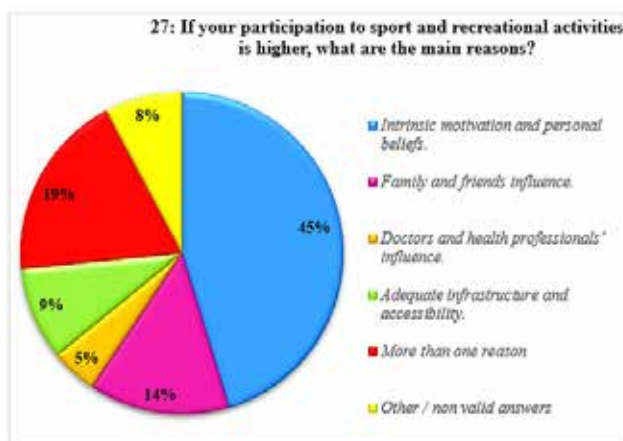
a. How motivated do you feel about participating in sport or recreational activities?



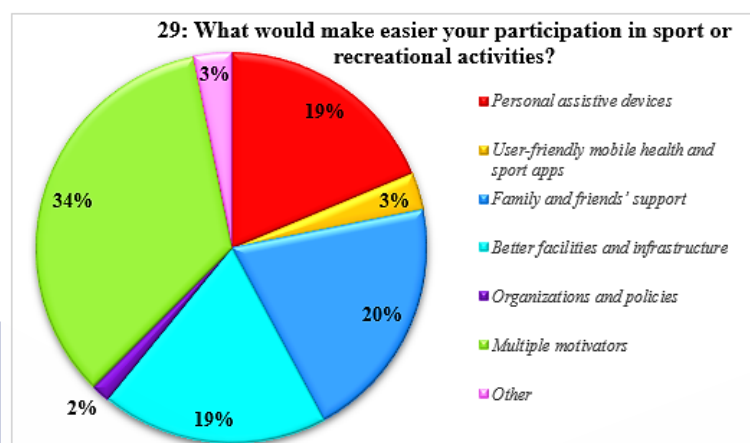
b. How much time per day are you willing to devote to exercising?



- c. If your participation to sport and recreational activities is higher or lower (than you would like it to be), what are the main reasons?

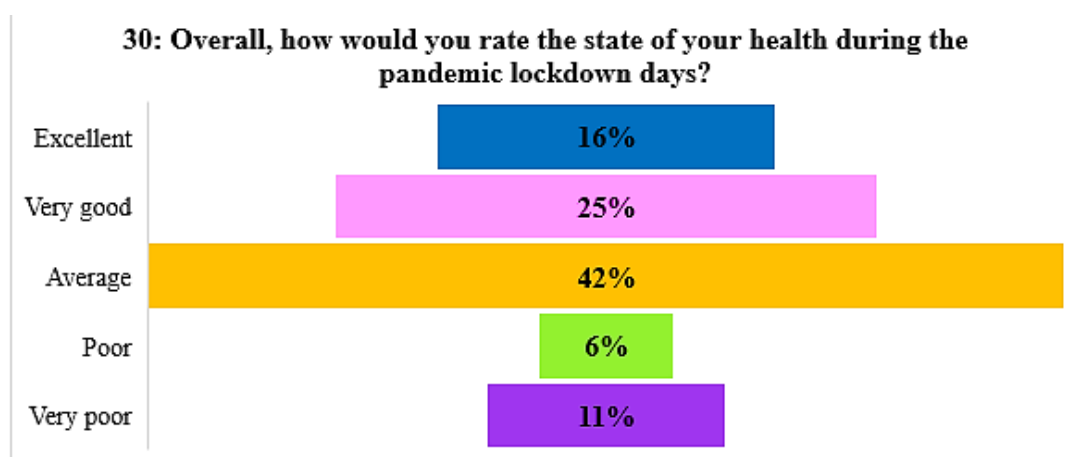


- d. What would make easier your participation in sport or recreational activities?



COVID-19 PANDEMIC OUTBREAK & WELL-BEING

a. Overall, how would you rate the state of your health during the pandemic lockdown days?



SECTION IV: CONCLUSIONS & RECOMMENDATIONS

The extensive review, based on 141 articles and developed by 9 countries, focused on PwDs lifestyle and their participation in sport activities empathizes that PwDs are willing to adopt a healthy lifestyle but they face many internal and external barriers in doing so. Based on the literature review conclusions, the most frequent internal barriers are lack of understanding and support which makes them feel uncomfortable. Consequently, PwDs demonstrate a low self-esteem, motivation and participation in different spheres of life, including sport activities. Other factors inhibiting PwDs' active participation in sport activities are financial constraints, community support, and accessibility to sport facilities, better information and education background, legislative support, etc. The extensive literature review stressed the lack of information and data on PwDs. Most of the partner countries have difficulties to present an exact number of PwDs that participate in sports activities in their countries, even their participation in sport was difficult to measure.

The collected primary data using online survey tool was focused on people who suffered from: diabetes (Albania & Denmark & Belgium); visual impairment (Slovakia) obesity (Turkey) chronic diseases (Italy and Slovenia), depression and anxiety and other mental health problems (Spain).

Related to their participation in sport activities, most of the PwDs, who participated in the survey, indicated that their health conditions do not prevent them to participate in sport activities. Except for Spain (72%) and Italy (40%), where respondents are not satisfied with their lifestyle and admitted that their health limits their routine activities. Moreover, half of the respondents are motivated to do sport activities and they mostly do multiple sport activities, such as leisurely walking, bicycling, skating swimming, light gardening and housework, dancing or other moderate exercises, running or weight training and only a few of them do not do any sport activities. They also mentioned that most of them are mostly motivated by intrinsic motivation factors and personal beliefs, family and friends influence, doctor and health professional advice, adequate infrastructure and accessibility. While other respondents, that had a lower participation in sport activities stated that some of the reasons for lower participation were lack of time, family and friends' influence, appropriate facilities, transportation problems, financial constraints, lack of interest, lack of confidence, illness and other reasons.

Related to the IT skills, more than half of the respondents from the sample stated that they spend a lot of time on Smartphone, PC or tablet, but they expressed moderate ICT skills. Slovakia stated PwDs' lack of technology skills. More than half of the respondents in Denmark and Belgium use health apps.

The pandemic also affected their lifestyle by affecting their psychological and physical state.

Literature review and online questionnaires stressed the importance of raising awareness on sports benefits and existing possibilities to participate in sports activities. Most of PwDs do not have the right information on sports benefits and they also are not provided with information about sport activities organised to support them. Secondly, it is important to organise more sport activities and trying to be more inclusive. During the online survey PwDs stressed the importance to be accepted and supported by the community. Also, it is recommended to create better conditions in order to increase sport participations: PwDs stated the importance of better infrastructure and conditions in order to increase their participation in sport activities. Technological-based solutions that are financially accessible seem to represent a promising perspective in order to improve the quality of life of PwDs.

Key Recommendations

Based on the literature review and online questionnaire, the importance of raising awareness on sports benefits and existing possibilities to participate in sports activities were stressed. Most of PwDs do not have the right information on sports benefits and they also are not provided with information about sport activities organised to support them. Secondly, it is important to organise more sports activities and trying to be more inclusive. During the online survey PwDs stressed the importance of being accepted and supported by the community. Also, it is recommended to create better conditions in order to increase sport participations. PwDs stated the importance of better infrastructure and conditions in order to increase their participation in sport activities. Another important issue that was discussed during the online survey was the IT skills. Most of the respondents felt not too much confident on IT skills. So, it is recommended to organise different training sessions in order to develop their technology skills. Finally, the government and different organisations should offer financial funding to support them and their participation in sport activities. In the Spanish case some key recommendations for the target group (People with severe mental health issues and patients with a clinical stress disorders) are the following:

- To increase intrinsic motivation and personal beliefs in the benefits of practising sports in physical and mental health and well-being, as well as doctors and health professionals' sensibilization are necessary to increase the time spent on physical activities and activate PwDs.
- Be active is considered a crucial part of healthy lifestyles and people with mental illness (not only anxiety, but also) who are physically active can expect mood changes motivated by the connection to other people and their environment. In this survey, people with mental health issues are willing to practice sports or recreational activities.
- There is a consensus that physical training programs should be individualized and supervised to avoid injuries and drop offs. Fitness apps might also help when the routine is established.

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ANNEXES:

Annex 1: B-Sport+ Desk Research Template

Part 1: Overview on disabilities and PwDs in your country, its definition and statistics.

- a. How is the concept of disability perceived in your country?
- b. What are the most common disabilities in your country?
- c. Are there any statistics about PwDs, their disabilities and health indicators that affect their lifestyle?
- d. What is the general number of PwDs that participates in sport in your country?
- e. Is there any support from public or other parties to promote their healthy lifestyle and inclusion to sport?

Part 2: Understanding the national picture in your country for PwDs in health, education and service sector:

1. Which are the main stakeholders related to the PwDs in your country? Please set up a list with organisation names and websites (when applicable).
2. What is the law in force that operates in your country related to PwDs, their rights and benefits?
3. What are the main Community-Based Services for PwDs in your country?
4. What are the main Health Services provided to PwDs in your country?
5. What are the main Technical Aids and Assistive Devices offered to PwDs in your country?
6. What are the main educational services and academic barriers provided to PwDs in your country?
7. What is accessibility for PwDs in your country?
8. Are there any other public services (such as free/discounted public transportation, dedicated spaces/ facilities at public environments, etc.) provided to PwDs in your country?
9. What possibilities are there to help a disabled person take part in a sport in your country?

Part 3: External and Internal Barriers to participate to sport activities:

1. What are the main external barriers/ reasons that PwDs do not participate in sport events in your country?
2. What are the main internal barriers/ reasons that PwDs do not participate in sport events in your country?

Part 4: Bibliography and sources

IMPORTANT:

The reports should be clustered along the 3 above mentioned parts. The sub-aspects are only supporting questions and listed here to give your ideas and orientation. They don't have to be answered as obligatory questions. However, please make your research as informative as possible for all of us. Each of the partners should develop a desk research for their country according to the 3 above mentioned parts. Eventually, we would like to receive a report with a size of 5-10 pages maximum (11 pt Times Roman, 1,5 lines spacing).

Annex 2: B-Sport +: Online Survey

INTRODUCTION

B-SPORT+ project is addressed at people with disabilities and all those who work with them. B-SPORT+ tackles the need of better equip facilitators and create collaborative mechanisms across institutions and bodies, seeking to eliminate inequalities between people with disabilities and people without them in the practice of sports and physical activity. B-SPORT+ seeks the promotion of an active participation of people with disabilities in physical/sport activities and their adoption of healthier lifestyles through:

- Creating a solid knowledge basis and generate evidence on the attitudes, motivations, barriers, and habits of people with disabilities, to support the action.
- Generating a comprehensive provision on all existing assistive sport technology solutions suitable for people with disabilities.
- Producing a need-oriented capacity building program tailored-made to professionals working with people with disabilities.
- Design a policy framework and establish pre-conditions to public innovations and professional initiatives towards the activation of people with disabilities.

This survey will take no more than 10 to 12 minutes to complete. This survey is entirely anonymous and confidential, and data will be treated in accordance with EU's General Data Protection Regulation (GDPR).

By completing the survey you are agreeing to participate in the research.

PART 1: DEMOGRAPHICS

1. *Country:*

- a)** Albania
- b)** Belgium
- c)** Italy
- d)** Netherlands
- e)** Slovakia
- f)** Slovenia
- g)** Spain
- h)** Sweden
- i)** Turkey
- j)** Other (please specify)

2. *Age:*

- a)** <18 years old
- b)** 18-30
- c)** 31-40
- d)** 41-50
- e)** 51-60
- f)** > 60 years old

3. *Gender:*

- a)** Female
- b)** Male
- c)** Prefer not to say
- d)** Other (please specify)

4. *Education:*

- a)** Non-formal education only
- b)** Primary- and secondary education (or equivalent)
- c)** High school education (or equivalent)

d) Undergraduate (bachelor's degree)

e) Post-graduate (master and/or PhD)

f) Other (please specify)

5. *Current employment status:*

a) Employed full-time (+35 hours per week)

b) Employed part-time (less than 35 hours per week)

c) Self- employed

d) Student

e) Unemployed (either looking or not looking for a job)

f) Retired

g) Other (please specify)

PART 2: GENERAL HEALTH ASSESSMENT

6. *In general, how would you rate your health condition:*

a) Excellent

b) Very good

c) Good

d) Fair

e) Poor

f) Other (please specify)

7. *Do you have any of the following health conditions (please select all that apply):*

a) Mental health and neurological related disorders:

- Migraine
- Depression
- Post-traumatic stress disorder
- Other (please specify)

b) Digestive, metabolic, and endocrine systems related disorders:

- Diabetes

- Obesity
- Other (please specify)

c) Skin related disorders:

- Psoriasis
- Other (please specify)

d) Seeing, hearing and vestibular related disorders:

- Blindness
- Low vision
- Hearing impairment
- Other (please specify)

e) Cardiovascular, haematological, immunological, and respiratory systems related disorders:

- Anemia
- Asthma
- Arthritis
- Blood pressure disorders (hypertension or hypotension)
- Other (please specify)

f) Neuromusculoskeletal and movement-related disorders:

- Locomotor with or without other limitations/disabilities
- Lower back pain
- Sciatica
- Other (please specify)

8. *Do you use any of the following assistive devices?*

- a)** Hearing Aid
- b)** Eyeglasses
- c)** Crutches
- d)** Wheelchair

- e)** Tricycle
- f)** Walking Frame
- g)** Walking Stick
- h)** White Cane
- i)** Artificial Limb
- j)** Calipers
- k)** Splints
- l)** Special footwear (mouldedshoe, elephant boot, raisedshoes)
- m)** Neck collars
- n)** Back brace / Corset
- o)** None of the above
- p)** Other (please specify)

9. *For how long you have been experiencing at least one of the above-selected health disorders? If multiple disorders selected, please refer to the one with the longest duration:*

- a)** Less than 6 months
- b)** 6 months to 1 year
- c)** More than 1 year
- d)** Congenital disorder (present at or before birth)
- e)** Other (please specify)

10. *Are you currently under a doctor's care for any of the above-listed health conditions?*

- a)** Yes
- b)** No
- c)** Other (please specify)

11. Does your health condition limit your daily routine activities and prevent you from working?

- a) Yes
- b) No
- c) Other (please specify)

12. How does your health condition affect you? Does it make you feel any of below? Tick as many as apply.

- a) Lack of confidence
- b) Nervous /anxious
- c) Isolated and excluded
- d) Different from others
- e) Other people will not respond positively
- f) None of the above
- g) Other (please specify)

PART III: WELLBEING, LIFESTYLE AND SPORT PARTICIPATION

13. In general, how do you feel about your lifestyle?

Very dissatisfied

Very satisfied

1	2	3	4	5	6	7

14. Do you consume on regular basis (one per day on average) any of the following drinks:

- a) Wine (300 ml – 450 ml)
- b) Beer (300 ml – 550 ml)
- c) Spirit drinks (Whisky & Whiskey, Gin, Liqueurs, RUM, Vodka, Brandy & Wein brand, etc.)
- d) Stimulating beverages (tea, coffee)
- e) Soft Drinks (Coca Cola, Pepsi, Sprite, 7UP, Fanta, etc.)
- f) Other (please specify)

15. *Are you a smoker⁴?*

- a)** No, I do not smoke at all.
- b)** Yes, daily smoker (less than 20 cigarettes per day)
- c)** Yes, daily smoker (more than 20 cigarettes per day)
- d)** Yes, occasional smoker (for less than 6 months)
- e)** Yes, occasional smoker (for more than 6 months)

16. *How many hours do you regularly sleep at night?*

- a)** Less than 6 hours
- b)** 6-8 hours
- c)** More than 8 hours
- d)** I do not know- I have sleep disorders.

17. *To answer this question please circle the number which you feel best corresponds to the level of stress in your everyday life:*

Not at all stressful

Very stressful

1	2	3	4	5	6	7

18. *To what extent you feel able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, going to work, etc.?*

Not at all

Completely

1	2	3	4	5	6	7

⁴ According to WHO's Smoking and Tobacco Use Policy, a smoker is someone who smokes any tobacco product, either daily or occasionally. A daily smoker is someone who smokes any tobacco product at least once a day. An occasional smoker is someone who smokes, but not every day. A "tobacco user" is someone who uses any tobacco product.

19. *On average, how many hours per day do you spend in sport or recreational activities?*

- a)** Less than 1 hour
- b)** 1 to 2 hours
- c)** 2 to 4 hours
- d)** More than 4 hours
- e)** No sport or recreational activities at all
- f)** Other (please specify)

20. *What activities do you usually do? Tick as many as apply.*

- a)** Light gardening and light housework (dusting, sweeping, vacuuming)
- b)** Leisurely walking (walking your dog)
- c)** Brisk walk
- d)** Bicycling, skating, swimming, curling
- e)** Gardening (raking, weeding, spading)
- f)** Dancing or other moderate exercise classes
- g)** Running, bicycling, lap swimming, aerobics, etc.
- h)** heavy yard work
- i)** weight training
- j)** soccer, basketball or other league sports
- k)** Other (please specify)

PART IV: ICT⁵ LITERACY AND INTERNET USE

21. *How often do you use PC, tablets, smartphones, and other similar devices?*

- a) More than 8 hours per day.
- b) In daily basis but less than 8 hour per day.
- c) A couple of hours per week.
- d) A couple of hours per month.
- e) Rarely

22. *How to you feel about your IT skills and knowledge?*

Not confident at all

Very confident

1	2	3	4	5	6	7

23. *Do you use any health or fitness apps to track your health?*

- a) Yes
- b) No

24. *If yes, how often?*

- a) Regularly, on a daily basisdaily basis.
- b) Often, a couple of times per week.
- c) Sometimes, a couple of times per week.
- d) Rarely, a couple of times per month.
- e) Other (please specify)

⁵ Information and communications technology (ICT) refers to all the technology used to handle telecommunications, broadcast media, intelligent building management systems, audiovisual processing and transmission systems, and network-based control and monitoring functions.

PART V: BARRIERS AND INCENTIVES TO A HEALTHY LIFESTYLE

25. *How motivated do you feel about participating in sport or recreational activities?*

No motivation at all

Highly motivated

1	2	3	4	5	6	7

26. *How much time per day are you willing to devote to exercising?*

- a) Less than 1 hour per day.
- b) 1-2 hours.
- c) More than 2 hours.
- a) I am not sure I have time for physical activity.
- b) Other (please specify)

27. *If your participation to sport and recreational activities is higher, what are the main reasons? Tick as many as apply.*

- a) Intrinsic motivation and personal beliefs in the benefits of sport for health and well-being.
- b) Family and friends influence.
- c) Doctors and health professionals' influence.
- d) Adequate infrastructure and accessibility.
- e) Other (please specify)

28. *If your participation in sport and recreational activities is lower than you would like it to be, what are the main reasons? Tick as many as apply.*

- a) Lack of Interest / I do not think I need more exercising
- b) Lack of self-confidence
- c) Illness/Injury
- d) Lack of time
- e) Family and friends' influence
- f) Lack of appropriate facilities

- g)** Problems with transportation
- h)** Financial constraints
- i)** Other (please specify)

29. *What would make easier your participation in sport or recreational activities? Tick as many as apply.*

- a)** Personal assistive devices
- b)** User-friendly mobile health and sport apps
- c)** Family and friends' support
- d)** Better facilities and infrastructure
- e)** Organizations and policies
- f)** Other (please specify)

PART VI: COVID-19 PANDEMIC OUTBREAK & WELLBEING

30. *Overall, how would you rate the state of your health during the pandemic lockdown days?*

- a)** Excellent
- b)** Very good
- c)** Good
- d)** Fair
- e)** Poor
- f)** Other (please specify)

31. *What would help you maintain a better level of physical and mental well-being during the COVID-19 pandemic?*

32. *Do you have any other comments about how the COVID-19 pandemic is impacting upon your well-being and physical activity and what kind of support you would need?*

-Thank you very much for your response!

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Bsport+

Transnational Research Report on People with Disabilities' lifestyle & habits

December 2020

Who we are

FUNDACIÓN
Intras

