



Bsport+

WHITE PAPER ON POLICY MAKERS SLOVAKIA

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B-Sport +: WHITE PAPER ON POLICY MAKERS

INTRODUCTION: SCOPE AND PURPOSE

Physical activity supports the prevention of multiple health-conditions, including cardiovascular disease, obesity, diabetes, mental health and cognitive processes, etc. and is recommended by the WHO as being important for all age groups.

Slovakia doesn't have a specific HEPA initiative. But the main objective of physical activity inclusion and promotion, at the national level, is the improvement of the level of public health by promoting physical activity across all sectors and supporting the training of professionals in the field of physical activity, with the goal of maintaining an adequate form of physical activity throughout the life of our citizens.

Promoting physical activity at community level is a challenging enterprise, requiring comprehensive national policies and strategies and a high commitment from multiple stakeholders and sectors. In Slovakia, there isn't really focus on sport for PwDs, even though there are public authorities that promote healthy lifestyle and inclusion of sport activities. There are standard organizations focused on sport in general but without a real extra effort given to PwDs.

NATIONAL CONTEXT

A person with a disability is, in Slovakia, defined as a person who is physically or mentally disadvantaged for the foreseeable future - 12 months and more, and we identify 7 fixed categories (physical disability, visual impairment, hearing impairment, chronic diseases and disabilities, mental disability, psychological disability, combined disabilities). We only have an overall estimate of PwD (ranging from moderate, to the most severe disabilities), which is around 34%. 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. This means that we don't have a specific number or percentage on how many PwD suffer from depression, which is our target group, in Slovakia.

Depression is usually not viewed as such a disability as a missing limb etc., which means it often doesn't carry as much weight. This is one of the reasons, why people might not report it as a valid condition and just keep it to them self's, and why it doesn't show up as a disability in questionnaires, surveys and statistics. However, our survey showed, that people who suffer from depression often experience also lower back pain, low vision

and migraines.

We have a very good framework of laws, that protect PwD, which include a law on financial contribution for compensation for severe disability and for personal assistance, social services and Trade Licensing etc. These laws ensure that equal rights and opportunities are given to all Slovak citizens. PwDs also have access to a specialized doctor (in accordance to the severity and type of disability) and special medical help (counselling, psychologists). Slovakia also has a lot of natural healings springs and these have health resorts/medical wellness 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. They also have different exemptions – 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 different taxes, fees, better loans, guaranteed parking in front of shops and services, discounts for public transport and cultural and sporting events.

Slovakia has adopted, almost ten years ago, a concept of state policy in the field of sport - *Slovak Sport 2020*. The content focus of the Sports for All chapter on the activities of the entire population is an effective tool for the prevention of chronic non-communicable diseases. In addition to this concept on the 1st of January 2016, a law on sport and on the amendment of certain laws, in which sport for all is a sport intended for population for the purpose of fulfilling the social, cultural and health benefits of sport, was passed. As you can see, even though Slovakia doesn't have a specific HEPA plan, it has a National action plan, that follows HEPA-like guidelines and is updated every four years. In the 2017-2020 edition, it was recommended to focus primarily on providing better guidance and coordination for physical activity with high level of leadership from the health sector and establishing coordination mechanisms and support alliances. Development of children and adolescents (promoting physical activity during pregnancy and early childhood and physical activity in schools, recreational physical activity in children and adolescents). But also promoting physical activity for all adults as part of everyday life, including transport, in leisure time, in the workplace, all the way up to the health care system.

INCLUSIVE EDUCATION AND SPORT PARTICIPATION FOR PwDs

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 counselling 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 are educated within the system of special education, especially in preschool. 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.

We know, from research, that the disabled community in Slovakia works out as much as people without disabilities. However, there isn't really emphasis on sport for PwDs since sport hasn't been historically a main focus in our country. There are public authorities that promote healthy lifestyle and inclusion of sport activities, such as Ministry of Education (supervises sports financing and the information system around it, coordinates and supervises the implementation of the National Sports Program etc), Science, Research and Sports of the Slovak Republic or The Government of the Slovak Republic (creates conditions for the official sport representation and the construction of sports infrastructure of particular importance, which includes athletes with physical disabilities and mental handicaps). But there are also non-state authorities such as the Slovak Paralympic Committee and its subgroups and National sports federations and sports clubs. As you can see, these are standard organizations focused on sport in general (without difference to PwDs or healthy individuals). There is no real

extra effort given to PwDs. In regards to the target group – depression, as we mentioned before, since in many cases it's not publicly accepted as a "disability" a lot of people don't get it professionally treated, and when they do, doctors prefer medication and therapy. Sport is not viewed as a primary source of treatment, rather just an addition or supplementation.

As mentioned before, Slovakia doesn't have a specific HEPA initiative, but the before mentioned document focuses heavily on the development of bicycle transport and cycling tourism through a national strategy that combines multiple Ministries. Its vision is to equalize bicycle transport with other modes of transport so that it becomes a full-fledged part of the urban and regional transport systems. It also aims to improve the general public's awareness of the benefits of cycling as an ecologically, economically and health-friendly form of transport to school, work and recreation, through different events, such as a HEPA program.

OVERVIEW AND KEY FINDINGS FROM THE COMMUNITY SURVEY

Amongst the positives that we found, through the community survey, is that over half of our respondents say that their disability doesn't stop them from having a job or working, and that they don't view their disability as a negative thing. However, among the negative points, the results showed us, that almost half of the participants reported not being treated by a doctor at the moment and a quarter say, that they lack confidence, due to the handicap.

Results showed us, that while people use electronics on a daily bases, most of them under 8 hours a day, they don't have great confidence in their IT skills and only a few percent over half use smart apps.

We also found out, that 40% of participants exercise less than an hour a day and 40% 1 to 2 hours a day, which is very positive for the theme of our project. And only 8% don't exercise at all. Most respondents also mentioned sending their time doing at least two or three activities. The most mentioned were gardening, light gardening and housework, bicycling, swimming, curling, leisure dog walking, running and table tennis.

In terms of motivation to participate in sport or recreational activities, the answers weren't very high, but weren't very low either. When asked how much time per day are they willing to devote to exercising, almost $\frac{3}{4}$ answered that they would like to exercise around an hour a day. The biggest motivations for participation were

Intrinsic motivation and personal beliefs. The main obstacles were lack of time and illness or injury, but mostly they mentioned multiple reasons. When asked what would make their participation in sport or recreational activities easier, PwD mentioned better facilities, support from friends and family, personal assistive devices, better mobile apps or multiple motivators. Honourable mentions were barrier-free entrances, mindset, financial certainty and corona.

RECOMMENDED POLICY ACTIONS

While PwDs don't view themselves as handicapped, the society views them as such. This is largely due to the fact, that we don't see or hear about PwDs in the media or anywhere else. They are rarely equally presented in official campaigns, educational materials etc. Therefore, while they have the same rights and have different kinds of compensation bonuses, they are very often excluded from some of the nonessential, but still important areas and activities.

For example, coming straight from PwDs, who would prefer more opportunities inside and outside for exercise, that would work in favour of their disabilities and accommodate them, and not against them. They also miss a sense of community and channels or associations, that would be tailored to them. Bot the sport and community aspect can be fixed through city councils and self-government, which are involved in the cultural life of the community anyways.

One of the negative points, that the results showed us, is that almost half of the participants reported not being treated by a doctor at the moment, which could alert to, as we previously mentioned, a stance, that even though people suffer from depression, they don't necessarily consider it a "disability", a bad phase in their life, and don't get it treated properly. We think that this can be tied back to the overall Slovak mentality and the fact that mental health is not talked about in school anywhere else. In the last year, also due to Corona, the media space has been filled a little bit more with this topic and issue. Just last week our Madam President was on a discussion panel with a young influencer and the head of IPEčko (online counselling for young people regarding their mental health) and they all shared their point of view on the topic and sport was one of the mentioned effective activities. We think these kinds of activities are especially beneficial because people see that they are not the only ones in such a situation. It was a wise move to include the Head of State since it brought seriousness and officiality to the discussion. This event also got a very positive discussion. The Ministries and city councils should put an effort to organize or at least support these kinds

of events. That's why it's crucial for the authorities to not only guarantee PwDs the same healthcare etc, but also make an effort to combine all of the relevant institutions and organizations to create more awareness and inclusion in day to day living situations.

CONCLUSIONS

The community survey, as well as research of previous resources offers us a handful of solutions on how to better tend to people with disabilities. While they are taken care of from the legal standpoint, there is a missing link between their experience in everyday life and its implication and policy makers. We have the tools and programs written on paper, but don't have the strategies to actually implement them. Smoother and better communication is needed between interested parties, that involves not only guaranteed inclusion, but also specific and individual approach so that this community can thrive. It is also needed to integrate the PwDs community into social life and make it overall more accessible.

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