



Bsport+

WHITE PAPER ON POLICY MAKERS SLOVENIA

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B-Sport +: WHITE PAPER ON POLICY MAKERS**INTRODUCTION: SCOPE AND PURPOSE**

Health benefits of PA are well recognized on many levels, including reduction of risks for noncommunicable diseases (diabetes, cancer, cardiovascular disease) and bringing along also positive effects on mental health.

The most recent publication of WHO »Physical activity factsheets for the 28 European union member states of the who European region«, reporting national facts on PA, includes many indicators that were monitored. Within the scope of target groups of BSPORT+ project, included in the national desk research and on-line survey, most interesting indicators (23 all together) for strengthening the understanding on national approaches and policies are (among others) i.e. (WHO, 2018):

- National recommendation on physical activity for health
- National "Sport for All" policy or action plan
- Target groups addressed by the national HEPA policy
- Schemes to promote physical activity at the workplace

As the report provides updated data on the situation of HEPA in EU Member States the counties' physical activity factsheet for Slovenia includes vital information on this matter. The "National Programme for Nutrition and Health-enhancing Physical Activity 2015–2025" already includes measures to promote active transport to work and supports employers in implementing healthy lifestyle programmes and promoting physical activity at work. The target group of PwD has been monitored through different national policies - A resolution on a national programme for nutrition and health-enhancing physical activity 2015–2025 includes measures to provide opportunities for socially disadvantaged groups to be physically active. These include increasing the availability of green open spaces, organizing sporting activities, promoting recreational physical activity in nature and promoting active transport.

(ibidem, 2018).

On the other hand, the obligation of employers to plan and implement workplace health promotion programmes also contributes towards a healthier lifestyle and has its basis in National guidelines for such activities with concrete suggestions on regular exercise like active breaks within working hours, offering help to break habits like smoking,

encouraging to healthy nutrition.

There is still much open space for a more coherent and targeted actions connecting the world of work/social inclusion organisations, PwD's and synergy creation opportunities for exchange of best practice to tackle main issues, found through desk research and to step together for a coherent approach toward tackling obstacles like motivation, community and peer support, low or no cost opportunities for an all-inclusive approach to recreational activities and boosting general level of personal motivation for PA.

NATIONAL CONTEXT

Definitions of disability and disability criteria used by EU Member States vary according to policy objectives, applicable legislation and administrative standards. However, a general consensus was reached, supported by the signing of the Convention on the Rights of Persons with Disabilities, adopted by the United Nations, by all Member States and the European Community, which confirms the social model that defines the types of disability and treats disability from a human rights perspective.

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).

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 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).

INCLUSIVE EDUCATION AND SPORT PARTICIPATION 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.).

A resolution on a national programme for nutrition and health-enhancing physical activity 2015–2025 includes measures to provide opportunities for socially disadvantaged groups to be physically active. These include increasing the availability of green open spaces, organizing sporting activities, promoting recreational physical activity in nature and promoting active transport.

All in all, concrete actions in working environments, including the planning of health and healthy lifestyle promotion activities are dispersed within different organisation – the planning of such activities (which can be understood also as inclusive education in some ways) could in future include also the target community and their representatives to be more included in planning activities.

OVERVIEW AND KEY FINDINGS FROM THE COMMUNITY SURVEY

The community survey revealed interesting aspects and facts, contributing to a coherent set of future actions for boosting HEPA among the target group national wise.

General health assessment, connected to perception of personal health condition, is overall good as 64% of PwD's describe its perception from good to excellent. Results showcase that 45% of respondents did not find a corresponding answer to showcase the exact correlation between health condition and personal effect of the latter. 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.

Over 60% of respondents are usually doing multiple sport activities and have chosen different varieties or combination of activities whereby the prevailing choices include different combinations of leisurely walking and light gardening/light housework as the prevailing choices, including and mentioning others (brisk walk, running, bicycling, etc.). Most respondents have decisively declared combining their daily activities. On the other hand, the main reasons for a more intense participation in sport and recreational activities whereby a higher participation is connected strongly to Doctors and health professionals influence as well as family and friends influence. Motivation in general can be considered as a strong influential element in lower participation to sport activities.

Taking into consideration the pandemic and its connection to increase in sedentary activities for many communities in general, the latter has challenged the life of surveyed PwD's both psychologically and physically, also impacting their participation in PA and sport.

RECOMMENDED POLICY ACTIONS

In the future, it will be most important to tackle the elements of intrinsic motivation and personal beliefs for an overall healthier lifestyle. As the target group of PwD's national wise includes mainly people in employment or any kind of social inclusion programme, it can be an opportunity to find different possibilities for inclusion also in the scope of planned HEPA activities for the future in the working environments. Pertinent issues of the current pandemic crisis already can be observed from entities such as low motivation, job loss, financial problems, staying in the social safety bubbles and lack of personal contact/feeling of belonging to a community. Connecting the later to the target group and distress, felt in the past year. It seems that topics and approaches included in HEPA planning for the mentioned working environments should represent a cross section between boosting and empowering towards adopting a healthy lifestyle routine on a long run and easing up/adopting the use of modern technology to support actions of each individual and to create coherent communities that can support each other.

Recommended policy actions should therefore include:

- Promotional and motivation raising activities for sports benefits for PwD' s outside of health care sector and targeting PwD' s in employment or any other

inclusion programme.

- Widening outreach towards and intensifying cross sectoral cooperation
- Effective, on time and regular communication on a cross sectoral level (employers, different target groups, health, and social sector).
- Communicating the importance of lifelong PA and PA engagement motivation rise.

CONCLUSIONS

Finding synergies and strengthening connection between different entities from the world of work and representative of CSO, more importance to the PwD's and their inclusion in sports seems should be dedicated. Recommendations and national programmes of general orientation nature are important. On the other hand, the target group of this project and its topic is covered under many different and general regulation that could benefit from more synergies in common approach for the target group between different policy makers on national and regional/local levels.

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