



Bsport+

**WHITE PAPER
ON STAKEHOLDERS
DENMARK**

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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.

All people - children and adults, young and old, men and women - can improve their health by exercising regularly, even if they have not been physically active before. Physical activity does not have to be strenuous to achieve health benefits. Specially for person with disabilities (PwD), it is important to maintain a stable physical activity level, because of the health benefits, but it can be challenging, because of the disabilities. There is still much room to improve regarding to facilitate, active and engage the PwD in physical activities in Denmark. This white paper contains some of the key points and recommendations for how to better support the PwD.

NATIONAL CONTEXT

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:

Impairment + barriers = disability

Impairment + compensation = 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.

In the report "Idræt, fritid og helbred for mennesker med funktionsnedsættelse" in Denmark 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. 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.

INCLUSIVE EDUCATION AND SPORT PARTICIPATION FOR PwD

In Denmark, 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). 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 (this can include extra transport or help with day-to-day tasks within the home).

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 several 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.

OVERVIEW AND KEY FINDINGS FROM THE COMMUNITY SURVEY

The general health assessment showed that only 18% of our respondents rated their health condition as poor, and 82% rated their health fair, good and very good. It can be assumed that the respondent does not view their disability negatively, but it does reduce their self-esteem and confidence.

Most of the respondents are motivated to do sport activities and they have chosen different varieties or combination of multiple sport activities, such as light gardening and housework, leisurely walking, bicycling, skating swimming, dancing, or other moderate exercises, running, weight training and only a few of them do not do any sport activities. They stressed that they are mostly motivated by intrinsic motivation and personal beliefs and family and friends influence.

Also, they stated that some of the reasons for lower participation in sport activities were lack of time, family and friends' influence, appropriate facilities, financial constraints, lack of interest, lack of confidence, illness, and other reasons. The main factors make easier their participation in sport activities is multiple reasons, family and friends' support, personal assistive devices, facilities and infrastructure, mobile health and sports, the role of the organizations and policies, and other reason.

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. We would also encourage relevant stakeholders to arrange more events regarding to increase awareness of excising benefits and existing events for PwD to participate. Furthermore, to create more opportunities for PwD to participate in different variety of sports.

The recommended policy actions should therefore include:

- Raising awareness on excising benefits and existing possibilities to participate in sports activities for PwD.
- Activating PwD to try different variation of sports to enrich their experience and increase their motivation and self-esteem.
- Improve local community based physical activities events, where PwD can be excising in a including community without stigma.

CONCLUSIONS

The community survey, as well as research of previous resources offers us a handful of solutions on how to better support the PwD. Raising awareness about importance on lifelong inclusion in physical activitie, enrich their experience and improve their local PwD communities are important aspects to make this

community thrive, and that is something that needs more attention in the future to strengthen their participation in physical activity and further increase their quality of life.

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Who we are

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