Current Topic

Quality of Life of People With Intellectual Disabilities: Current Trends in Denmark

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This article explores the quality of life (QOL) of people with intellectual disabilities (ID) in Denmark by reviewing literatures on the Danish welfare system and legislation relevant to social services delivery. First, current levels of support and the living conditions of people with ID in Denmark, which are affected by legislation and social services, were examined. Subsequently, recent studies on the QOL of Danish individuals with/without ID were reviewed. People with ID receive significant welfare provisions, which guarantee a normal living standard akin to that of ordinary Danish citizens. Nevertheless, recent reforms have gradually impacted individuals’ lives, particularly young people, including a lack of employment opportunities and lower social security. Recent studies on the QOL of Danes with ID have indicated the importance of improving professional support for this group. General QOL surveys have documented high satisfaction levels amongst the Danish population; however, there are limited studies of QOL assessment for people with ID. In the future, studies on QOL in Denmark should involve individuals with ID to understand their personal perspectives.

Key Words: quality of life, intellectual disabilities, Denmark

Introduction

Quality of life (QOL) has been an important concept utilized within human rights protection, specifically since the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) was adopted in 2006 and came into force on 3 May 2008 (United Nations, 2006). Denmark ratified the UNCRPD in 2009, and the government published its disability policy action plan in 2013 entitled “One society for all” (Ministry of Children, Gender Equality, Integration and Social Affairs, 2013), which focuses on employment, education, and citizenship to achieve a more diverse and inclusive society. All countries that have ratified the UNCRPD have responsibility to improve the human and legal rights and lives of people with disabilities. Nevertheless, across the world, people with intellectual disabilities (ID) still experience abuse and neglect. As a result, assessment of QOL is useful for measuring and implementing the Convention in a systematic way (Verdugo, Navas, Gómez, & Schalock, 2012).

An extensive number of QOL studies have clarified and advanced the conceptualization, measurement, and application of the term (Schalock & Keith, 2016). Generally, QOL is defined as a multidimensional phenomenon composed of core domains influenced by personal characteristics and environmental factors. These core domains are the same for all people; however, they may vary individually in relative value and importance. The assessment of QOL domains is based on culturally sensitive indicators (Schalock & Verdugo, 2013). One of the most frequently employed QOL models is the eight domains model by Schalock and Verdugo (2002), which includes personal development, self-determination, interpersonal relationships, social inclusion, rights, emotional well-being, physical well-being, and material well-being. These eight domains are closely related to the 34 articles included in the UNCRPD (Verdugo et al., 2012). Therefore, the assessment of QOL results in valid and reliable measures of the rights and freedoms guaranteed under the UNCRPD (Karr, 2011; Verdugo et al.,...
Several assessment tools, based on this model, have been subsequently developed and validated in different countries (Carbó-Carreté, Guàrdia-Olmos, & Giné, 2015; Gomez & Verdugo, 2016; van Loon, Van Hove, Schalock, & Claes, 2008).

According to the Act on Social Services in Denmark (2012), the main purpose of social welfare support is “to improve the capability of the individual recipient to be self-reliant, or to facilitate his/her daily life and enhance his/her quality of life” (Consolidation Act on Social Services 1-(2), 2015). Although several surveys report relatively high levels of living standards and life satisfaction in Denmark, as described later (Helliwell, Layard, & Sachs, 2016; OECD, 2011; Statistics Denmark, 2016; Wiking, 2014), there are limited studies that have investigated the QOL of people with ID in Denmark (e.g., Hoffman, 2012; Kjeldsen & Jensen, 2013) despite the law indicating the importance of QOL for all. A lack of public support, when compared to other Nordic countries, has been suggested as one reason for the small number of disability studies in Denmark (Bengtsson & Bonfils, 2013). By conducting an extensive review of the literature, this paper aims to explore and strengthen the current state of knowledge concerning the QOL of people with ID in Denmark. Specifically, the discussion addresses two key research questions: (i) What support is provided and what are the living conditions of people with ID in Denmark under current legislation and recent reforms? (ii) What have recent studies on the QOL of people with ID in Denmark shown compared to QOL surveys of the general population?

**Method**

**Search Strategy**

Articles related to the welfare society in Denmark were searched for on the Web of Science, Google Scholar, and REX (The Royal Library) databases, utilizing the following keywords: Danish welfare, Denmark welfare, and QOL Denmark. Laws and recent reforms relative to people with ID were obtained from the Danish Government’s official websites and publications. In addition, general surveys of QOL in Denmark were searched for on the Internet using the phrases QOL Denmark Happiness and QOL Denmark Report. Danish studies on the QOL of people with ID were mainly searched through the websites of SFI (The Danish National Center for Social Research), Aarhus University’s e-books, and Socialstyrelsen (The National Board of Health and Welfare). Literature over a 10-year period was reviewed, specifically from 2006 to 2016. These years were selected because of the adoption of the UNCRPD in 2006.

**Study Selection**

The following relevant research articles were selected for this study: (1) latest or recent publications and information on laws and social welfare systems for people with and without ID, which specifically have an impact on the living conditions of people with ID, (2) the latest QOL surveys of the Danish population, which investigated how satisfied individuals were with their current living conditions and social systems, and (3) studies that focused on QOL, well-being, and satisfaction of people with ID in Denmark.

**Method of Analysis**

First, the Danish welfare system and legislation on social service delivery for people with and without ID were reviewed. Trends in living conditions and services delivered for people with ID in Denmark were then investigated. In order to clarify the connection among the law, social services, and living conditions of people with ID, information on individual living conditions, which was obtained from field interview surveys, is also drawn upon. The interview surveys were conducted at support organizations for people with ID, including group housing and day centers in Copenhagen and Odense during 2014–2015. Informed consent was obtained from all participants. Finally, Danish QOL surveys and studies related to the QOL of people with ID in Denmark were reviewed.

**Results**

The search for publications on laws and welfare systems relevant to people with ID in Denmark identified the Act on Social Services (2012) as well as the national social security system, including pensions and cash benefits, which are connected to labor policy reforms. Numerous studies have been published on the Danish welfare society, but only a few exist on the current situation (Abrahamson,
There are also several publications of the Danish Government and country reports for Denmark that cover policy and the economy (European Commission, 2014; Laursen, Andersen, & Jahn, 2016). Three main QOL surveys of the Danish population were obtained (Helliwell et al., 2016; OECD, 2011; Statistics Denmark, 2016), including national and international surveys that indicate high or good satisfaction levels. Five Danish studies related to the QOL of people with ID were selected for further analysis. These include a review of a project providing professional support (Hoffman, 2011), one qualitative investigation conducted at group housing (Hoffman, 2012), two quantitative studies on the QOL framework (Kjeldsen & Jensen, 2013) and support methods (Bengtsson, Rasmussen, & Gregersen, 2015), and research that examined job satisfaction (Bengtsson & Mateu, 2009). The main results are described based on the following four aspects: (1) trends in the Danish welfare society, (2) trends in social services and recent reforms that have impacted the lives of people with ID, (3) the QOL of general population of Denmark, and (4) the QOL of people with ID living in Denmark.

**Trends in the Danish Welfare Society**

“Danish society is characterized by a universal approach to welfare aimed at providing equal opportunities for all citizens” (European Commission, 2014), which means that everyone in need should receive social services and social security. These beliefs are embedded in Danish disability policy (The Danish Disability Council, 2006; Socialstyrelsen, 2012), which has four essential visions: equality, solidarity, sector accountability, and compensation (Table 1). Education and health care services are free of charge for all in Denmark. In addition, high gender equality is often remarked upon, as evidenced by the employment rates of males (77.9%) and females (72.7%) (Statistics Denmark, 2016). The welfare model in Denmark was developed in the context of a homogeneous background in terms of ethnicity and religion, which led to a particular political culture and the consensual democracy of services (Abrahamson, 2015). Another feature of the Danish welfare model is the employment policy called Flexicurity. This term derives from the combination of two words, namely flexibility and security. As these words imply, while employees are at significant risk of unemployment due to low levels of employment protection, they also receive generous levels of social security due to the high standard of welfare provision (Jensen, 2015). It is common for Danes to change their careers around six times during their lives (Noguchi, 2013). The Danish welfare system is also characterized by decentralization. There are five regions and 98 municipalities in Denmark. The regions are mainly responsible for health care provision and regional development, while the municipalities provide welfare services such as schools, nurseries, care for the elderly or disabled, libraries and employment services (Laursen et al., 2016).

Overall, Denmark has demonstrated the possibility of a strong welfare state operating alongside a well-functioning economy. Nonetheless, Denmark faces several political challenges such as the low employment rate of immigrants (Laursen et al., 2016). The population of Denmark has increased over the past few years, to a total of 5.7 million people in 2016, due to rising immigration as well as the birth rate exceeding the death rate (Statistics Denmark, 2016). Laursen et al. (2016) suggest that the Danish society will face increasing inequality, with immigrants and other marginalized groups facing challenges in the labor market due to a lack of job skills or qualifications. People with disabilities such as physical dis-

<table>
<thead>
<tr>
<th>Principles</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Equality</td>
<td>Equal opportunities and equal treatment of people with disabilities as same as people without disabilities.</td>
</tr>
<tr>
<td>Solidarity</td>
<td>Social services and social securities should be financed mainly through the tax payment.</td>
</tr>
<tr>
<td>Sector accountability</td>
<td>All public sectors should take responsibilities so that people with disabilities access to services such as housing, transportation, labour market, education and medical care as well as social services.</td>
</tr>
<tr>
<td>Compensation</td>
<td>Social services compensate limitation of people with disabilities according to individual's needs.</td>
</tr>
</tbody>
</table>

*Note:* Compiled by the author based on “The National Board of Social Services” (Socialstyrelsen, 2012) and “The principles of Danish policy” (The Danish Disability Council, 2006).
Table 2 Main Social Services for Adults (over 18 Years Old) with ID and Additional Options

<table>
<thead>
<tr>
<th>Service</th>
<th>Law</th>
<th>Applicable person</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and support for daily living</td>
<td>Personal assistance, Home care and nursing care</td>
<td>§83(1) People with temporary or permanent impairment of physical or mental function or special social problems (hereafter I)</td>
<td>Personal care and assistance/Assistance or support for necessary practical activities at home/Meal services (24 hours available).</td>
</tr>
<tr>
<td>Personal assistance for independent living</td>
<td></td>
<td>§85</td>
<td>Assistance or support to develop personal skills at housing, that is, people’s own apartment.</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>§83a.(1)</td>
<td></td>
<td>A brief and time-limited rehabilitation programme to improve the functional impairment and thus reduce the need for assistance under §83(1) (24 hours available).</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>§86</td>
<td></td>
<td>To remedy the impairment of physical function by diseases, and to maintain physical or mental skills.</td>
</tr>
<tr>
<td>Respite service</td>
<td>§84(1)</td>
<td></td>
<td>Substitute or respite services for family members caring for a person with impaired physical or mental function (24 hours available).</td>
</tr>
<tr>
<td></td>
<td>§84(2)</td>
<td></td>
<td>Temporary accommodation for persons with temporary special needs for care (24 hours available).</td>
</tr>
<tr>
<td>Citizen-controlled personal assistance</td>
<td></td>
<td>§96</td>
<td>Subsidies are paid to persons with disabilities who employ their own personal assistants. Persons with disabilities have to be capable of employment management of their assistants. Therefore, this is not a possible choice for a majority of people with ID.</td>
</tr>
<tr>
<td>Attendance</td>
<td></td>
<td>§97</td>
<td>Attendants are dispatched by the municipal council (Maximum 15 hours a month available). According to a staff member, people who want to use this service have to express their ideas such as where to go, therefore, this is not a real option for people with severer disabilities.</td>
</tr>
<tr>
<td>Housing</td>
<td>Temporary accommodation</td>
<td>§107 1</td>
<td>This housing includes all necessary help based on individual needs, which requires extensive help. This condition will likely change, that is, people would be perhaps able to live in own housing later.</td>
</tr>
<tr>
<td></td>
<td>Long-term accommodation</td>
<td>§108 1+ person’s needs are not covered by other services and ways.</td>
<td>This housing includes all necessary help based on individual needs, which requires extensive help. This condition will unlikely change.</td>
</tr>
<tr>
<td>Sheltered work</td>
<td>Sheltered employment</td>
<td>§103</td>
<td>People who are unable to work on the labour market because of severe impairment+under 65 years old</td>
</tr>
<tr>
<td>Regular work</td>
<td>Skaanejob</td>
<td>AAEE*</td>
<td>People who receive a disability pension</td>
</tr>
<tr>
<td></td>
<td>Flexjob</td>
<td>AAEE*</td>
<td>People who do not receive a disability pension</td>
</tr>
<tr>
<td>Activities</td>
<td>Social and other activities</td>
<td>§104</td>
<td>People with severe impairment of physical or mental function or special social problems</td>
</tr>
</tbody>
</table>
Quality of Life of People With Intellectual Disabilities

abilities and mental illness as well as people with ID tend to be excluded from labor markets (Bengtsson, 2008) and instead receive pensions. Recently, the government has reformed the disability pension system, the flexible working arrangement scheme, and the social assistance system in order to incorporate more people with disabilities into the labor market and to reduce the number of disability pension recipients (Ministry of Children, Gender Equality, Integration and Social Affairs, 2013).

Trends in Social Services and Recent Reforms

In this section, the current legislation and recent reforms that have had an impact on the lives of people with ID are summarized.

Social services law and illustrations of living conditions. All social services in Denmark are offered based on the Act on Social Services (1998, amended in 2015), which is a general law for everyone who requires assistance. This law dictates the framework of social services, and each municipality is responsible for service provision, quantity, and quality (Matsuoka, 2009). Table 2 shows the details of the main social services available as well as additional options such as adult education for people with ID. These key services are offered based on individual needs assessments (i.e., a person's needs and wishes) rather than levels and types of disabilities, and are provided free of charge except for a part of rehabilitation (Matsuoka, 2009) and actual costs of care. Some options such as evening classes are also offered for a charge. The 1998 law was epoch-making for the lives of people with ID because the idea of an institution was abolished from legislation (Bengtsson, 2008). This means that all dwelling places should be regarded as an individual's own apartment/home even when people live in collective housing with professional support. Therefore, institutions were modified to housing so that each resident occupied two rooms, with a kitchen and a bathroom (Bengtsson, 2008) as well as normal housing. However, one recent study indicates that not all group housing provides a private kitchen or bathroom (Bengtsson et al., 2015). The term group housing was employed to describe collective housing for people with ID regardless of the size and support style. Below are illustrations of the living conditions of people with ID as compared to the Act on Social Services by Matsuoka (2009).


*AAEE: The Act on an Active Employment Efforts (lov om en aktiv beskæftigelsesindsats, 2016); **Social pension law (lov om social pension, 2016); ***AASP: The Act on Active Social Policy (lov om aktiv socialpolitik, 2016); ****Folkeoplysningsloven (2011); *****Lov om folkehøjskoler (2013)
Case study 1: Independent living in supported group housing. A female in her 40s with moderate ID currently lives in the Odense municipality. She uses a wheelchair (§112) due to her physical disability. She lives in group housing, without night watch (§108), where all residents have their own single-story apartment. She requires support especially in the morning with tasks such as brushing her teeth and taking a bath. To assist, she previously used a home-visit care service selected by the municipality but due to her dissatisfaction with their provision she now employs a home-visit care service (§83(1)) from a private company. She attends a day center twice a week (§104), where she likes to read books and listen to stories on the computer. She has a home day once a week, which is a typical individualized support system provided in Denmark. On this specific day, she goes shopping or cleans her rooms with the appointed staff member. She goes to physiotherapy training (§86) once a week to maintain her physical function and sometimes rides special bicycles with three or four wheels (§112) for exercise. She receives a disability pension, and the housing fee is partly supplemented by the municipality where she lives.

Case study 2: A youth living with his family members. A male in his 20s with severe ID and autism is currently living in the Copenhagen municipality. He is employed mornings at a nature business five days a week, where other people with disabilities or mental illness work together in sheltered employment (§103). His workplace is run by a social enterprise. He receives a small salary and a disability pension. He particularly enjoys the physical nature of the job. Additionally, he works once a week at a café, operated by the same company, in the public library. He struggles with mathematical calculations and so requires assistance from another staff member to provide change to customers. He participates in a youth club for people with ID three times a week after work, where he enjoys playing games and football (§104). He would like a girlfriend and, with his parents’ help, is considering using an online dating website for people with ID. He is currently on a waiting list for living accommodation in the municipality. Nevertheless, he does not think it is necessary for him to live apart from his family members at this time since he is happy with his apartment and private bathroom in his house.

In Denmark, it is common for people with ID to live apart from their families after 18 years of age. As case study 1 demonstrates, it is possible to live independently when the necessary support is provided. Nonetheless, this individual also requires assistance from her mother to help with monetary issues and general support in her daily life. Furthermore, according to one staff member, the reduction in personnel has had a negative impact upon residents who are now provided meals from a delivery service rather than directly from home. In contrast, some people with ID live with their family members for some time, depending on the needs or wishes of individuals and their families as illustrated by case study 2. Housing options such as group housing with/without night watch are offered according to individual needs. In addition, there are various places of leisure for people with ID, such as cafés, clubs, bars, and parties. However, these are usually organized only for people with ID, which restricts individuals to living within disabled communities.

Presented below are additional case studies of senior citizens with ID that illustrate different living styles. Case study 3 shows an independent living condition, while case study 4 reveals an instance of group housing that is supervised 24 hours a day.

Case study 3: A senior citizen living independently. A male in his 60s with mild ID and hemiplegia on his right side currently lives in the Copenhagen municipality. He retired from his work of sheltered employment at age 65. Accordingly, his pension was switched from a disability pension to an ordinary one. Since he has substantial funds, a guardian helps him to manage his finances. He lives in an apartment for senior citizens with an elevator, which is supported by staff members (§107). He is mostly capable of taking care of himself but he does use a home-visit care service to take a bath and to clean his room twice a week (§83(1)) as well as support on a home day from a staff member. He goes to a nearby café to eat breakfast, where staff members prepare meals. This is also a social space for residents within the ID neighborhood. He has a girlfriend who lives close to his place, and he wants them to live together. They attend a club for senior citizens with ID twice a week to play games or attend parties (§104).

Case study 4: A senior citizen living in supervised group housing. Case study 4 is a female in her 60s with severe ID who also lives in the Copenhagen
municipality. She has started using a walker ($112) due to weight gain and weakness in her feet. She requires daily support to take care of herself and lives in group housing with a night watch ($108). She attends a day center four days a week ($104), where she enjoys socializing with others and clipping articles from magazines on a daily basis. She has a home day once a week and sometimes goes to buy sweets with a staff member. She normally sits on a sofa in the common room and watches TV at home. Her staff member thinks that she would be happier if there were more opportunities to go out during the weekend, which is one of her favorite hobbies. A lack of staff members at the home means that it is difficult to provide individual support for each resident. Additionally, she has no family that could help her.

As case study 3 confirms, it is possible for people with ID to maintain independent living. By contrast, however, people with severe ID who require daily support face several challenges and difficulties, as discussed in case study 4. Although they receive basic support from staff members, their needs and wishes are not always completely met. These case studies detail the experiences of individuals residing in Copenhagen and Odense municipalities, which have large populations in Denmark. Therefore, specific circumstances such as available resources and the type of services provided for people with ID may vary across different municipalities.

Towards an inclusive labor market. Recent reforms of pension, social security, and labor policy have impacted upon the lives of people with ID, particularly young people. First, people with disabilities under age 40 are no longer eligible for disability pension unless they have severe ID and are deemed unable to work. Instead, they receive a lower level of social assistance called kontanthjælp and they are expected to find employment (Ministry of Employment, n.d.). Second, people under age 30 who receive social security have to undertake in-job training or education to obtain work if they are not already employed (Laursen et al., 2016). In addition, the new rule, which was introduced on 1 April 2016, requires people who receive social security to work at least 225 hours a year; otherwise their social security benefits will be reduced (Ministry of Employment, 2016). The aim of these reforms is to reduce the number of recipients of the disability pension and to involve more people in the labor market. Individuals who receive social security can find jobs under the special employment program called Flex job. Since January 2013, a new rule of Flex job means that it now includes people with lower work abilities. For instance, it became possible to exempt certain tasks, to work at a slower pace, to take several breaks during work, or to reduce weekly working hours according to individual needs (Sunhed.dk, 2017). In sum, now, living expenses are not fully guaranteed for all people with ID; however, there have also been concerns expressed about the current situation. The leader of udviklingshæmmedes landsforbund (ULF: intellectual (or learning) disabled country union in English), which is an organisation run by people with ID, points out: ‘we do not feel that we can work under Flex job all our lives… we think it’s good to get out to work in the labor market. But people who cannot work should be treated properly by the municipality and have a pension’ (ULF, 2016).

Trends in Quality of Life in Denmark

QOL for the general population: “Happiest country in the world.” Denmark is well known as the happiest country in the world, as evidenced by several international surveys. The World Happiness Report 2016 (Helliwell et al., 2016) reported that Denmark took the highest position out of over 150 countries, while Japan was in 53rd place. Six domains were measured including GDP per capita, healthy years of life expectancy, social support (as measured by having someone to count on in times of trouble), trust (as measured by a perceived absence of corruption in government and business), perceived freedom to make life decisions, and generosity (as measured by recent donations).

Another study by the OECD Better Life Index (2015) reported that Denmark scored highly in many dimensions of well-being such as work-life balance, social connections, environmental quality, civic engagement, education and skills, jobs and earnings, subjective well-being, and personal security compared to other OECD countries. Life satisfaction in Denmark, which measures subjective feelings, namely ‘how people evaluate their life as a whole rather than their current feelings,’ indicated a grade
of 7.5, which is much higher than the OECD average of 6.5 and Japan of 5.9.

Recently, Statistics Denmark (2016) released the results of QOL measurements for the population. They had previously conducted some objective measures of living circumstances, but this was the first national survey including subjective QOL perspectives. The OECD definition of QOL was employed in the study: namely, ‘good mental states, including all of the various evaluations, positive and negative, that people make of their lives and the affective reactions of people to their experiences.’ The number of participants was 42,500 from 38 different municipalities. The questionnaire consisted of 38 items on the 11-point Likert scale (score 0: not satisfied at all-score 10: fully satisfied). The questions covered several issues including satisfaction, health, safety in the community, education for employment, family life, economic status, size of living spaces, and politics. The survey was administered online and by telephone from October 2015 to February 2016. The questions concerned satisfaction with life at present and in the future, and were specifically: ‘overall, how are you satisfied with your life these days?,’ and ‘overall, how do you expect your satisfaction with your life in five years?’ The average score for satisfaction with life tended to be between seven and eight, which is equivalent to the OECD results (2015). The scores for expectations for the next five years were higher than those at present, at a raw score level. Nonetheless, a group of low scores between zero and 3 indicated lower expectations in the next five years than at present. According to the Happiness Research Institute in Copenhagen, “happiness levels in Denmark have remained at a stable and high level, at around 8 on a scale of 0 to 10 over the last 40 years” (Wiking, 2014), however, they also added that emotional mood and feelings of happiness were worse than the results of the international surveys above.

There are limitations to the measurement of the QOL for people with ID in such surveys. Some methods such as the 11-point Likert-scale, online questionnaires, or telephone interviews would be difficult for the majority of people with ID to understand. Assessment tools for people with ID usually employ a 3- or 4-point Likert scale (Gomez & Verdugo, 2016; van Loon et al., 2008). Indeed, some studies suggest that a 5-point Likert scale might lead to problems for people with ID (Fang, Fleck, Green, McVilly, Hao, Tan, Fu, & Power, 2011; Hartley & Maclean, 2006; Williams & Swanson, 2001).

In addition, interview methods are also employed for people with ID to ensure their understanding, including techniques such as paraphrasing, visual aids (Gomez & Verdugo, 2016; van Loon et al., 2008). Therefore, it is essential to employ suitable methods for people with ID in order to understand their subjective QOL.

QOL for people with intellectual disabilities: Housing and professional support. Most recent studies have focused on professional support at group housing, with only one study reporting the job satisfaction status of people with ID which will be discussed below.

Hoffman (2011) reviewed “Det kan nytte (DKN; ‘it can be useful’ in English)” projects conducted during 1986-1991 to improve professional supports by using video clips to share professional practices and thereby improve the lives of people with ID. Nevertheless, there are no clear findings on the extent of impact of this project on the development and QOL of people with ID (Bengtsson et al., 2015; Hoffman, 2011). However, one of the merits of the DKN project was that it promoted change in perceptions about people with ID. Individuals with ID were previously considered as subjects with medical care needs, but they subsequently came to be regarded as individuals capable of development (Hoffman, 2011).

Hoffman (2012) also examined the relationship between staff members and residents at two group housings through 100 hours observation of participants. Communication was then analyzed by utilizing the framework of Niklas Luhmann (1995), who defined communication as a synthesis of the retrieval of information, communication, and understanding. Differences were observed in staff members’ attitudes towards residents in the two locations. When staff members faced interaction difficulties with residents, their communication at one place often failed due to the misunderstanding of staff members. Hoffman (2012) suggested that there were different communication styles and cultures in each location; however, relationships based on understanding could improve residents’ well-being.

Kjeldsen and Jensen (2013) conducted a survey to investigate how a capability approach (Sen & Nussbaum, 1993) could be employed to reveal the QOL of people with ID in group housing. The capa-
bility approach framework provides relevant information of human functions (beings and doings) and capabilities (the opportunities to achieve those beings and doings) (Robeyns, 2016). Kjeldsen and Jensen (2013) measured what ideas staff members used for practice with a list of 10 basic capabilities: 1. life, 2. bodily health, 3. bodily integrity, 4. senses, imagination, and thought, 5. emotions, 6. practical reasons, 7. affiliation, 8. other species, 9. play, and 10. control over one’s environment. A total of 209 staff members, who had different educational backgrounds, ages, genders participated in the study. The 10 categories were evaluated from score 1 (no attention) to score 10 (most attention). The most cited items were life (average score of 8.5), play (8.5), emotions (8.3), and bodily integrity (8.2). The average score for all categories was more than 6.6 (there was no information for standard deviations). It was concluded that the capability approach could be useful for support and practice from a QOL perspective for residents.

Research has also investigated support methods for people with ID or mental illness in group housing in southern Denmark (Bengtsson et al., 2015). There are some methods that are frequently used, such as appreciative pedagogy (Anerkendende pædagogik in Danish; e.g., Socialstyrelsen, 2016) and neuropedagogy (Neuropædagogik in Danish; O’Donnell & Willemoes, 2013). Nonetheless, alternative methods have also been employed in different locations. Bengtsson et al. (2015) suggest that it is important to understand how staff members have had successful experiences with support and practice, since this information can usefully inform caseworkers in municipalities when coordinating housing for people with ID.

QOL for people with intellectual disabilities: Job satisfaction. Finally, Bengtsson and Mateu (2009) investigated the job satisfaction of people with disabilities working in sheltered employment. The total sample was 8,163 people with disabilities including 5,732 people with ID from 122 sheltered workplaces. The following are examples of the questions asked: “are you happy to be at your workplace?”, “are you happy for your colleagues?”, and “are you satisfied with your tasks at work?” Overall, most individuals were satisfied with their workplaces. People with physical disabilities or mental illness were less satisfied with their pay, while 78 percent of people with ID were happy with their salary. Bengtsson and Mateu (2009) note that most people with ID have never experienced better salaries, therefore, they do not have a standard for comparison. In addition, 36 per cent of participants indicated an interest in obtaining regular employment compared to the rest of the sample.

Conclusion

People with ID in Denmark receive significant welfare provisions, which enables individuals to lead ordinary lives in many ways. Specifically, material well-being has been guaranteed, as referenced by the eight domains model of Schalock and Verdugo (2002). However, the situation has recently changed due to pension and social security reforms, which aim to incorporate more disabled people into the labor market, as impacted by the ratification of UNCRPD. These amendments have created significant anxiety for young people with ID. Nevertheless, the reforms also provide the chance to undertake regular employment, an option that may not have been previously available. There are various resources for people with ID in their disabled communities, which provide several opportunities to improve their QOL. However, further studies are needed to explore whether people with ID feel included in wider society.

Recent studies have shown the importance of improving professional support in housing to promote the lives of people with ID in Denmark. Given that people with ID live in group housing or are supported by staff members in some way, it is unsurprising that research has largely focused upon such living arrangements. There are still questions, however, surrounding which support methods related to pedagogy would be most effective. Indeed, many locations use different methods according to the residents’ needs. As Hoffman (2012) explains, although each place has its own culture, the role of direct support staff is vital for residents’ QOL. This is consistent with the study conducted by Petry, Maes, and Vlaskamp (2007).

Overall, a limited number of studies have focused on QOL measurements for people with ID in Denmark. As general surveys related to QOL demonstrate, ongoing research is required to understand objective and subjective QOL as reflected by system and political adjustments. In addition, and most
importantly, QOL is different from person to person. Therefore, it is essential that studies on subjective QOL assessment be conducted to understand individual QOL and examine the effects of support.

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