

**The provision of recreation opportunities for people with
disabilities: A tale of two cities.**

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Disabled people comprise seventeen per cent of all New Zealanders and face barriers to participation in community life. This research examines the ways in which two local authorities - Manukau City Council and Christchurch City Council - provide recreation opportunities for people with disabilities and how these local authorities implement national legislation, policies and strategies which bear upon the provision of recreation services for the disabled. To achieve these aims, a comparative method which uses primary (interview) and secondary (documentary) data, is adopted.

Central government plays an important role in the provision of recreation to communities, including the disabled community. It develops legislation, strategies and policies that guide the provision of recreation services for people with disabilities at a local level. Local authorities provide 'spaces' for recreation including parks, waterways and facilities, as part of their wider services and programmes. Their services respond to broader, including national, concerns, but also reflect local priorities and needs, including those of other 'special' populations.

The results of this research indicate that Manukau and Christchurch Cities consult the disabled community and its representatives and address the specific needs of this community. Both local authorities have policies which outline how disability issues will be addressed; a disability-specific position which acts as an "internal advocate" for the disabled community; and a reference group made up of members of the disabled community. In the case of Christchurch City Council, the "KiwiAble" programme, "KiwiAble Recreation Network", "KiwiAble Leisure Card" and Inclusive Communities Coordinator are all disability-specific mechanisms that focus on the recreational needs of the disabled community. However, only one policy in these two cities - the Manukau City Council Disability Policy and Action Plan – draws explicit links to a national strategy.

On the basis of these results, a number of recommendations are made for future research and local authority action. It is hoped that the current study will provide practical advice and examples which local authorities can adopt, to further enhance recreational provisions for people with disabilities.

Keywords: disability, recreation, local government, central government, disability theory, Manukau City, Christchurch City, qualitative research, case study research, comparative methods, leisure policy.

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Chapter 1

Introduction

1.1 Introduction

This thesis seeks to determine how local authorities are providing recreation services for people with disabilities. To do this, two case studies - Manukau City Council and Christchurch City Council - will be examined based on the disability and recreation specific policies, positions and programmes each has in place. Local government in New Zealand plays an important role in the provision of recreation to communities, including the disabled community and it is the goal of this study to explore this role.

Central government also has an important role in recreation provision, as it develops national legislation, strategies and policies that guide local level provision. Recent central government legislation requires councils to consult more with communities and also to promote their social well-being, of which recreation is a part, and another aim of this research is to examine how the needs of people with disabilities are considered at a national level.

The purpose of this chapter is to introduce the research problem and to introduce the key concepts this study will address. While this research is aimed at examining the recreation provision of two local authorities, it is important that broader contexts, such as national legislation and disability theory, are addressed, as these will influence local provision. This chapter will: discuss rights to recreation for disabled people; introduce the legislative and policy changes to national disability and recreation provision in New Zealand; define the concepts of “disability” and “impairment”; and introduce the different theoretical models of disability. This chapter will also describe the research question and objectives which this study seeks to address and will provide an outline of the thesis organisation.

1.2 Rights to recreation and leisure

The benefits of recreation and leisure have been well documented (see for example Driver, Brown, & Peterson, 1991; Kraus, 2001; Mannell, 2006; O'Sullivan, 2006). Recreation and leisure are spheres of activity from which people with disabilities have often been excluded for reasons of dysfunction and perceived inability. Disability rights advocates maintain that people with disabilities have the same rights as non-disabled people, which include the right

to positive recreation experiences. To begin to translate this thinking into policy requires, at least, the adoption of inclusive recreation environments by recreation agencies. More than just an inclusive environment is necessary, however, for people with disabilities to have positive recreation experiences. Inclusion does not necessarily result in acceptance or positive experiences (Devine, 2004; Patterson, 2001) and inclusive recreation programmes or services do not always benefit people with disabilities. It is, therefore, important to identify the inclusive recreation programmes that exist and determine if such programmes are meeting the recreational needs of people with disabilities.

1.3 Legislative and policy changes

The introduction of inclusive recreation environments and programmes in New Zealand has occurred in the context of major changes in the social policies and national legislation, which affect people with disabilities, during the last ten to fifteen years. The New Zealand Bill of Rights Act was introduced in 1990; the Human Rights Act was introduced in 1993. These Acts made it illegal to discriminate against people on the basis of disability.

Until 2001, the central government agency responsible for recreation and sport was the Hillary Commission. The Commission had been responsible for all forms of recreation, but legislative changes in 1992 transferred responsibility of more “passive” forms of recreation to the Queen Elizabeth II Arts Council, the national arts body (Gidlow, Cushman, & Perkins, 1995). In 1994 the Arts Council of New Zealand Toi Aotearoa Act established the national arts agency Creative NZ and in 2001 the Hillary Commission was replaced by Sport and Recreation New Zealand (SPARC).

Both Creative New Zealand and SPARC are required to report to the Ministry for Heritage and Culture. Creative New Zealand does not have any policies or programmes that focus specifically on people with disabilities, whereas SPARC does. Released in 2005, SPARC’s No Exceptions Strategy provides guidelines to sport and recreation organisations for the inclusion of people with disabilities. This strategy is a revision of an earlier No Exceptions document released by the Hillary Commission in 1998, and seeks to provide a broad framework to allow agencies and organisations to realise the goals of the New Zealand Disability Strategy.

The New Zealand Disability Strategy was released by the Ministry of Health in 2001. This document guides the Government in the provision of disability services. The Local Government Act 2002, which requires local authorities to be more accountable to the communities they serve, also has implications for disability services especially through the establishment of improved methods of consultation. While people with disabilities are not specifically referred to in this legislation, the requirement for councils to improve their processes for community consultation has the potential to benefit the disabled community. These legislative and policy changes aid in creating an environment where more people with disabilities, and spokespeople for the disabled, are now consulted on issues that affect that community.

1.4 Wider influences

Such changes and improvements to social policy and legislation in New Zealand reflect wider, international developments in human rights, which began in 1950s America involving minority groups, namely women, African Americans and homosexuals. These groups revolted against the prevailing oppression that they experienced, fighting for more social equality. A disability social movement began in New Zealand in the 1980s, following similar trends worldwide. People with disabilities, and their supporters, called for full citizens' rights for disabled people, including rights to education, employment and welfare (Beatson, 2004).

1.5 Defining disability

People with disabilities make up seventeen percent of the New Zealand population (Statistics New Zealand, 2007) and thus providing a definition of disability is important because how we act towards disabled people depends on our understanding of who they are, which influences what they are entitled to. If we define disability as a tragedy, for example, we may treat a person with a disability with pity, but if we define disability as a product of social oppression, we have the ability to recognise that it is society which restricts the lives of disabled people (Oliver, 1990). Such perceptions influence the types of services that are offered for people with disabilities (see for example the medical model versus the social model of disability - Section 1.6 and Chapter 2).

Definitions of disability vary between governments, organisations, academics and individuals. Generally, definitions today are based on the social model of disability (see below), and often

distinguish between impairment and disability. In this sense “impairment” refers to the physical, mental or sensory dysfunctions of an individual and “disability” refers to the processes of social oppression encountered as a result of a person’s impairment. For example, according to Beatson (2004, pp.22 & 41) impairment is:

a bodily or psychological loss or abnormality which may cause suffering and which makes it difficult, dangerous or impossible to perform tasks, to participate in community life and to play social roles in the ways taken for granted by non-impaired people,

and, disability is:

a characteristic of social identity, similar to ethnicity, gender, class and sexual preference. It is based on the presence of a permanent or intermittent impairment, and may be associated with structural inequalities or discriminatory attitudes in the social environment, but it is not in itself a cause for negative self-image.

Disability-causing impairments may, therefore, be *bodily*: physical (e.g. paralysis, amputation); sensory (e.g. blindness); anatomical (e.g. spine curvature); or physiological (e.g. conditions such as multiple sclerosis), or *psychological*: psychiatric (e.g. mental illnesses) or intellectual (e.g. Downs Syndrome) (Beatson, 2004). The different types of impairment can be seen in the definition of disability provided in the Human Rights Act 1993 (s 21 (1h)):

- (i) physical disability or impairment
- (ii) physical illness
- (iii) psychiatric illness
- (iv) intellectual or psychological disability/impairment
- (v) any other loss or abnormality of physiological or anatomical structure or function
- (vi) reliance on guide-dog, wheelchair or any other remedial means
- (vii) the presence in the body of organisms capable of causing illness

While the distinction between “disability” and “impairment”, following Beatson (2004) and others is clear, those who are, or work on behalf of the, “disabled” seldom adhere closely to the distinction. Indeed, there is confusion over the “messages” which descriptors and definitions send out. Thus Oliver & Barnes (1998) regard the descriptor “people with

disabilities” as unacceptable, claiming that “disabilities” refers to a medical condition, not to societal barriers as the social model upholds. Beatson (2004) and others, however, maintain that the term “people with disabilities” refers to “people first, disability second”, suggesting that people “with disabilities” have multiple identities outside the fact that they experience disability (Beatson, 2004). According to Beatson (2004), “people with disabilities” has been assigned as the culturally correct term in New Zealand. And despite the accuracy of the concept of “impairment” to refer specifically to “...a bodily or psychological loss or abnormality” (Beatson, 2004, p.22), it is seldom used by or on behalf of people “with impairments”.

Consistent with common usage, the terms “disabled people” and “people with disabilities” will be used throughout the thesis, except where it is clearly important to distinguish between “impairment” and “disability”, notably when exploring the social model and/or its policy implications in greater detail.

1.6 The different models of disability

Before the human rights movement, disability was incorporated into a medical model based on an assumption of what was a “normal”, healthy state and according to which people with disabilities were seen as being “faulty”. Society sought to “fix” them, and restore them to some level of normality (McAvoy, 2000; Munford & Sullivan, 1997; Oliver, 1990). In defiance of such a negative paradigm, a social theory of disability was developed, according to which people did not have disabilities; rather, they had impairments. It was, therefore, society that became disabling through the daily barriers placed in front of people with impairments (McAvoy, 2000; Munford & Sullivan, 1997; Oliver, 1990).

From this perspective, it is the responsibility of society to become less disabling in order for people with disabilities to experience social inclusion. “Inclusion” has developed into a social tool that aims to incorporate individuals, minimise difference and increase social acceptance. Hence, “inclusive recreation” is seen as one effective way to increase opportunities for enjoyment and stimulation on the part of disabled people while also promoting their inclusion in society (Anderson & Kress, 2003; McAvoy, 2000).

More recently, another model of disability has become prominent; the biopsychosocial model (Imrie, 2004). This model provides a theory of disability that integrates both the social and

medical models. The biopsychosocial model acknowledges that disability is a complex phenomenon and is formed out of the relationship between the physical, mental and social environments of an individual (Imrie, 2004). Rather than rely on a strictly medical or a strictly social explanation of disability, there is recognition in this conceptualisation that disability is both a medical condition and, given many of the barriers that result from this condition, a social problem.

This latest model has been influential in policy formation. It is particularly evident in the World Health Organisation's disability classification. Released in 2002, the International Classification of Functioning, Disability and Health (ICF) measures functioning in society rather than defining disability. According to this framework, disability is an outcome of the interactions between health conditions and environmental factors. Disability is seen as the dysfunction of an individual's body or body part *and/or* the activity limitations of an individual *and/or* the restriction on participating in society (World Health Organisation, 2002).

1.7 Continued disadvantage?

Despite the progress documented above, many inequalities still face people with disabilities. While the national legislation and policies – the frameworks – that address disabling societal barriers in New Zealand are in place, and although formal exclusion can be legislated against, informal exclusion may still continue (Patterson & Taylor, 2001). It is therefore important to determine whether the implementation of central government legislation and policies at the local level is consistent with, and facilitative of, that legislation and policy. Furthermore, it is also important to assess whether there is a difference between “words” and “actions”; a national policy outlining a commitment to disabled people and their issues does not necessarily equate to local (council) actions that address such issues. For these reasons, how this implementation takes place, on the part of organisations and groups which have an “inclusive” mandate, including local authorities, warrants further study.

The daily experiences of people with disabilities are crucial to the evaluation of policy and policy implementation. “Unless policies and their delivery mechanisms appropriately reflect disabled people's life experiences, disabled people will continue to be disadvantaged” (Georgeson, 2003, p. 88). This raises questions about the consultation procedures that local authorities use. While there is a legal requirement in the Local Government Act 2002 for

councils to consult the community on issues that may affect them, the term “community” is undefined, leaving its interpretation up to individual councils. It is important to establish whether local authorities consider disabled people to be a (or part of a) community, and how this group or community is included within a consultative framework.

Furthermore, once such provisions are in place how are they monitored to ensure they are effective? How do Councils ensure they are accountable to disabled communities?

Establishing a policy or programme is only one aspect of providing for the needs of the community. It is important that such provisions are monitored and reviewed regularly to ensure adequate implementation, and also in order to meet the changing needs of the disabled community.

1.8 Research question and objectives

The overall aim of this research is to examine how local authorities perceive and exercise their responsibilities and roles in relation to the provision of recreation services for people with disabilities. It is hoped that this research will provide an understanding and critique of disability social policy, using Manukau City Council and Christchurch City Council as case studies of inclusive recreation provision for people with disabilities. It is hoped that this research will identify some practical examples of the provision of recreation services for people with disabilities, which will be able to be developed and adopted by other local councils in New Zealand. The specific objectives this research will address are as follows:

1. To examine the extent to which central government recreation and disability legislation and policies are consistent with developments in social theories of disability;
2. To explore how central government legislation and policies are implemented at the local level and how such national provisions influence the delivery of recreation services for people with disabilities;
3. To examine the specific disability and recreation policies of two local authorities – Christchurch City Council and Manukau City Council - by comparing and contrasting their policy implementation outcomes;

4. To determine the extent to which Christchurch City Council and Manukau City Council consultation processes relating to the provision of recreation services for people with disabilities, are inclusive of the disability community;
5. To establish the level of accountability for, and processes of review of, the recreation disability policies/outcomes adopted by these two local authorities.

In sum, this study will endeavour to assess whether the recreational needs of people with disabilities in New Zealand are being met at Manukau and Christchurch City Councils. This will be achieved through an examination of national legislation and policies, and local level policies and services. This research will include an examination of what the national legislation and policies seek to achieve and how these are implemented by local authorities.

1.9 Personal interest

Having learnt about the provision of recreation for minority groups during University studies, this researcher has developed a personal interest in this topic. Further, as a volunteer with Special Olympics New Zealand and an occasional caregiver of children with autism, it has become evident that disabled people face many barriers to participation in the local community, especially in relation to recreation and leisure. It is hoped this research will provide some examples of policies, strategies and programmes that local councils can adopt to ensure that the needs of the disabled community are being met.

1.10 Organisation of thesis

The remainder of the thesis is divided into six chapters. Chapter 2 will examine the major theories of disability. Concepts of disability have changed considerably over time and have consequently influenced how the needs of disabled people are addressed. Chapter 2 will support the later discussion of whether national recreation provision for people with disabilities is consistent with the latest “thinking” about impairment and disability.

Chapter 3 will discuss the research methodology for this thesis. In particular it will describe: qualitative research; the case study approach; methods of data collection and analysis; limitations of these methods; and ethical considerations of this research. Section 3.3 of Chapter 3 outlines reasons for choosing Christchurch and Manukau City Councils as case studies for this research.

Chapter 4 will identify the national legislation, agencies and policies relating to disabled people and to their recreational needs. Discussion of broader national provisions is important as these provide context to the situation at a local level.

Chapter 5 will present the two local authorities used as case studies – Manukau City Council and Christchurch City Council - comparing and contrasting them in terms of their disability and recreation policies, the implementation outcomes of these policies, and the consultative procedures that these local authorities use in relation to the disabled community.

Chapter 6 will conclude the thesis, summarising the main findings and presenting some recommendations for practitioners and future research. Some reflexive comments on this research will also be discussed.

Chapter 2

Theories of disability

2.1 Introduction

The concept of disability has undergone much change and development over the years. As introduced in Chapter 1, two main paradigms have dominated disability studies; the medical model of disability, and the social model of disability (Johnston, 1994 cited in Aitchison, 2003), while another model has emerged more recently, the biopsychosocial model (Imrie, 2004). These different paradigms have affected the attitudes towards, and perceptions of, people with disabilities in society, and they have also affected the development of current New Zealand disability related legislation and policies. Research Objective 1 (see Chapter 1, Section 1.8) aims to “examine the extent to which central government recreation and disability legislation and policies reflect developments in social theories of disability”. Such an examination is important because provision will be influenced by the view of disability adopted. This chapter will describe and critique the three models of disability, so as to facilitate the discussion in Chapter 4 of central government provisions of disability and recreation.

2.2 The medical model

The medical model became the prominent discourse on disability by the late Eighteenth Century (Patterson, 2001). This model identified disability as a medical concern associated with physical, sensory or cognitive dysfunctions of the individual (McAvoy, 2000; Munford & Sullivan, 1997). Disability was seen as a problem that could be “cured”, and the blame, cause and solution of this problem was put on the person with the disability (McAvoy, 2000). To accommodate disability in daily life, individual adjustments had to be made and again, the responsibility for these was placed on the person with the disability (Munford & Sullivan, 1997).

The effect of this model was to isolate and oppress those who experienced impairments (Sullivan, 2000). People who could not be cured were removed from the community, socialised and rehabilitated into what were often substandard lives and living conditions (Sullivan, 2000). For example, people with mental illnesses were incarcerated in asylums (Munford & Sullivan, 1997), where their lives were “...regulated and ordered according to a

disciplinarian system controlled by psychiatrists on a punishment and reward system” (Patterson, 2001, p. 84). Such actions and attitudes saw people with disabilities being treated as dependent, passive and pathetic people who needed looking after (Munford & Sullivan, 1997). This is often referred to as the “personal tragedy” theory of disability (Oliver, 1996).

Up until the 1970s in New Zealand, this medical model influenced much social policy, including recreation policy. For example, in the provision of recreation services and programmes for people with disabilities, there was a focus on the deficits of people with disabilities with “little recognition that many people with disabilities are able to participate independently in recreation if service providers make appropriate support available to address structural constraints to recreation participation” (Stensrud, 2004, p. 146). The role of the government, under this model, was to “fix” the dysfunctions of the disabled people so they could participate in community life (Stensrud, 2004).

2.3 Challenges to the medical model: Normalisation theory

Since the 1970s such perceptions of disability have been challenged by disabled people and disabled advocates, both in New Zealand and overseas. There has been an increasing refusal to accept the negative terminology used to define disabled people and a rejection of the dominant paradigms that have determined the social, political and economic contexts in which people with disabilities live (Munford & Sullivan, 1997). The 1970s saw, for example, the development of deinstitutionalisation and normalisation (Beatson, 2004; Stensrud, 2004).

Deinstitutionalisation led to the removal of people with disabilities from institutions and placing them back into the community. This movement was coupled with the introduction of the concept of “normalisation” which was developed by Nirje and Wolfensberger in the late 1960s. Normalisation, according to Nirje, stressed that people with disabilities should have the right to lead the same “normal” lives as non-disabled people, which included participation in daily routines and the life cycle, respect and the right to make choices about their lives (Patterson, 2001). This concept was very influential in the disability sector, especially in relation to people with intellectual impairments or “learning difficulties” (Oliver & Barnes, 1998).

Wolfensberger (1980, adapted by Chappell, 1992, p.36) further developed the concept of normalisation which is summarised as follows:

1. the use of culturally valued means to enable people to lead culturally valued lives;
2. the use of culturally normative means to provide life conditions which are at least as good as those of the average citizen;
3. the enhancement of the behaviour, appearance, experience and status of the devalued person;
4. the use of culturally normative means to support behaviour, appearance, experience and status which are themselves culturally normative.

2.3.1 Criticisms of normalisation theory

While normalisation theory goes some way towards addressing the concerns with the medical model, this theory has also undergone much criticism. First, normalisation is seen more as a theory of service provision, focusing on issues that are important to professionals, such as how to improve services, rather than as a theory of disability (Chappell, 1992; Oliver & Barnes, 1998). In this sense, normalisation theory, rather than challenging the existing structures of service provision, maintains that professionals have a legitimate role in the lives of disabled people, thus supporting their (superior) authority (Chappell, 1992; Oliver & Barnes, 1998).

Second, normalisation theory is largely functionalist in its assumptions (Chappell, 1992). Consequently, the theory focuses on the relationship of mutual accord between the providers and disabled users of a service. Normalisation theory fails to account for the possibility that providers and users have conflicting interests and is unwieldy given that relations which occur between people with disabilities and non-disabled people (Chappell, 1992), are often marked by tension and/or outright conflict. An example of such a tension is the establishment of shared houses for disabled people in local communities; while people may outwardly support the move of institutionalised people into the community, residents may not want such homes in their street or suburb (the NIMBY syndrome - not-in-my-backyard).

Finally, normalisation theory has been criticised for being an idealist theory, and not taking into consideration the material limitations that are imposed on people with disabilities

(Chappell, 1992). It is perceived by its critics to focus on the ideas and attitudes which may result in discrimination, rather than on political/institutional discrimination arising from structural causes which, if addressed, could go a long way towards reducing the material limitations faced by disabled people. By focusing on providing disabled people with “normal” lives, Wolfensberger’s normalisation fails to acknowledge the valuable characteristics of people with disabilities, and instead reproduces discriminatory social norms through the maintenance of the “normal/abnormal” dichotomy (Chappell, 1992; Oliver & Barnes, 1998).

Arising from the inadequacies of the medical model, and the functionalist, idealist and materialist limitations of deinstitutionalisation and normalisation, a further model of disability was conceived; the social theory of disability. This model focuses more on the tangible, material discriminations faced by people with disabilities.

2.4 The social model

The social model of disability grew out of the everyday experiences of people with disabilities themselves (Oliver, 1990) and maintains that disability is a result of the oppressive social and political structures that people encounter which serve to exclude them from society (Munford & Sullivan, 1997). The social model sees disability as a social construction, in that disability is a result of hostile attitudes towards people with impairments. Such attitudes generate physical and social environmental barriers which restrict the lives of people with disabilities (Munford & Sullivan, 1997).

Unlike the medical model, this model does not emphasise the role of the individual with a disability. Rather than identifying people with impairments as the “problem”, this model sees society, consumed with the notion of normality, as the real cause of such exclusion and discrimination (Llewellyn & Hogan, 2000). The solution to this problem, therefore, becomes the collective responsibility of society, rather than the problem of individuals with impairments, their families and their representatives (Llewellyn & Hogan, 2000). It is society that needs to alter both social attitudes and the physical environment to accommodate people with disabilities (McAvoy, 2000).

Essentially, the social model separates disability and impairment, placing the former in the realm of the social structures of society (Sullivan, 2000). The realisation that it is the social environment, both physical and attitudinal, and not impairments, that excludes people with

disabilities, is coupled with the realisation that society has “...not yet created an environment adapted to meet its members needs” (McAvoy, 2000, p. 54).

As with the medical model, the social model has influenced the way disabled people have been treated by governments and communities in many countries. For example, much social policy in Western societies now focuses on addressing the environmental barriers that impede disabled people in their daily lives. There is a general consensus that societal environments often exclude certain members of society, and that some adaptation of environments (both physical and attitudinal) must be undertaken to meet the extended needs of those excluded (McAvoy, 2000).

This adjustment in approaches towards disability reflected broader changes in the rights of marginalised people in general. The development of a social model of disability reflects the progress of other liberation struggles around the world (Beckett & Wrightson, 2000). The principles of diversity, respect, acceptance and inclusion all became crucial elements of a universal human rights movement which saw the liberation and emancipation of other marginalised groups such as women, minority ethnic groups, and homosexuals. In this sense, the “revolution” of disability (Beatson, 2004) was just part of a larger, civil rights, movement. Disability has thus become more than a medical issue. It has changed from being concerned with the limitations and deficiencies of individuals to becoming a civil rights issue that covers such spheres as health, employment, income and equal access to recreational opportunities (McAvoy, 2000).

2.4.1 Concepts of inclusion

Inclusion “...refers to the social, environmental, emotional, economic and cultural understanding and valuing of individuals” (Patterson & Taylor, 2001, p. 2). This concept applies to marginalised groups in general, but it has been adopted by the disability movement as a key tool towards achieving the dismantling of oppressive social and political environments experienced by people with disabilities. Ideally, inclusion will result in *all* people being socially accepted by their peers, included in governmental decision-making and having access to improved life choices.

The concept of universal design is important to providing inclusive environments. The goal of universal design is to create and provide a product, a place, or a service that is accessible to,

and used by, as many people as is possible (Ceconi & Kruss, 2000). For example, a universally designed entranceway will be able to be used by people of all abilities, and venues that have separate ramp access for people in a wheelchair may not be considered inclusive. Such segregation can be seen to reinforce exclusionary principles. Inclusion is about welcoming all people, either to a place or a programme, and is both physical and social (Anderson & Kress, 2003). Inclusion rests on the assumption that people want to be accepted and appreciated for who they are, without focusing on how they are different. Recreation is an important part of this inclusion process (Patterson, 2001). In inclusive recreation settings, people with disabilities have enhanced opportunities for participation and to develop feelings of belonging and self-worth (Hutchinson & McGill, 1992, cited in Patterson, 2001), as well as meaningful relationships.

Inclusive recreation aims to offer all people, disabled or not, choice and opportunities, as well as providing environments for acceptance and appreciation (Anderson & Kress, 2003). Inclusive recreation necessarily accepts that people, with and without disabilities, should be able to engage in recreation together (Devine, 2004), the goal being that everyone reaches their own potential, thus experiencing the highest quality of life possible (McAvoy, 2000).

Inclusive recreation also involves providing facilities and equipment that are easy to use, as well as providing the necessary adaptations and modifications to activities so that everyone can participate (Anderson & Kress, 2003). In a game of softball, for example, the option of using a tee instead of responding to a pitcher does not change the game in any way but allows more people to be included.

It is important to note, of course, that inclusive recreation environments are not suitable for all people. Some people with disabilities may have high support needs and thus are more comfortable and suited to segregated and supported settings (Patterson, 2001). Other people also find that some inclusive leisure settings actually challenge social acceptance by isolating people with and without disabilities from each other (Devine, 2004). This can occur when there is a focus on the difference and inability of people with disabilities rather than on their ability. What is really important is that people are given opportunities to choose to participate in recreation settings of their choice, whether these are inclusive or segregated.

The idea of inclusion is vital to the acceptance of people with disabilities in society. As a concept, inclusion is based on the social model of disability. Although the social model has been criticised (see below), the importance of inclusion should not be diminished.

2.4.2 Criticisms of the social model

The social model of disability has not been accepted by all people with disabilities, and has been contested on three main grounds: the omission of impairment from the model; its reductionist stance; and the contentiousness of the claim that disability is a social construction. Each of these criticisms will now be presented.

The social model claims that it is not impairments that exclude people with disabilities from society but rather the physical and social environments they encounter (McAvoy, 2000). One of the major criticisms some disabled people have with the social model is that it fails to connect with their everyday experience of disability (Oliver, 1990). Even if the physical and social barriers were abolished, and disabled people were wholly included in society, the fact remains that they would still have their impairments and be restricted in certain activities (Crow, 1996; Munford & Sullivan, 1997). In response to this, social model advocates claim that they are not attempting to deal with the personal restrictions of impairment, but rather the larger, social barriers faced by people with disabilities (Oliver, 1990). Even so, the social model does not address all the issues that disabled people identify as important.

Another criticism of the social model is its adoption of a reductionist standpoint. This refers to the separation of the concepts of disability and impairment. In the social model, impairment is viewed as the biological dysfunction of a person's body, and disability as the processes of social exclusion encountered by people with impairments (Hughes & Paterson, 1997). This distinction sees impairment as the opposite of disability and provides a dualistic approach to disability; a separation of the concepts of mind and body, and of the biological and the cultural (Hughes & Paterson, 1997). Here the social model leaves the impaired body or mind under the influence of the medical model, with the result that both models hold similar views of the body; "as a pre-social, inert, physical object, as discrete, palpable and separate" (Hughes & Paterson, 1997, p. 329). Such a distinction is viewed by critics as too simple for a complex phenomenon such as disability.

The social model has also been criticised for its identification of disability as a social construction. The disadvantage of being disabled in today's society, so the social model claims, arises not from a person's physical inadequacies but from the negative ideology of disablement that has developed out of the medical model (Munford & Sullivan, 1997). Social constructionism is based on the assumption that any knowledge that is produced is done so within a certain tradition and, rather than being objective knowledge, is actually constructed with the help of practices that we learn through our language (Dewsberry, Clarke, Randall, Rouncefield, & Sommerville, 2004). The goal of social constructionism is to show the "hidden nature of the social world" (Dewsberry et al., 2004, p. 150).

In order to show this "hidden nature", the social model maintains that the concept of disability is capable of changing – indeed, the social model itself is based on the rejection of another, inadequate, "static" model of disability. The social model attempts to show "how things could be better" for disabled people if the social reality of disability, as we know it, is challenged. By identifying past (i.e. the medical model), current (i.e. social oppression) and future (i.e. inclusion) states of disability, it is possible to show that change can occur. But how do these models compare to the lived experiences of people with disabilities? The problem is in identifying *whose* experiences of disability the social model is based on (Dewsberry et al., 2004). The social model claims that disability is a social construction, but, a construction by whom? And to what extent? It is these unanswered questions that cause critics to be wary of the social constructionist account of disability associated with the social model.

Despite these criticisms, the social model of disability has made an important contribution to the reduction of discrimination and the acceptance of people with disabilities into society. There has, however, been recognition that the medical and social models are inadequate explanations of disability and the criticisms of both these models have led to the development of a further model of disability: the biopsychosocial.

2.5 The biopsychosocial model

The biopsychosocial model seeks to integrate the medical and social models into one, holistic, framework of disability (Bickenbach, 1999; Imrie, 2004; Jette, 2006). While the biopsychosocial model acknowledges that both the medical and social models have contributed greatly to the understanding of disability, it notes that they both fail to recognise

the complex relationship *between* biology and society (Imrie, 2004). This is a relationship that the biopsychosocial model embraces.

The biopsychosocial model views disability as the result of the interrelations between the physical, mental and social environments of an individual (Imrie, 2004). Such “a focus on interactions between functionally impaired bodies and socio-cultural relations and processes is seen, by some, as crucial in the development of a non-reductive, non-essentialised understanding of disability” (Imrie, 2004, p. 288). Disability is not purely a result of physical attributes, nor is it just a result of social injustices. Rather, biological, psychological and social factors, examined together, determine an individual’s health and functioning. These physical, mental and social environments in combination give an accurate picture of “disability”, and the biopsychosocial model does not attempt to separate them (Imrie, 2004).

This model developed out of the work of George Engel who, in the 1970s, criticised the medical model for being too reductionist, and called for a reform, with more focus being given to the experiences of patients. As Engel (1977, p. 132) claimed;

To provide a basis for understanding the determinants of disease and arriving at rational treatment and patterns of health care, a medical model must also take into account the patient, the social context in which he (*sic*) lives, and the complementary system devised by society to deal with the disruptive effects of illness.

The biopsychosocial model of disability has been adopted by the World Health Organisation in the International Classification of Functioning, Disability and Health (ICF) released in 2002. Rather than defining disability, this classification measures functioning in society; the previous distinction between disability and impairment is replaced by a distinction between body functions and structure, and activities and participation (World Health Organisation, 2002). ICF acknowledges “that every human being can experience deterioration in health and thereby experience some disability” (World Health Organisation, 2002), thus universalising the experience of disability.

The adoption of the biopsychosocial model by the World Health Organisation is important as ICF has “...the potential to provide a universal, standardized (*sic*) disablement language and framework that looks beyond mortality and disease to focus on how people live with their conditions” (Jette, 2006, p.732). Despite this potential, criticisms of the biopsychosocial model have been made. One concern involves the relevance of this model to disability theory

(Imrie, 2004). The model appears to have been developed and applied, predominantly in the biological and psychiatric sciences, as is evident in the claim that the biopsychosocial model is a “philosophy of *clinical* care and practical *clinical* guide” (Borrell-Carrió, Suchman, & Epstein, 2004, p.576, emphasis added). There is no evidence in the literature of disability theorists applying this model – discussion is limited to its practical applications on the part of medical professions. This implies that the model is more applicable to those people with *psychological* impairments rather than *bodily* ones (see Chapter 1, Section 1.5).

Another concern with the biopsychosocial model is related to the fact that the intellectual origins of the biopsychosocial model lie in Parsons’ structural functionalist theory, which views society as a series of different and distinct levels of organisation (Imrie, 2004), for example, the biological, psychological and social systems, discussed above. Structural functionalism has been criticised for placing too much emphasis on the harmony, interaction and consensus of system components and failing to acknowledge the tension and conflict that often occurs (Imrie, 2004).

These criticisms aside, there is little information on the biopsychosocial model. Literature focuses on its clinical applications or just on the ICF. Theoretical debate on the model is limited, and it is for this reason that the current discussion is restricted in its depth. Given its apparent lack of relevance to disability theory, this model will not be pursued in this research, and will not figure in the discussion of the policy/strategy – disability theory linkage in Chapter 4 (Section 4.7).

2.6 Chapter summary

The theories associated with disability have changed vastly over the last 30 years. Theory first changed its focus from “curing” disabled people, with a focus on difference and segregation, to an attempt to “normalise” disabled people into the community. This was followed by the acknowledgement that it is society that disables people, rather than an individual’s “dysfunctions”. This led to the idea that disability is a result of the relationship between the physical attributes of a person, the socio-cultural elements of their lives, and psychological factors.

When developing policies and legislation, the theoretical framework employed will impact upon their provisions. A policy influenced by the medical model, for example, will adopt the

viewpoint that disability needs to be cured, with the responsibility for this placed on individuals, whereas a social model-influenced policy will view disability as a larger, social problem. The difference in outcomes would be significant, even if the purpose of the document was the same. It is therefore important to this research to determine the disability models and theory that have influenced legislation and policies. How disability theory is reflected in central government approaches is one objective of this research. Accordingly, Chapter 4 will examine the national legislation, policies and strategies that exist in New Zealand for disabilities generally and for disabled recreation. Before that, Chapter 3 will describe the research approach and methods adopted in this study.

Chapter 3

Research approach and methods

3.1 Introduction

The general goal of social research is to understand the social world (Tolich & Davidson, 2003). In this sense, social research has the ability to fulfil three roles: an exploratory role – to discover whether something exists; a descriptive role – to describe social phenomena in detail; and, an explanatory role – to seek explanations for social phenomena (Tolich & Davidson, 2003). This research seeks to fulfil these roles: to examine and explore the policies and initiatives concerned with the recreation of disabled people, especially at a local level, and to describe and analyse the processes of implementation, consultation and evaluation that local authorities employ in the provision of recreation services for people with disabilities.

The methods adopted by a researcher help to realise the goal of understanding and explaining the social world (Tolich & Davidson, 2003). This chapter will outline and describe the approach and methods that have been used to conduct this research. First, the broad methodological approaches adopted in this study will be examined: qualitative research and the case study approach. Second, the specific research methods used throughout this study will be explained. This will involve describing the processes of data collection, management and analysis. Finally, the limitations of the methods and ethical considerations associated with this research will be presented and discussed.

3.2 Qualitative research

As this research is concerned with the processes of perception and implementation, a qualitative approach was considered most appropriate. Consistent with the aim of this research – to examine how local authorities perceive and exercise their responsibilities and roles in relation to the provision of recreation services for people with disabilities, a qualitative approach to research examines social phenomena within their natural settings and attempts to interpret such phenomena by way of the experiences and meanings that people bring to these settings (Denzin & Lincoln, 2003). Furthermore, qualitative research examines phenomena in a wider, contextual, environment, and does not separate the “parts-from-the-whole”, an approach which is not seen as an accurate reflection of social phenomena (Tolich & Davidson, 1999).

Therefore, in order to obtain an overall depiction of the state of recreation services for disabled people at a local level, this research also examined how local government policies and services are influenced by central government policies and legislation on disability and recreation. This research also investigated, to a lesser degree, how the disabled community is involved and consulted in the development of policies and the implementation of services. By looking at the influence of central government and local community, and not just at the local authorities themselves, it was intended that a “bigger picture” of the provision of recreation for people with disabilities would emerge.

3.3 Case study approach

A case study is the holistic and intensive investigation of an individual, group, or place (Hay, 2005; Lofland & Lofland, 1995). The aim is to examine the broader processes of a phenomenon in order to provide explanations, or develop an understanding of, the phenomenon (Rubin & Rubin, 2005). Like the qualitative approach, the focus in case studies research is on the real life context of a phenomenon (Yin, 2003), not on an isolated component.

A case study approach is adopted when it is believed that the context of a phenomenon is of great importance to its explanation. For example, in their research on horse-race betting as leisure, Saunders and Turner (1987) examined technology and legislation as contributing factors to such gambling. In this case, technology and legislation were the contexts in which horse gambling was able to develop. Similarly, in the current research, the establishment of disability and recreation policies, positions and programmes, at a national level, are important to understanding how services are provided by local government. Furthermore, responsiveness to local disabled communities is examined as another important factor in the provision of recreation services. In this sense, this research attempts to examine the broader processes of recreation provision for disabled people. The comparison of two City Councils enables this to be achieved.

There are several reasons why Christchurch City Council and Manukau City Council were chosen as case studies in this research. First, Christchurch, in the South Island, and Manukau, in the North Island, are both urban areas with similar population sizes. At the 2006 Census, Christchurch had a population of 348,435 people, and Manukau had 328,968 (Statistics New

Zealand, 2008). The two Councils are, therefore, in a position to provide comparable levels of services.

Demographically, the populations of Manukau City and Christchurch City are notably different. Following the 2006 Census, the territorial area of Manukau had 47,343 Māori residents (14% of the population), 86,616 Pacific Island residents (26% of the population) and 66,720 Asian residents (20% of the population), compared with 25,725 Maori, 9,465 Pacific and 26,631 Asian residents for Christchurch (7%, 3% and 8% of the population respectively) (Statistics New Zealand, 2008). This provides an interesting comparison as such a difference in demographics may influence the types and focus of services the City Councils' provide to their various communities, including the disabled. In other words, the focus on two different local authority areas may provide an indication of the "place" of recreation provisions for the disabled in the context of other communities served by local authorities.

Third, Christchurch City Council and Manukau City Council both have reputations for having well developed social policies and strong community involvement. For this reason, it is expected that each of these Councils will have comprehensive disability policies and resulting programmes, which could be compared in order to gain a deeper understanding of ways the disabled community are being consulted and the ways in which their recreational needs are being met. Strengths (and weaknesses) of the provision of these Councils can then inform the actions of other local authorities.

The two case studies will be compared based on: their organisation, policies, links to national legislation and policies, consultation procedures, implementation outcomes, and monitoring and evaluation processes, in relation to services specific to recreation and disabled people.

3.4 Methods used in this research

This section describes the research methods used in this study. This includes descriptions of how the data were collected, analysed and managed, as well as the limitations and ethical considerations of this research.

3.4.1 Data collection and analysis

In order to obtain the necessary information to address the objectives of this research, a number of qualitative methods were employed. The two main methods used were semi-

structured interviews (see Section 3.4.2) and document analysis (see Section 3.4.3).

Interviews were conducted with staff employed by Christchurch City Council, Manukau City Council, regional sports trusts, national sports and arts organisations, central government agencies and members of the community (see Appendix A for a list of participants). The data gathered in these interviews were used in conjunction with publicly available information obtained from secondary sources such as legislation, policy documentation and published material. Each of these methods will now be discussed in detail.

3.4.2 Semi-structured interviews

Interviews are a useful tool for qualitative research as they allow a researcher to develop an understanding of something based on the experiences of others; they are a research tool for gathering detailed information on the phenomenon being studied (Dunn, 2005; Fontana & Frey, 2003). Such detailed information includes the opinions and beliefs of another person. A researcher aims to find out not only what happened and why, but also to discover the broader implications of the phenomena (Rubin & Rubin, 2005). One of the main reasons for conducting interviews is “to collect a diversity of meaning, opinion and experiences. Interviews provide insights into the differing opinions or debates within a group, but they also reveal consensus on some issues” (Dunn, 2005, p. 80).

In the case of this research, semi-structured interviews were conducted. This type of interview combines structured and unstructured techniques. The questions are, to some extent, of a pre-determined nature, in that they often focus on the issues a researcher identifies as relevant to the research project (Dunn, 2005). The order in which these are answered is, however, flexible and the researcher imposes no restriction on the nature or length of the respondents’ answer: indeed, the respondent is encouraged to answer as fully as possible.

This interview technique was employed in the research because it was seen as the most appropriate method to obtain the information necessary to address the aims of this study. While the researcher wanted to allow the respondents the time and opportunity to discuss the information they felt was important, there were also a number of topics that had to be addressed in order to meet the research objectives. The use of semi-structured interviews allowed the researcher to prepare a list of *necessary* topics for each interview to cover, but also allowed the respondent to introduce new information that the researcher might not have been aware of (see Appendix B).

The goal of the interviews was to establish the knowledge and awareness of disability issues on the part of informants, as well to discover the processes of the organisations under study – including consultation procedures, policy development and service delivery. The use of open response questions allowed interviewees to discuss these topics in their own words (Dunn, 2005).

Participant selection

To ensure the credibility of research, it is important that informants who are knowledgeable and experienced in the topic of study are chosen (Rubin & Rubin, 2005). Equally important is the selection of informants who have varying perspectives on the research topic (Rubin & Rubin, 2005). This is to make sure that all aspects of the research are explored, thus enhancing validity. This was done in the current research through interviews with key informants who represented Manukau and Christchurch City Councils, the disabled community, and regional and national sports, recreation and arts agencies.

Informants were determined as “key” by the researcher, through their position in the agency or organisation they were involved with: for example, the managers of recreation or disability units at council. In order to identify suitable informants for this study, information was obtained by calling the agency directly, or by referring to their websites. Not only were these informants experienced and knowledgeable (Rubin & Rubin, 2005) in the research area, they essentially became the “gatekeepers” (Tolich & Davidson, 1999) for this research in that they facilitated the generation of more informants by referring other suitable contacts as potential interviewees. This technique is known as “snowballing” (Tolich & Davidson, 1999).

In order to identify possible respondents in the disabled community, the researcher contacted local disability advocacy agencies and asked them to participate. Key informants from the agencies and organisations mentioned previously also provided links to the disabled community. For example, local council respondents supplied the names and details of members of disability reference groups utilised by the council. Interviews with these community members provided the researcher with different perspectives on the policy, programmes and consultation procedures of the councils, thus ensuring that balanced information was obtained.

Interview procedure

Interviews were conducted with informants acting in their professional, paid capacity and with informants in voluntary roles who belonged to or represented the disabled community. Interviews with professionals included staff from local and national agencies and organisations including: Manukau and Christchurch City Councils; Sport Canterbury and Counties Manukau Sport (Regional Sports Trusts); Halberg Sport Trust; Sport and Recreation New Zealand (SPARC); Office for Disability Issues; Creative New Zealand; and Arts Access Aotearoa. Interviews with representatives of the disabled community included members of the Manukau City Council Disability Steering Group, the Christchurch City Council Disability Advisory Group and KiwiAble Recreation Network, and the SPARC Disability Advisory Council.

Interviews were voluntary, and were conducted at a time and place specified by the participant. Interviews with professionals were generally conducted at their offices, while interviews with community representatives were conducted either at their place of work, their home, or in public places such as cafes. All interviewees were required to sign a consent form consistent with the Human Ethics requirements of Lincoln University (see Appendix C) prior to the interview. All interviews were tape-recorded, and later transcribed. The researcher took notes during and after the interview, identifying potential topics of interest that could be included in future interviews.

Interview structure

An interview schedule was used for all interviews (see Appendix B). The schedule provided the researcher with a list of questions that would elicit the necessary information required from each interview. This list was just a guide, however, and the exact questions asked, and the order of these, varied considerably between respondents.

Analysis

Each recorded interview was transcribed by the researcher. This enabled familiarisation with the contents of each interview. Following transcription, each interview was given to the participant so they could check the content of the interview and provide feedback. The interviews were coded using the NVIVO software programme. This involved assigning a label to each different concept, theme, event or issue in the text of the interview. Labels included consultation processes, implementation outcomes, links to national

legislation/policies etc (see Appendix D). Once coded, data from all interviews with the same label were combined to create a number of single data sets. This allowed the varying ideas and perspectives of participants on a certain concept, theme, event or issue to be examined together and enabled the researcher to obtain an overall understanding of these.

Importantly, the data obtained from interviews were not the only source of information used in this research. Other sources of data were used to confirm or contradict the information supplied by participants. The main technique used in this process was documentary analysis of secondary sources, which is discussed below.

3.4.3 Documentary analysis of secondary sources

Secondary sources used in this study related to recreation and disability in New Zealand, such as legislation, policy documentation, local and national strategies and initiatives, published reports, pamphlets and newsletters. Secondary sources were analysed and compared with the interviews, but also with each other. For example, the Manukau City Council's Disability Action Plan was analysed in terms of how it contributed to the New Zealand Disability Strategy, and the Christchurch City Council's consultation procedure with disabled people was compared the requirements of the Local Government Act 2002. It was generally found that information obtained in interviews reflected what was also available in published form. This is likely to do with the "open" nature of local authorities: as part of the public sector all decision-making policies and procedures are available to the public. Because of this, where possible, documentary sources were quoted in this research with participants only cited when the information they provided was unavailable in another format. This would include, for example, comments from members of the reference groups.

3.4.4 Quantitative data

Census data was used to establish both the rate of disability in New Zealand and also population components of the local authorities that were studied. Other statistical information such as that from SPARC Facts was also used to determine the level of physical activity of disabled people, and Creative New Zealand's Participation Survey was used to determine national levels of participation in the arts.

3.5 Limitations of methods

As with any research project, there are limitations to the approach and methods adopted. The nature of research means that the researcher always has an effect on what is being studied and qualitative research heightens this (Tolich & Davidson, 1999). As qualitative methods require the researcher to become immersed in the research design, analysis and data collection, the qualitative research process is an interpretative and subjective experience. Researchers must acknowledge the influence that their assumptions and experiences have on the research process and hence the data collected (Mays & Pope, 2000), and must try to minimise such bias. This is done by conscious reflection on what the researcher did and how they did it (Tolich & Davidson, 1999).

The choice of Christchurch City Council and Manukau City Council as case studies can also be regarded as a limitation. As noted above, both councils are similar in size and both have reputations for strong social and community development policies. In this sense, this research could be seen as comparing “like with like”, rather than perhaps comparing a large council with a small council, or a “strong” community-focused council with a weakly-focused one. It was never an aim of this research, however, to provide a “full” picture of local government policy implementation re recreation provision for the disabled, but to identify or “map” the processes of turning legislation and policy into practice. Only further study can document the “typicality” of the processes at Manukau City Council and Christchurch City Council.

Another possible limitation of this research is in the selection of interview participants. There were differences between the types of council staff interviewed at Manukau City Council and Christchurch City Council. While nine staff were interviewed at Manukau City Council and seven at Christchurch City Council, at the former, more managers were interviewed. At Christchurch City Council, more interviews were held with staff who worked with the community. This reflects the specific recreation and disability positions and programme within the Christchurch City Council. Similarly, interviews with community representatives at Christchurch City Council were spread between members of the Disability Advisory Group and the KiwiAble Recreation Network. At Manukau City Council, all interviews of community representatives were conducted with members (past and present) of the Disability Steering Group.

A final possible limitation is the fact that during the empirical phase of this research, both Manukau and Christchurch City Councils underwent major restructuring. In both cases this involved a reshuffling of council units and positions, with some of these being replaced entirely. This has impacted on many of the policies and services that effect the provision of recreation for people with disabilities. For example, many of the council policies have not undergone review, as per their designated date. Also, many of the positions, units and programmes are newly developed and therefore staff could not comment extensively on the success or failure of these new systems. Furthermore, some of the study respondents occupied positions which now no longer exist. Thus, the research was of a “moving” target and, wherever possible, aspects of this moving target are identified as the narrative proceeds.

3.6 Ethical considerations

This research was conducted in accordance with commonly accepted ethical practices and was approved by the Lincoln University Human Ethics Committee. Participants were fully informed with a written information sheet (see Appendix E) about what their participation in the research project would involve before they agreed to be interviewed. All participants were required to read and sign a consent form (see Appendix C) before interviews could begin.

Local and central government, and national organisation staff interviewed, agreed to the use of their names associated with information obtained in their interviews. They were, however, supplied with a copy of the written transcript, and given the opportunity to retract some or all of their comments, or ask for their identity to remain anonymous. Transcripts of interviews with community representatives were not associated with the names of the interviewees. Instead, each transcript was assigned an identification number which linked back to the participant’s name. A master list of the names and identification numbers of the non-professionals was kept separately in a secure file. Any use of quotations of community representatives was kept confidential with the use of pseudonyms in written text.

Protecting the privacy of the community representatives in this research was a key ethical consideration. It was important that informants were given the opportunity to review what they said in their interviews, and retract any information they did not want the researcher to use. It was important that community representatives could not be identified in the written text, hence the use of pseudonyms.

3.7 Chapter summary

This research used a qualitative approach to identify and describe how two local authorities, Manukau City Council and Christchurch City Council, provide recreation services for people with disabilities. This included examining how they implemented national legislation and strategies in the development of their own policies and programmes for disabled people. It also involved looking at the consultation procedures adopted by these councils when working with the disabled community. Data were collected through the use of semi-structured interviews and secondary sources. Potential limitations of the research methods included the assumptions and biases of the researcher, the comparison of two similar case studies, and the difference in selected interviewees. Maintaining the privacy of all respondents was a major ethical consideration in this study.

The next chapter will examine the national legislation and policy that exists in New Zealand for disability generally, and also for recreation. It is important to examine such provisions *before* addressing (in Chapter 5) how Manukau City Council and Christchurch City Council implement these when developing disability focused policies and programmes.

Chapter 4

National legislation, policies and organisations

4.1 Introduction

Two of the research objectives (see Chapter 1, Section 1.8) will be addressed in this chapter. The first is to explore how local government implements national legislation and policies associated with disability and recreation. In order to achieve such an objective, this chapter will provide a description of the relevant central government legislation and policies, thus enabling a discussion of how local government implement these in Chapter 5. This will involve an examination of: anti-discrimination laws, specifically the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993 (Section 4.2); the Office for Disability Issues and its associated New Zealand Disability Strategy (Section 4.3); Sport and Recreation New Zealand and the No Exceptions Strategy (Section 4.5.1); Creative New Zealand (Section 4.5.3); and the Local Government Act 2002 (Section 4.6). The second objective addressed (Section 4.7) is to examine how government legislation and policy reflect developments in disability theory.

4.2 Anti-discrimination legislation

In New Zealand, discrimination is against the law. This includes discrimination on the basis of disability, as is mandated by the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993.

The New Zealand Bill of Rights Act 1990 was established to “affirm, protect and promote human rights and fundamental freedoms in New Zealand”. Compliance with this Act is restricted to Government (e.g., Cabinet Ministers, judges), public sector agencies (e.g., Sport and Recreation New Zealand), and individuals with public functions (e.g., police officers) (McBride, 2001, p.12).

Part Two of this Act outlines a number of civil and political rights. These include the right not to be deprived of life, freedom of expression and the right to justice. Of particular relevance to this research is Section 19, “freedom from discrimination”, which maintains that “everyone has the right to freedom from discrimination on the grounds of discrimination in the Human Rights Act 1993”.

The Human Rights Act 1993 does not define discrimination; rather it outlines the grounds on which discrimination is prohibited. These are: sex, marital status, religious belief, ethical belief, colour, race, ethnic origin, disability, age, political opinion, employment status, family status and sexual orientation (Human Rights Act 1993, s 21). The Act also prohibits discrimination in certain areas of public life including employment, education and access to public places and facilities. Discrimination that occurs based on such characteristics and in those areas of public life is deemed unlawful (McBride, 2001).

Taken together, the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993, prescribe that all public functions, activities, legislation, policy and services “...must not directly or inadvertently discriminate against disabled people by failing to consider their unique life experiences and needs” (Office for Disability Issues, 2005b). These Acts are therefore important to this research, which examines how local authorities provide recreation services to people with disabilities.

It is important to note that the Human Rights Act 1993 also outlines a number of exceptions where discrimination is *not* unlawful. Of particular relevance in relation to disability is “reasonable accommodation”. This means “if a person requires special services or facilities by reason of disability and it is not reasonable to provide these, then the provider or employer need not provide them” (Human Rights Commission, 2008a, emphasis in original). In this situation, the onus is on disabled people to prove that it is reasonable to be accommodated (M. Gourley, Interview). This exception relates to inclusiveness and is of concern as it encourages people with disabilities to complain *after* they perceive that they have been discriminated against (see Section 4.7.1 for further discussion).

Despite this, the Human Rights Act 1993 positively impacts on the lives of people with disabilities. But such legislation is not established in isolation. New Zealand’s commitment to the human rights conventions of the United Nations has been an important influence on such legislation, and perhaps on future legislative changes.

4.2.1 International influences

As a member of the United Nations (UN), New Zealand is a strong supporter of the human rights provisions such as the UN Charter 1945 and the Universal Declaration of Human Rights 1948 (Ministry of Foreign Affairs and Trade, 2008). Other human rights

“instruments”, as the UN calls them, supported by the New Zealand Government, include the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights. These are supported by our own New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993 as well as the New Zealand Disability Strategy (see Section 4.3.1), which aim to increase the rights, freedoms and non-discriminatory experiences of New Zealanders.

More recently, New Zealand has signed but not yet ratified, the Convention on the Rights of Persons with Disabilities. While the rights of disabled people are covered in other human rights instruments, such as those mentioned above (Hunt, 2004), the development of the Convention is an important achievement for disabled people worldwide. The Office for Disability Issues (see Section 4.3.2) is working with Government to ratify this Convention (Office for Disability Issues, 2008). Some New Zealanders believe that ratifying the Convention will strengthen our own disability legislation and policies, such as the Human Rights Act 1993 and the New Zealand Disability Strategy (M. Gourley, Interview). Countries which ratify the Convention commit to combating stereotypes and prejudices and promoting awareness of the capabilities of disabled people (United Nations, 2007, Article 8). Furthermore, they agree to promote participation in cultural life, recreation, leisure and sport on the part of people with disabilities (United Nations, 2007, Article 30).

Leisure and recreation are also mentioned in the Universal Declaration of Human Rights. Article 24 describes the right to “rest and leisure”, while Article 27 describes the right to participation in cultural life in the community (Veal, 2002). By supporting such instruments, the New Zealand Government is supporting the provision of accessible recreation to all New Zealanders, including people with disabilities. As a member of the UN and a supporter of such instruments, New Zealand’s national legislation, policies and documents must reflect these rights.

There are a number of ways in which the New Zealand government addresses the rights as well as needs of people with disabilities in terms of these broad commitments and these will now be described.

4.3 Disability in New Zealand

Within the last ten years, the level of government provision for people with disabilities has increased. Nineteen ninety nine saw the establishment of a Ministerial portfolio for disability issues (Newell, 2006). In 2000, government introduced the New Zealand Public Health and Disability Act, which mandated the development of a strategy for disability support services (s 8 (2)). In 2002 the Office for Disability Issues was established to support the Minister for Disability Issues and to help implement the New Zealand Disability Strategy which was released in 2001.

4.3.1 Minister for Disability Issues and the New Zealand Disability Strategy

The role of the Minister for Disability Issues is to be an advocate for people with disabilities; the Minister is responsible for informing policy decisions which direct government engagement with disability issues (Office for Disability Issues, 2005a). The Minister has a statutory requirement, under the New Zealand Public Health and Disability Act 2000, to develop a disability strategy for New Zealand. This involves consulting with appropriate organisations and individuals as well as reporting annually to Parliament on implementation progress.

The New Zealand Disability Strategy was released in 2001. The purpose of the Strategy is to “guide government action to promote a more inclusive society”. This “inclusiveness” will be reached when people with disabilities are able to report that they live in “a society that highly values [their] lives and continually enhances [their] full participation” (Minister for Disability Issues, 2001, p.1). The Strategy notes that people with disabilities face many barriers to their full participation in New Zealand society and it therefore presents a long-term plan for such restrictions to be addressed. According to Newell (2006, p.66), the New Zealand Disability Strategy “...can identify a variety of tangible steps made by government to enact the rights of people with disabilities”.

Action under the Strategy is centred around five themes: “promoting citizenship” for people with disabilities; “building government capacity” to address disability issues; “improving disability support services”; “promoting participation by disabled people in all areas of life”; and, “addressing the diversity” of disabled people’s needs (Office for Disability Issues, 2005a, p. 29). To enact these themes, 15 objectives are presented. They include: Objective 1,

“Encourage and engage for a non-disabling society”; Objective 3, “provide opportunities in employment and economic development for disabled people”; Objective 8, “support quality living in the community for disabled people”; and Objectives 11 and 12 which promote the participation of disabled Maori and Pacific Islanders (Minister for Disability Issues, 2001). Each objective is followed by a list of “actions” to help its achievement. Two objectives are particularly relevant to this research: Objective 6, “foster an aware and responsive public service” and Objective 9, “support lifestyle choices, recreation and culture for disabled people”.

Objective 6 – Foster an aware and responsive public service

The purpose of this Objective is to “...ensure that government agencies, publicly funded services and publicly accountable bodies (such as territorial authorities) are aware of and responsive to disabled people” (Minister for Disability Issues, 2001, p.12). This is an important objective because of the influence and effects such organisations, including local authorities, can have on the lives of people with disabilities.

To assist in implementing the New Zealand Disability Strategy, and in particular this Objective, it is a requirement of all government departments to develop annual work plans and progress reports to show how they will implement the strategy (Office for Disability Issues, 2005b). This has been a requirement from 2001, but since 2006 more specific guidance, in the form of a template, has been given to departments so that they can better achieve their responsibilities under the Strategy (Office for Disability Issues, 2006b). Use of such a monitoring tool, via a reporting requirement, is an effective way of getting government departments to think about disability issues and to address the specific needs of people with disabilities in their operations.

By requiring all central government departments to comply with the Strategy, Government is showing commitment to creating a more inclusive society for disabled people. There is no requirement, however, for local authorities, non-government organisations and private service providers to report on the Strategy, all of whom affect the inclusion of people with disabilities in New Zealand society. Some non-government organisations voluntarily produce work plans and progress reports, including SPARC, for example.

Action 6.7 of Objective 6 is to “...work with territorial authorities to develop ways they can support the New Zealand Disability Strategy” (Minister for Disability Issues, 2001, p.20). In

the consultation phase of the Strategy, a strong message emerged from the disabled community about a lack of understanding of disability issues on the part of local government and of the need to improve this (Ministry of Health, 2001). Furthermore, it was felt that central government has the responsibility to support local government in doing this. Despite strong feelings expressed in the submissions, Action 6.7 is limited. It does not define “working with” nor provide detail on how such an objective can be achieved. Local authorities are not required to implement the New Zealand Disability Strategy and therefore do not report on its provisions. If local authorities are not required to implement the Strategy, what awareness *do* they have of it? Such a question will inform the discussion of the two case studies in Chapter 5.

Objective 9 - Support lifestyle choices, recreation and culture for disabled people

The purpose of this Objective is to “create and support lifestyle choices for disabled people within the community and promote access to recreation and cultural opportunities” (Minister for Disability Issues, 2001, p.12). Relevant actions of this Objective are Action 9.2: “provide opportunities for disabled people to create, perform and develop their own arts, and access to arts activities”; and Action 9.3: “educate arts administrations/organisations and other recreational and sports organisations about disability issues and inclusion” (Minister for Disability Issues, 2001, p.23). This Objective and these Actions were not included in the draft Strategy but submissions indicated that the draft was too “employment focused” and lacked provisions for equal access to social networks, leisure and self-expression (Ministry of Health, 2001). These feelings and the recommendations of the Sector Reference Group established during the consultation process, led to the inclusion of Objective 9 in the New Zealand Disability Strategy.

4.3.2 Office for Disability Issues

The Office for Disability Issues was established in 2002 to assist with the implementation of the Strategy. The Office has three key functions. One of these is to support and advise the Minister issues relating to disability (Office for Disability Issues, 2005a). The Office also supports the Disability Advisory Council. The Council is made up of disabled people and their families (not representatives of professional bodies), and it provides the Office with advice on disability issues and on progressing the Strategy (Office for Disability Issues, 2005a). Another important function of the Office is to monitor and report on the Strategy’s

implementation¹. This involves monitoring activities, issues, trends and outcomes of relevance to disabled people and their families; ensuring government departments meet their obligations under the Strategy, including reporting on progress; and, improving the understanding of disability issues and the strategy through promoting, informing and influencing the wider population (Office for Disability Issues, 2005a).

Essentially, the Office is a focal point for disability issues and it works across government agencies and between government and the disability sector (Office for Disability Issues, 2005a) to ensure the vision of the Strategy is achieved. The Office's "...main drive really is for everyday agencies understanding the disability perspective and in everything they do, they take that into account" (C. Ratnam, Interview). The Strategy underpins all the Office's work. The Office cannot implement the Strategy by itself; other government agencies must assist with this, but the role of the Office is to promote, guide, lead, inform, advise (Office for Disability Issues, 2005a), so that this can happen.

The Office is situated within the Ministry of Social Development. It is located in the Social Inclusion and Participation Team with other Offices such as the Office for Senior Citizens. The Office is small and has limited resources, but has an influence on government. In particular, the Office for Disability Issues has the power of second-opinion advice. That is, it has the ability to comment on everything, with an implication for disability, which goes to Cabinet (C. Ratnam, Interview). Since 2001, all papers submitted to the Social Development Committee, and other committees of Cabinet, must include a disability perspective (Office for Disability Issues, 2005b). This is to ensure that government agencies are considering which of their proposed policies and services are likely to have an impact on disabled people. This requirement can be interpreted as demonstrating the level of commitment which government has to people with disabilities and disability issues.

4.3.3 Further concerns

The Work in Progress reports, which the Minister for Disability Issues presents to the House of Representatives every year, indicate that much progress is being made in New Zealand to include people with disabilities. But concerns still remain, such as those related to local

¹ Until the Office was established in 2002, the Ministry of Health was responsible for monitoring the implementation of the Strategy and co-ordinated the first progress report for the Minister for Disability Issues (Office for Disability Issues, 2006a).

government (as discussed in Section 4.3.1 – *Objective 6*). Another concern is with the completion of implementation plans by government departments. In 2007, the number of departments which completed such plans was 35 (Office for Disability Issues, 2007). This is down from 41 in 2006 (Office for Disability Issues, 2006b). This may be a sign that, six years on, the Strategy is losing its momentum. Two of the non-participating agencies were the Human Rights Commission² and the Office of the Health and Disability Commissioner³ which both feel it is no longer “appropriate/practicable” for them to produce these reports (Office for Disability Issues, 2007). These two agencies are crucial to the development of an inclusive New Zealand society for disabled people: the Human Rights Commission monitors discrimination in New Zealand, and the Health and Disability Commissioner protects the rights of disabled people as consumers. The reason(s) for providing these agencies with an exemption from reporting on the New Zealand Disability Strategy have not been acknowledged by the Office for Disability Issues, nor indicated by the agencies themselves. It is not evident, therefore, why such an exemption has occurred.

Another concern is with the Strategy itself. The consultation phase for this document was extensive. One particular consultative tool used was the Sector Reference Group. This Group presented its recommended Strategy content to the Minister in 2000. Some of the recommendations made were included in the final document, including Objective 9, aforementioned. The most noticeable difference between the two is the amount of detail in the Sector Group’s submission and the lack of detail in the final Strategy. For example, Action 1.1 of Objective 1 of the New Zealand Disability Strategy refers to developing “...national and locally-based anti-discrimination programmes” (Minister for Disability Issues, 2001, p.14). The Sector Reference Group’s version (New Zealand Disability Strategy Sector Reference Group, 2000, p.18) of the same action reads:

Develop national and locally-based anti-discrimination programmes that are led by Disabled people, nationally funded and co-ordinated, and supported by long-term funding. A priority is to focus on workforce development for the “helping professions” such as social work, health, education and government agency workforces.

² The Human Rights Commission is a National Human Rights Institution and is empowered through the *Human Rights Act 1993* to protect human rights in general accordance with the UN Covenants and Conventions (Human Rights Commission, 2008b).

³ The Health and Disability Commissioner is an agency set up in 1994 to promote and protect the rights of health and disability consumers (Health and Disability Commissioner, 2008).

The New Zealand Disability Strategy is a vague document. It provides little detail as to how the objective of a “fully inclusive society” is to be achieved. To guide its work and to provide strategic direction for the Office, the Strategy, and the disabled community in New Zealand, development of more detailed actions through a Statement of Intent, or similar, would be beneficial⁴.

4.4 Summary

The New Zealand Disability Strategy, the Office and Minister for Disability Issues, coupled with the New Zealand Bill of Rights Act 1991 and the Human Rights Act 1993, as well as the government initiative of including a disability perspective in Cabinet papers, have resulted in a situation where all central government departments are required to consider, and include, a disability perspective in the development of all policies and services. While concerns remain with the New Zealand Disability Strategy, considerable progress is being made with this document to achieve the vision of a fully inclusive society.

As will become evident in Chapter 5, there are few explicit links to national legislation and policies on the part of Manukau City Council and Christchurch City Council. One exception is the Manukau City Council Disability Policy and Action Plan, in which the Policy actions are linked directly to strategies of the New Zealand Disability Strategy (see Chapter 5, Section 5.5.2).

4.5 Disability and recreation, sport and the arts

Two main agencies are responsible for recreation, sport and the arts in New Zealand: SPARC, the lead sport and physical recreation agency; and, Creative New Zealand, the national arts development agency. Both of these agencies are Crown entities (legally separate from the Crown) (Crown Entities Act 2004, s 15 (b)), and operate at “arms length” from the government.

The Minister of Sport and Recreation is responsible for SPARC, and the Minister of Arts, Culture and Heritage is responsible for Creative New Zealand. The Sport and Recreation Act

⁴ The Office is included in the Ministry of Social Development’s (MSD) documentation – although the MSD Statement of Intent does not provide any strategic direction on what the Office for Disability Issues will do for the year.

2002 outlines the functions of SPARC and the Arts Council of New Zealand Toi Aotearoa Act 1994 outlines the functions of Creative New Zealand.

Both of these Crown entities are funded by the Ministry of Culture and Heritage: Creative New Zealand through Vote Arts, Culture and Heritage and SPARC through Vote Sport and Recreation (SPARC, 2007c). The Ministry of Culture and Heritage is charged with making New Zealand culture visible and accessible (Ministry for Culture and Heritage, 2008) and is responsible for ensuring that both SPARC and Creative New Zealand are performing in accordance with each respective Act.

4.5.1 SPARC

Prior to the establishment of SPARC in 2002, the role of this national sport and recreation development agency was performed by the Hillary Commission for Sport, Fitness and Leisure, the New Zealand Sport Foundation, and the policy arm of the Office of Tourism and Sport (Deloitte, 2006). In 2001, and following a national election, a Ministerial Taskforce on Sport, Fitness and Leisure was established. This taskforce released a report⁵, which concluded that there were too many agencies responsible for sport and recreation, and recommended a single entity be formed (Sport Fitness and Leisure Ministerial Taskforce, 2001). As a result, government introduced the Sport and Recreation Act 2002 and established SPARC in 2003 (Deloitte, 2006).

The role of SPARC is to “...provide clear direction in shaping policy, providing increased funding and leading change in sport and recreation” (SPARC, 2006b, p.3) and its vision for New Zealand is a “nation inspired to be active, participate and win” (SPARC, 2007c, p.5).

To achieve such a vision, SPARC aims to develop the structure and delivery of the sport and recreation sector, thus increasing the participation of all New Zealanders (SPARC, 2007c). The policy functions of SPARC include the development and implementation of national policies and strategies and the provision of advice to the Minister of Sport and Recreation. As specified in the Sport and Recreation Act 2002 (s 8(g)), the population groups that SPARC must target are Maori, Pacific peoples, women, older New Zealanders and people with

⁵ Called “Getting Set for an Active Nation” but more commonly known as the “Graham Report” after the chairman of the Taskforce, John Graham.

disabilities. Therefore, SPARC is required to develop policies and strategies with people with disabilities in mind.

No Exceptions

The particular strategy developed by SPARC with respect to people with disabilities is the No Exceptions Strategy and Implementation Plan. Originally introduced in 1998 by the Hillary Commission, it was inherited by SPARC. The Hillary Commission was committed to ensuring that the sport and recreational needs of people with disabilities were met. As well as developing the original No Exceptions document, the Commission also established nationwide KiwiAble positions (see Chapter 5, Section 5.7.1) and piloted the Sport Opportunity Programme (see Section 4.5.2).

SPARC spent a number of years consulting on the No Exceptions document and then revamped and re-released it in 2005 (M. Gourley, Interview). Some of the key issues SPARC identified in the case of the earlier No Exceptions document were that: "...providers need to have the capacity to include people with impairments"; there were significant gaps in the capability of providers due to a lack of awareness and attitudes towards disabled people; and the extra demands on organisations to include people with disabilities stretched already limited resources (SPARC, 2005, p.4). To combat these issues, No Exceptions was developed to focus on three work areas: organisation and sector development; best practice examples, tools and information; and, training and education.

SPARC is the leading agency in the implementation of No Exceptions, which aims to create a sport and recreation sector that is "fully accessible to disabled people in terms of participation and involvement, right from grass-roots participation to people performing at an elite level" (M. Gourley, Interview). Key partnerships in this include Regional Sports Trusts, national sporting organisations, national recreation organisations and territorial authorities (SPARC, 2005).

The ten No Exceptions strategies are presented in Table 4.1. In the document, each of these strategies is linked to an objective in the New Zealand Disability Strategy. The No Exceptions Strategy and Implementation Plan is SPARC's response to the New Zealand Disability Strategy (discussed in Section 4.3.1). Hence, No Exceptions is aligned closely with the objectives of the New Zealand Disability Strategy. An example of the link can be seen in that No Exceptions Strategies 1 and 2 are linked to Objective 1 of the New Zealand Disability

Strategy: “Encourage and educate for a non-disabling society”. Similarly, No Exceptions Strategies 4-9 are linked to Objectives 9 and 13 of the New Zealand Disability Strategy: “Support lifestyle choices, recreation and culture for disabled people”; and “Enable disabled children and youth to lead full and active lives”, respectively.

Table 4-1 No Exceptions Strategies

No Exceptions Strategies

1. Advocate recreation and sport for all, including promoting the rights, choices and achievements of disabled people to participate in physical recreation and sport.
2. Recognise the achievements of disabled athletes and promote disabled participants as role models for all New Zealanders.
3. Be led, guided and informed by disabled people.
4. Build accessibility for all into organisational frameworks.
5. Share knowledge through publication of resources.
6. Support initiatives with tangible resources.
7. Up-skill staff and volunteers who provide physical recreation and sport services.
8. Create supportive and accessible recreation and sport programmes that enable participation by disabled people at every level.
9. Bring people and organisations together to work in partnership.
10. Collect and disseminate sound evidence.

(SPARC, 2005, p.6)

The Implementation Plan associated with the No Exceptions Strategy outlines priority actions and projects that will contribute to the three working areas mentioned above. An example of this is shown in Table 4.2. In this, SPARC, the Halberg Trust and Special Olympics are lead agencies in achieving the actions relating to educating disability organisations on the rights of consumers.

To assist in the implementation of the Strategy, and to provide a more focused approach to increasing participation in physical activity amongst people with disabilities, SPARC employs a Senior Advisor. This appointment coincided with the release of the revamped Strategy at the end of 2004 and beginning of 2005, and was a result of feedback from the sector that there

had been insufficient attention given to people with disabilities (Deloitte, 2006). The Senior Advisor has two roles: to implement the No Exception Strategy; and to work internally to ensure SPARC policy is consistent with the New Zealand Disability Strategy (M. Gourley, Interview).

The Senior Advisor is supported in this role by an informal advisory group. This group keeps the Advisor aware of issues in the sector and community, and was formed because one of the key messages that came out of the No Exceptions consultation phase was that the initiative should be led and informed by people with disabilities (M. Gourley, Interview).

The No Exceptions Strategy is one way in which SPARC is meeting its obligations under the Sport and Recreation Act 2002 to encourage the participation of disabled people. Legislation such as the Human Rights Act 1993 and the New Zealand Bill of Rights Act 1990 also influence this strategy. These Acts articulate the rights of people with disabilities (SPARC, 2005). As a public body, SPARC is legally required to adhere to the provisions of these Acts. Nevertheless, the most important influence on No Exceptions is the New Zealand Disability Strategy. This Strategy has a vision of a fully inclusive society, and in particular it advocates for "...access to recreation ... opportunities" (SPARC, 2005, Objective 9). This in turn shapes No Exceptions, with its vision of "all people participating in physical recreation and sport activities of their choice" (SPARC, 2005, p.7).

As a crown entity, SPARC is exempt from the requirement to report on the New Zealand Disability Strategy. Despite this, SPARC voluntarily reports annually to the Office for Disability Issues on its progress in implementing the New Zealand Disability Strategy. The

Table 4-2 Example of the implementation plan of the No Exceptions Strategy

Training and education				
Priority actions	Milestones	Timelines	Lead agencies	Key partners
<p>1. Educate disability service organisations about the benefits of recreation and the rights of consumers to participate in recreation of participate in recreation of their choice</p> <p>Integrate training into existing training options (conferences, courses, hui)</p> <ul style="list-style-type: none"> • Make contact with disability service organisations • Disabled people to prepare proposals about the importance of recreation and sport for presentation at conferences and inclusion in courses and hui • Make presentations/conduct training 	<p>Contact made with national network of disability service organisations</p> <p>Proposals prepared</p> <p>Presentations made/training sessions conducted/hui attended</p>	<p>2005/06</p> <p>2006/07</p>	<p>SPARC</p> <p>Halberg Trust</p> <p>Special Olympics</p>	<p>IHC</p> <p>CCS</p> <p>Mental Health Foundation</p> <p>Platform</p> <p>Ministry of Health</p> <p>ParaFeds</p>

(SPARC, 2005, p.21)

development of the No Exceptions Strategy and Implementation Plan is the first step towards enacting the New Zealand Disability Strategy within the sport and recreation sector (SPARC, 2005).

4.5.2 The Halberg Trust

It is through the establishment of partnerships with key organisations that SPARC is able to influence sport and recreation at a regional and local level. One key organisation which SPARC has such a relationship with is the Halberg Trust.

The Halberg Trust is a national charitable sporting organisation which aims to ensure people with disabilities have opportunities to “...participate with their peers in an inclusive environment...” (Halberg Trust, 2007). The Trust was established by Sir Murray Halberg in 1963 and has become an important organisation in the development of recreation services for people with disabilities in New Zealand (Halberg Trust, 2007).

The Trust is contracted by SPARC to deliver a number of projects, the most important of which is the Sport Opportunity Programme. This programme contributes towards the No Exceptions Strategy administered by SPARC. The goal of the Sport Opportunity Programme is to ensure that people with disabilities can participate in inclusive sport and active leisure in their communities (Halberg Trust, n.d.) and to make sure that every other sports programme, club, organisation and school in a region is inclusive in what it does.

To achieve the goal of inclusive sport and recreation, the Halberg Trust works in five main areas: ensuring community access; partnerships with schools; partnerships with clubs; providing funding; and raising community awareness (Halberg Trust, n.d.). To assist in the delivery of the Sport Opportunity Programme, Halberg contracts individual Regional Sports Trusts (RSTs) to deliver the Sport Opportunity message across the country. RSTs in turn employ Sport Opportunity Advisors to fulfil this function.

The Sport Opportunity Advisors work alongside the RST staff to ensure that the programmes they run and events they organise are inclusive. They work with local and regional councils, the community, schools, sports clubs and organisations to develop inclusive opportunities for people with disabilities to participate in sport and active recreation in their local communities.

There are 17 RSTs in New Zealand, and each of them employs an Advisor⁶. These positions are funded mainly by SPARC and Halberg but also locally, i.e., through community trusts.

An important role of a Sport Opportunity Advisor is to link people with disabilities into their community;

We link people with a disability into sport and recreation opportunities in their local community. It is all about talking about inclusion ... our main view is to link people into their local community, whatever is ordinary, whatever's already existing (S. Roche, Interview).

The main job is to link people with disabilities in mainstream sport to ensure that all the programmes that we deal with here at the Sports Trust can cater for people with disabilities, such as active schools, sport development and physical activity initiatives ... we are all about giving the opportunity to people to be able to go and join the local club, to participate in their local pool if they want to learn to swim. [That] they don't have to go to the other side of town to a special programme, we want all pools to be able to accommodate people with disabilities. It is about trying to provide that pathway, sometimes we might need to put a bit of support around people and give them that opportunity to move forward (J. Muschamp, Interview)

Another important Halberg Trust initiative is SportAccess, which seeks to develop facilities and clubs so that they are providing inclusive sport and leisure for disabled people. Both Manukau and Christchurch City Councils are committed to this initiative (see Chapter 5, Section 5.7.2).

It is through partnerships with organisations such as the Halberg Trust that SPARC ensures it is influencing sport and recreation nationwide. By funding other bodies to work through their already existing networks and, in this case, through the creation of a targeted programme, SPARC can more effectively influence communities than if it tried to "go it alone".

⁶ There are 17 areas in New Zealand covered by 15 Advisors because there are two cases where two areas are covered by one advisor – Auckland/Manukau and North Shore/Waitakere. These two positions are slightly different as they work from RST offices but are employed directly by the Halberg Trust.

4.5.3 Creative New Zealand

Creative New Zealand, New Zealand's national arts development agency, aims to increase the arts participation of all New Zealanders. Its purpose, according to its governing legislation, the Arts Council of NZ Toi Aotearoa Act 1994 (s 7(1a)), is to "...encourage, promote and support the arts in New Zealand for the benefit of all New Zealanders".

Creative New Zealand undertakes a number of initiatives to help achieve its vision of a "...flourishing arts environment in which New Zealanders value, support and are inspired by the arts" (Creative New Zealand, 2006b, 2007c). One such initiative is the ongoing support of professional arts organisations in New Zealand. Through this scheme, a number of organisations receive one, two or three year funding allocations, with which they then fund their own projects and programmes as they see fit. These "Recurrently Funded Organisations", as they are known, take up the majority of the funding that Creative New Zealand distributes and it has an ongoing funding, monitoring and working relationships with these organisations (Creative New Zealand, 2007a).

One such Recurrently Funded Organisation, relevant to this research, is Arts Access Aotearoa, a national support agency which works in the disability and health sector, with refugees and migrants and the justice sector to ensure that these populations have unhindered access to the Arts (B. Bent, Interview). Arts Access Aotearoa is not a funding agency. It provides organisations with support in the form of non-monetary resources, advice and networking. Creative New Zealand is the primary funder of this agency. For the 2007/2008 year, Arts Access Aotearoa was awarded \$278,000 by Creative New Zealand (Creative New Zealand, 2007b).

Creative New Zealand develops organisations like Arts Access Aotearoa so that they may deliver specific services to the community, in this case the disability sector. As with SPARC, Creative New Zealand has limited resources and a broad mandate. In order to increase participation in the arts, it must invest in other organisations to assist with this goal. Craig Cooper, Senior Programme Advisor with Creative New Zealand, explained;

While our focus has to be on arts development, developing arts practice and practitioners, we've got to be careful we don't spread ourselves too thin amongst the other areas and so I think those support networks [such as Arts Access Aotearoa] have very much been identified as probably the most effective way that we can address

some of those particular, more specific needs because (a), we don't have the specialised knowledge to deal with that area and (b), we don't have limitless resource to set up that kind of structure within our organisation so it's kind of like, in the similar way that the government kind of creates us as this arms length mechanism to deal with all the arts stuff, we can then create or at least support some other mechanisms that deal with those more really specific needs areas.

Another large portion of allocated funding goes to project funding (C. Cooper, Interview). This funding is allocated every 6 months on a project by project basis. This funding is to assist in the development of artists and art organisations in New Zealand, and is for “stand alone” activities. Although there is no project funding tailored specifically to the needs of disabled artists and arts organisations, disabled people and groups are eligible for this funding. For example, in the 2005/2006 funding round, Touch Compass Dance Trust, a mixed ability dance troupe, was awarded \$23,531 (Creative New Zealand, 2005b).

The Creative Communities Scheme is another initiative developed by Creative New Zealand. This scheme involves a funding partnership between Creative New Zealand and 76 local authorities around the country. Creative New Zealand allocates \$5,000 to each local authority plus \$0.60 per head of population to support community participation in the arts (C. Cooper, Interview). A reporting requirement exists for local authorities, but Creative New Zealand claims to be very flexible with how these funds are distributed; it assumes that local authorities have the knowledge of how to best serve and support their local arts community (C. Cooper, Interview). As an example of this funding for people with disabilities, in 2005 the Jolt Dance Company, a mixed ability dance group, was awarded \$3000 from this scheme (Creative New Zealand, 2005a). Again, this funding is not aimed specifically at people with disabilities but can be accessed by, and on behalf of, people with disabilities.

In a sense, Creative New Zealand is inclusive of disabled people. It uses terms like “arts for all New Zealanders”, of which people with disabilities are a part. But Creative New Zealand, unlike SPARC, does not voluntarily report to the Office of Disability Issues on how it implements the New Zealand Disability Strategy. As a public body, Creative NZ is bound by the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993. This means it must not discriminate on the grounds of disability but is not required to actively address the needs of disabled artists. As a Crown entity, operating at arms length from government, Creative NZ is not legally required to implement the New Zealand Disability Strategy, even though Objective 9 of the New Zealand Disability Strategy outlines Action 9.2 which is to:

“...provide opportunities for disabled people to create, perform and develop their own arts, and access to arts activities”; and Action 9.3 which is to: “...educate arts administrations/organisations ... about disability issues and inclusion” (Minister for Disability Issues, 2001, p.23).

The inclusion of Objective 9, and its related Actions, in the New Zealand Disability Strategy indicate that the arts are important to people with disabilities, and that there are barriers to their participation in the arts. The obvious agency to address such barriers would be the national arts development agency, Creative New Zealand. It is not evident why Creative New Zealand does not specifically address the needs of disabled artists and arts organisations. Other than providing funding for Arts Access Aotearoa, Creative New Zealand seems to have a primary focus on addressing the needs of New Zealand’s culturally diverse populations, which is mandated for in the Arts Council of New Zealand Toi Aotearoa Act 1994, without targeting the needs of traditional minority groups such as women, the elderly and people with disabilities. This initially appears to be a weakness of the agency, although it may also be considered a strength (see Section 4.7.3).

4.6 Local Government Act 2002

The purpose of the Local Government Act 2002 is to provide for effective local government, that recognises the diversity of communities. To achieve this, the Act: outlines the purpose of local government; provides a framework for decision making; promotes accountability to the community; and requires the promotion of social, economic, environmental, and cultural well-being of communities. This Act requires local authorities to develop a number of planning documents in consultation with the community. It outlines not only the documents that must be completed, but also what they must include and the consultation procedure that must be followed in developing such documents.

This Act is significant, as it sets out the consultative process that all local authorities must have in place. Such processes include adopting a number of measures such as the Long-Term Council Community Plan (LTCCP) and Community Outcomes. The fact that these requirements are supported by a legal framework means that both Manukau and Christchurch City Councils have implemented these processes. Furthermore, unlike the non-legislative disability and recreation provisions discussed previously, this Act is frequently referred to by Council staff, and is used as a measure of the Councils’ accountability to the community.

4.6.1 Consultation

Section 82 of the Local Government Act 2002 outlines the guiding principles for consultation procedures, which includes the identification of those persons who will, or may be, affected or interested in the matter under consideration, or the decision that is made. Affected persons must be given reasonable access to relevant information associated with the issue in a way that is appropriate to their needs and preferences. Community members must be encouraged to present their views on issues to the Council, which must be received by them with an open mind. Those who wish to present their views must be given clear information on the consultation procedure and decision-making process that will occur following their presentation of views, and then be given information as to the final decision, and reasons for this decision, on the issue (Local Government Act 2002, s 82).

While the Local Government Act 2002 requires councils to consult the community, it does not provide a definition of “community”; it is, therefore, up to each local authority to define their community/ies. There are a number of provisions in the New Zealand Disability Strategy that are relevant to community consultation, and if used in conjunction with the Local Government Act 2002, would increase opportunities for people with disabilities to be included at local government level. For example: Objective 5 – “foster leadership by disabled people”, encourages the involvement of people with disabilities in decision-making processes; and, Objective 6 – “foster an aware and responsive public service”, aims to ensure government policy, legislation and service is consistent with the New Zealand Disability Strategy (Minister for Disability Issues, 2001). As the situation currently stands, local authorities are not required to implement nor report on the New Zealand Disability Strategy and it is therefore difficult to identify whether disabled people are better included as a result of the provisions of the Strategy.

4.6.2 The long-term council community plan (LTCCP) & community outcomes

The LTCCP is a ten year (minimum) plan that every local authority must develop and adopt. The purposes of this plan are to: “describe the activities of the local authority”; “describe the community outcomes of the local authority”; “provide a long term focus for the decisions and activities” of council; “provide a basis for accountability...to the community”; and “provide an opportunity for participation by the public in decision-making processes and activities” of the local authority (Local Government Act 2002, s 93 (6)).

Local authorities must, in their LTCCP, identify community outcomes in order to allow communities to consider and discuss their desired social, economic, environmental and cultural well-being, now and in the future (Local Government Act 2002, s 91). Examples of community outcomes for Christchurch City Council and Manukau City Council are examined in Chapter 5, Section 5.5.1.

Councils must also describe how community outcomes were identified and how they will be achieved (Local Government Act 2002, schedule 10). Councils are able to decide on the most appropriate method to identify the outcomes that the community desires. They must encourage the public, and other agencies and organisations, to contribute to the process and, where necessary, engage these people and groups in a relationship that contributes to the achievement of the community outcomes.

The Local Government Act 2002 is referred to by other national organisations when they are working with local government. According to Richard Lindsay (Interview) from SPARC:

The Local Government Act has a huge influence on what we do ... it gives us a way in the door to councils because councils are responsible for social, economic, environmental, and cultural well-being of their communities. They don't need to do everything, but they need to make sure it takes place. So we can provide some of that through sport and recreation. So I often refer to the Act in my work.

4.7 Reflections on disability theory

The second purpose of this chapter was to examine how central government legislation and policy reflect developments in disability theory. This is in order to meet Objective 1 of this research, which sought to examine the extent to which central government recreation and disability legislation and policies reflect developments in social theories of disability (see Chapter 1, Section 1.8). This is important because the disability perspective adopted by national legislation and policies will influence the way the needs of the disabled community are perceived and catered for. It also influences the framework for local government implementation of such provisions when addressing the needs of local disabled communities. The extent to which legislation and policy reflect developments in social theories of disability proves difficult to identify, especially as none of the examined national policies and legislation overtly align to disability theory.

Furthermore, a recent theoretical development, the biopsychosocial model, does not seem to have any relevance in government provision for disabled people. Statistics New Zealand, for example, in its 2006 Disability Survey, did not define disability based on the World Health Organisation's International Classification of Functioning, Disability and Health (see Chapter 2, Section 2.6), which is based on the biopsychosocial model. Rather, disability was defined using a previous definition of disability (Statistics New Zealand, 2007). Admittedly, this was for consistency with earlier surveys, but it raises the issue of how long government departments can go on utilising earlier definitions for the sake of statistical consistency. A lack of recent disability-specific provision on the part of central government makes it difficult to assess the incorporation of developments in disability theory.

The following sections will discuss how central government provisions reflect disability theory. In particular, the Human Rights Act 1993, the New Zealand Disability Strategy, SPARC and Creative New Zealand will be examined.

4.7.1 The Human Rights Act 1993

The Human Rights Act 1993, at first inspection, appears to reflect the social model of disability. This Act makes discrimination, on the basis of disability, illegal and goes some way towards reducing the societal barriers faced by disabled people. The clause of "reasonable accommodation" (see Section 4.2), however, appears to be more consistent with the medical model of disability, as it puts the focus of discrimination back on to the individual rather than requiring an organisation to justify when it should not accommodate the needs of disabled people. While the Human Rights Act 1993 is largely supported by the disabled community, this clause is seen as putting the emphasis back on individuals to demonstrate that their disability needs are realistic (M. Gourley, Interview).

4.7.2 The New Zealand Disability Strategy

The New Zealand Disability Strategy is aligned with the social model of disability. Although this relationship is not specifically mentioned, it is evident from the content of the Strategy. For example, disability (Minister for Disability Issues, 2001, p.3) is referred to as

Not something individuals have. What individuals have are impairments. They may be physical, sensory, neurological, psychiatric, intellectual or other impairments.

Disability is the process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have. Our society is built in a way that assumes that we can all move quickly from one side of the road to the other; that we can all see signs, read directions, hear announcements, reach buttons, have the strength to open heavy doors and have stable moods and perceptions.

These interpretations are similar to those of Munford and Sullivan (1997) who maintain that disability is a result of the oppressive social and political structures that people encounter and which serve to exclude them from society. According to Llewellyn and Hogan (2000), the solution to the problem of the exclusion of people with disabilities from society is the collective responsibility of all people, rather than that of individuals with impairments, their families and their representatives. This is what the Strategy is trying to do: present a plan to change our society from a disabling one to an inclusive one. This plan is not just for central government's consumption, but also for all national and local organisations, agencies and communities.

At least one author (Newell, 2006) is not convinced that *on its own* the New Zealand Disability Strategy really is an advance on earlier, dichotomous (see Chapter 2, Section 2.3.1) models of disability:

As I read through the New Zealand Disability Strategy I couldn't help reflecting that for all of the rhetoric of rights, and the installation of wheelchair ramps, the development of advisory committees, and even legislation to the contrary...people with disabilities face a daily devastating reality: we are the *other*, outside of the nice, normal and natural moral community (Newell, 2006, p.65).

Nevertheless, developments such as the establishment of the Office for Disability Issues are positive for disabled New Zealanders and strengthen the Strategy, according to Newell, who maintains that "it is only when we ask about all of the things that are required of governments, non-government organisations, business, of broader society and even in tackling the negative values and stereotypes we bring to such an engagement as well, that we will really start to bring about all of the structural and ideological changes that are necessary"(p.78).

4.7.3 SPARC and Creative New Zealand

SPARC initiatives also reflect the social model of disability. A legal requirement of SPARC is to actively increase the participation of people with disabilities in sport and recreation

(Sport and Recreation Act 2002, s 8). There is an acknowledgement here that the barriers faced by disabled people are significant and SPARC are taking steps to remove such barriers.

The adoption of a strategy dedicated to achieving this in the recreation and sport sector is important. The vision of the No Exceptions Strategy reflects the concept of inclusive recreation, associated with the social model of disability, which maintains that all people, with or without disability, should have the opportunity to engage in recreation together (Devine, 2004). Furthermore, this vision maintains that all people should have the opportunity to participate in activities of their *choice*, which is also an important part of inclusive recreation (Anderson & Kress, 2003).

As previously discussed, Creative New Zealand does not specifically target disabled people in any of its programming or funding schemes, even though Objective 9 of the New Zealand Disability Strategy outlines the importance of arts to disabled people. This can be seen as both a weakness and a strength. On one hand, Creative New Zealand is failing to address the barriers to participation in the arts encountered by the disabled community. On the other hand, it could be argued that, by not singling out people with disabilities, and focusing on providing “arts for all”, Creative New Zealand is fulfilling the concept of inclusion. By providing disabled people with equal opportunities and choice with funding and programmes, and by funding agencies such as Arts Access Aotearoa (see Section 4.5.3), Creative New Zealand is providing a situation where disabled people are not the “other”, but rather just artists applying for assistance like everyone else.

4.8 Chapter summary

The aim of this chapter was to identify the national legislation, policies and organisations that relate to disabled people and recreation in New Zealand, as outlined in Objective 2 of this research. Anti-discrimination legislation, the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993, coupled with the Minister for Disability Issues, the Office of Disability Issues and the New Zealand Disability Strategy, ensure that government departments especially, take the needs of people with disabilities into consideration when forming policies and developing services. In the case of local government, the requirement is not as specific, but the Local Government Act 2002 does require councils to provide for the social, economic, environmental, and cultural well-being of their communities. The actions of

Manukau and Christchurch City Councils indicate that they interpret “communities” to include the disabled.

In the case of sport, recreation and the arts in New Zealand, there are some specific provisions for people with disabilities. The national sport and recreation development agency, SPARC, has developed the No Exceptions Strategy which aims to encourage the sport and recreation sector to be more inclusive of people with disabilities. SPARC also works with key national, regional and local agencies, such as the Halberg Trust, to ensure the implementation of this strategy.

In regards to the arts sector, while Creative New Zealand does not have any disability-focused services or policies, it does support the advancement of people with disabilities in the arts through its investment in Arts Access Aotearoa, a national disability support agency. It also has a funding role, and disabled groups and individuals can access arts funding.

Some of the national provisions for disability and recreation in New Zealand are reflective of disability theory. Examples of this include the New Zealand Disability Strategy and the No Exceptions Strategy, which embody principles of the social model of disability. The Human Rights Act 1993 also reflects the social model, except the clause of “reasonable accommodation” which is perhaps indicative of the retention of aspects of a medical model.

In examining the way in which local government takes account of central government legislation and policies regarding disability (see Chapter 5), the researcher needs to consider attention given to legislative requirements – especially, for example, the Local Government Act 2002 – and to non-prescriptive provisions such as the New Zealand Disability Strategy and SPARC’s No Exceptions Strategy.

Chapter 5

A tale of two cities

5.1 Introduction

This chapter examines the ways in which Christchurch City Council and Manukau City Council meet the recreational needs of local disabled communities, addressing the objectives of this research not previously covered, specifically Objectives 3, 4 and 5. Following on from Chapter 4, this involves looking at how each council implements national strategies, policies and legislation. This also requires comparing and contrasting the disability and recreation policies, positions, outcomes, consultation procedures and accountability measures of both councils. Any significant similarities and differences will be identified and discussed. The chapter will draw conclusions about how the two local authorities perceive and exercise their responsibilities and roles in relation to the provision of recreation services for people with disabilities.

5.2 Christchurch and Manukau Cities

Although similar in population size, there are differences in the ethnic composition of Manukau City and Christchurch City Council (see Chapter 3, Section 3.3). Manukau City is more culturally diverse than Christchurch.

Despite Statistics New Zealand completing major disability surveys in 1996, 2001 and 2006, there is no information available on regional disability rates in each region⁷. It is, therefore, difficult to know how many disabled people currently live in Manukau and Christchurch. Manukau City Council estimated there were over 62,000 people with disabilities living in Manukau (Manukau City Council, 2004). This is approximately 20% of the regional

⁷ Disability rates are reported by Statistics New Zealand based on the 1996 Transitional Health Authorities of North Health (Auckland and Northland), Midland (Waikato, Western Bay of Plenty, Taranaki etc), Central (Hawkes Bay, Wellington, Nelson and Marlborough etc) and Southern (South Island, excluding Nelson and Marlborough) (Statistics New Zealand, 2001).

population, which is similar to the previous national estimate of 1 in 5 (Statistics New Zealand, 2001). The Canterbury District Health Board (2004) estimated that in the whole of Canterbury (not just Christchurch City) there are 160,000 people with disabilities. Without more specific information, it is difficult to estimate whether Manukau and Christchurch have similar proportions of disabled people in their populations.

In relation to sport and recreation, more comparable data are available. The Quality of Life Report, conducted in 2006 and commissioned by the Ministry of Social Development, found that only 50% of Manukau residents are active for 5 or more days a week⁸, compared with 59% of Christchurch residents (Quality of Life Project, 2007). In Manukau, 10% of residents undertake no physical activity compared with 6% of Christchurch residents (Quality of Life Project, 2007).

There is little information available on the regional activity rates of people with disabilities. SPARC (and its predecessor the Hillary Commission), conducted nation-wide surveys in 1997/1998, 1998/1999 and 2000/2001⁹. Results from these indicate that 39% of people with disabilities are active five or more times a week (SPARC, 2007b). This is comparable to the national rates for adults with 39% active for 5 or more days (SPARC, 2007a) and 40% according to the Quality of Life Survey (Quality of Life Project, 2007). These data suggest that people with disabilities are no less active than people without disabilities. Again, there is no information on the activity levels of disabled people by region and so it is not possible to determine how many people with disabilities are active in Christchurch compared with Manukau.

In summary, the Councils studied in this research have similar populations but Manukau is a more culturally diverse city, while Christchurch is a more “active city”. In order to understand how both Manukau City Council and Christchurch City Council provide recreation for people with disabilities, it is important to first identify the role of local government in New Zealand.

5.3 Role of local government in New Zealand

Since the reform of local government, following the Local Government Act 2002, the role of local government in New Zealand has changed considerably. This recent legislation outlines

⁸ As recommended by the World Health Organisation (2004).

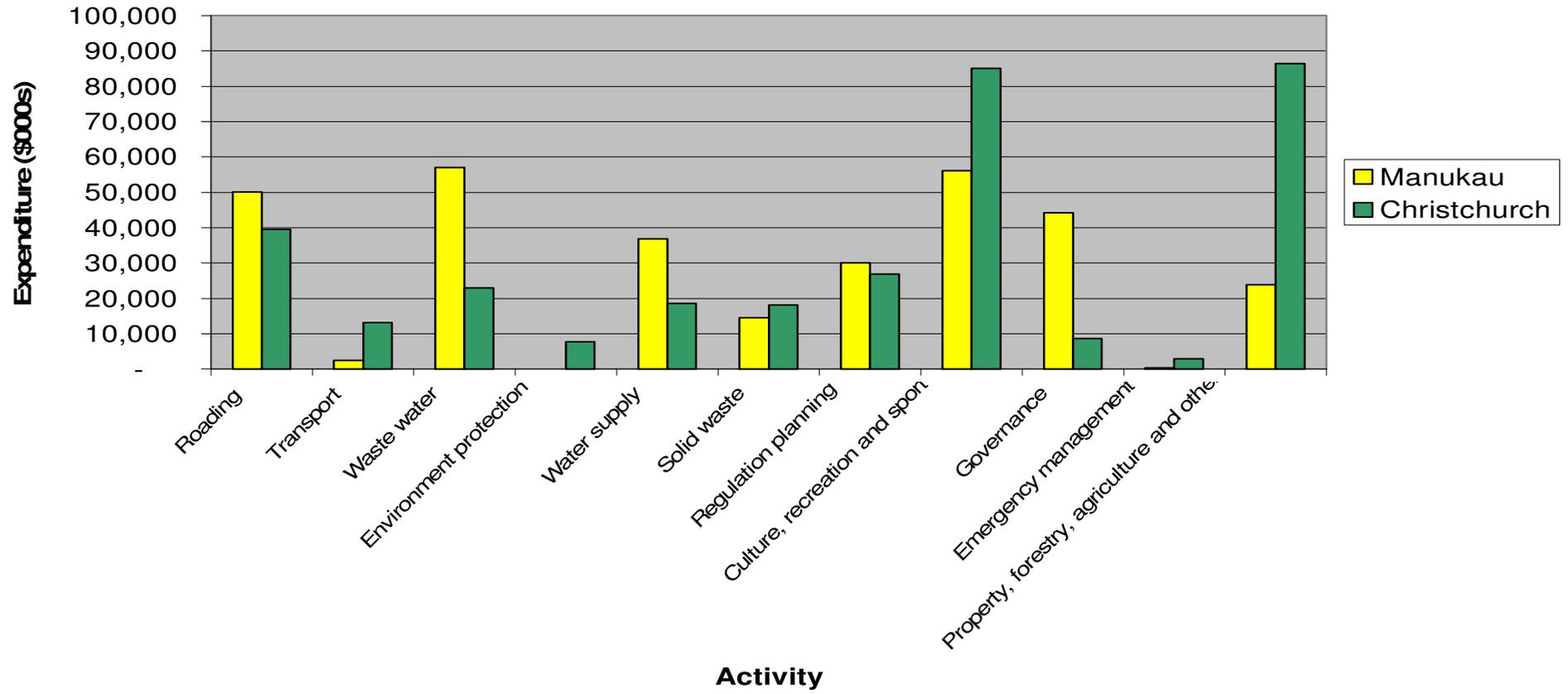
⁹ SPARC is currently undertaking another survey for the 2008/2009 period.

the *purpose* of local government, in contrast to past Acts which have described the *functions* councils must undertake (Local Futures Research Project, 2006). Councils now must ensure the economic, social, environmental and cultural well-being of the community, including the disabled. Furthermore, rather than just providing services to citizens, councils must implement intensive strategic planning processes (the LTCCP, see Chapter 4, Section 4.6.2) whilst promoting community goals in response to local needs (Community Outcomes, see Chapter 4, Section 4.6.2) (Local Futures Research Project, 2006). How these two local councils, Manukau City Council and Christchurch City Council, fulfil this requirement, specifically in relation to recreation provision for the disabled, is the focus of this chapter.

Local government has an important role in the provision of recreation and sport to communities. Not only do councils own, manage and operate community facilities, parks and recreation services, they are also responsible for the maintenance of services such as waterways, roads and transport, all of which impact on sport and recreation provision and use. How these services are delivered varies between each council, but, for the year ending 30 June 2006, local government spending on culture, sport and recreation was \$885 million (Department of Internal Affairs, 2007). This is compared with SPARC which, over the same period, spent approximately \$84 million on sport and recreation (SPARC, 2006a) and Creative New Zealand, which spent \$37 million on the arts (Creative New Zealand, 2006a). This shows that although it is SPARC and Creative NZ which provide national policies and strategies to guide the development of the sport, recreation and arts sectors, it is local government which is the main provider and funder of such services.

Local government spending in 2005/2006 on culture, sport and recreation was second only to the category of roading and transport (Department of Internal Affairs, 2007). Consistent with this, both Manukau and Christchurch City Council invest significantly in “Culture, recreation and sport”. As can be seen in Table 5.1, spending on this activity was second only to “Waste water” at Manukau and “Property etc” at Christchurch. Manukau City Council spent \$56,198,000 on culture, recreation and sport during the 2005/2006 financial year, compared with Christchurch City Council which spent \$85,051,000 (Department of Internal Affairs, 2006a, 2006b).

Table 5-1 Manukau and Christchurch City Councils' expenditure by activity 2005/2006¹⁰



¹⁰ Adapted from information gained from the Department of Internal Affairs (2006a, 2006b).

This chapter will now look at whether Manukau and Christchurch City Councils are ensuring the well-being of local communities; in particular, via the provision of recreation for people with disabilities. First the different structures of the local authorities will be examined.

5.4 Overview of the two councils in relation to disability and recreation

In order to facilitate the discussion, a brief overview of some of the relevant disability and recreation positions, policies and outcomes of Manukau City Council and Christchurch City Council, will now be presented (see Table 5.2) and will be further discussed in Sections 5.5 – 5.7. The structure of relevant Council units will be presented in Section 5.4.1.

Table 5-2 Summary of disability related roles, policies and groups

	Position	Policy	Group
Manukau City Council	<ul style="list-style-type: none"> • Policy Advisor, Disability Issues 	<ul style="list-style-type: none"> • Disability Policy and Action Plan 	<ul style="list-style-type: none"> • Disability Steering Group
Christchurch City Council	<ul style="list-style-type: none"> • Metropolitan Advisor for older persons and people with disabilities • Inclusive Communities Coordinator 	<ul style="list-style-type: none"> • Policy on Equity and Access for people with disabilities 	<ul style="list-style-type: none"> • Disability Advisory Group • KiwiAble Recreation Network

In the case of Manukau City Council, the Disability Policy and Action Plan was introduced in 2004. To help develop this policy, Council established the Disability Steering Group in 2003. Following the adoption of the Disability Policy and Action Plan, the Disability Steering Group has been maintained as a consultative mechanism for both Council and the community.

In 2007, Manukau City Council established the position of Policy Advisor, Disability Issues¹¹, who is responsible for ensuring the Council is considering, and meeting, the needs of the disabled community. This position is closely linked with the Disability Steering Group. Together, they implement the Disability and Action Plan.

¹¹ Previously, the Policy Advisor, Diverse Communities, was responsible for disability issues.

Also in 2007, Manukau City Council removed its leisure services to a council controlled organisation (CCO) - Manukau Leisure Services Ltd (MLSL). MLSL has been managing and operating all the Council-owned swimming pools, leisure centres child-care centres and community halls since July 2007. Still owned by Council but run as a business, MLSL has a board of directors to guide its activities¹².

In the case of Christchurch City Council, disability issues are addressed through the Policy on Equity and Access for People with Disabilities, adopted in 2001. Following the introduction of this policy, the Metropolitan Advisor for Older Persons and People with Disabilities was appointed. This position provides a link between the Council and the disabled community and is supported by the Disability Advisory Group.

A Christchurch City Council initiative, the KiwiAble programme, provides unique opportunities for people with disabilities to be involved in sport and recreation in Christchurch. Not only does the programme provide discounts to sport and recreation facilities in the area, through the KiwiAble Leisure Card, but the KiwiAble Recreation Network provides the community with a mechanism to provide Council with feedback on recreation policies, programmes and projects. This initiative is overseen by the Inclusive Communities Co-ordinator¹³. There is currently no equivalent initiative at Manukau City Council.

5.4.1 Structure of relevant Council units

During this research, both Councils underwent major restructuring. The resulting effects on this research have been discussed in Chapter 3, as a possible limitation to this study (see Section 3.5).

Manukau City Council appointed a new CEO in late 2005 and, as a result, the organisation was realigned. This included removing the previous specifier/provider system, where policy

¹² As this CCO is newly formed, it is too early to identify if the provision of recreation for the disabled in Manukau has been positively or adversely affected.

¹³ Formerly, the KiwiAble Co-ordinator.

units specified service delivery, which operational units then implemented. Now, policy and service delivery are incorporated within each unit. Such a reorganisation contributes to ensuring that services are being developed consistently and efficiently. This is an important development in the provision of services; if policy and operations work more closely together, provision will potentially be better aligned with strategy. When operational staff at Manukau were interviewed for this research, it was found that they did not have an in-depth knowledge of policies that existed; this may be addressed by restructuring. However, of course it is possible that the removal of leisure services to a CCO could have the opposite effect and remove operations further from strategy.

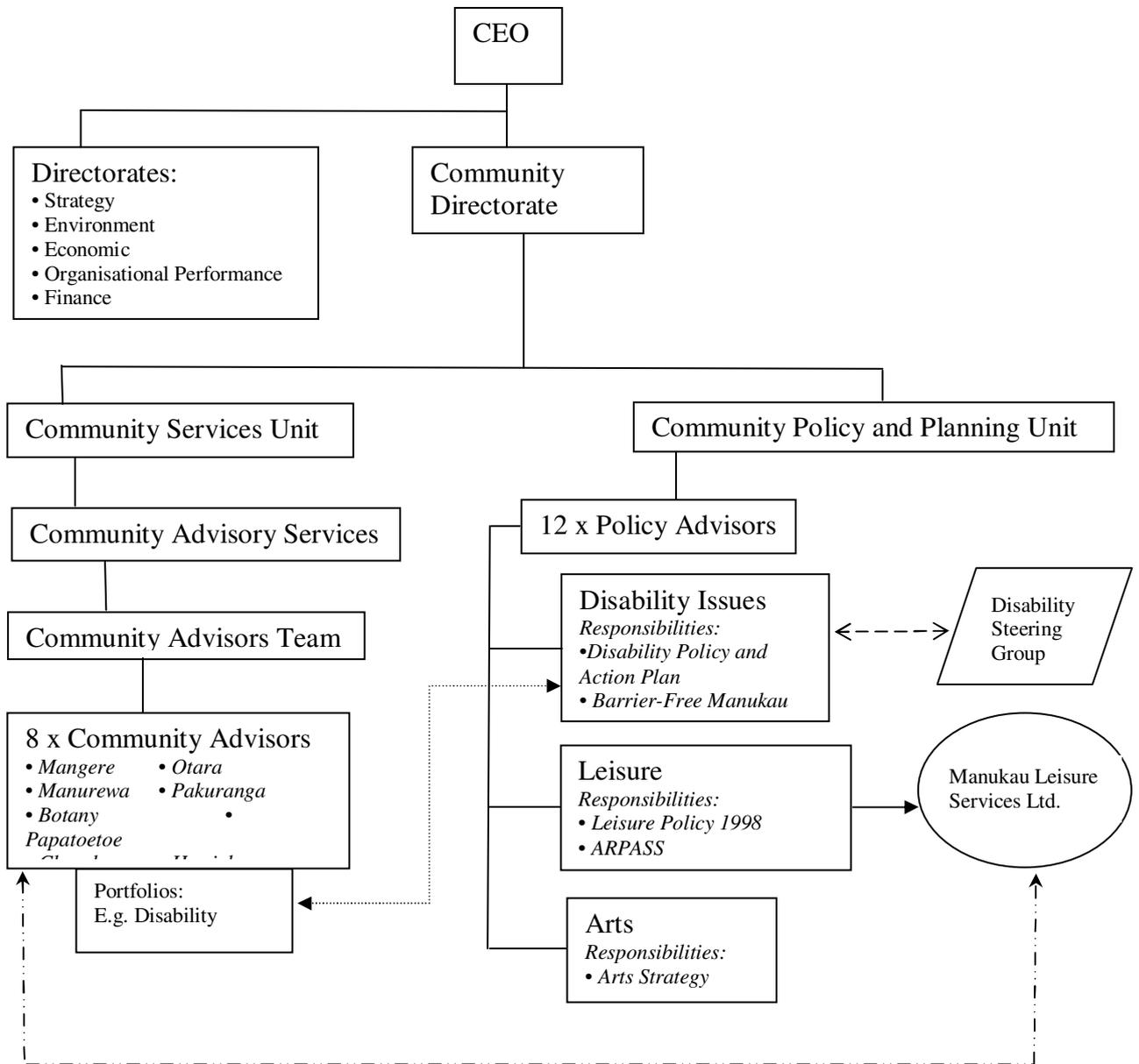
At Manukau City Council (see Figure 5.1), the Community Directorate houses the Community Policy and Planning Unit. This unit is made up of a number of Policy Advisors including ones for Leisure, Disability Issues and Arts. Policy Advisors are responsible for any council policies and strategies relating to their area and maintain key relationships with relevant organisations. The Policy Advisor, Leisure, is responsible for the Leisure Policy, the Auckland Regional Physical Activity and Sport Strategy (both discussed in Section 5.5.3) and is the “link” between Manukau Leisure Services Ltd and Council. The Policy Advisor, Disability Issues, is responsible for implementing the Council’s Disability Policy and Action Plan, Barrier-Free Manukau (see Section 5.5.2) and working with the Disability Steering Group. The Policy Advisor, Arts, is responsible for the Arts Strategy and maintaining contracts.

Housing these Advisors in the same Unit is important, especially for people with disabilities, because although the Advisors work in different policy areas, they also work together. In this sense, the Policy Advisor on Disability Issues works with the policy advisors for Leisure and for Arts to ensure all policies and strategies are inclusive of and cater for people with disabilities.

In the case of Christchurch City Council, in 2006 the Recreation, Sport and Arts team merged with the Recreation Facilities Unit to become the Recreation and Sport Unit (Christchurch City Council, 2006e). This Unit operates on a matrix structure where there are three Area Managers responsible for service delivery in different geographical areas. There are also four

city-wide positions responsible for: sports services; maintenance services; business operations; and, programmes and activities¹⁴.

Figure 5-1 Structure of Manukau City Council Community Directorate

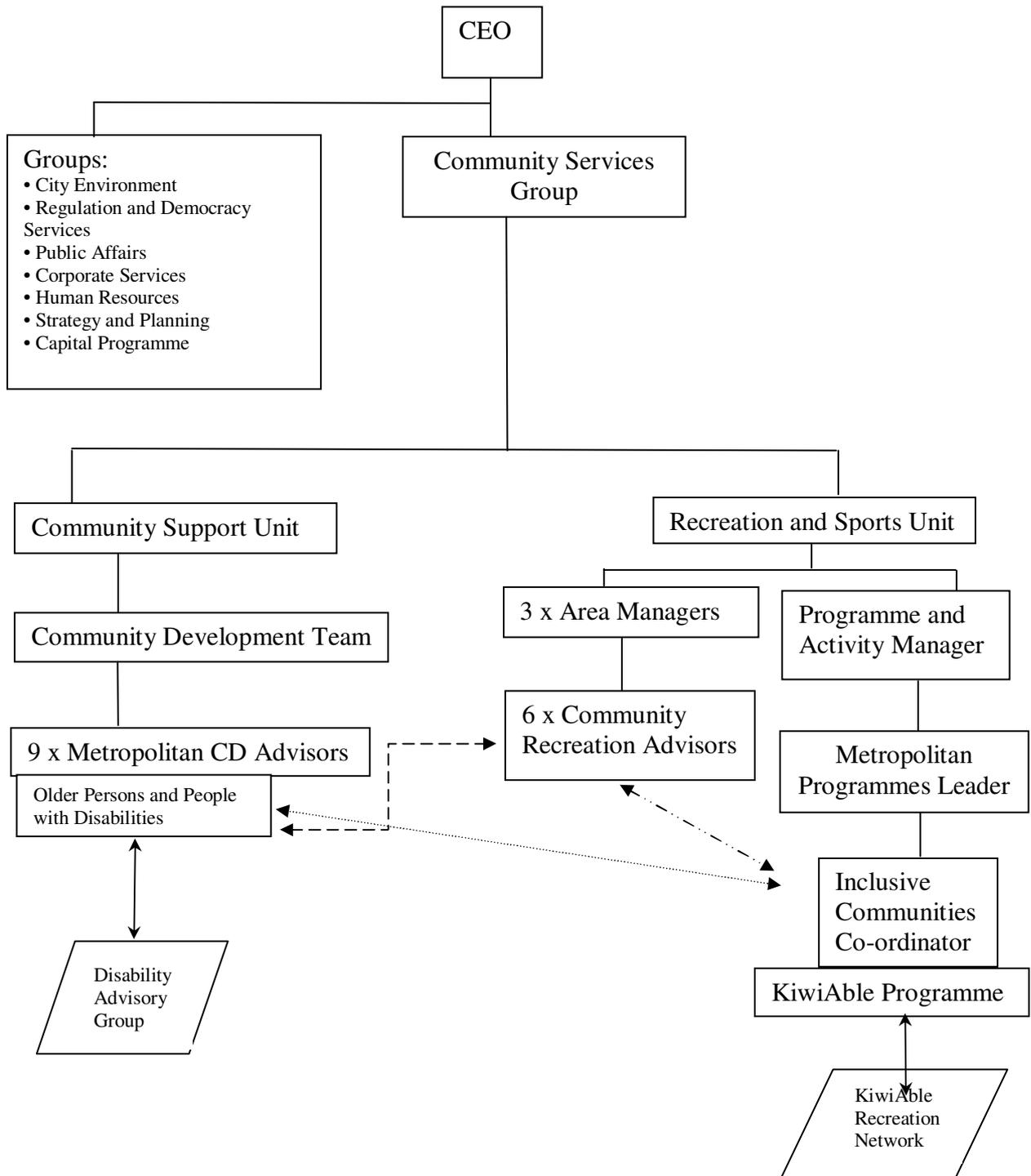


The Community Services Unit at Christchurch City Council (see Figure 5.2) is divided into a number of units, the most relevant to this research being the Community Support Unit and the Recreation and Sports Unit. The Community Support Unit houses the Community Development Team which is responsible for the Metropolitan Advisors (see Section 5.6.3). The Recreation and Sport Unit is now divided into Area Managers who are responsible for the

¹⁴ The merging of these units sounds logical but again, this structure is too newly developed to identify the effect on recreation provision for people with disabilities.

Community Recreation Advisors (see Section 5.6.1). There is also a Programme and Activity Manager who is responsible for the Inclusive Communities Co-ordinator and the KiwiAble programme, as will be discussed further in Section 5.7.1.

Figure 5-2 Structure of Christchurch City Council Community Services



Following the restructuring of the Recreation and Sport Unit, responsibility for the arts has been removed and the Arts Advisor is now located with the Art Gallery Team¹⁵.

As can be seen, there are differences in the structures, policies, positions and programmes which Manukau City Council and Christchurch City Council utilise in relation to the provision of services (including recreation services) to people with disabilities. The policies of each Council will now be discussed.

5.5 Council policies

This section will examine the disability-specific and recreation-specific policies implemented by Manukau City Council and Christchurch City Councils, thus addressing Objective 3 of this research which seeks to compare and contrast these councils (see Chapter 1, Section 1.8). This section will also examine how these local authorities implement the national legislation, policies and strategies discussed in Chapter 4, which will contribute to Objective 2 of this research (see Chapter 1, Section 1.8). Table 5.3 presents a summary of the policies discussed in this Section.

5.5.1 General policies

Long-term council community plan (LTCCP) and community outcomes

The Long-term Council Community Plan (LTCCP), a requirement of the Local Government Act 2002, outlines what councils wish to achieve over a 10 year period, especially in relation to the needs and wants of its community (in the form of “community outcomes”).

According to the 2002 Act (see Chapter 4, Section 4.6.2), an LTCCP must be developed in consultation with the community and councils must also identify the desired community outcomes for their region. This is to allow communities to express what is important to them in terms of current and future social, economic, environmental and cultural well-being.

¹⁵ Despite this removal, the Arts Advisor of the Christchurch City Council maintains that she still works across all units at Council (M. Le Cren, Interview).

Table 5-3 Summary of Council policies

	Manukau City Council	Christchurch City Council
General Policies	<ul style="list-style-type: none"> • LTCCP • <i>Tomorrow's Manukau</i> • Community Development Framework • Community Development Best Practice Guide 	<ul style="list-style-type: none"> • LTCCP • Community Policy and Policy Guidelines • Social Well-being Policy • Communication Policy • Seeking Community Views Policy • Strengthening Communities Strategy
Disability-Specific Policies	<ul style="list-style-type: none"> • Disability Policy and Action Plan • Barrier-Free Manukau 	<ul style="list-style-type: none"> • Policy on Equity and Access for People with Disabilities • Inclusive Communities document
Recreation and Art Policies	<ul style="list-style-type: none"> • Leisure Policy • Leisure Pricing Policy • Swimming Pool Strategy • Cycling and Walking Strategy • Arts Strategy (under review) • ARPASS 	<ul style="list-style-type: none"> • Physical Recreation and Sport Strategy • Parks and Waterways Access Policy • Active Living Strategy (draft) • Aquatic Facilities Plan • Arts Policy and Strategy

Councils then respond in the LTCCP by describing how they will achieve such outcomes. Both Manukau and Christchurch City Councils have grouped the responses of their communities into a number of outcomes. In the case of Christchurch, they are: a safe city; a city of inclusive and diverse communities; a city of people who value and protect the natural environment; a well-governed city; a prosperous city; a healthy city; a city for recreation, fun and creativity; a city of lifelong learning; and, an attractive and well designed city (Christchurch City Council, 2006d, pp.53-56). In the case of Manukau, they are: educated and knowledgeable people; healthy people; moving Manukau (transport); safe communities;

sustainable environment and heritage; thriving economy; vibrant and strong communities (Manukau City Council, 2006b, pp.16-17).

The community outcomes of both cities are similar and cover themes such as community safety, community participation, recreation, education, economy, and the natural and built environment. Despite the differences in the composition of the two cities, (discussed in Section 5.2), it can be seen that community priorities of the regions are similar.

Both Christchurch and Manukau City Councils have community outcomes relevant to people with disabilities and their recreation; in Christchurch the community outcomes of “a city of inclusive and diverse communities” and “a city for recreation, fun and creativity” are important. The former identifies people with disabilities as a key target group among whom disadvantages must be reduced to encourage participation in community life, while the latter identifies the importance of sport, recreation and the arts to the well-being of the community (Christchurch City Council, 2006a). Furthermore, both outcomes mention the importance of access to community facilities and resources for residents (access being an important barrier to participation faced by many people with disabilities (Darcy, 2001)).

Manukau City Council only refers to people with disabilities in the community outcome concerning “transport”, but encompassing terms such as “accessible for all” and “Manukau people” (Manukau City Council, 2006c), used throughout the discussion of community outcomes, include people with disabilities. More specifically, with reference to “vibrant and strong communities”, Outcome 4 – “Manukau people are engaged with their communities regardless of age, ability or ethnicity” – expresses the importance of active participation in community life by all people (Manukau City Council, 2006c, p.25).

To achieve the identified community outcomes, the Councils propose a number of measurable objectives. Christchurch City Council, for example, aims to “provide accessible aquatic and dry sporting and recreational experiences at all levels” (Christchurch City Council, 2006d, p.132). To help achieve this, Christchurch City Council uses the Physical Recreation and Sport Strategy which specifically addresses the recreational needs of people with disabilities (see Section 5.5.3). The identification of the Physical Recreation and Sport Strategy indicates that people with disabilities will be consulted, specifically through the KiwiAble Recreation Network (see Section 5.7.1).

Manukau City Council outlines a number of “activities” it will pursue in order to address community outcomes. One such activity is “community development”. This activity area is important, as it outlines actions Manukau City Council will undertake in order to meet the needs of its diverse communities. One such action in the 2006 LTCCP is to “develop action plans and annual work programmes with key social groups including disabled people...” (Manukau City Council, 2006b, p. 134). Consistent with this action, Manukau City Council has developed the Disability Action Plan (see Section 5.5.2).

Both Christchurch City Council and Manukau City Council address the needs of people with disabilities in their strategic documents. These documents, like most strategic documents, are short on detail but the policies and policy outcomes (discussed below) that flow on from these, provide more specific action with respect to meeting the needs of people with disabilities.

Tomorrow’s Manukau

Manukau City Council has a unique document known as *Tomorrow’s Manukau/Manukau Āpōpō*. This outlines the future direction and vision of the city for a 10-year period. It is a document which Council and stakeholders, including local businesses, organisations, education providers and community members, have developed together. *Tomorrow’s Manukau* outlines the community outcomes discussed above and the LTCCP that Manukau City Council produces is its response to this; it indicates what the Council is going to do to meet the objectives set out in *Tomorrow’s Manukau*. The document provides an overarching direction for the city that Manukau City Council, as one organisation, strives to achieve. It is another strategic document which enforces the importance of consulting with the disabled community. There are a number of sub-committee groups which monitor the progress of *Tomorrow’s Manukau*, and in which people with disabilities are members (see Section 5.8.3).

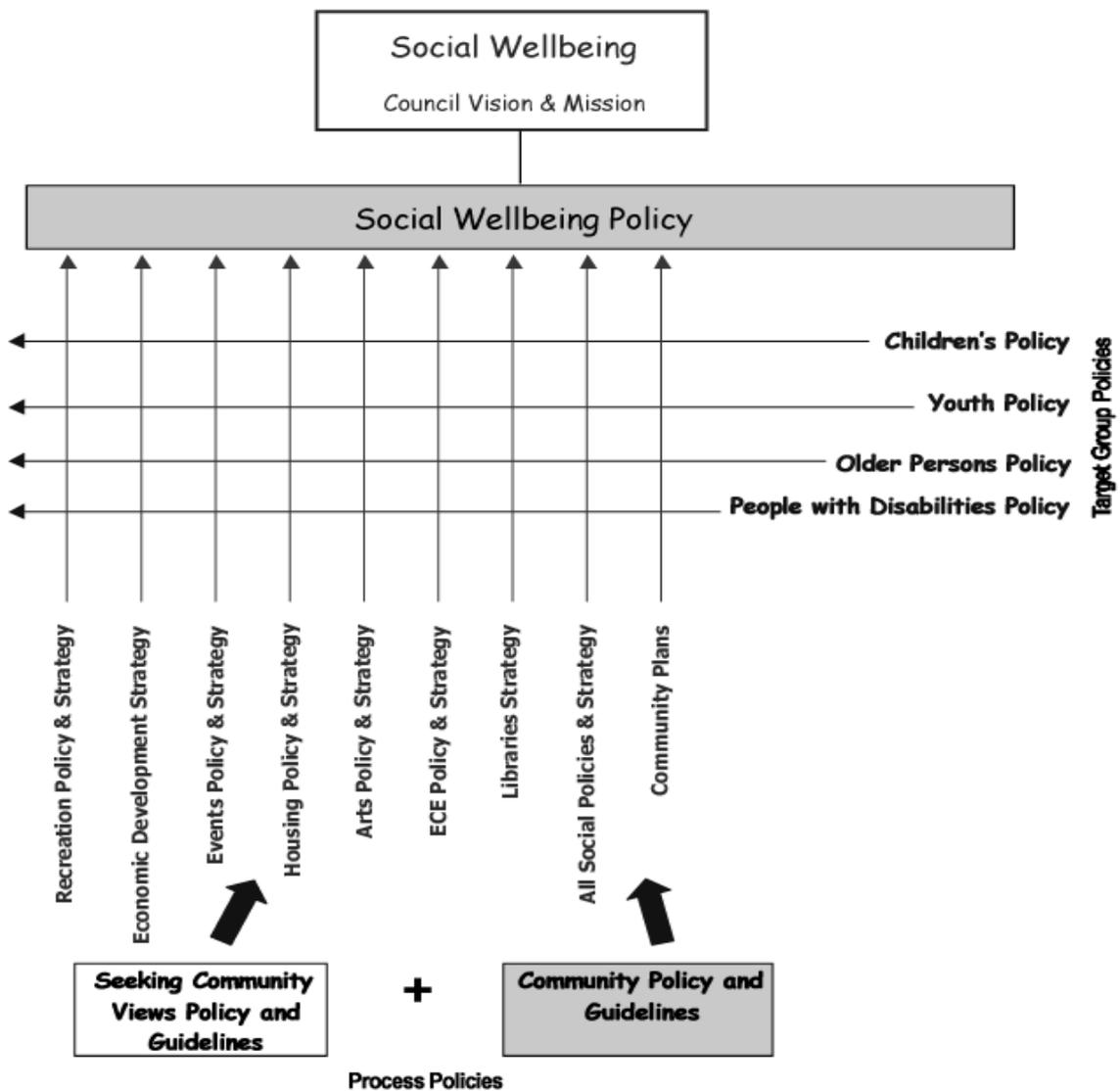
Community policies

Both Manukau and Christchurch City Councils have policies which outline how they will work with the community. At Christchurch City Council, this is in the form of the Community Policy and Policy Guidelines. These indicate how the Council will support communities and provide for their needs (Christchurch City Council, n.d-a). It is intended that Council Units then develop their own specific outputs. In this policy, “people with

disabilities” are identified as a target group and the Policy on Equity and Access for People with Disabilities is a key policy.

Another important Christchurch City Council policy is the Social Well-being Policy. This is an umbrella policy; all other Council policies must be in accordance with, and contribute to, this policy. One purpose of this policy is to increase community participation of all people, including those of any “ability” (Christchurch City Council, 1996). Figure 5.3 shows how all these policies integrate together. The Policy on Equity and Access is examined further in the next section.

Figure 5-3 Social Well-being Policy



(Christchurch City Council, 1996, p.5)

Christchurch City Council also has many other socially focused policies such as the Communication Policy, Seeking Community Views Policy and the Strengthening Communities Strategy. These policies are not directly relevant to this research and hence are not discussed, but they do indicate other ways in which community consultation, participation and involvement are important to the Council.

At Manukau, council officers use the Community Development Best Practice Guide and the Community Development Framework to direct how they meet the needs of the community. The former was released after the Local Authority Community Development National Conference in 1999 and is used by the Manukau City Council Community Advisors. This guide provides information on practical applications of community development to assist Council staff to work with their own communities. The Community Development Framework was released by Manukau City Council in 2000. The Framework outlines strategies that the Council will employ to ensure it is “building stronger, healthier communities where people feel a sense of belonging and well-being” (Manukau City Council, 2000, p.6). Strategies include increasing “participation in community activities”, focusing on building the capacity of the community and “creating opportunities for access to a safe and healthy lifestyle”, which address the provision of recreation facilities and programmes (Manukau City Council, 2000, pp.18 & 20).

The Community Development Framework was introduced in 2000, before people with disabilities were considered a target group by the Council, and therefore does not specifically mention them. The inclusion of other traditional target groups, such as the elderly and Pacific peoples, suggests that if this Framework was updated, other minority groups, such as disabled people, would also be included.

5.5.2 Disability-specific policies

Christchurch City Council and Manukau City Council both identify people with disabilities as a target population which faces barriers to participation in community life, and have developed policies in an attempt to address these. Christchurch City Council released the Policy on Equity and Access for People with Disabilities in 2001 and Manukau City Council developed the Disability Policy and Action Plan in 2004.

The policies are similar in many respects. Each is comparable in terms of purpose, values, Council roles and even priority areas. A strong theme in both policies is the participation of disabled people in community life. The Christchurch City Council policy explicitly connects with the social model of disability to justify this emphasis. It notes, for example, that “people with impairments are disadvantaged by social and environmental barriers to participation” (Christchurch City Council, 2001, p.3). This policy is the Council’s response to such disadvantage and it outlines objectives that the Council will achieve/implement to reduce barriers. The Manukau City Council policy is “a framework and a process for disabled people to voice their aspirations, needs and priorities, and for Council to develop responsive policies and services” (Manukau City Council, 2004, p.3). The response is an annual Action Plan which outlines the “actions” Council will undertake to address the concerns which people with disabilities identify. While these policies have the same concern to get people with disabilities more involved, accepted, and participating in the community, one difference is that the Christchurch City Council policy explicitly links to a social scientific perspective to drive its policy, whereas Manukau City Council appears to rely more on the disabled community to mould its policy and resulting Action Plans¹⁶.

Each document outlines some broad policy areas and each covers issues such as: decision making; communication; physical access; access to services and programmes; employment; and, advocacy. The Christchurch policy also covers the areas of partnerships with the disabled community, staff training and prevention of disability. The Manukau policy addresses other issues such as diversity, education and the provision of support for disabled people. These differences are reflective of the different communities in these regions; Manukau, for example, is more ethnically diverse than Christchurch, so it makes sense that “diversity” is a priority area of its focus.

The policy area of “decision making” is particularly relevant to this research. This addresses how each Council will involve people with disabilities in the affairs of the local authority. The goal of the Christchurch City Council in this respect is for disabled people to have “...full participation in council design, planning and decision making” (Christchurch City Council, 2001, p.6). Similarly at Manukau it involves “...participation in democratic processes and

¹⁶ The disabled community in Christchurch was involved in the development of the Christchurch City Council Policy on Equity and Access for People with Disabilities, but Christchurch City Council specified the “social model” theory as a principle of the Policy.

decision making” (Manukau City Council, 2004, p.9). It is the actions outlined in this policy area and associated Action Plan which established the respective disability reference groups: the Disability Advisory Group at Christchurch City Council and the Disability Steering Group at Manukau City Council (see Section 5.8.3).

Other important actions in the Christchurch City Council Policy on Equity and Access for People with Disabilities include: facilitating the KiwiAble Network (see Section 5.7.1); including disabled people in the consultation processes; and, developing consultation guidelines for Council units (Christchurch City Council, 2001). At Manukau, actions stemming from the Disability Policy and Action Plan include: establishing disabled people/groups as key stakeholders in *Tomorrow’s Manukau* processes (see Section 5.8.3); inclusion of disabled people in Council surveys; and, inclusion of disabled people in consultative processes (Manukau City Council, 2004).

The other broad policy area from the Councils’ respective disability policies that is relevant to this research, is “service and programme access”. In the Christchurch City Council Policy on Equity and Access for People with Disabilities, the goal is for “equitable access for people with disabilities to participate in Council-run events and programmes” (Christchurch City Council, 2001, p.8). Actions associated with such a goal include: providing accessible recreation and sports programmes; providing accessible events; providing the KiwiAble programme and Leisure Card (see Section 5.7.1); and specifying access for disabled people with contracted providers (Christchurch City Council, 2001).

In the case of Manukau’s Disability Policy and Action Plan, the Policy goal is for “equal access to Council services and programmes” and Actions to achieve this include: auditing physical access to Council buildings and facilities (see Section 5.7.2); training for staff as appropriate and necessary; and hosting barrier-free events (Manukau City Council, 2004, p.12).

As can be seen, these policies are alike in many aspects. One difference is in how the policies are linked to other disability provisions. The Christchurch policy certainly mentions the Treaty of Waitangi and the New Zealand Disability Strategy, but it stops at that. In this sense the Manukau policy is “stronger” than the Christchurch one. In the 2004/2005 plan which was developed with the Disability Policy and Action Plan, each action is linked not only to the

Tomorrow's Manukau document, but also to the New Zealand Disability Strategy (see Table 5.4).

Despite such important and strong linkages, there is a problem with the Disability Policy and Action Plan at Manukau. The document states that “each year, Council will develop an Action Plan in consultation with the Disability Steering Group, disabled residents and other partners” (Manukau City Council, 2004, p.8). Yet there has only been one Action Plan developed, and that was the first one in 2004. Contemporary documentation provides no indication as to why only one Action Plan was developed, but perhaps with the recent establishment of the Policy Advisor on Disability Issues, this action will be rectified (see Section 5.6.3).

Other documents

Again, both Councils also access unique documents with regard to disability. In Christchurch, the Inclusive Communities document is a tool which Council staff utilise. This document provides guidelines about disability for Territorial Authorities and District Health Boards, and was developed by a partnership of disability organisations such as CCS and IHC, and supported by the Office for Disability Issues. It follows the principle of “nothing about us without us” and provides information and examples of how to include people with disabilities in the activities of Council (DPA et al., 2007). The Metro Advisor on Disability at Christchurch City Council, indicates she uses this document to guide her work (K. Rickerby, Interview). There was no indication from the staff interviewed at Manukau City Council that this document was used, but since interviews were completed, and the Policy Advisor for disability has been appointed, it is possible that s/he may utilise this document.

At Manukau City Council, a document produced in partnership with the Disability Steering Group and CCS Auckland known as “Barrier-Free Manukau”, fulfils the 2004/2005 Disability Policy and Action Plan and goes some way towards ensuring that Manukau City is accessible to all citizens, people with disabilities included. This document is intended as a resource for planners, project managers and contractors and promotes universal design principles in urban planning, facility development, parks, transport and infrastructure (Manukau City Council, n.d.).

Table 5-4 Extract from Disability Policy and Action Plan

Priority Areas and Council actions in 2004/05	Status	Who	Resources	Tomorrow's Manukau/ Manukau Apopo	New Zealand Disability Strategy (NZDS)
<ul style="list-style-type: none"> Carry out "blitz" tow away campaign of vehicles parked on pavements 	N	Parking Officers	Within exiting resources		
<i>Equal Access to Council Services and Programmes</i>				<i>Vibrant and strong communities</i>	<i>Objective 9: Support lifestyle choices, recreation, culture for disabled people</i>
<p>Council will:</p> <ul style="list-style-type: none"> Continue to audit physical access to libraries, leisure centres and swimming pools, making immediate improvements where possible and identifying resources required for 2005/06 and beyond Identify gaps and opportunities in services for disabled people and make recommendations for improvements and resources for 2005/06 and beyond Provide appropriate training for staff where necessary Involve disabled people, particularly disabled artists, in the implementation of the Creative Manukau Strategy and Action Plan, and identify specific actions to: <ul style="list-style-type: none"> Reduce barriers and access to arts and culture Celebrate diverse cultures Support organisations for disabled artists Aim for barrier-free events by reviewing existing provision, creating an access checklist and specifying disability access in contracts Make support for disability groups, and their inclusion in existing community networks, a focus of community advisers' work in 2004/05 Investigate introduction of discount scheme for people providing support to disabled people to attend leisure events and activities in Manukau and across the Auckland Region. 	<p>C</p> <p>N</p> <p>C</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p>	<p>Arts and Leisure Services</p> <p>Information Services</p> <p>Events planners</p> <p>City Services staff</p> <p>Property Unit</p> <p>Community Advocacy and Funding</p> <p>Community Advisory Services</p> <p>Events planner</p>	<p>Additional resources may be required in 2005/06 and beyond</p>	<p>Places, spaces and occasions for people to express their culture</p> <p>A proud city that celebrates its diversity and sense of community</p>	<p>Provide opportunities for disabled people to create, perform and develop their own arts, and to access arts activities</p> <p>Assist self-help initiatives, service provision and advocacy organisations run by disabled people for disabled people</p>

* N = new action & C = action already underway

(Manukau City Council, 2004, p.12)

5.5.3 Recreation and art policies

Both Councils have recreation and art policies in place. In order to meet Objective 3 of this research (see Chapter 1, Section 1.8), these policies will be examined in order to determine how Christchurch City Council and Manukau City Council provide recreation opportunities for people with disabilities. At Christchurch City Council this is in the form of the Physical Recreation and Sport Strategy and at Manukau City Council, the Leisure Policy.

The Physical Recreation and Sport Strategy was developed by Christchurch City Council in 2002 with the vision of “...moving together to provide a city where people participate and enjoy, and have an opportunity to perform and excel in physical recreation and sport” (Christchurch City Council, 2002b, p.6). The Council has adopted the role of leader in an attempt to bring together the different organisations in Christchurch to achieve the vision. The goal of the Leisure Policy at Manukau City Council is to “increase the level of participation by residents in healthy active lifestyles through facilitation of a wide range of accessible opportunities in Manukau, which meet diverse community needs” (Manukau City Council, 1998, p.3). Both Councils’ policies focus on participation and accessibility. Within the Physical Recreation and Sport Strategy, Christchurch City Council has an additional focus on performance. In the Leisure Policy, Manukau City Council focuses on the diverse needs of the community, consistent with Manukau being an ethnically diverse city.

To achieve the visions of these recreation policies, a number of priority areas are identified by each Council. In the case of Christchurch, these are: facilities and environment; accessible activities; awareness of, and motivation to be involved in, physical activities; effective providers; promising and talented participants; and, an alignment of funding (Christchurch City Council, 2002b). In the case of Manukau, these are: accessibility of core services; facility usage (infrastructure) and opportunity provision; increased capacity of community; and, subsidised programmes (Manukau City Council, 1998). Here it can be seen that the focus of Manukau is on improving service provision, whereas Christchurch has a focus on co-ordinating the services of other providers. Similarly, the Christchurch policy is not just focused on getting people “involved” in sport and recreation; the Council aims to “maximise the potential” of participants.

The Christchurch Physical Recreation and Sport Strategy specifically mentions people with disabilities. Objective 2.4 of the Strategy has the aim of ensuring that “...physical recreation

and sports programmes and activities are accessible to people with disabilities...” To achieve this, the Council indicates it will use resources such as the KiwiAble programme. The KiwiAble Recreation Network is utilised by Council for specific recreation projects. Travis Wetland is a good example of this; a group from the KiwiAble Network was invited to give feedback on the accessibility of the place (Sam, Interview). Similarly, the Disability Advisory Group, another “resource” of Council, was involved in giving feedback on the planned redevelopment of Jellie Park (Alex, Interview). The Strategy also provides some contextual information on the position of recreation and sport in Christchurch, specifically in relation to people with disabilities. Issues which were identified as facing disabled people in Christchurch included: the negative attitudes of others; a misconception of the required “accessibility” of people with disabilities; a lack of effective partnerships with sport and recreation groups; and a lack of support and resources to overcome these barriers (Christchurch City Council, 2002b). This Strategy is intended to go some way towards addressing some of these gaps.

The Manukau Leisure Policy does not mention specific groups, but the broad aim of making opportunities “accessible” and meeting “diverse community needs” can be considered to include traditional target groups such as people with disabilities. Certainly the way Community Advisors work with disabled people in the community is consistent with this. In the same way that the Community Development Framework (see Section 5.5.1) does not mention people with disabilities, this policy is not exclusive of disabled people. A major problem with the Leisure Policy, however, is that it is a decade old and has yet to be reviewed. As a result, the policy links to strategic documents which no longer exist and currently fails to link to important documents such as the LTCCP and *Tomorrow’s Manukau*.

Both Councils also have other policies relating to sport and recreation. The Christchurch City Council has the Parks and Waterways Access Policy which “aims to overcome barriers to access to ensure that everyone is able to enjoy Christchurch’s parks and open spaces” (Christchurch City Council, 2002a, p.3). It does this by outlining technical specifications with which all new parks must comply, related to paths, fences, entrances, playgrounds, etc. This policy was the Parks and Waterways Unit response to the Policy on Equity and Access for People with Disabilities and it involved consultation with the KiwiAble Recreation Network and the Disability Advisory Group (K. Rickerby, Interview; T. Ventom, Interview).

Manukau City Council introduced the Leisure Pricing Policy in 2006. This policy outlines the charging and subsidising scheme of all Council pool, recreation and arts facilities and programmes, as well as of community halls. This Policy links with Community Outcome of “Healthy People” from *Tomorrow’s Manukau* and the associated targets of increasing activity rates for young people and key population groups (including people with disabilities). This Policy establishes free entry into swimming pools for all residents (Manukau City Council, 2006a). Furthermore, discounts apply to disability community groups wishing to book Council facility space. More recently, Council has also abolished charges for spa pool facilities for people with disabilities (C. Brown, Interview). These subsidies clearly address one barrier to participating in recreation, namely cost. At Christchurch City Council a subsidy programme also exists – the KiwiAble Leisure Card (see Section 5.7.1)

Both Councils have a number of other policies which relate to sport and recreation and which are only indirectly relevant to this thesis and therefore, will not be examined. In the case of Christchurch City Council, these include the Active Living Strategy (Draft) and the Aquatic Facilities Plan 2006. Manukau has the Swimming Pool Strategy and the Cycling and Walking Strategy 2005-2015. Following the establishment of Manukau Leisure Services as a Council-Controlled Organisation (see Section 5.4) there appears to have been no change in the Council policies and strategies, although this may change with time.

Manukau City Council and Christchurch City Council also both have arts policies/strategies in place, albeit at very different stages. In Christchurch the Arts Policy and Strategy was implemented in 2002. In this document, strategies are outlined to develop the arts in Christchurch. Accessibility to the arts is a key principle and while people with disabilities are not mentioned specifically, one strategy goal is “arts for all” which can be interpreted to include disabled people. Interestingly, the Arts Policy and Strategy, like Creative New Zealand (see Chapter 4, Section 4.5.3), focuses on cultural diversity rather than on traditional target groups. That being said, the Arts Advisor has worked with Trisha Ventom and the KiwiAble Recreation Network, specifically in the development of the mixed ability dance troupe *Jolt* and a dance course at CPIT in Christchurch, reflecting the “arts for all” focus of the Policy (M. Le Cren, Interview). This illustrates the way which people with disabilities are included in the implementation of a policy even though, in the case of Christchurch City Council, they are not mentioned as a specific target group. This reinforces the earlier

conclusion that encompassing terms such as “arts for all” are inclusive of the disabled community (see Chapter 4, Section 4.5.3 & Section 5.5.1).

Manukau City Council’s Art Strategy is currently under review. The Policy Advisor, Arts has mentioned that within the Arts Strategy there are also two other strategies; the Maori Arts Strategy and Action Plan, which has been adopted by Council, and the Pacific Islanders Arts Strategy, which is being developed (P. Thomson, Interview). Without having access to these policies, it is hard to draw comparisons with the Christchurch City Council Arts Policy and Strategy. But, again, the focus in the case of Manukau is on cultural diversity. The Policy Advisor, Arts, acknowledges that her unit has done very little to engage specifically with the disabled community but hopes the newly established position of Policy Advisor for Disability Issues (see Section 5.6.3) will change this.

Auckland Regional Physical Activity and Sport Strategy (ARPASS)

Manukau City Council is part of a unique project, ARPASS, which aims to improve participation in and provision of physical activity and sport in the greater Auckland region. The project consists of a partnership of the seven local authorities in the region (Manukau City Council, Auckland City Council, North Shore City Council, Waitakere City Council, Papakura District Council, Franklin District Council, Rodney District Council), the Auckland Regional Council, the four Regional Sports Trusts in the region (Counties Manukau Sport, Sport Auckland, Harbour Sport and Sport Waitakere), SPARC and the Ministry of Health. The establishment of ARPASS was a response to the Graham Report (see Chapter 4, Section 4.5.1) which “...found infrastructure for sport and recreation to be fragmented and duplicated in some areas across the country, in particular in the Auckland region” (ARPASS, 2006, p.1).

The ARPASS strategy was released in 2005 and outlines a number of goals and actions that the partners will implement to realise the following vision: “Auckland is a region where physical activity through exercise, sport, active transport (such as walking or cycling) or active recreation, is a way of life” (ARPASS, 2005, p.5). The purposes of the strategy include: increasing participation in physical activity and sport; encouraging collaboration and cooperation between the partners; increasing capacity of the sport and recreation sector; and planning management of regional facilities (ARPASS, 2005).

In the strategy, people with disabilities are considered an “at-risk” group and Strategy 2.1 of the goal concerning “participation” aims to “develop initiatives that focus regional resources on demographic groups that will benefit significantly from increased physical activity” (ARPASS, 2005, p.9). An action that supports this strategy is to “collaborate with stakeholders to combine resources and deliver tailored, gender based physical activity initiatives that increase participation of at-risk groups such as Maori, Pacific people, people with disabilities, ethnic minorities, and others” (ARPASS, 2005, p.9). This action is supported in the ARPASS Business Plan 2007, in which a current project is for partners to work with the Halberg Trust on its SportAccess initiative (see Section 5.7.2).

The manager of the Sport Opportunity Programme at Halberg Trust, believes that the concept of inclusion and the principles of SPARC's No Exception Strategy are integral to the ARPASS project (A. Roche, Interview). He also indicated that the ARPASS Group has signed a Memorandum of Understanding with the Halberg Trust which implies the Council will be part of the agreement as well. This means that by agreeing to the purpose, goals and strategies of ARPASS, Manukau City Council also agrees to the principles of the No Exceptions strategy, which the Halberg Trust implements.

5.6 Council positions

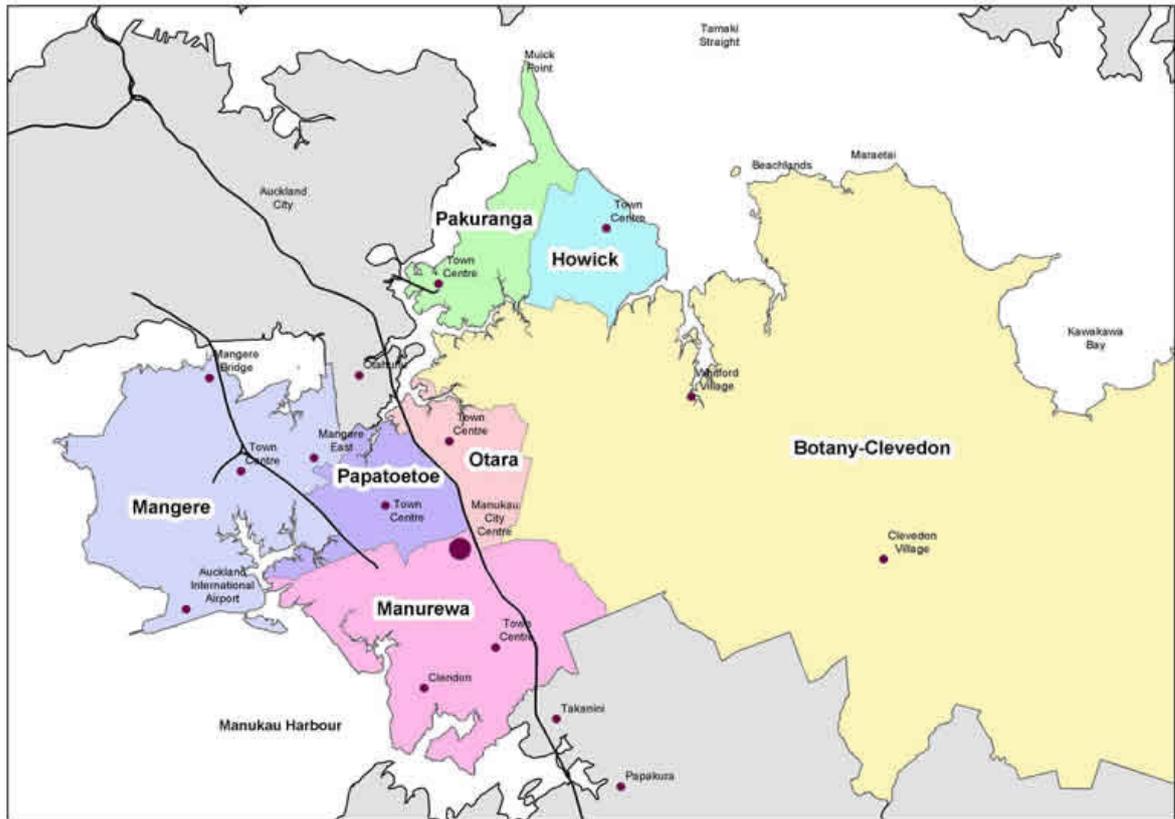
Each Council has a number of staff positions that are relevant to the provision of sport and recreation for people with disabilities. These will now be discussed.

5.6.1 Ward-based positions

Both Councils are divided into a number of wards (see Figures 5.4 and 5.5) and each Council has ward-based positions which work with communities. At Manukau, this is in the form of community advisors. There is one community advisor for each of the eight wards. Depending on the needs of the community, the role of community advisors may involve capacity-building of community groups and organisations, initiating projects that meet social or community needs, liaising between community boards and citizens and assisting groups with strategic development, business planning and funding development (A. Jones, Interview). Community advisors work collaboratively with each other and also with other council staff. An example of this is the monthly meetings with Council-operated fitness-centre managers to share information and to ensure cooperation between projects (M. Groom, Interview). The

Community Advisors are an important part of Council as not only do they work with local communities; they are also a link for communities to the Council, and vice versa.

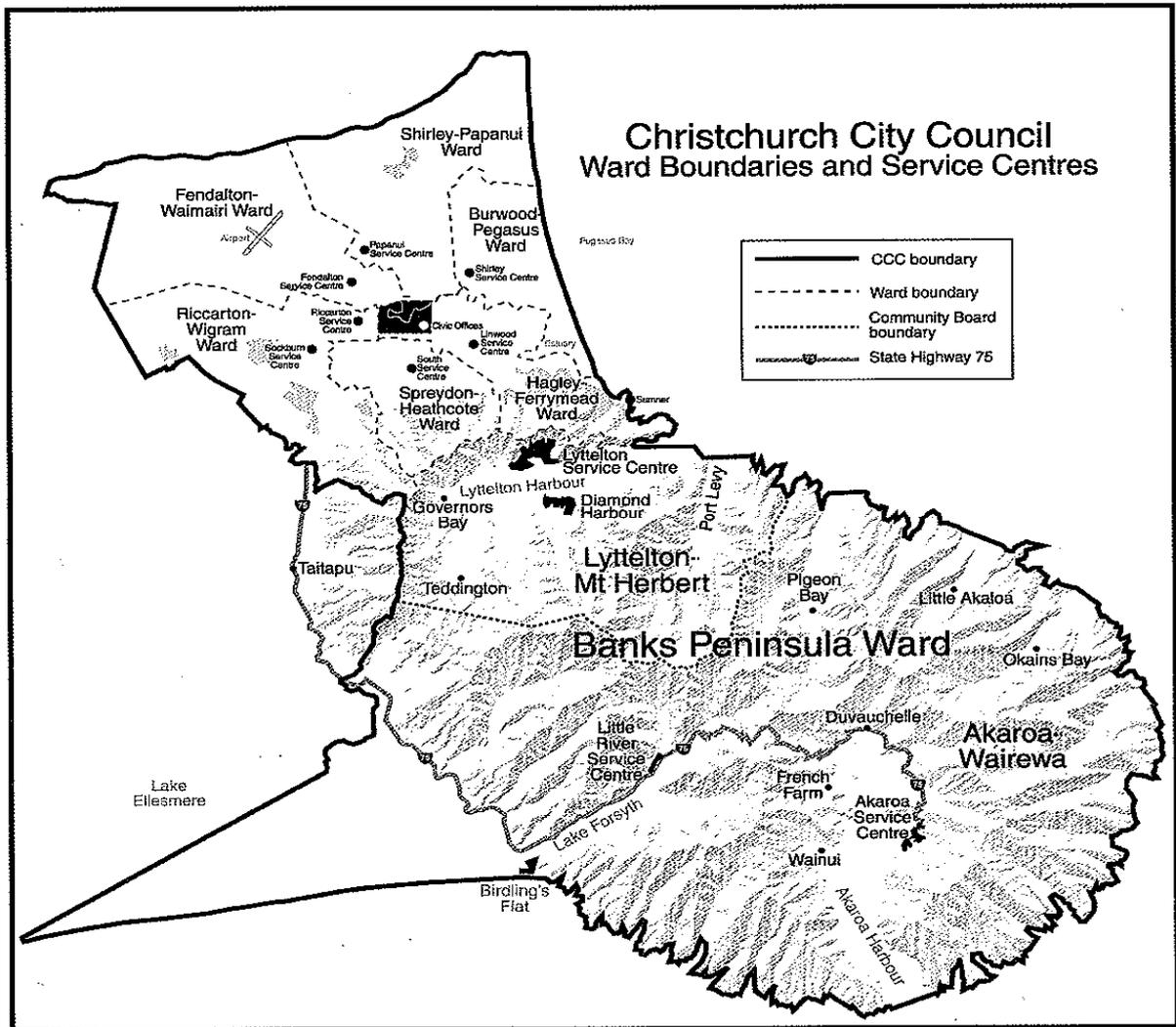
Figure 5-4 Map of Manukau City Council wards



(Manukau City Council, 2008)

At Christchurch City Council, each ward has a community board advisor, a community engagement officer, a community development advisor and a community recreation advisor. Together, these positions work to ensure Council is aware of community issues as well as to inform the community about Council issues and provide information, advice and resources.

Figure 5-5 Map of Christchurch City Council wards



(Christchurch City Council, 2008)

It is the community recreation advisors who are particularly relevant to this research. There are six community recreation advisors in Christchurch; one for each ward of the city. In this role, the advisor identifies the benefits of recreation to local communities and addresses the barriers and constraints to recreation. There was no corresponding recreation position discovered by the researcher at Manukau City Council where, rather, the Community Advisors are also responsible for recreation in each ward.

Community recreation advisors at Christchurch City Council seek gaps in recreation provision and work with communities to establish programmes and co-ordinate events. A part of this role is responding to specific community needs through the identification of target populations. For example, advisors work towards addressing participation barriers and constraints facing: people on low incomes: people with disabilities, older adults, children,

families, youth and various ethnic groups including Maori, Pacific and migrants and refugees. In identifying such groups, Council can target limited resources better (D. Saxton, Interview). Advisors are guided by the Community Outcomes in the LTCCP, specifically the outcome of “a city for recreation, fun and creativity” (Christchurch City Council, 2006d). They are also directed by Council documents such as the Physical Recreation and Sport Strategy, the Equity and Access Policy for People with Disabilities, and the Social Well-being Policy (D. Saxton, Interview). From talking with one community recreation advisor, it is apparent people with disabilities constitute an important target group in the work of these advisors (D. Saxton, Interview):

I think that’s a real strength in our team that every Recreation Advisor has got a strength in the whole notion of inclusion and also some idea of actually working with people with disabilities to ensure that [their inclusion] happens, it’s not just that would be nice. So a real commitment and [the Recreation Advisors] are really dedicated to that.

5.6.2 City-wide positions

Both Councils also have a metropolitan, city wide, focus in their respective community roles. At Manukau City Council, each community advisor also holds a portfolio responsibility (some, more than one). There are 17 portfolios in total: including a “disability” portfolio. The community advisor with the disability portfolio works with the Policy Advisor, Disability Issues. The Policy Advisor identifies objectives in the Disability Policy and Action Plan on which the community advisor is to focus, for example, in 2007 “assisting with the capacity building and resources required to support participation by disabled people” (S. Henere, Interview). Having a community advisor focus on disability is another way to ensure the disabled community in Manukau is consulted and its specific needs are met.

At Christchurch City Council there are a number of Metropolitan Advisors, located within the Community Development Team (see Figure 5.2). Of particular relevance to this research is the Metropolitan Advisor for Older Persons and People with Disabilities. The Metropolitan Advisors priority responsibility is their portfolio area, which is different to the situation at Manukau, where the portfolio positions of community advisors are additional to their core role. This implies that, in the case of the Christchurch City Council Metropolitan Advisor for Older Persons and People with Disabilities, the position is more committed to serving the

needs of the disabled community. The Metropolitan Advisors are more akin to the Policy Advisor, Disability Issues at Manukau City Council, discussed below.

5.6.3 Disability specific positions

It is through the creation of positions dedicated to disability issues that Manukau City Council and Christchurch City Council consult with the disabled community. These positions are responsible for the respective disability policies that both Councils have and are further supported by a reference group from the disabled community.

Following the introduction of the Policy on Equity and Access for People with Disabilities, Christchurch City Council appointed the Metropolitan Advisor for Older Persons and People with Disabilities. The role of this person is to work within Council, with units and staff, providing them with support and information about issues associated with disability. Effectively, this involves increasing the awareness among Council staff of disability issues (K. Rickerby, Interview). This Advisor works with other Council units to ensure the disabled community is consulted and that all Council policies and programmes are inclusive of people with disabilities (K. Rickerby, Interview). To achieve this, the Advisor is supported by the Disability Advisory Group (see Section 5.8.3). Having a dedicated, albeit half-time, position indicates that the Council is committed to meeting the needs of people with disabilities.

At Manukau City Council, the role of Policy Advisor, Disability Issues involves: furthering employment opportunities within Council for disabled people; ensuring accessible communication is developed and maintained; ensuring access to the built environment for people with disabilities; and raising general disability awareness and responsiveness across Council (M. Abel, personal communication, 5 June 2007). This position also involves implementing the Disability Policy and Action Plan as well as working with the Disability Steering Group in a similar way to the Metropolitan Advisor at Christchurch City Council.

The difference between these positions is that the Manukau City Council Policy Advisor is a full time position, whereas the Christchurch City Council Metropolitan Advisor is half time. That being said, the Metropolitan Advisor was established at Christchurch City Council in 2001, and has had time to develop relationships with Council Units and staff, which could impact on the influence they have within Council. The Manukau City Council Policy Advisor was only established in 2007, and the effectiveness of this position is yet to be determined.

Christchurch City Council also has a disability-specific recreation position in the form of the Inclusive Communities Coordinator. This will be discussed in the next section.

5.7 Disability specific programmes

5.7.1 The KiwiAble Programme

The KiwiAble Programme was established in the early 1990s (Stensrud, 2004) by the Hillary Commission, which positioned fourteen KiwiAble Coordinators throughout the country, situated in Regional Sports Trusts. In Christchurch, however, the Coordinator was positioned at the City Council Leisure Unit, and funded by the Hillary Commission, the Council and the Canterbury Community Trust. The Hillary Commission's funding for the Coordinators expired after four years, and most of the positions around the country were disestablished – including the position at Counties Manukau Sport. The Christchurch City Council, however, maintained the position, which is now funded by the Council and the Canterbury Community Trust. The KiwiAble position was renamed the “Inclusive Communities Coordinator” by Christchurch City Council in 2007.

The KiwiAble programme has a vision of increasing the opportunities for people with disabilities to participate in inclusive sport, recreation and leisure in Christchurch (Christchurch City Council, n.d-b). One aspect of the Programme at Christchurch City Council is the KiwiAble Leisure Card, which gives users discounts at many sport, recreation and leisure venues across the City. This helps to reduce one of the major barriers to the participation of people with disabilities, cost. Other activities in the KiwiAble Programme include: the KiwiAble Recreation Network (see below); a Performing Arts Programme at CPIT; providing disability awareness training, with other organisations, for Council Leisure Centre staff; and developing resources, monitoring barriers and providing advice on the inclusion of disabled people in sport and recreation settings (Christchurch City Council, n.d-b).

The KiwiAble Recreation Network is a unique tool which Christchurch City Council employs to consult the disabled community on recreation issues. There are over 120 agencies in the network; some work widely in the area of disability and others work specifically with certain disabilities. At meetings, speakers address the Network – sometimes speakers are from the Council, other times from service providers. This is a chance for the community to give

disability-specific feedback on Council and community projects, policies and programmes. There is an awareness of the Network within Council – all recreation staff interviewed for this research had knowledge of it. Some examples of how the Network has been utilised by Council include: the Travis Wetland redevelopment (where members of the Network were invited to comment on accessibility); and the LTCCP consultation process (see Section 5.8.1).

It is important to note that KiwiAble has changed from a direct provider, organising programmes, etc., to a facilitator (Stensrud, 2004; T. Ventom, Interview), working with sports and recreation organisations to encourage them to include people with disabilities. The early service provision model that KiwiAble operated under incorporated the medical model. The Coordinator worked at providing segregated recreation and sports programmes for people with disabilities instead of incorporating them into existing programmes (T. Ventom, Interview). There has, however, been a move to encourage sports and recreation organisations to take responsibility for the inclusion of people with disabilities rather than have it as the sole responsibility of the Inclusive Communities Coordinator. This has resulted in a systemic change which, it is hoped, will lead “to the full inclusion, and acceptance, of people with disabilities in mainstream recreation” (T. Ventom, Interview). This is to encourage the inclusive recreation philosophy that all people, disabled and non-disabled, should recreate together, in integrated settings. Such a change is the result of three factors; the deinstitutionalisation and normalisation movements (see Chapter 2, Section 2.3); the anti-discrimination and social theory disability policies, such as the Human Rights Act 1993, the New Zealand Bill of Rights Act 1990, and the New Zealand Disability Strategy (see Chapter 4, Sections 4.2 and 4.3.1); and a review that the City Council undertook of the KiwiAble programme and Council in general, which recommended the facilitative change (Stensrud, 2004).

The KiwiAble programme is an exemplar of how marginalised groups can be included into society. It advocates the inclusion of people with disabilities and works with the community to get people with disabilities incorporated in established recreation programmes throughout Christchurch. KiwiAble is now based on the social model of disability, and this is apparent in the more facilitative role taken by the Coordinator.

5.7.2 SportAccess

As mentioned in Chapter 4 (Section 4.5.2), both Manukau City Council and Christchurch City Council are implementing the Halberg Trust initiative, SportAccess. The aim of this initiative is to develop "...sustainable inclusive sport and active leisure opportunities for people with a disability" (Halberg Trust, 2007). To achieve this, Sport Opportunity Advisors work with local clubs and facilities to ensure accessibility for people with disabilities. Participants in SportAccess complete a "self-review" of their club or facility, and the Barrier Free New Zealand Trust complete disability audits for the venue, paying attention to disability access with regard to facilities and programmes. The local Sport Opportunity Advisor then works with the club or facility to develop and implement a Disability Action Plan, which addresses the attitudinal and physical access issues that have emerged from the review and audit. Manukau City Council and Christchurch City Council are both implementing SportAccess at all Council-owned recreation facilities. At Manukau City Council, this is as a result of the commitment to the Auckland Physical Recreation and Sport Strategy (ARPASS, 2007).

By participating in SportAccess, Manukau City Council and Christchurch City Council are showing commitment to increasing the participation of people with disabilities in sport and recreation. SportAccess addresses the barriers faced at each Council venue and presents solutions to these in the form of, for example, staff training, new signage or facility upgrades. The Sport Opportunity Advisor continues to work with participants to ensure they are meeting the requirements of the Disability Action Plan.

5.8 Consultation processes and outcomes

One of the objectives of this research – Objective 4 – was to determine how, and the extent to which, each Council's consultative processes are inclusive of the disabled community. There are a number of ways Manukau City Council and Christchurch City Council consult the disabled community.

5.8.1 LTCCP

One way that both Councils consult the disabled community is through the Long-Term Council Community Plan (LTCCP) process, as specified in the Local Government Act 2002 (s 93). Christchurch City Council, in the consultation phase of its 2006-2016 LTCCP, hosted

17 meetings around the city for stakeholders and 51 local ward meetings through Community Boards. It received 1,900 submissions from members of the public, 400 of whom presented their views to Council (Christchurch City Council, 2006d, p.9). One of the 17 meetings Council held was with the KiwiAble Recreation Network (Christchurch City Council, 2006d). The Network also made a joint submission on the draft LTCCP (T. Ventom, Interview). The Christchurch City Council, by meeting with the Network, has therefore made an effort to consult with the disabled community re the LTCCP. Council did not meet with the Disability Advisory Group (then, the Disability Reference Group) but this is likely due to the fact that the Group had only recently been established. In its last LTCCP submission, the Group has requested more involvement in consultation (Christchurch City Council, 2006c).

In connection with its 2006-2016 LTCCP, Manukau City Council undertook a city-wide survey, holding city-wide focus group meetings with “communities of interest” as well as through Community Boards, and holding workshops with key stakeholders (Manukau City Council, 2006c). The Disability Steering Group was consulted; at least one representative was invited to make a presentation to Council on the draft LTCCP (Kim, Interview). Further, the Group held a meeting to discuss the proposed LTCCP and made a submission based on this. As well as the LTCCP consultation, Manukau also consults the community, in a similar way, re the city-wide document *Tomorrow's Manukau*¹⁷.

Thus, Christchurch City Council and Manukau City Council have both made an effort to consult with the disabled community on strategic planning. Both Councils recognise the importance of including people with disabilities in local decision-making/consultation, and undertake such consultation accordingly. Both Councils also employ disability-specific policies which outline how Council will work towards meeting the needs of the disabled community. The ways in which these policies were developed in a community context will now be explored.

¹⁷ Consultation on the first *Tomorrow's Manukau* in 2001 identified the need for a disability policy and action plan (A. Jones, Interview).

5.8.2 Consultation on disability-specific policies

Earlier discussion demonstrated that the need for a disability policy at Manukau City Council was a result of community consultation on *Tomorrow's Manukau*. At Christchurch City Council, the identification of the need for a disability policy came after a request from the KiwiAble Recreation Network. These incidences are examples of how community feedback can result in the implementation of Council policies.

In the consultation phase of the Disability Policy and Action Plan, Manukau City Council: actively sought out groups for consultation; held large public meetings for anyone to attend; held public meetings for specific impairments (physical disabilities or sensory, for example); and also went out to the community and visited smaller agencies (A. Jones, Interview; R. Stone, Interview). The intention was to ask the community what their needs were and then develop a policy which reflects how Council will work towards meeting such needs. The disabled community in Manukau was also given the opportunity to provide feedback on the draft policy. To assist with the development and implementation of this policy, Manukau City Council established a Disability Steering Group (see Section 5.8.3). According to Council staff, the policy was written in conjunction with the Steering Group, but some members of the Group do not feel that this is true and express concerns that the consultation process was not as open and inclusive as suggested.

At Christchurch City Council, the establishment of the Policy on Equity and Access was initiated following a recommendation from a KiwiAble Recreation Network Planning Day. The recommendation was to develop a formal position, in Council, in addition to the KiwiAble Coordinator, to address general disability issues. Before such a position was appointed, Council decided that a disability policy was needed to guide the implementation of this position. In 2000, the Policy on Equity and Access for People with Disabilities was implemented. Consultation on this policy was three-pronged and involved hosting a number of focus groups which concentrated on different sectors of the disabled community, for example, intellectual disabilities, deaf community, Maori, and family/whanau. The Council also conducted a paper/electronic questionnaire, and undertook interviews with members of the disabled community (G. Cleland, Interview). The feedback gained from this consultation was used to develop the policy.

5.8.3 Disability reference groups

At Manukau City Council, the Disability Steering Group was set up to *develop* the Disability Policy Action Plan, but was maintained *after* the Policy was operational. The main purpose of the Group now is “to advise Council on disability issues that affect the Manukau City residents” as well as “...ensuring people are heard and the Council remembers disabled issues” (Pat, Interview). The Group is made up of individuals with disabilities who live in Manukau and representatives of organisations who work in Manukau. The Community Advisor, who holds the disability portfolio, also meets with the Disability Steering Group.

It is felt by at least one member of the Disability Steering Group that the criterion for acceptance to the group needs to be tightened so as to prevent “interest groups” taking control of the group. Furthermore, this person argued that the Group is representing Council and therefore needs to be professional in order for the Council to take it seriously, rather than thought of as a “random collection of individuals” (Pat, Interview). This change to the Group was proposed but rejected. Another concern is that not all members seem to understand the purpose of the Group. One member expressed frustration that the Group tended to “waste its time” addressing specific issues such as broken footpaths rather than strategic issues, such as physical access in the Manukau area (Kim, Interview).

Christchurch City Council established a similar group, known as the Disability Advisory Group¹⁸, to support the Metropolitan Advisor for Older Persons and People with Disabilities. In supporting the Advisor, the Disability Advisory Group gives advice on disability issues as well as providing a mechanism for Council to obtain good advice from the disabled community. The Group is made up of community representatives of different disability groups. To join the Group, an individual must be nominated by a disability organisation.

This Group helps Council meet Goal Two of the Policy on Equity and Access; that “people experiencing disabilities have opportunities to fully participate in Council design, planning and decision making” (Christchurch City Council, 2001, p.6). Despite being established in 2003, the Group has only been “making progress” since 2006 when Karen Rickerby was appointed Metropolitan Advisor – prior to that, staff changes and a major restructuring of the

¹⁸ Formerly the Disability Reference Group

Christchurch City Council had prevented any effective advancement of the Group (Alex, Interview).

Both of the disability groups at the respective Councils are utilised by Council staff. The Disability Steering Group at Manukau has been involved in: the development of the Barrier-Free Manukau toolkit for planners (discussed in Section 5.5.2); the review of *Tomorrow's Manukau*; an access audit of all Council leisure centres (in conjunction with the Halberg Trust); and the LTCCP process. Further, a representative of the Group has been invited to join the *Tomorrow's Manukau* sub committee of Healthy City, Healthy People which monitors the implementation of the 10 year document. In Christchurch, examples of the way the Disability Advisory Group is working with the City Council includes the redevelopment of Jellie Park (an aquatic centre in Christchurch); barrier-free audits of Council recreation facilities; the upgrade of the Bus Exchange; and increased accessibility of the Christchurch City Council website (Christchurch City Council, 2007).

5.9 Monitoring, review and accountability

Objective 5 of this research (see Chapter 1, Section 1.8) sought to establish the levels of accountability and review processes that Christchurch City Council and Manukau City Council have adopted in relation to the policies, positions and programmes discussed in this chapter.

Both Councils utilise disability reference groups as a means of monitoring their policies and actions. At Manukau City Council, the purposes of the Disability Steering Group include to: “implement and maintain the Manukau City Disability Policy and Action Plan” and “monitor progress, and review both the Policy and Action Plan” (Manukau City Council, 2005, p.1). In the case of Christchurch City Council, one of the roles of the Disability Advisory Group is to “provide feedback and advice on planning, reviewing or implementation of Council activities (projects and services) that relate to the broad spectrum of disability issues” (Christchurch City Council, 2006b). These Groups are appropriate mechanisms for monitoring and reviewing disability policies as they comprise members of the disabled community and representatives from disabled organisations.

During this research it became evident that both the Manukau City Council Disability Policy and Action Plan, and the Christchurch City Council Policy on Equity Access for People with

Disabilities, have not yet been reviewed. Manukau City Council policies generally get reviewed every three years (R. Stone, Interview) and thus the Disability Policy, released in 2004, should have been reviewed in 2007. Similarly, the 2001 Christchurch City Council Policy is “not on the immediate list” of Council reviews (K. Rickerby, Interview). The restructuring of both Councils over recent years could account for the fact that neither of the Councils disability policies has been reviewed.

The recreation policies held by each Council are also awaiting review. In the case of Manukau City Council, the Leisure Policy has not been examined since its release in 1998. The Christchurch City Council Physical Recreation and Sport Strategy was implemented in 2004, and no indication has been given by Christchurch City Council as to when this strategy will be reviewed.

Both Christchurch City Council and Manukau City Council are accountable to the community through the Local Government Act 2002, and especially through the development and review of Long-term Council Community Plans. Both Christchurch City Council and Manukau City Council ensure that all policies and programmes align with the LTCCP. This can be seen in the Manukau City Council Disability Policy and Action Plan (see Table 5.4), where each policy action is linked to the objectives of *Tomorrow's Manukau*.

In the case of Christchurch City Council, the KiwiAble Recreation Network undertakes planning days every three years. This allows the Network to intensively discuss issues related to disability and sport and recreation, to examine what the Network has achieved over the previous three years and, establish a plan of action for the next three years. In the 1998 planning day, the Network identified that the Christchurch City Council needed another position dedicated to disability, and this resulted in the development of the Policy on Equity and Access for People with Disabilities, the establishment of the Disability Advisory Group and the Metropolitan Advisor for older persons and people with disabilities. This is encouraging as it demonstrates Christchurch City Council's commitment to working with the disabled community to increase its participation in recreation in Christchurch.

5.10 National influences

Another objective of this research – Objective 2 – was to examine how the national legislation and policies, discussed in Chapter 4, were implemented at a local level. Although evidence

was not always clear, both Manukau City Council and Christchurch City Council demonstrated that they did implement these legislation and policies.

Manukau City Council, for example, utilised the New Zealand Disability Strategy (NZDS) when developing its Disability Policy and Action plan. Each of the actions outlined are linked to the NZDS (see Table 5.4). While the Christchurch City Council does not mention the NZDS in its Policy on Equity and Access for People with Disabilities, as they were released in the same year (2001), there is evidence that the NZDS is utilised. Trisha Ventom (Interview), for example, said “I’m using it all the time and I’m always referring to that with the [KiwiAble Recreation] Network”. Similarly, Karen Rickerby (Interview) talks “to people about it and let[s] them know its there and what some of the goals are and how it ties into what we’re doing”.

There are varying degrees of awareness and use of the No Exceptions strategy at Manukau City Council. The Policy Advisor, Leisure, uses No Exceptions as a guiding framework in his work (S. Noon, Interview). But operational staff do not have an awareness of this Strategy.

Christchurch City was heavily involved in the development of the No Exceptions strategy: 4 of the 12 members of the initial SPARC Disability Advisory Group were from Christchurch, including Trisha Ventom, the previous KiwiAble Co-ordinator at Christchurch City Council (G. Cleland, Interview; T. Ventom, Interview; J. Muschamp, Interview). The No Exceptions strategy influences the KiwiAble Recreation Network; it supports what the Network stands for, and what it does (T. Ventom, Interview).

Both Manukau City Council and Christchurch City Council have a relationship with the local, Halberg Trust-funded, Sport Opportunity Advisor. The major initiative that Manukau City Council and the Sport Opportunity Advisor are working on is SportAccess (see Section 5.7.2). This relationship is being driven by Manukau City Council’s commitment to the Auckland Regional Physical Activity Sport Strategy (ARPASS – see Section 5.5.3).

Since the Sport Opportunity Advisor was established in Christchurch, s/he has focused on working with schools and children, rather than the entire disabled community. This focus was facilitated by the existence of the KiwiAble Programme, Co-ordinator and Network, which together were making significant progress for the inclusion of disabled people in community sport and recreation (J. Muschamp, Interview). The Christchurch City Council is committed

to working on SportAccess, and Council-owned leisure facilities are currently undergoing barrier free audits (Christchurch City Council, 2007)

Finally, Creative New Zealand has a funding scheme, Creative Communities (see Chapter 4, Section 4.5.3), which is delivered through local councils. Both Manukau City Council and Christchurch City Council administer this funding.

5.11 Chapter summary

This chapter has outlined the different policies, positions, programmes and processes that Manukau City Council and Christchurch City Council have introduced to address the needs of people with disabilities. Both Councils have a similar level of service, especially as they each have a policy, position and reference group dedicated to disability. Christchurch City Council has the KiwiAble programme, Co-ordinator, Network and Card, which are significant in the provision of recreation for people with disabilities. Manukau City Council has nothing comparable to KiwiAble, but its involvement in ARPASS, which supports the improvement of recreation opportunities for disabled people, could improve the level of provision of recreation for the disabled community of Manukau.

Manukau and Christchurch City Councils also consult with the local disabled community on issues that impact on them. The reference groups at both Councils provide a means for disabled people to be actively involved in developing policy and monitoring Council progress. The disability positions at both Councils also provide an “internal advocate” who work to ensure the needs of people with disabilities are considered.

In light of the data which has been presented, the next chapter will provide a summary of the findings of the research, discuss the implications, make suggestions for future research and present some reflexive comments.

Chapter 6

Conclusion and recommendations

6.1 Introduction

The purpose of this chapter is to summarise the current research. The main findings will be reiterated and the research objectives revisited. Some practical, and research, implications of this study will also be discussed. Finally, reflective comments relating to the research will be presented.

6.2 Summary of findings

The main aim of this research was to determine how two local authorities are perceiving, and exercising, their roles and responsibilities in relation to the provision of recreation for disabled people. This involved examining central government legislation and policies and how these are being utilised in the development of local level provision for the recreation of people with disabilities. Two case studies, Manukau City Council and Christchurch City Council, were selected and this research looked at the disability and recreation-related policies, positions and programmes of these two Councils. Also examined, were the consultation, monitoring and evaluation processes of both Councils in relation to disability provision.

Manukau City Council and Christchurch City Council are very similar in many respects. They have similar sized populations, but ethnically they are very different; 62% of the Manukau population is drawn from ethnicities other than New Zealand/European, whereas in Christchurch only 18% of the population is non-New Zealand/European.

An examination of how the Councils address the needs of people with disabilities illustrates that both Councils have similar practices and provisions. They both institute policies for people with disabilities and have positions dedicated to disability and disability reference groups. However, there are some differences.

In the case of Christchurch City Council, the policy was developed first (as a response to community needs), and then an advisor and a reference group were appointed. At Manukau,

the Disability Steering Group was established to help develop the policy (as a response to a perceived community need) and the advisor came later. The policies have similar purposes, values and priority areas, but the Manukau City Council policy focuses on “diversity”, which is consistent with the ethnically diverse population of the city. The policy is also accompanied by an annual Action Plan which lays out specific actions the Council will achieve, and links these to its own strategic document *Tomorrow’s Manukau* as well as the New Zealand Disability Strategy. Developing an annual action plan is a strength of the Manukau Policy. Here, Manukau City Council is acknowledging that disability issues change, especially in response to Council-led initiatives that have already been implemented. Unfortunately, the Council has only developed one Action Plan, in 2004.

In the case of Christchurch City Council, the policy is not as specific, yet the Disability Advisory Group seems to have a higher profile. The Group has defined roles, duties and accountability (in the Terms of Reference) and develops annual (public) work plans. At Manukau, the Disability Steering Group has very minimalist Terms of Reference and there is almost no public access to what it is doing (for example, there is no newsletter or website). Also, concerns with Manukau’s Disability Steering Group were voiced during this research; concerns about how the Group was established, how it is run and who belongs to it. No such concerns became apparent in relation to the Christchurch City Council Disability Advisory Group.

Regarding disability positions, Manukau has a Policy Advisor for Disability Issues and Christchurch has a Metropolitan Advisor of Older Persons and People with Disabilities. Both are located within Community Units at the respective Councils and these positions have similar roles: to implement the policy and to work with the reference groups. These positions are essentially “internal advocates” for disability issues: they ensure that Council policies, programmes and initiatives are considerate of the needs of the local disabled community.

Although the positions are similar in purpose, the effectiveness of each position is different. The Manukau position was only established in 2007 and as a result, the impact of having a disability “expert” in Council cannot yet be assessed. However, prior to the appointment of the Policy Advisor, Disability Issues, the Senior Policy Advisor, Diverse Communities, was responsible for disability. Thus, meeting the needs of the disabled community is not new to Manukau City Council.

The Christchurch City Council Metropolitan Advisor was established in 2002, and has had some impact on Council: ensuring that the LTCCP was produced in alternative formats (large font, simpler wording), for example. According to the Disability Advisory Group, however, it is only since 2006, when the current Advisor was appointed, that the Group has been making “progress” within Council. Furthermore, this position covers both people with disabilities and older persons and therefore only focuses on disability half-time.

An advocate for recreation-specific disability issues has existed at Christchurch City Council for some time. The presence of the KiwiAble Co-ordinator (now the Inclusive Communities Co-ordinator) and KiwiAble Programme since the 1990s has meant that Christchurch City Council has long been aware of some of the issues that face the local disabled community. The KiwiAble Programme includes the KiwiAble Recreation Network (a group of individuals and agencies interested in disability and recreation), plus the KiwiAble Leisure Card, which provides people with disabilities discounts at recreation, sport and leisure facilities city-wide. It might be argued that Christchurch City Council is identifying, and addressing, the barriers and constraints to recreation participation that face local communities more resourcefully than Manukau City Council.

While there is no programme similar to KiwiAble at Manukau, the Council has implemented a subsidy programme for people with disabilities in relation to access to swimming pools, spa pools and community facility hire. This goes some way towards reducing a major barrier to participation in recreation for people with disabilities: cost.

Both Councils have wider recreation policies which address the recreation and sporting needs of the community, including the disabled. At Christchurch City Council, this is the Physical Recreation and Sport Strategy 2002, which specifically refers to people with disabilities. Manukau City Council has the Leisure Policy, which again focuses on “diversity”. The Manukau Leisure Policy was developed in 1998 and is in need of review. Ten years is a long time for a policy to be actioned without any review, especially in light of the establishment of Manukau Leisure as a Council-Controlled Organisation in 2007, which will likely affect the strategic leisure outcomes for Manukau City Council. It is important that policies are reviewed regularly as community needs may change frequently: especially as existing policy objectives are met.

The real differences in these policies is that the Manukau City Council Leisure Policy focuses on improving service delivery¹⁹, while the Christchurch City Council Physical Activity and Sport Strategy focuses on co-ordinating already existing services. Manukau City Council is also committed to the Auckland Region Physical Activity and Sport Strategy (ARPASS). This is a joint project between the city, district and regional councils in the greater Auckland area, and aims to establish regional sport and recreation goals. ARPASS has a particular focus on disability, and requires all partners to implement SportAccess with the local Sport Opportunity Advisor. Manukau is currently implementing this. Similarly, the Christchurch City Council is also working with Sport Canterbury on SportAccess at leisure centres and facilities.

A major difference between the two Councils is in the way they interact with the community. At Manukau there is one ward-based position – Community Advisor – whereas Christchurch City Council has four positions in each ward: a community board advisor, a community engagement advisor, a community development advisor and a community recreation advisor. Christchurch City Council also has many community-oriented policies. These include policies about consultation, seeking community views, communication, and well-being. Such an abundance of positions and policies makes it difficult to determine who provides which community service and in relation to which policy. At Manukau City Council there is not enough information available on policies, especially as many policies are internal and therefore not on the policy register via the Council website.

Another difference is the recent development of removing leisure services from Manukau City Council to a Council-Controlled Organisation (CCO). Manukau Leisure Services Ltd now manage and operate all the council owned fitness centres, recreation complexes, childcare facilities and community halls. This removal is so recent (2007) that the effect this will have on service cannot yet be gauged. It could be more efficient, or service delivery might lose touch with the strategic direction of Manukau City Council. In 2006 Christchurch City Council also underwent restructuring and as a result has a new Recreation and Sport

¹⁹ Although, if the Leisure Policy at Manukau were to be reviewed, there might be a move away from a service-delivery role, as many of the “basic” achievements outlined in the policy should have been met. It should also be acknowledged that Manukau is endeavouring to facilitate coordination of the regional level through its involvement with ARPASS.

Unit. Again, this development is too recent to identify the effects which such a change has on the provision of recreation.

Overall, both of these Councils are aware of, and cater for the needs of people with disabilities. Christchurch City Council has a more developed approach to addressing the needs of the disabled community, due to the existence of the KiwiAble programme since the 1980s. But Manukau City Council has committed to fulfilling the requirements of ARPASS, which may lead to the recreational needs of the disabled community being addressed more strategically, in terms of the wider region, than in the past. Further, the nature of ARPASS means that (a) other local authorities, such as the Auckland Regional Council, will assist in addressing the recreational needs of the disabled community in Manukau, and (b) there will be potential to utilise regional resources to address local disability issues. This is in contrast to Christchurch, where there is strong local direction, but no drive to address disability-recreation issues in the greater Canterbury region.

6.2.1 Summary of research objectives

Objective 1 of this research sought to identify how national legislation and policies reflect developments in disability theory. It is evident that the provisions examined in this research generally reflect the social model of disability. The New Zealand Disability Strategy, for example, is closely aligned with the social model, especially in its aim for an inclusive society. Similarly, the No Exceptions Strategy demonstrates commitment to the concept of inclusive recreation, and seeks to reduce the barriers to participation in recreation faced by disabled people.

Some of the government provisions that aim to increase participation and inclusion of disabled people do not always achieve what is intended. The Human Rights Act 1993, for example, legislates against discrimination on the basis of disability and does contribute to the inclusion of disabled people, yet the Act also allows for exceptions based on the “reasonable accommodation” clause. This clause is more closely aligned with the medical model of disability, and puts the onus on disabled people to prove it is “reasonable” to provide for their needs.

Another, more recent, model of disability has been developed, the biopsychosocial model, which is known for its adoption by the World Health Organisation. The application and

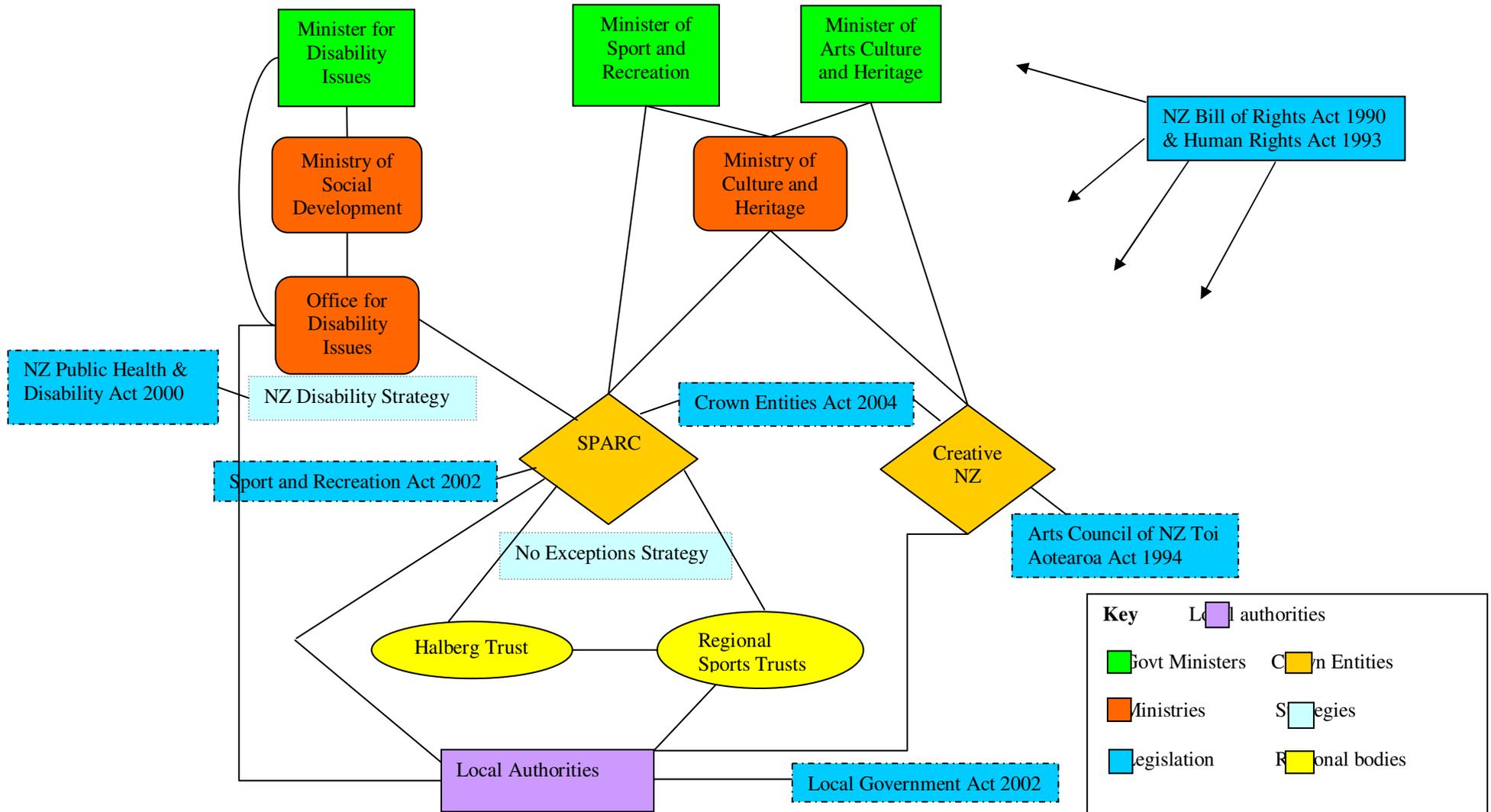
relevance of this model, however, has yet to be seen in both professional (academic) and practical (provision) sectors.

Objective 2 aimed to identify Council awareness and use of central government disability and recreation provisions. Figure 6.1 depicts the relationship between national disability and recreation legislation, strategies and policies with local government. Manukau City Council's Disability Policy and Action Plan is the only document examined which explicitly links to the New Zealand Disability Strategy. Little documentary evidence was discovered at Christchurch City Council to indicate the Strategy was being utilised, but Trisha Ventom (former KiwiAble Co-ordinator) and Karen Rickerby (Metropolitan Advisor for older persons and people with disabilities) both claim to rely on the Strategy in their work. Similarly, neither Council referred to SPARC's No Exceptions Strategy, except verbally. This is likely due to the requirements of both of these strategies: local government adherence is not legislated for; compliance is optional.

At Manukau City Council, awareness of central government provisions was more evident among senior staff rather than operational staff. This is in contrast to Christchurch City Council where operational staff displayed a sound knowledge of the government provisions. It could be argued that it is more appropriate for senior staff (such as the Policy Advisor) to be aware of national provisions such as No Exceptions, given that they are the developers of policy. However, some awareness at an operational level is important as it is these staff who are implementing policies and interacting with the disabled community.

Considering that local government in New Zealand contributed \$885 million to sport, recreation and culture in 2006 (Department of Internal Affairs, 2007), it would be pertinent for some form of recreation-specific reporting requirement to central government be introduced. The Long-term Council Community Plans (LTCCP) that all councils must produce are a way of ensuring accountability to local communities, but LTCCPs do not acknowledge how local authorities are contributing to central government legislation, such as the Sport and Recreation Act 2002. Similarly, the importance of local government in the provision of services for people with disabilities would justify some accountability to the New Zealand Disability Strategy.

Figure 6-1 Relationship of central government disability/recreation legislation, strategies and policies with local government



As Creative New Zealand is primarily a funding body, not many of its initiatives are able to be adopted by councils. The Creative Communities Scheme is the exception, which both Manukau and Christchurch City Council implement. This Scheme is important as it gives councils the ability, and authority, to fund local artists and arts projects at their discretion. This Scheme is not targeted at any specific population group, but people with disabilities have benefited from this fund – Jolt Dance Company in Christchurch, for example.

Objectives 3, 4 and 5 focused on examining the disability and recreation-specific policies, positions, programmes, consultation procedures and processes of accountability and review at Manukau and Christchurch City Councils. It can be seen that both Councils have developed policies and outcomes which address the disability and recreational needs of the disabled community (Objective 3). In regards to recreational needs, Christchurch City Council has a stronger focus on people with disabilities than Manukau City Council through its KiwiAble Programme and Inclusive Communities Co-ordinator.

Consultation and inclusion of the disabled community is also demonstrated by both Councils (Objective 4). As a known minority group, it is important that local authorities identify and consult disabled people on issues. Otherwise there is a danger that their opinions and needs will not be addressed. To consult with the disabled community, each Council has a disability-specific policy, a designated disability appointment or position and a reference group.

The existence of a policy, position and reference group also contributes to accountability to the community for both Councils (Objective 5). Processes of review (Objective 5) are areas of weakness at both Councils, and need to be addressed.

6.3 Implications of the research

The findings of this research on two Councils, related to their strengths and occasionally their weaknesses, have implications for the provision of recreation services for people with disabilities, at a local government level, and have the potential to “scope” future research projects.

6.3.1 Practical recommendations

In order to facilitate “inclusive” services with and for the disabled, local authorities should:

- Develop a reference group, such as those identified in this research, made up of members of the disabled community, disability advocates and disability-focused organisations. This group may be utilised: as a resource for local authorities to be informed on disability issues; as a means of keeping the disabled community informed on local authorities’ policies, programmes and activities; and as a monitoring body to ensure all local authorities’ units, policies, programmes, activities consider the needs of people with disabilities;
- Develop a specifically recreation-focused reference group, such as the KiwiAble Recreation Network, to work with council on meeting the recreational needs of people with disabilities;
- In conjunction with the disabled community, develop a general disability policy which outlines how council will meet the needs of the *disabled* community. Ensure this policy is aligned with the Actions of the New Zealand Disability Strategy;
- In conjunction with the disabled community, develop a recreation policy which outlines how council will meet the needs of the *disabled* community. Ensure this policy is aligned with the Actions of the No Exceptions Strategy;
- To prevent replication of services, develop regional strategies, with other local authorities in a region – these could address physical activity, such as ARPASS, or disability issues generally;
- Undertake an audit of council-owned recreation facilities with the local Sport Opportunity Advisor and develop Disability Action Plans to address any inadequacies that arise;
- Review all policies regularly and consistently, especially with the introduction of new strategic directions and major restructuring of council units;

- Perhaps the most important lesson councils could take from this research is the principle of “do nothing without us”. The most effective way to ensure the needs of the disabled community are being met and that policies and programmes are appropriate to disabled people is to involve and ask them on a regular basis.

6.3.2 Future research

Various avenues for future research can be identified from this study, and include:

- An examination of the effect the Council-Controlled Organisation (CCO), Manukau Leisure Services Ltd, has on the provision of recreation for people with disabilities. The longer term effects of a CCO for leisure services need to be examined further. The benefits and/or costs to the quality of service provision need to be identified – and should include questions such as: Are core services still being delivered? What is the effect of such a move on the disabled community? Are their recreational needs being met?
- Research that examines the effect of the newly appointed Policy Advisor, Disability Issues at Manukau City Council, and how the Council meets the needs of the disabled community. The purpose of such research would be to identify the effect of the establishment of this position on the delivery of services and the impacts on the disabled community;
- Research that compares and contrasts other local authorities would produce richer data, with the possibility of broader generalisations being made about the provision of recreation for people with disabilities at a local level. An examination of smaller councils, for example, or a comparison of “strong” socially-focused councils with councils not considered as strong in this area, would help to determine what initiatives are occurring at other local authorities around the country, and not just at those councils which enjoy good reputations for these activities. Generating knowledge and understanding of the general provision of these services would help to identify inconsistencies nationwide and potentially inform the development of disability-specific recreation legislation;

- A study that examines, in more depth, the disabled community's response to council policies, positions and programmes associated with the provision of recreation services. Such a study, which should be conceptualised from the perspective of the "lived experiences" of the disabled community, would endeavour to address the "real" needs of the community, not just those needs stated in policies.

6.4 Reflections on the research process

The process of conducting research provides experiences and knowledge which temper, if acknowledged, the interpretations made and conclusions drawn.

First, it is important to note that the issues of disability became known to the researcher under a social model of disability framework, and that this may have influenced her interpretation and understanding of disability. To counteract this potential predisposition, many critiques of the social model were studied and an alternative model of disability – the biopsychosocial model – was explored.

Second, the researcher has a personal belief that local authorities should have an active role in the provision of recreation services for all their citizens, and that all disabled people should be a target group of such services and should be involved in all processes of service provision. Because of this belief, the researcher occasionally struggled with being a "reporter" rather than an "activist". It has been an important learning experience for the researcher to realise that local authorities are charged with the provision of many important services and that recreation is but one aspect of wider service provisions.

Finally, the adoption of qualitative methods in this research was influenced in part by the researcher's preference for this approach; it seems a more personal and appropriate approach to social research. The use of qualitative semi-structured interviews will also have influenced the data obtained, as the researcher can see with hindsight that she specifically asked participants to discuss the issues she deemed important, without necessarily giving them the opportunity to discuss the issues *they* saw as important. However, the final question in most interviews was whether the participant had anything else they wished to say and it is hoped that this gave them sufficient opportunities to voice any issues they felt strongly about.

6.4.1 Conducting research as an “other”

An ethical consideration arose in the current study from the researcher being a non-disabled person conducting research on disabled people. There are many different social and cultural groups in any given society, and each different group has their own way of viewing the social world (Tolich & Davidson, 1999). This can raise issues when researchers from one social group investigate elements of another group. In the current study, the researcher could be questioned as to the appropriateness of a non-disabled person investigating issues of disability – something of which the researcher has no direct/personal experience.

To some extent, this research has made certain assumptions about the issues that are important to disabled people; their involvement in council processes being one such issue. It is important to note that such assumptions are based on extensive research into disability issues, many of which involve contributions by disabled people themselves. Furthermore, as disabled rights are a form of human rights, one could go so far to say that disabled people share certain “structural” concerns with women (of whom the researcher is one) and other minority groups.

As this research does not focus on what the researcher would deem “sensitive issues”, the concern that a non-disabled person is examining disabled issues is, hopefully, unjustified. While disabled people did not commission this project, they have been involved in the research. By interviewing disabled people about their experience with councils, providing them with the opportunity to express their views, indeed, soliciting their views, the researcher is attempting to reduce the extent to which the notion that she is an “other” conducting research into another social group.

Finally, the binary of disabled/non-disabled which underpins the possibility of an “other” may itself be simplistic since it assumes that the “disabled” can be considered by their similarities not by their differences. There is no single “disabled” experience any more than there is a single “non-disabled” experience.

6.5 Conclusion

Despite the limitations (see Chapter 3, Section 3.5) and reflective concerns of this research, this study has thoroughly investigated how local authorities perceive and exercise their responsibilities and roles in relation to the provision of recreation services for people with

disabilities. The research findings indicate that, disabled people *are* involved by local councils in decision-making and planning. The findings provide the basis for a number of proposed recommendations to local authorities in New Zealand and also a number of suggestions for future research.

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Appendix A Participant details

Name	Agency / position	Date
Alan Direen	Christchurch City Council Northern Area Recreation Manager	13/04 2007
Ayr Jones	Manukau City Council Community Advisor, Howick Ward	28/11/2006
Andy Roche	The Halberg Trust National Manager, Sport Opportunity Programme	
Brett Jude	Manukau City Council Manager, Manukau Leisure Services Ltd	
Bronwyn Bent	Arts Access Aotearoa Arts Advocate Disability and Health Sector	09/11/2006
Colleen Brown	Manukau City Council Councillor Strategic Directions Committee Chair	21/03/2007
Craig Cooper	Creative New Zealand Senior Programme Advisor	29/11/2006
Carol Ratnam	Office for Disability Issues Senior Analyst (Acting)	16/11/2006
Diana Saxton	Christchurch City Council Community Recreation Advisor, Hagley/Ferrymead Ward	06/06/2007
Grant Cleland	Creative Solutions Disability Consultant	03/11/2006
Graham Condon (deceased)	Christchurch City Council Councillor	05/04/2007
Georgie Witehira	Manukau City Council Operations Manager, Recreation	16/10/2006
Justin Muschamp	Sport Canterbury Sport Opportunity Advisor	13/10/2006

Karen Rickerby	Christchurch City Council Metropolitan Advisor for older persons and people with disabilities	09/10/2006
Marlene Le Cren	Christchurch City Council Arts Advisor	
Mike Gourley	SPARC Senior Advisor, Disabilities	16/11/2006
Michael Groom	Manukau City Council Operation Manager, Aquatics	16/10/2006
Priscilla Thompson	Manukau City Council Policy Advisor, Arts	27/03/2007
Richard Lindsay	SPARC Manager, Active Living	13/11/2006
Raewyn Stone	Manukau City Council Senior Policy Advisor, Diverse Communities	16/10/2006
Soli Henare	Manukau City Council Community Advisor, Pakuranga Ward	01/12/2006
Sam Noon	Manukau City Council Policy Advisor, Leisure	16/10/2006
Stacey Roche	Counties Manukau Sport Sport Opportunity Advisor	19/10/2006
Trisha Ventom	Christchurch City Council KiwiAble Coordinator	10/09/2006

Also interviewed were “community representatives” from both Christchurch and Manukau City. This included members of the Christchurch City Council’s Disability Advisory Group and the KiwiAble Recreation Network and members (past and present) of the Manukau City Council’s Disability Steering Group. Throughout the thesis, pseudonyms have been used to protect the identity of these participants.

Appendix B Indicative interview themes and questions

Council Employees

1. Respondent's Background

- Role at the council
- Experience and/or interest in disability
- Experience and/or interest in recreation

2. Agency Information

- The disability and recreation policies and programmes of the Council
- Has disability theory influenced the agency in the formation of disability/recreation policies and programmes?
- Has central government policies and documentation influenced the agency in the formation of disability/recreation policies and programmes?
- Are policies being used effectively throughout the Council?
- How are programmes being implemented?
- What is the agency's involvement with the relevant central government agencies/disability advocacy groups?

3. Disabled Community

- How is the disabled community involved in policy formation?
- Are disabled people involved in the implementation of the policy and programmes?
- Do you monitor disabled peoples satisfaction with their level of involvement?

4. Monitoring and Evaluation

- How are the policies/programmes monitored?
- How frequently, and by which means, are policies and programmes evaluated on their efficiency?
- Who is involved in the monitoring and evaluating?
- How are complaints by the community on policies/programmes addressed?
- Who is accountable for the policies and programmes?

5. Future Directions

- Where do you see your Councils disability policy/recreation for disabled people going in future years?

Central Government Agency Staff

1. Respondent's Background

- a. Role at the central government agency
- b. Experience and/or interest in disability
- c. Experience and/or interest in recreation

2. Agency Information

- a. The disability and recreation policies and programmes of the agency
- b. Has disability theory influenced the agency in the formation of disability/recreation policies and programmes?
- c. Have international policies and documentation influenced the agency in the formation of disability/recreation policies and programmes?
- d. Are policies being used effectively throughout the agency?
- e. How are programmes being implemented?
- f. What is the agency's involvement with the local Councils/disability advocacy groups?

3. Disabled Community

- a. How is the disabled community involved in policy formation?
- b. Are disabled people involved in the implementation of the policy and programmes?
- c. Do you monitor if disabled people are satisfied with these levels of consultation?

4. Monitoring and Evaluation

- a. How are the policies/programmes monitored?
- b. How frequently, and by which means, are policies and programmes evaluated on their efficiency?
- c. Who is involved in the monitoring and evaluating?
- d. How are complaints by the community on policies/programmes addressed?
- e. Who is accountable for the policies and programmes?

5. Future Directions

- a. Where does the central government agency see disability policy/recreation for disabled people going in future years?

Community Representatives

1. Respondent's Background

- a. Role at the disability advocacy group
- b. Experience and/or interest in disability
- c. Experience and/or interest in recreation

2. Agency Information

- a. What is the agency's involvement with the local Council/central government?

3. Disabled Community

- a. How do you represent the disabled community?
- b. Are disabled people involved in the implementation of Council/government policy and programmes?
- c. Are disabled people satisfied with these levels of consultation?
- d. How do the disabled community feel about the central government/local government disability/recreation policy and programmes?

4. Monitoring and Evaluation

- a. Are disabled people satisfied with the current levels of monitoring and evaluation?
- b. Are disabled people satisfied with the frequency and means by which policies and programmes evaluated by Council/central government agencies?
- c. Are disabled people involved in the monitoring and evaluating?
- d. How you aware how complaints by the community on policies/programmes addressed by local government/central government agencies?

5. Future Directions

- a. Where would the disabled community like to see local/central government policies and programmes go in the future?

Appendix C Consent forms

Central and local government staff and national organisation staff

The provision of recreation services for people with disabilities: A tale of two cities.

I have read and understood the description of the above named project. On this basis I agree to participate as a subject in the project and to the tape-recording of the interview.

I understand also that:

- (a) I may at any time withdraw from the project, including withdrawal of any information I have provided, up until the point when the final analysis of the results is underway in 'date';
- (b) I can ask for and be given copies of the tape and/or transcript and make corrections are appropriate; and
- (c) That if I decide to make comments which are not in my professional capacity, the researcher will ensure that my anonymity is protected in the way that she reports the data.

Name: _____

Signed: _____

Date: _____

Community representatives

The provision of recreation services for people with disabilities: A tale of two cities.

I have read and understood the description of the above named project. On this basis I agree to participate as a subject in the project and to the tape-recording of the interview. I also consent to publication of the results of the project with the understanding that anonymity will be preserved.

I understand also that:

(a) I may at any time withdraw from the project, including withdrawal of any information I have provided, up until the point when the final analysis of the results is underway in 'date';

(b) I can ask for and be given copies of the tape and/or transcript and make corrections are appropriate

Name: _____

Signed: _____

Date: _____

Appendix D Coding “labels”

1. **Ideology** - *Political Ideology*
2. **National** - *Links to national legislation/policy*
3. **Planning** - *Planning processes/outcomes*
4. **Consultation** - *Community consultation processes*
5. **Inclusion**
6. **Policy** - *Organisation policy/strategy*
7. **Implementation** - *outcomes – programmes/services*
8. **Accountability**
9. **Monitoring** - *Monitoring/evaluation processes*
10. **Theory** - *Reflection of social theory development*
11. **Inter-org** - *Inter-organisational relationships*
12. **Community perception**
13. **Role responsibility**

Appendix E Information letters

Letter/research information sheet for potential participants (central and local government staff and national organisation staff)

Date

Dear _____,

I am seeking your assistance with a study of the provision of recreation services for people with disabilities which I am conducting as part of a comparative study between Manukau City Council and Christchurch City Council.

The tentative title of the project is “The provision of recreation for people with disabilities: The tale of two cities”. Your contact details were obtained through your agencies website/provided to me by [name] from [place] City Council.²⁰

My main interest in this research concerns:

- disability and recreation theories;
- the development of national policies and programmes on disability and recreation of disabled people;
- the relationship between central government disability policies and the interpretation of these at a local level;
- the development of local government policies and programmes of recreation for the disabled community;
- the consultation with and involvement of disabled people in these processes;
- the monitoring, evaluation and accountability processes that local authorities adopt in relation to the above.

I would very much appreciate your assistance so that I can gain an accurate picture of the situation. Of course your assistance is entirely voluntary.

Your assistance would involve being interviewed by me, at a venue and time of your choice, for 30-90 minutes (depending on how detailed your answers are). Before we begin the interview, I will ask you to read and sign a consent form. This is a requirement of gaining ethical approval from Lincoln University. I would like to use a tape recorder if that is acceptable with you so that I can concentrate on what you are saying rather than on note-taking. I hope to publish the results of my study but if you wish to remain anonymous, I will give you a pseudonym when reporting any information you give me or when quoting your comments

²⁰ This sentence was modified depending on the respondent and from where their contact details were obtained.

Also, I would appreciate it if you could recommend other agency employees who you feel might also be able to supply me with the information I am seeking. I am happy to make a summary of the results available to all my participants as a way of thanking them for their help.

This research has been reviewed and approved by the Lincoln University Human Ethics Committee.

If you have any questions about this research before you are prepared to consider giving your consent, please do not hesitate to contact me. (My contact details are given below).

Please contact me via email or phone (see below). If I do not hear from you in approximately one week of you receiving this letter, I will phone you to see if you would be willing to assist me, and to answer any questions. If you are willing to assist, I will then make a time to see you.

Should you decide, for whatever reason, that you do not wish for me to use the information you provide, I will certainly respect that wish, up until the time when all interviews have been completed and final analysis of the results is underway (in about 'date').

My contacts details:

I am a Masters student at Lincoln University, P.O. Box 84, Lincoln, Canterbury, New Zealand. My email address is dowsinv2@lincoln.ac.nz, my phone number at University is (03) 325-3820 and I can be reached by fax. on (03) 325-3857.

My supervisors are Grant Cushman (cushmanj@lincoln.co.nz), and Bob Gidlow (gidlow@lincoln.ac.nz) and they can be reached on the same 'phone and fax. numbers above should you wish to confirm my standing at the University.

Yours Sincerely,

Victoria Dowsing

**Letter/research information sheet for potential participants (Community
representatives)**

Date

Dear _____,

I am seeking your assistance with a study of the provision of recreation services for people with disabilities which I am conducting as part of a comparative study between Manukau City Council and Christchurch City Council.

The tentative title of the project is “The provision of recreation for people with disabilities: The tale of two cities”. Your contact details were obtained through your agencies website/provided to me by [name] from [place] City Council.²¹

My main interest in this research concerns:

- disability and recreation theories;
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- the relationship between central government disability policies and the implementation of these at a local level;
- the development of local government policies and programmes of recreation for the disabled community;
- the consultation with and involvement of disabled people in these processes;
- the monitoring, evaluation and accountability processes that local authorities adopt in relation to the above.

I would very much appreciate your assistance so that I can gain an accurate picture of the situation. Of course your assistance is entirely voluntary.

Your assistance would involve being interviewed by me, at a venue and time of your choice, for 30-90 minutes (depending on how detailed your answers are). Before we begin the interview, I will ask you to read and sign a consent form. This is a requirement of gaining ethical approval from Lincoln University. I would like to use a tape recorder if that is acceptable with you so that I can concentrate on what you are saying rather than on note-taking. I hope to publish the results of my study but be assured that it will not be possible to identify any individual respondent as I will make sure I use pseudonyms.

Also, I would appreciate it if you could recommend other possible participants who you feel might also be able to supply me with the information I am seeking. I am happy to make a summary of the results available to all my participants as a way of thanking them for their help.

²¹ This sentence will be modified depending on the respondent and where their contact details were obtained.

This research has been reviewed and approved by the Lincoln University Human Ethics Committee (New Zealand).

If you have any questions about this research before you are prepared to consider giving your consent, please do not hesitate to contact me. (My contact details are given below).

Please contact me via email or phone (see below). If I do not hear from you in approximately one week of you receiving this letter, I will phone you to see if you would be willing to assist me, and to answer any questions. If you are willing to assist, I will then make a time to see you.

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Yours Sincerely,

Victoria Dowsing